



Planning and supporting permanence in foster care

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What is permanence?

UK policy definition and commitment



- The security and well-being that comes from being accepted as members of new families.
(Tony Blair *Prime Minister's Review of Adoption* 2000)
- Long-term foster care is a legitimate permanence option
(*Every Child Matters* 2004; *Care Matters* 2007)
- But in the UK adoption remains the permanent placement of choice outside the birth family (mainly for younger children)

Changing face of foster care in the UK: implications for permanence



- Very/more challenging children e.g. mental health needs
- More diverse circumstances / ethnicities e.g. unaccompanied asylum seeking children
- More specialist tasks e.g. Multi-dimensional treatment foster care
- More alternatives e.g. kinship care, special guardianship
- More awareness of international models e.g. social pedagogy
- More awareness of the problems of care leavers



Practitioners' problems with language

- 'long-term' or 'permanent' foster care?

- 'Long-term foster care' is a positive permanence option and should not be seen as second choice to adoption'
- 'A foster placement can never be truly permanent without a legal order so we have to call it long-term'.
- 'We call it permanent foster care. You cannot call it long-term foster care because that sounds like it has an end. The last time I used the expression 'long-term' was when I parked my car at the airport'.

Growing up in foster care – what permanence meant to Leroy (8 -18)



- (on foster care) ‘I felt as though I’d done something wrong and it was my punishment. But they were just really comforting and we just got on. I just learned to trust them over time, the longer I stayed here. It was my home, whereas before it was just somewhere I was staying.’
- (on his foster mother) ‘My mum’s helped me a lot because she was determined for me to do well. That’s a really important thing, people, other people, believing that you can do well’.

Leroy - further reflections



- (on his birth family) ‘They disowned me. Well it was upsetting at first but oh well, they’ll need me before I need them. Here is my home, if they want me they know where to find me. You can’t worry about it forever.’
- (on social workers) ‘They are really helpful. They go through with you how much you’ve progressed.’
- (on himself) ‘I have to have something to work towards - I just want to be the best I can.’

UEA research studies on permanence in foster care



- *Part of the Family*: 40 adults who grew up in foster care (1999-2002)
- *Growing up in Foster Care* (Three phases 1997-2006)
- *Permanence in Foster Care* – planning systems (2007-8)
- *Parents of Children Growing up in Foster Care* - partnership with Bergen / Gothenburg (2008-9)
- *Care planning for permanence in foster care* -study of six local authorities (2008-2010 Nuffield Foundation)
 - Sample of 230 children - planned cases
 - 40 interviews with foster carers
 - 20 interviews with children/young people
 - 6 practitioner /manager focus groups



Planning for permanence in foster care from the beginning of a placement

- What is the role of planning in the UK?
 - Assessment of current and future needs – to 18? Beyond?
 - Predicting the future?
 - Best interests decisions – children of different ages?
 - Formal matching /contact/support plans?
- What meaning does a permanence plan have for
 - Social workers?
 - Children?
 - Foster carers?
 - Birth parents/families?
 - Others - school teachers, doctors?

Planning and supporting permanence in foster care: messages from our research



- Age range up to 16: encouraging that permanence planning included adolescents / focus on beyond 18
- Assessment for best interests: process and documentation varied between local authorities
- Preparing the child, the carer, birth parents – what do we say permanence means? When do we say it?
- Matching in existing placement (68%) / in new placement (32%)
- Support packages? Contact?
- ‘Confirming’ placement as permanent formally by independent panels – benefit of assessment/public recognition BUT risk of delay / intrusion into the family

