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Foster care in England: policy, organisation and discourse

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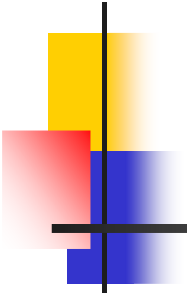
Context: the English child welfare system

Most children in care are fostered -70%

- 55 per 10,000 (under 18) are in care
 - lower than Germany (74), France (102), Scandinavia (63-104)
 - Higher than Italy (38), Ireland (50), Spain (51)
- Separate youth justice and residential education systems in England.
- 99% leave care by age 18

Why do rates of placement in care vary across Europe?

- Different problems?
- Different policies?
- Different uses of care/foster care?



Changes in the English care system

Since the early 1990s....

- Major policy changes
- Changes in composition of the care population
- These have influenced
 - uses of foster care
 - nature of the fostering task



Outline of this talk

- Changes in policy on children in care (*most are in foster care*)
- Changes in population of children in care
- Impact of these changes on the use of foster care
- Changes in the fostering task
- The provision of foster care
- How foster care is organised
- Theory and discourses informing foster care practice.



Children Act 1989: legal basis for foster care

- Duty to protect from harm *and* support families
- Promote proper *development* of 'children in need' in or out of care (including disabled children)
- Support parents, who have continuing role if child is in care:
 - Work in partnership
 - Parental responsibility continues
- May be 'looked after' either:
 - By voluntary agreement - 30%
 - Care Order (court order) - 65%
- Removed young offenders & truants from child welfare system



Other recent policy affecting foster care

- Strengthen support to 16-18 year olds leaving care (2000)
- Permanence for those who can't go home (2002)
 - Adoption, Special Guardianship
- Improve outcomes for all 'in need' – *Every Child Matters & Children Act 2004*
- *Care Matters* (2006) – reform of care system
- Policy paper on children and young people (2007)



Focus of current policy

Aim: prevention of social exclusion

- Partnerships for early intervention in disadvantaged areas
- Universal services, multi-agency work
- Residual role for child welfare system.

Twin focus on:

1. Prevention and early intervention
and if this fails.....
2. Permanence – reunion with family, adoption, SG, long-term foster care



Changing policy, changing foster care

1. Changes in profile of care population
2. Changes in use of residential care
3. Leaving the care system - reunification and adoption

Changes in the care population



Trends since early 1990s

- Rise in number *in* care system at any point (up 10,000 in last 10 yrs)
- Fall in number *entering* care

Why?

- End of COs for offenders & truants
- Thresholds high:
 - family support + cost of care
- Higher proportion now enter at younger age, for serious reasons (63 % for abuse/neglect), and so stay longer.
- Fewer placed for s/term family crisis



How long do children stay in care?

Data from 2005/2006 shows that....

Some still enter care short-term

- 38% stay < 6 months
- 12% stay 6-12 months

But

- 26% stay 1-<3 years
- 23% stay 3 or more years.

Duration of care may be linked to:

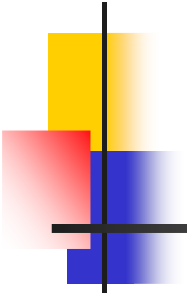
- Age at entry & reasons
- Social work planning/services



Impact of changes in use of residential care

Now 13% - decline since 1980s

- Scandals (abuse in care)
- no longer place truants or young offenders
- Normalisation/emphasis on value of family life
- Now used for short/medium term care, mainly for adolescents.
- *SO* foster care now includes more difficult children, who in the past would have been in residential care



How do children leave the care system?

Permanency planning since 1970s

- Reunification – has been aim since Children Act 1948
- Adoption from care (promoted by 2002 Act), RO, SGO.
 - 6% adopted from care in 2006
 - Adoption by strangers
 - Adoption by carers (few, often children with disabilities)
- 99% leave care by 18
 - 39% 16-18 yr olds leave care from foster care



Changes in the fostering task

Formerly

- Exclusive model, quasi-adoptive
- Paid low allowance
- Little training or support.

Now

- Inclusive model: contact with birth family often expected
- Most foster care no longer provides *alternative* family life
- Specialist fostering schemes from early 1970s – fees, training, support



Professionalisation of foster care

Now seen as professional task, not just providing family life.

- Often more challenging, working with more complex children
- Regular contacts with birth parents, SWs, professionals
- Expected to work in partnership
- Wider calls for higher fees, more training, more support



Who provides foster care?

1. Local authority teams- unit cost of placement 345€ per week (2004)
 2. IFAs – higher fee, more training and support – 1,128€ per week
- Shortage of carers (by c8000)
 - changing families, employment, pay & support, difficult work?
 - Widening pool e.g. fees; single carers/minority ethnic groups
 - Kinship care:16% with `relatives and friends – mixed views
 - Private fostering- ?1,000 -20,000 (mainly West African) children – calls for more regulation.



How foster care is organised

Usually classified by length of stay and/or purpose:

1. Short-term
2. Intermediate
3. Long-term
4. Specialist



Short-term and intermediate

Short-term (< 1 year)

- Assessment of new children, or re-assessment
- Temporary 'roof over head' at time of family crisis or while looking for new placement

Intermediate (1-3 years)

- Waiting for adoption
- Bridge to independence
- Treatment (rare)



Long-term foster care

To provide **care & upbringing** for those who can't go home or be adopted.

- May be planned as long-term
- Or short-term placement may 'drift' and become long-term by default
- May have contact with birth family

Questions

- Is it permanent? A family for life?
- Expectations at age 18?
- 'Parental' responsibility for carer?
- Support for carer?
- Outcomes (compared to adoption)?



Specialist foster care

- Specialist schemes for adolescents (since 1970s)
- Therapeutic fostering (various models)
- Multi-dimensional treatment foster care (MTFC) pilots
 - Child welfare group (11-16 yrs)
 - Young offenders group
- Alternatives to custody eg remand fostering schemes
- Respite – disabled children or to prevent full-time care for older children



Theory and discourse

- Theory not usually explicit *but*
- Policy, practice and training are informed by:

1. Developmental psychology

2. Social learning theory

3. Discourses of:

- Continuity and permanence
- Centrality of the birth family
- Outcomes.



Theory in foster care 1

Developmental Psychology

- Developmental approach of Children Act 1989
 - Promotion of child's development
- Influence of risk & protective factors on child's development
- Concept of resilience despite adverse life experiences
 - How can this be strengthened?
- Attachment theory: impact of abuse/neglect on behaviour & capacity for relationships.



Theory in foster care 2

Social learning theory

Used in a small number of specialist schemes for children with complex needs eg MTFC

- Cognitive-behavioural model
- Reinforcement of positive behaviour with carers, peer group, at school, in community.

Should we focus on the 'surface' (behaviour) or 'depth' (trauma, attachment problems)?



Discourses and debates

1. Continuity and permanence

- Problem of instability and drift
- Identity
- Security and belonging

2. Centrality of birth family

- Continuing parental responsibility,
- Partnership with parents
- contact

3. Positive outcomes for *all* children:

Being healthy, staying safe,
enjoying& achieving, making a
positive contribution, economic
well-being.

