International Network Foster Care Research

1st International Network Conference

21-23, June 2007
University of Siegen

Dr. Nina Biehal:

The uses of foster care in England: policy, organisation and discours

DIJuF FORUM FÜR FACHFRAGEN

DJI Deutsches Jugendinstitut

UNIVERSITÄT SIEGEN

ZPE

IGFH Internationale Gesellschaft für erzieherische Hilfen

The uses of foster care in England: policy, organisation and discourse

Nina Biehal

Social Work Research and Development Unit, University of York

The proportion of children looked after in public care is lower in England than in most other western European countries. In England, 55 children per 10,000 of the whole population under 18 years old were in public care at a given point in time during in 2005/2006. This is lower than the rates for Germany (74), France (102), Sweden (63), Norway (68) or Denmark (104) in recent years but higher than the rates for Italy (38), Spain (51) or Ireland (50) (Thoburn 2007). These differences in the rate of children in public care are likely to be due to differences in policy and differences in the ways placement services are organised and used, which may differ between countries and may change over time.

In discussing public care in England, we are mainly talking about foster care. In 2005/2006, 70% of children in the English child welfare system were in foster placements. This paper focuses on children in the English child welfare system. However, other young people under 18 years old may be placed in custodial institutions by the (separate) criminal justice system or placed in residential schools for children with behavioural, emotional and social difficulties by the education system.

In England, the period since the early 1990s has seen major changes in law and policy in relation to children in care and these have contributed to changes in the profile of the population of children who are looked after in public care. Together, these changes in policy and in the population of children have had a considerable impact on the organisation and use of foster care and have also led to changes in the nature of the fostering task.

Policy and practice in relation to children in public care

The legal basis for foster care in England today was established by the Children Act 1989. This was a major piece of reforming legislation which aimed to integrate the duty to protect children from harm with a duty to support families. This law introduced a number of key principles which have had a major influence on developments in foster care, including:

- *the promotion of the child's development:* services should be provided to 'children in need,' including children with disabilities, not only to prevent 'significant harm' but also to promote their proper development;
- *supporting parents:* that children are best brought up within their families but that, from time to time, parents may need support from services, including both family support in the community and the provision of substitute care;
- *parental responsibility*: that parents should retain responsibility, even when children are 'looked after' away from home (and may lose this responsibility only if the child is adopted);

- *partnership with parents:* services should work in partnership with parents, recognising that they may have a continuing role to play in their children's lives, even if children are placed away from home.

Consistent with earlier legislation, the Children Act 1989 allowed children to become 'looked after' by local authorities in two ways (although it changed the terminology used). Children may enter public care:

- if they are 'accommodated' by voluntary agreement with parents (currently 30% of children in the child welfare system)
- via a court order known as a Care Order (currently 65% of children in the child welfare system).

However, in a break with the policy of the previous 20 years, the 1989 Act removed youth offending (involvement in crime) as a reason for issuing a Care Order. Previously courts could order young offenders to be placed in care (usually in children's homes or foster homes), but this practice had been declining and since the 1989 Children Act young offenders removed from home no longer enter the child welfare system. Instead, they are dealt with by a separate youth justice system and may be placed in various forms of custody. In England the age of criminal responsibility is 10 years. There is currently much concern about the fact that approximately 6000 children and young people enter various forms of secure care each year, most of it provided by the youth justice system rather than the child welfare system.

More recent legislation has aimed to:

- strengthen the support services available to young people leaving public care at the age of 16 or over (Children Leaving Care Act 2000);
- promote the permanent placement of children who cannot be reunified with their families, principally through making it easier for children to be adopted from public care (Adoption and Children Act 2002);
- improve the outcomes for all children 'in need', including those in public care (Children Act 2004, underpinned by the *Every Child Matters* outcomes framework).

The Government has also tried to regulate the quality of public care by other means. It has developed a range of performance indicators (PIs) to regulate the performance of local authorities in the provision of care. For example, there is a PI to measure placement stability. This requires local authorities to provide information on the percentage of children who have been 'looked after' for four years who are currently in a foster placement where they have spent at least two years.