Key issues for the future planning of permanence in foster care



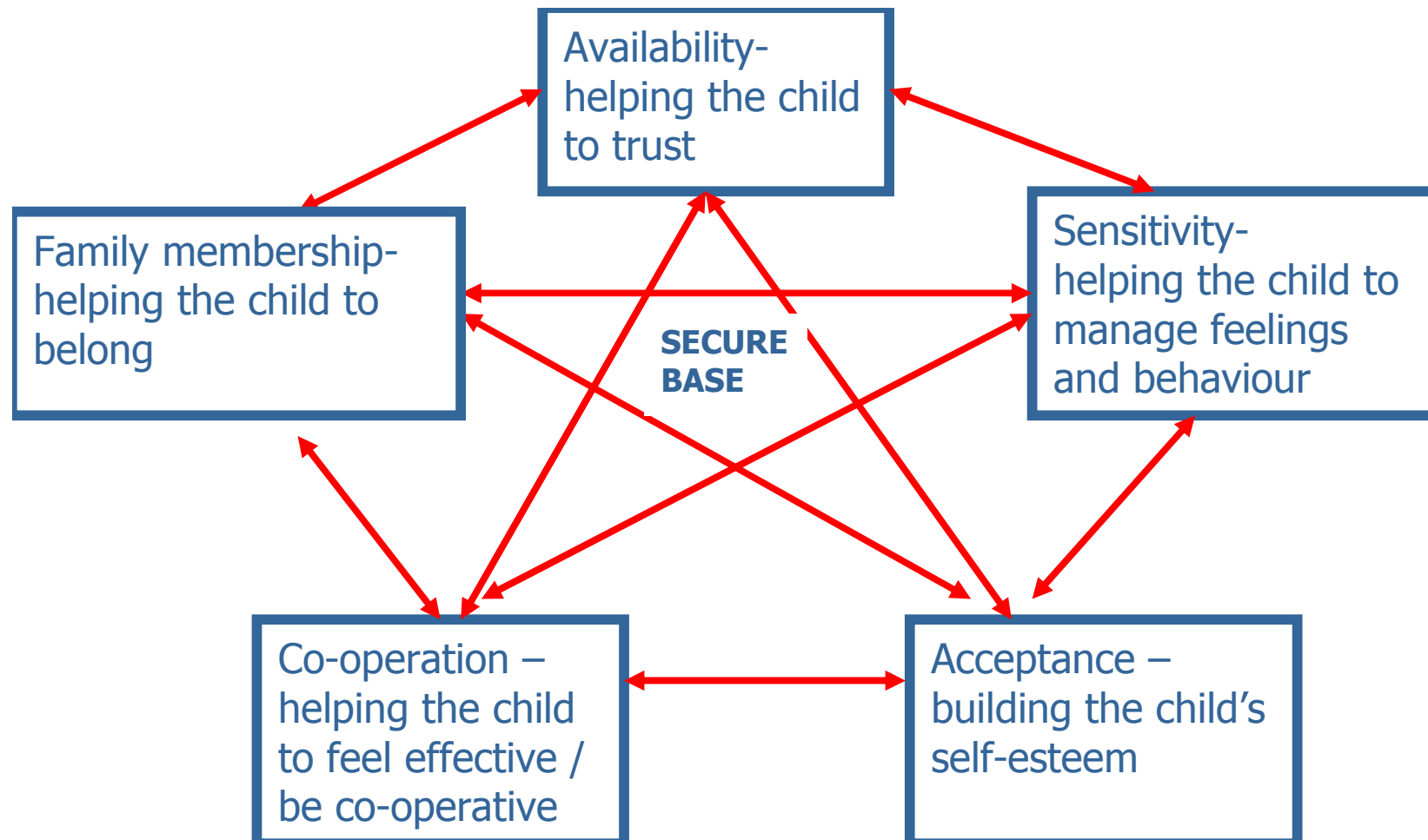
- How do we develop a planning system that is rigorous but flexible/sensitive to the needs of individual children and families- and does not cause delay/intrude?
- Do we need a national system/guidance for planning for permanence in foster care (like adoption)-or local arrangements ?
- How do we make sure we get the best carers, the best matches - and support them?
- Can foster family life be like a ‘normal’ family?

Aspects of foster carers' roles to be understood and supported



- Providing a secure base
- Bonding/commitment to this child
- Managing flexible roles as carer/parent
- Doing and displaying family

All carers need to provide a secure base (uea.ac.uk/providingasecurebase)



Availability – helping the child to trust



- Stella (carer) and Lisa (14- 11 when placed)
- Lisa had been rejected by her birth family and then her adoptive parents- who had kept her sister
- ‘In those initial times we chatted a lot- we would start tea at 5 o’clock and we would still be sitting talking at 9- just talking and talking and talking. One social worker said ‘it’s like Lisa is in continuous therapy’. Lisa will still now want to go over something I think we have gone over a million times, but obviously it needs that one more time and it is just a matter of giving your time really...’

Sensitivity- helping the child to manage feelings and behaviour



- ‘She wants to be good all the time. I think it is because she was moved from pillar to post.’
- ‘Lisa came with an awful lot of labels and having worked with children for a lot of years you get a sort of feeling- and I looked at Lisa and thought, this isn’t an eating disorder and this isn’t an attachment disorder. But what is behind this? You have to become a detective –but you are looking into a child.’

Acceptance – building the child’s self-esteem



- ‘Sometimes Lisa felt the need to play Barbies and Polly Pocket when she first came. She wanted to get out the baby toys and she would come and sit on my knee with her thumb in her mouth and she had loads of help... So now she sees me as a pillar of strength.’
- ‘We started her on karate mainly to build her self-confidence. She has recently taken an interest in ‘Take the Reins’ which is a charity for disabled people who go riding and she is a volunteer. She is a Young Scout Leader now too.’

