UNIVERSITY OF SOUTHAMPTON 1986.

Department of Social Work Studies.

# An Evaluation of Admissions to Care and The Use of Short-Term Fostering Placements for Children Aged Nine and Under in an Area of Hertfordshire.

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Acknowledgement.

I should like to express my thanks for the help and support I have had from my colleagues at Hertfordshire Social Services Department and the staff of the University of Southampton. Particular thanks are due to Joan Jarman, who typed the first draft, Tad Kubisa, who read and commented on the first draft, Joan Orme and especially to Bryan Glastonbury whose encouragement and advice has been invaluable.

J. E. M. Sayers.
1986.

Table of Contents.


| | Page Number |
|---|---|
| Abstract. | viii |
| Abbreviations. | ix |
| Part I. | |
| Chapter 1 - Introduction. | 1 |
| Chapter 2 - Historical and Literature Background. | 6 |
| Chapter 3 - Method and Context of Research. | 22 |
| Introduction. | 22 |
| Setting for Research - area and department. | 22 |
| Aims of the Study. | 25 |
| Definition of Terms. | 26 |
| Hertfordshire Child Care Policies. | 30 |
| Foster Parent Selection. | 32 |
| Data for the Study. | 34 |
| Method of Collecting Data. | 40 |
| Analysis and Presentation. | 50 |
| Part II - The Child in Care. | 51 |
| Introduction. | 51 |
| Chapter 1 - The Child and Family. | 52 |
| a) Age of Child. | 52 |
| b) Sibling Groups. | 54 |
| c) Family Composition. | 55 |
| d) Previous Knowledge in Division. | 56 |
| e) Reasons for Admission. | 57 |
| f) Legal Status. | 63 |
| g) Previous Admissions to Care. | 66 |
| h) Summary - Findings and Conclusions/ Recommendations. | 67 |

Page Number

Chapter 2 - The Admission. 70
a) Experience of Social Worker. 70
b) Predicted Length of Placement and Period in Care. 71
c) Resource Preferred and Used. 74
d) Expectations of Task of Caretaker. 79
e) Caretaker's Expectation of Access from Natural Parents. 81
f) Preparation for Placement. 85
g) Summary - Findings and Conclusion/ Recommendations. 88

Chapter 3 - The Placement. 92
a) Length of Placement. 92
b) Support from Social Worker to Caretaker. 95
c) Access from Natural Parent during the Placement. 99
d) Did Child Exhibit Problems During the Placement? 118
e) Was a Special Rate Paid to Foster Parents? 129
f) Summary - Findings and Conclusions/ Recommendations. 133

Chapter 4 - Future Planning. 139
a) Forum for Decision Making. 141
b) Discharge from Care if Child in Voluntary Care. 143
c) Movement of Child. 146
d) Plan of Social Services Department at Movement of Child. 152
e) Summary - Findings and Conclusions/ Recommendations. 163

Page Number

Chapter 5 - Permanency of the Next Placement. 166

a) Availability of Resources to Meet the Plan. 166

b) Next Placement. 170

c) Permanency. 177

d) Summary - Findings and Conclusions/ Recommendations. 196

Part III - The Foster Parents. 201

Introduction. 201

Chapter 1 - Characteristics of Families Used. 204

a) Age of Foster Parent. 204

b) Length of Marriage. 205

c) Age of Children. 206

d) Occupation/Social Class. 210

e) Summary - Findings and Conclusions/ Recommendations. 213

Chapter 2 - Foster Parents' Expectations at Application. 216

a) Method Recruited. 216

b) Original Request. 220

c) Original Motivation. 224

d) Previous Knowledge of Fostering. 232

e) Summary - Findings and Conclusions/ Recommendations. 235

Chapter 3 - Department's Response to Application - The Assessment Process. 238

a) Delay Between Referral and First Visit. 239

b) Number of Visits from Social Worker. 241

c) Other Areas of Preparation. 242

d) Summary - Findings and Conclusions/ Recommendations. 247

Page Number

Chapter 4 - Department's Conclusions Following Assessment. 249
a) Assessment Format. 250
b) Social Worker's Interpretation of the Applicant's Motivation. 251
c) Did the Social Worker have Reservations? 254
d) Recommendation from the Social Worker. 256
e) What Were the Applicants Accepted To Do? 259
f) Were the Foster Parents Originally Assessed by Another Agency? 262
g) Summary - Findings and Conclusions/ Recommendations. 265