Since it came to power in 1997, the Blair government has developed a broad preventive strategy aimed at children at risk of abuse, neglect, educational failure and involvement in crime. Area-based schemes (for example the *Sure Start* initiative), provided in partnership by local authorities, voluntary agencies and private organisations, have targeted areas of high social disadvantage and have offered open-access services to families. Since the publication of the Adoption and Children Act 2002 and the *Every Child Matters* policy paper in 2003, the government has placed increasing emphasis on the use of universal services (freely available to all), such as Children's Centres and extended schools, to support families. In this context the role

of social work services has become more narrowly defined, targeted on a smaller group of children with the most serious difficulties.

Most recently, the government has begun working on new legislation to radically overhaul the system of public care. Its first step in this direction was taken in late 2006 when it published the consultation paper *Care Matters*, which includes proposals for the reform of foster care. In *Care Matters*, the emphasis is both on preventing entry to the care system (through intervening earlier and better with families) and on promoting exit from the system. The recent (2007) policy paper on children and young people published by the UK Treasury reinforces this emphasis on prevention and early intervention. Current policy is thus characterised by a twin focus on:
(1) *prevention and early intervention* and, where this fails to prevent long-term separation,

(2) *permanency*, with reunification, adoption or special guardianship as the preferred options, although long-term foster care may also be used.

Changing policy and practice and the impact on foster care

The changing profile of the care population

Changes in policy on children 'looked after' by the state have contributed to significant changes in the profile of children in public care and these changes, in turn, have had an impact on the use of foster care.

With the removal of young offenders from the child welfare system, a significant number of older children who used to enter public care during adolescence because of their involvement in crime, and who typically remained for around two years, are no longer present in the population of children in care. During the same period the 1989 Children Act's emphasis on family support, together with financial pressures on local authorities, raised the threshold for entering public care. The Children Act's emphasis on supporting children in their families reinforced existing trends in other areas of policy, for example in the early 1970s local authorities ceased to take children into care if their families became homeless. Children who might previously have entered care for less serious reasons, such as parental illness or a family crisis, are today more likely to be supported in their families than to enter public care (Biehal 2005).

These developments have contributed to changes in the balance of the population of children who are 'looked after,' which now contains a higher proportion for children looked after due to severe abuse or neglect. The trend since the mid-1990s has been for children to enter care younger, increasingly for reasons of abuse and neglect, and to remain longer as a result of their difficulties. In many cases, the severity of their difficulties means that they are unlikely to return to their parents. As a result, although the 'flow' of children entering care has *decreased*, a higher proportion of those who do enter tend to stay longer than they did in the past, so there has been an *increase* in the 'stock' of children who are in the care system at any point in time.

The public care system in England therefore targets only those with the highest level of need and strenuous efforts are made to keep children out of the care system at all costs. Contrary to the intentions of the Children Act 1989, the care system is not viewed as a service that might offer shorter-term support to children and families with

moderate levels of need, as part of a continuum of a service provision. The recent *Care Matters* policy paper represents the care system as a residual service for a small group of children at risk of severe abuse and neglect, some of whom may return to parents after a limited period of time and some who may either exit through adoption or special guardianship, leaving a third group who may remain long-term. This group who remain long-term in foster care are likely to have experienced serious maltreatment and may be very challenging to care for.

Nevertheless, although a higher proportion of children now remain looked after long-term, many children continue to enter the care system for relatively short periods of time, as shown in Table 1:

Table 1 Duration of care in England (2005/2006)

Duration	Per cent
< 2months	27
2months - <6 months	11
6 months < 1 year	12
1- <3 years	26
3 or more years	23

The time that children stay in care may be related to their reasons for entry and their age, as well as to the nature of the social work service they receive. For example, older children with difficult behaviour who enter care due to a breakdown in their relationship with their parents often return home quickly, whereas children admitted as a result of parental drug misuse or chronic mental illness or neglect may remain longer (Biehal 2006 a and b).