Co-operation-helping the child to feel effective / be co-operative



- ‘I will meet the child half-way, I will allow the child to develop, show the trust. I do have strong boundaries at home and we do have rules. But I think it is more about listening to the child, hearing what the child is saying, because they are all different... When Gemma first came she was a Goth – so it was all dark make up and chains and belts...but now she is an ordinary school girl...very happy, outgoing, willing to help with the other children and doing very well in education. She has turned out really lovely and it is all credit to her really.’

Family membership - helping the child to belong



‘I think there are too many people at meetings. 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.’

Carer bonding / commitment - importance to children of all ages



- Carer's commitment to this child that will endure
- Child is special, unique, treasured, valued
- Feelings may occur for a child of any age (including teenage)
- Feelings may be there at the beginning or develop over time
- Concept could be helpful in assessment of existing placements

N.B. Important conceptual links between this study of carer relationships in middle childhood/ adolescence and infant studies in USA by Mary Dozier (University of Delaware).

Role identity in permanent placements- carers and /or parents?



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

- Problems can occur where
 - Foster carers who identify exclusively as carers but do not take on a parenting role / commitment
 - Foster carers who identify exclusively as parents but do not accept carer role/responsibilities

1. Carers who identify as carers but accept the parenting role



- Carers who identify themselves positively as foster carers e.g.
 - enjoy their professional role /skills and their partnership with social workers
 - value their training opportunities,
 - work positively with the child, including regarding being in care
 - support birth family as well as foster family identity

AND

- Accept the role of parents
 - fully committed to the child as a family member
 - welcoming the prospect of the child being part of the family into adulthood

Case example: Jane and Patrick – route to permanence



- **Jane and Patrick's** own children had grown up and they were experienced carers - more than 80 placements.
- Jane was Chair of the local Foster Care Association, ran a foster carer support group and operated a telephone help line.
- **Marie** came to Jane and Patrick for respite care (age 13) from a short-term foster placement, but asked to stay
- After 4 years Marie continues to do very well - the whole family celebrate the anniversary of her arrival by going for a meal of her choice.

Meaning of 'permanence' to Jane- as a carer - and as a parent



- 'In my mind permanence is a word that means a lot. It means that Marie is never going to leave, not when she's 18, 19, 20 or whatever. If she goes to university, not when she's 25. She's always going to be part of our family. I am sure when she's 36 and has got her own children, she will be bringing them to us, I will probably be looking after them. We are always going to be her Mama and Papa.'

2. Carers who identify themselves as parents but accept the role of carer



- Carers who identify themselves positively as parents e.g.
 - motivated to build a family
 - emphasise normalising the child's experience / acting as any parent would
 - use their own family and friends as support systems

AND

- Accept the role of carer e.g.
 - Understand their role as carers on behalf of local authority
 - Like to know the social work system / support is there for them and the child

Case example: Sandra and Pete- route to permanence



- **Sandra and Pete** had decided not to have children of their own but enjoyed teenagers and felt they as a couple had something to offer a teenager long-term
- They were approved for short-term, but were approached to take Rosie (then 11) as a first and long term placement
- **Rosie** (now 14) – had experienced abuse and neglect in her birth family up to age 3 when she came into care
- Six fostering placements; adopted age 5; adoption disrupted age 8; residential care for 2 years.
- Rosie has thrived in this placement

Sandra wanting to create a normal family – but likes support as a carer



- ‘We made a conscious decision that we were not going to ask for respite breaks, because Rosie needed to become part of our family.’
- ‘I wouldn’t be without the social workers... because they understand the difference between being a carer and being a parent, which your family don’t understand. And we have a support group once a month so if you have something that you need to talk about that is very helpful to be able to meet with the other carers and I do quite a lot of training courses.’

3. Role identity exclusively that of carer



- Carers who may accept a child as a long-term placement with a permanence plan

BUT

- do not take on the parenting / permanence role in relation to this child e.g. may not fully include child in family
- may anticipate without question this child moving on and out of the family at 18 or before.

4. Role identity exclusively that of parent



- Carers who wish to see themselves as parents
- Carers who want their relationship with this child to be how they expect a parent - daughter/son to be.

BUT

- tend to reject carer identity and its implications
- may not accept the need for training
- may not help the child manage care identity
- may form an alliance with child against 'the system'

'Doing' and 'displaying' family - to the child and (with the child) to the outside world



- Foster families ('chosen' families) seek legitimacy, often through 'displaying' that they are 'the same' as popular ideals of family.
- The core message of display is 'these are my family relationships and they work' (Finch 2007)

Children, families and planning for permanence in foster care



- The most important factors for good outcomes are likely to be the **quality of the foster family** experience and the **match** between the needs of the child and the skills, hopes and expectations of the foster carers

BUT

- **FLEXIBLE care planning** and the **quality of social work practice** with children, foster carers and birth relatives will make a difference in **maximising the potential** of any placement to give children and young people a stable placement where they can be part of the family.

Foster children's advice



- **To carers**

‘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, aged 14)

- **To foster children**

‘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)