Chapter 5 - The Department's Use of the Foster Parents. 269
a) Delay Before First Placement. 270
b) Nature of First Placement. 271
c) Comment by Social Worker on First Placement. 274
d) Subsequent Placements. 278
e) Comment by Social Worker on Subsequent Placements. 282
f) Own Child Born or Adopted After Commencement of Fostering? 286
g) Foster Child Placed Within Two Years of Age of Own Children? 289
h) Summary - Findings and Conclusions/ Recommendations. 294

Chapter 6 - Support Offered to Foster Parents and Reasons for Leaving Fostering. 299
a) Review of Foster Parents. 302
b) Fostering Meetings. 305
c) Year Accepted for H.C.C. 308
d) Year Ceased for H.C.C. 309
e) Reason Ceased Fostering for Hertfordshire. 311
f) Summary - Findings and Conclusions/ Recommendations. 330

Page Number

Part IV - Conclusion - Evaluation and Recommendations. 334

Introduction. 334
Admission to Care. 335
Resources. 336
Planning. 338
Role and Tasks of Caretaker. 340
Foster Parents. 343
Profile of Foster Parents. 343
Expectations, Assessment and Experience. 345
Implications for the Department. 348
Summary of Recommendations. 352

Tables.

Introduction. 356
Abbreviations. 357
Part II - Child in Care Tables 1-118. 358
Part III - Foster Parents Tables 119-213. 456

References/Bibliography. 533

Appendix 1 - 543

Questionnaire for Child in Care. 544
Questionnaire for Foster Parent. 553

Appendix II - 561

Map of Hertfordshire. 562
Forms and Guidelines referred to in the text. 563

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ABSTRACT

FACULTY OF SOCIAL SCIENCES

SOCIAL WORK STUDIES

Master of Philosophy

AN EVALUATION OF ADMISSIONS TO CARE AND THE USE OF SHORT TERM FOSTERING PLACEMENTS FOR CHILDREN AGED NINE AND UNDER IN AN AREA OF HERTFORDSHIRE

by Janet Elizabeth Mary Sayers

This study aims to discover if there is a contrast between the needs of the agency for certain types of placements and caretakers for its children in care, and the circumstances, desires and expectations of short-term foster parents. Planning in the initial placement should achieve a permanent outcome with a family - preferably the natural family. The agency should be clear on the aims and tasks of the initial period in care and define the role of the FPs specifically and appropriately to them with no expectation gaps.

All admissions to care and initial placements of children aged nine and under from September 1976 - September 1981 (108 admissions of 76 children), together with 33 substitute families were examined in detail from the casefile.

The majority of children were under five, with siblings, already known to the department, and received into voluntary care. The largest group were from single parents, and many admissions were because the children were at risk or the parents unable to cope. Most placements lasted under 8 weeks with the children returning home but a large group had been in care before or were to be admitted to care again.

A number of resource gaps were identified in areas of prevention and rehabilitation and in the availability of Foster Homes for siblings groups, able to cope in emergencies, and with difficult, demanding or hostile parents.

There were a number of instances of ill-defined plans and absence of recording in key areas. Caretakers, especially Foster Parents, were not often given specific tasks nor fully involved in the work of assessing or planning for the children in their care. Parental access was likely to be taking place but was again generally unspecified.

It was clear that not all Foster Parents were meeting the needs of the department and the initial expectation of many was not related to the complicated nature of the task and involvement with the whole family. Foster parents withdrew continually over the years regardless of their length of experience, so sustained recruitment is needed, focussed more on the specific needs of children coming in to care; people likely to respond to these needs identified and campaigns directed towards them. Once recruited, more thorough attention should be given to selection, assessment, preparation and training for the task, and they should be appropriately used, supported, rewarded and renewed thereafter.

## Abbreviations.

| | | |
|---|---|---|
| AD (Field) | - | Assistant Director (Field) |
| ADSSO | - | Assistant Divisional Social Services Officer |
| A & F | - | Adoption and Fostering |
| ABAFA | - | Association of British Adoption and Fostering Agencies |
| BAAF | - | British Agencies for Adoption and Fostering |
| BASW | - | British Association of Social Workers |
| CA 1975 | - | Children's Act 1975 |
| CC A 1980 | - | Child Care Act 1980 |
| CCO | - | Child Care Officer |
| CH | - | Children's Home |
| CYPA 1963 | - | Children & Young Persons Act 1963 |
| CYPA 1969 | - | Children & Young Persons Act 1969 |
| CQSW | - | Certificate of Qualification in Social Work |
| DAO | - | Divisional Administrative Officer |
| DHSS | - | Department of Health & Social Security |
| DSSO | - | Divisional Social Services Officer |
| FH | - | Foster Home |
| FP | - | Foster Parent |
| HASSASSA Act | - | Health & Social Services and Social Security Adjudications Act |
| HCC | - | Hertfordshire County Council |
| HMSO | - | Her Majesty's Stationery Office |
| HO | - | Home Office |
| H.O.T. | - | Home on Trial |
| LA | - | Local Authority |
| L.T. | - | Long Term. |
| NA | - | Not Applicable |
| NFCA | - | National Foster Care Association |
| N/K | - | Not known |
| N.P. | - | Natural Parents |
| NSPCC | - | National Society for Prevention of Cruelty to Children |
| OPCS | - | Office of Population Censuses & Surveys |
| RSW | - | Residential Social Worker |
| S/C | - | Social Class |