The impact of changes in the use of residential care

During the early 1950s around 50% of children under five years old who entered care were placed in residential care but since the 1980s then there has been a massive decline in the use of residential care. Today only 13% of children in the child welfare system live in children's homes. This decline in the use of residential care has come about partly due to the fact that courts may no longer order the child welfare authorities to place children due to their truancy or involvement in crime (although such children might enter residential institutions provided by the education or criminal justice systems, as mentioned earlier). It has also occurred as a result of a number of well-publicised scandals about the abuse of children in residential care and partly due to the very high cost of residential care. This shift has also been influenced by theories of normalisation, which suggest that family life is likely to provide the optimum care for most children, including those with severe disabilities.

The proportion in foster care has therefore become much higher due to the decline in the use of residential care. Today, residential care is mainly used to provide short- to medium-term care for older children and adolescents who either cannot be contained in foster care or who refuse to be placed with foster carers. Many children with challenging behaviour, who might in the past have been cared for in residential care, are now placed in foster care.

Leaving the care system: reunification and adoption

Since the emergence of the permanency planning movement in the early 1970s, there has been concern to ensure that children have permanent placements to prevent the risk that they will 'drift' in long-term care. This has led to a focus on reunifying children with their parents and, where reunification is not possible, on adoption from care. The emphasis on planning for permanence has been recently strengthened by the Adoption and Children Act 2002, which requires that a permanence plan is made once a child has been looked after for four months or more. The aim is to ensure that children leave the care system as quickly as possible.

In the last few years the government has made great efforts to increase the number of children adopted from care. In 2006, 6% of children who had been looked after for more than six months were adopted. However, adoption is a route out of care used mainly for younger children. In 2006 almost 70% of those adopted from care were aged four years and under. There has recently been government encouragement for foster carers to adopt children that they care for long-term, but foster carer adoptions remain only a very small proportion of all adoptions. Children adopted by foster carers are often those with disabilities, who have been cared for by these carers since infancy (Sinclair et al 2005). The children who remain in foster care in the long-term are those who cannot return home and who cannot be adopted, due either to having entered care at an older age, or delay as a consequence of failed attempts at reunification, or their challenging behaviour, or because they do not wish to be adopted.

A small number of children may also leave the care system when foster carers or relatives apply for a Residence Order or the new Special Guardianship Order. These court orders give carers a degree of parental responsibility (which is shared with birth parents) and, because the children are no longer 'looked after' by the state, social workers withdraw. The intention is to allow children a more normal family life without interference by the state, in circumstances where they can neither return to their birth families or be adopted. However, the limited financial allowances paid to holders of these court orders may make long-term foster carers reluctant to apply for these for financial reasons.

Young people who remain in the care system until mid- to late adolescence generally leave their foster placements between the ages of 16 and 18 years, with 99% leaving by their 18th birthday. In some cases they may remain in their former foster placements, which may become designated as 'supported lodgings.' However, only 39% of those exiting from the child welfare system at this age are leaving foster placements, as others have their final placement in residential care or are placed back at home with parents while remaining on a legal order until they reach the age of 18 years. Care leavers in this age group may be provided with a range of support services until they reach the age of 24.

Changes in the fostering task: the professionalisation of fostering

As a result of these wider changes, the population of children in foster care now includes a higher proportion of children who are challenging to care for than in the past, and it is widely recognised that the fostering task is more complex. Children entering foster care are now more likely to have complex needs and to present

challenging behaviour. They may have serious emotional and behavioural difficulties, mental health problems, or educational difficulties. Children with disabilities are now more likely to be placed in foster care than residential care and many stay in foster care until they reach adulthood

Until the 1980s it was not unusual for foster parents to bring up children as if they were their own, on a quasi-adoptive basis, with little or no contact with their birth families. They received an allowance to cover the costs of caring for children but rarely received a fee. Today, 'foster parents' are known as 'foster carers,' in recognition of the fact that birth parents have continuing responsibility for their children and often continue to play a role in their children's lives. The old, often exclusive model of foster care has been replaced by a more inclusive model whereby foster carers are expected to work in partnership with parents, not replace them (Hill 1999). Social workers frequently promote contact between parents and children, on the assumption that this is likely to be good for the child, and foster carers frequently play a part in these contact arrangements. Foster carers are also expected to be involved in regular case reviews.

Since foster carers now care for children who often have complex needs, and they are usually expected to work alongside parents and with social workers and other professionals, fostering in now increasingly viewed as a professional task, rather than simply an alternative form of 'normal' parenting. This change has also come about as a result of the development of specialist foster care (see below) and the increasing use of payment in order to recruit more foster carers. Fostering organisations and others have argued that the increasing professionalisation of foster care means there is a need to improve the pay, training and support that foster carers receive.

The provision of foster care

Most foster care is provided by local authorities, which have specialist teams of fostering social workers who recruit, train and support foster carers. Foster carers normally have their own supervising social worker, who is separate from the social workers of the children they care for. Operating in parallel to the services provided by local authorities are a number of independent fostering agencies (IFAs). These sell foster placements to local authorities, but buying these placements costs social services substantially more than providing them themselves. This mixed economy of fostering provision may benefit children and foster carers, but it is viewed equivocally by local authorities: they may welcome the provision of foster placements when they have no suitable placements available themselves, but are unhappy about the high cost of these independent services.

There is currently a serious shortage of foster carers. Various explanations for this have been proposed including the increase in divorce and lone parenting, the rise in the number of women in paid employment, the demanding nature of foster care and the generally low levels of pay and support. The IFAs have stepped in, offering better pay, training and support to foster carers. In order to reduce the national shortage of foster carers, both local authorities and IFAs have made efforts to recruit a wider pool of carers, for example single carers. Also, foster carers working with older or more difficult children may be paid a higher fee and offered more training and support. Particular efforts have also been made to recruit foster carers from black and ethnic minority groups so that children might be 'matched' to carers with the same ethnicity, as it is thought that this will help to promote children's sense of identity.

A small proportion of foster placements are provided by kinship carers, who are often grandparents. National statistics indicate that around 16% of those fostered are placed with 'relatives and friends'(Sinclair 2005). Kinship care may offer the advantage of preserving children's family ties and sense of belonging and may avoid the upheaval and trauma involved in moving to an unknown family. However, concerns have been raised about relatives' ability to protect children from re-abuse, their ability to parent children with challenging behaviour, their willingness to work with social workers and, for some, their own histories of poor parenting or involvement in crime. In addition, caring for children in the longer term may place an unfair burden on older relatives with health problems, disabilities or financial difficulties.

A very small number of children live in private fostering placements. These are usually the children of West African parents placed with white foster carers. There has been much concern about improving the regulation of this sector.

The organisation of foster care

The different forms of foster care in England can be classified in a variety of ways, most often in terms of length of stay and purpose. Classifications generally fall into three or four groups, which include short-term, intermediate, long-term and specialist foster care. Foster carers may be 'approved' by local agencies to care for a particular age-group or to provide particular forms of foster care e.g. short-term, long-term, or a specialist type of fostering. Attempts are normally made to 'match' children with particular foster carers, but this often proves to be impossible because the shortage of foster placements means there is little or no choice of foster placements available.

Short-term foster care

This is designed to enable assessment of those children who have newly arrived in the care system or who for some reason need re-assessment after they have been there for some time. It may be used to provide a temporary 'roof over head', to defuse a situation of family conflict (often involving older children) or, occasionally, to manage a temporary crisis. Nearly eight out ten first placements are in foster care (Sinclair et al, forthcoming). Generally these placements last a relatively brief period of time. Some last for a week or less. However, some children remain for a year or more with the same carers either by mutual choice or because a satisfactory longer term placement has yet to be found

Intermediate foster care

This provides accommodation over the medium term (around one to three years). Generally this is because of a planned end. For example, some children are waiting while an adoptive placement is found. For older children who enter a placement during adolescence, it may provide a bridge to independence. (This is particularly the case with children seeking asylum). Very rarely, foster care is intended to provide 'treatment' intended to enable the child to change. More commonly 'treatment' is something that is seen as being delivered in the context of foster care (e.g. by a psychologist) rather than through the placement itself.