| | | |
|---|---|---|
| S/T | - | Short Term |
| S.W. | - | Social Worker |
| SSW/TL | - | Senior Social Worker/Team Leader |

Additional abbreviations used only in the Tables will be given in the introduction to the Tables.

For convenience I have referred to the social worker as she, the child as he, and occasionally the parent as he or she though each, of course, could be of either sex.

PART I - CHAPTER 1

## INTRODUCTION

I will attempt in this introduction to outline the background to the research, describe what it is trying to achieve and the problem areas which led to its beginning. I will then outline the format of presentation of the material.

a) Origins and aims of Project

i) Description. This is a survey in two parts of all admissions to care of children aged 0-9 over a period of five years in an area of Hertfordshire, a study of their first placement in care and an examination of the short-term foster parents used for these placements.

ii) Aims. If one presumes that children grow into more secure and balanced adults if they experience a stable childhood without unnecessary or frequent separations from their parental figures, especially at an early age, then it follows that where admission to care cannot be prevented, decision making and planning is crucial to ensure the minimum disruption to their lives. The role of the initial placement and the substitute caretaker must be vital in this. A detailed study of the reasons why young children come into care and the way plans are made should lead to a better understanding of what is required to ensure that children are given a more secure and stable future by effective planning at the first admission.

The person having the most contact with the child - and possibly the parent - and the opportunity to maintain important links between the two, is the person looking after the child during this period - the substitute caretaker. Children may be placed within a number of settings - e.g., residential children's home, with neighbours or family, but if they are to be kept within a substitute family, the caretaker is likely to be a foster parent. There is little written specifically on the role and task of the short-term foster parent, and yet their part is vital in the assessment and planning stage of the child's initial period in care, to make sure that they are fulfilling the function needed by the department. If they are not, then many questions need to be asked, lessons learned

and fresh plans made and implemented. This may begin with ensuring the department is clear itself on the aims and tasks of the initial period in care and has defined specifically and appropriately to the foster parents what their role should be in this. It should go on to make sure that Foster Parents are properly recruited, selected, assessed and prepared for this task and appropriately used, supported, rewarded and reviewed thereafter. Their motivation for and understanding of the task they are applying to take on should be clearly understood, and there should be no expectation gap.

The aim of this research then is to achieve a better understanding of the needs and planning for young children at the initial period of care and to ensure that the roles and tasks of short-term foster parents are in line with this, and where they are not to identify the reasons and make recommendations to put this right.

The theoretical basis for the assumptions made about the needs of young children will be explained later in this study in Part II on the Child in Care.

iii) Rationale. I have had a continuing interest in the subject of children in care and foster homes, but this became of particular concern in 1979 when it became apparent in the area where I work that there were a number of problems in the placements of young children in foster homes. Seventeen children aged 9 or under had been placed in foster homes in 1979 and social workers could identify problems with at least eleven of them, even if these did not all lead to the premature removal of the children. In addition, they were having difficulty finding suitable placements in an emergency. Closer examination of these placements led us to conclude that foster parents were being asked to cope with problems outside of their expectation when they applied to foster, and this led us to question whether we were failing in our selection and use of foster parents.

Research seems to agree on the importance of the planning and actions in the first few months in care, especially toward the preservation of parental contact crucial to successful return home (Rowe & Lambert 1973, Aldgate 1980, Adcock 1980). However, several writers on long term foster parents report

that most wished to look after children as if they were their own and preferably without the involvement of the natural parents (Shaw & Lebens 1977, Adamson 1973, Holman 1975). There appeared to be comparatively little literature specifically on the expectations of short term foster parents and although one might assume they would be expecting a different experience if they knew the children would be moving on, our experience at work seemed to be different. If their expectations were similar to long term foster parents, then this could be contributing to the problems we were finding and we might be at fault by not being clear with them at the beginning about what they would be expected to undertake. I felt there was a gap in the existing research and since I was working in this area and experiencing at first hand the problems, I wished to examine them in more detail in order to achieve a greater understanding for myself and the department and to draw out conclusions which would enable changes in policy and practice to overcome these problems. I therefore aimed, first, to describe what was taking place with the admission of children to care and placement in foster homes, and the assessment and experience of short term foster parents, and then to draw out recommendations on the basis of these findings.

b) Structure of the Thesis.