Long-term foster care

This is intended to provide a child with a 'family for life.' Around two thirds of those who have been 'in care' for a year or more are fostered and of these around two thirds are either in placements where they are waiting for adoption or – much more

commonly – in placements that are intended to offer 'care and upbringing' (Sinclair et al, forthcoming). Sometimes social workers search specifically for a foster carer to provide long-term care and upbringing and sometimes existing short-term/intermediate foster placements may be converted to long-term placements, for example if an adoptive placement is not found and a strong bond develops between carer and child. Such placements may become long-term either as the result of a social work decision or by default, through a process of drift.

There has been some debate as to whether long-term foster care can truly be viewed as a permanent 'family for life,' which can offer children the same sense of security and belonging as an adoptive family (Ian and I are currently comparing long-term foster care and adoption from care). Although long-term foster care is provided to children who cannot be reunified with their parents, children may nevertheless continue to have contact with parents or other relatives.

Specialist foster care

There are currently a variety of forms of specialist foster care, which normally offer foster carers enhanced training, support and payment to work with more difficult, often older, children. These are often informed by a particular theoretical model and usually offer time-limited placements. They include:

- Specialist fostering schemes for adolescents, which have been used in the UK since the late 1970s.
- Therapeutic fostering schemes, informed by a variety of theoretical models.
- Treatment foster care, notably Multi-Dimensional Treatment Foster Care (MTFC), which was developed in the USA. This is currently being piloted by two government departments: (i) in work with older children in public care and (ii) with young offenders (Ian and I are currently evaluating these schemes).
- Specialist care for young offenders, for example the CAPS scheme in Scotland (Walker et al 2002) and remand fostering projects which provide an alternative to custody for young offenders awaiting a court hearing (Lipscombe 2006).
- Respite care, mainly for children with disabilities. Also, support care, which provides weekly respite placements for other, usually older, children in conflict with their families, normally for a period of a few months.

Theory and discourse

In the UK there is no explicit, overarching theory that researchers and academics draw on in relation to foster care. However, the developments in policy and practice outlined above have been informed, to a greater or lesser extent, by a variety of theories and discourses.

To some extent, changes in policy have been informed by theories drawn from developmental psychology. The Children Act 1989 was the first British legislation to take a developmental approach to children, in its explicit concern that a key aim of services should be the promotion of the child's development (Rose et al 2006). The 1989 Act stated that services should be provided to 'children in need' of support not

only to prevent abuse or neglect but also to prevent their proper development being harmed.

Fostering services have also, implicitly or explicitly, been underpinned by psychological theories about the risk and protective factors which may influence children's development. This developmental model includes the concept of resilience, which helps to explain how some children exposed to adverse life experiences are better able to overcome these than others. There have therefore been attempts to explore how the resilience of children in public care can be strengthened (Gilligan 2000).

The growing attention to attachment theory is further evidence of the influence of developmental psychology, particularly in relation to long-term foster care. A small number of researchers have made use of attachment theory to understand the impact of abuse, neglect and separation on children's behaviour and relationships (Schofield et al 2000). The use of attachment theory in foster care encourages a focus on building relationships in order to promote children's emotional development and their ability to form secure attachments, particularly in circumstances where past exposure to abuse or neglect has led to the development of attachment problems.

In contrast, a small number of specialist fostering schemes have drawn on social learning theory. Social learning theory has been used to develop cognitive, task-based models to encourage behavioural change. This is the theoretical approach underpinning Multi-dimensional Treatment Foster Care. There has been some discussion of the relative merits of 'surface' and 'depth' interventions in social work with children, which has raised questions as to whether interventions with children should use cognitive and/or task–centred methods to change their behaviour or should focus on their underlying trauma and developmental problems (Howe, 1996).

Law, policy and practice in England have also been characterised by discourses of continuity and permanence. Since the first expressions of concern in the early 1970s that children were 'drifting' in care, there has been much anxiety about proper planning for children to return home or achieve other forms of permanence. Linked to this, there has been continuing concern about excessive movement between placements and a desire to achieve placement stability within the care system. Concern with ensuring continuity for children has been linked to concerns about their need to develop a sense of belonging and a coherent sense of identity, and about the negative impact of frequent movement on their sense of security and their ability to make and sustain relationships. As explained earlier, in England the focus on permanence has prioritised family reunification and adoption and, with notable exceptions, there has been less emphasis on achieving permanence through the use of long term foster-care, even though this is the most common form of care for those who cannot be reunited with their families.

Discourses on the centrality of the family have also underpinned policy in relation to children in foster care, and also to other children 'in need.' As mentioned earlier, the concepts of continuing parental responsibility and partnership with parents were key elements of the Children Act 1989 and these have had a significant impact on the nature of the fostering task. In its emphasis on supporting families to care for their children, the Children Act 1989 was welcomed by people across the political spectrum. It was accepted by anti-collectivist conservatives who wished to reduce state intervention in family life but it also satisfied liberals who were concerned to offer more support to disadvantaged families.

Finally, there has been an increasing focus on achieving positive outcomes for children in public care. This has been driven by concern about the poor outcomes for 16-18 year olds leaving care, who often have poor educational qualifications and may be at high risk of unemployment, homelessness, early parenthood and other negative outcomes (Biehal et al 1995) and by broader government concerns about social exclusion. In 2003 the government's policy paper *Every Child Matters* (2003) set out a framework of desirable outcomes, grouped under five broad categories (being healthy, staying safe, enjoying and achieving, making a positive contribution, achieving economic well-being). Local authorities now have to collect information for the government on outcomes for the children they 'look after' in public care and must meet a number of national performance targets in relation to these outcomes. In 2002 the government published detailed regulations governing foster care, the Fostering Services Regulations, which focus on improving standards of care to better meet children's needs and to improve outcomes for children. The provision of foster care is therefore, like other forms of public care, outcomes-focused.

References *(incomplete)*

Biehal, N., Clayden, J, Stein, M. and Wade, J. (1995). *Moving on*. London: HMSO.

Biehal, N. (2005) *Working with Adolescents. Supporting families, preventing breakdown*. London: BAAF.

Biehal, N. 2006(a) *Reuniting looked after children with their families. A review of the research.* London: National Children's Bureau.

Biehal, N. 2006(b) Nina Biehal 'Reuniting children with their families: reconsidering the evidence on timing, contact and outcomes.' *British Journal of Social Work* Advance Access 10.1093/bjsw/bc1051, May 19th.

Gilligan, R. (2000) 'Promoting resilience in children in foster care,' in Kelly and Gilligan (eds) *Issues in foster care*. London: Jessica Kingsley Publishers.

Hill, M. (1999) *Signposts in fostering. Policy, practice and research issues*. London: BAAF.

Howe, D. (1996) 'Surface and depth in social work practice' in Parton, N. *Social theory, social change and social work.* London: Routledge.

Lipscombe, J. (2006) Care or control? Foster care for young people on remand. London: BAAF.

Rose, W., Gray, J. and McAuley (2006) 'Child Welfare in the UK: Legislation, policy and practice,' in McAuley, C., Pecora, P. and Rose, W. *Enhancing the well-being or children and families through effective interventions.* London: Jessica Kingsley Publishers.

Schofield, G., Beek, M., Sargent, K. and Thoburn, J. (2000) *Growing up in foster care.* London: BAAF.

Sinclair, I., Baker, C., Wilson, K. and Gibbs, I. (2005) *Foster children: Where they go and how they get on.* London: Jessica Kingsley Publishers.

Sinclair, I. (2005) *Fostering Now*. London: Jessica Kingsley Publishers.

Sinclair, I., Baker, C., Lee, J. and Gibbs, I. (forthcoming) *The pursuit of permanence: a study of the English care system*. London: Jessica Kingsley Publishers.

Thoburn J. (2007) *Globalisation and child welfare: some lessons from a cross-national study of children in out-of-home care.* Norwich: School of Social Work and Psychosocial Studies, University of East Anglia. http://www.uea.ac.uk/swk/research/publications/monographs/welcome.htm.

Treasury/DfES (2007) Policy review of children and young people. Discussion paper.

Walker, M., Hill, M.and Triseliotis, J.(2002) *Testing the limits of foster care.* London: BAAF.