The Thesis will be divided into 4 main parts, divided into chapters, as follows:-

Part I will present the introduction, historical and literature background and method and context of research.

Chapter 1 - The Introduction - has outlined the origins and aims of the project.

Chapter 2 will describe the historical background of the legislation, policy and main themes in the literature.

Chapter 3 will detail the context within which the research was carried out - the geographical area, define the terms and departmental policies and practices within this context and explain the rationale behind the method used to collect, analyse and present the data.

Part II - The Child in Care - will describe the data collected on the admissions of children to care and will be divided into the following

chapters.

Introduction - an outline of the whole.

Chapter 1 - The Child and Family - a description of the characteristics and background information of the children coming into care.

Chapter 2 - The Admission - a look at how the admission was handled, the resources available, the preparation beforehand and the expectations of the caretaker's role.

Chapter 3 - The Placement - this will examine the child and caretaker's experience of the placement, identify problem areas and consider access from natural parents and support given to caretakers.

Chapter 4 - Future Planning - concentration will be given to the area of decision making about the child's future and movement on from the placement and whether the natural parent, caretaker and department were involved together in making considered plans for the child's future.

Chapter 5 - Permanency of Next Placement - could the plan be implemented so that the next placement remained permanent and so achieved stability for the child, were resources available or did the child move on or in and out of care?

Part III - The Foster Parents - describes the data collected from the case files of foster parents used for the first placement of the children admitted to care described in Part II.

Chapter 1 - Characteristics of Families Used - outlines the age, length of marriage, age of children and social class/occupation of the foster parents.

Chapter 2 - Foster Parents' Expectations at Application - the means by which foster parents were recruited, what they said they wanted to do, their expressed motivation in applying and whether they had any previous experience.

Chapter 3 - Department's Response to Application - The Assessment Process - consideration is given to the speed of take-up following enquiry and to the assessment and preparation period.

Chapter 4 - Department's Conclusions Following Assessment - the social worker's conclusions and recommendations following assessment and the nature of the department's decision about the applicants.

Chapter 5 - Department's Use of the Foster Parents - a description of the placements the foster parents received, social worker's comment on these and certain factors which might affect the success of the placement.

Chapter 6 - Support for Foster Parents and Reasons for Leaving Fostering - an attempt to define 'support' and a look at possible means of offering this, length of service foster parents gave and their reasons for ceasing to foster.

Each chapter in these two parts will be sub-divided into sections, each of which records the data collected from each main segment of the questionnaire.

In these two main parts I have sought to combine the information collected, discussion on the findings and the relevant areas of literature relating to the subjects. At the end of each chapter I give a summary of the main findings, conclusions and recommendations. The tables and cross-tabulations referred to will be described in the text but presented at the end of the paper.

Part IV - Conclusion - Evaluation and Recommendations. This final section to the Thesis will examine again the major findings and conclusions drawn in the two main parts and attempt to integrate and evaluate these with a view to making recommendations which can improve the service to children in care by better planning and practice, particularly with regard to recruitment and the use of short term foster parents.

PART I - CHAPTER 2

## HISTORICAL AND LITERATURE BACKGROUND.

In order to see the thinking behind planning for children admitted to care and the role of foster parents in context, it will be necessary to survey the changing scene of Child Care theory, policy and practice. This can be described as a pendulum swinging at times between the aim to rescue children from bad experiences and give them a fresh start, and at others to maintain the child within his own natural family, almost at all costs. Packman (1981/p.3.) reminds us that "our present situation can really only be understood in terms of an historical process of compromises between conflicting aims, in which the very oldest problems (and attempts to solve them) have a tendency to recur."

The placement of children with substitute families goes back to the early Poor Law days of the nineteenth century when orphaned or abandoned children were 'boarded-out'. The Curtis Committee (HMSO 1946), whose report led to the Children Act 1948 and the establishment of Children's Departments, strongly favoured the placement of children in foster homes as the best way of providing for children in care. Newly appointed Child Care Officers set about emptying the large scale institutional children's homes with enthusiasm by recruiting long-term foster parents. The concept was seen as providing a fresh start for children in as normal an environment as possible and it appears that little continuing thought was given to the possibility of rehabilitating a child to his natural home once he entered care. The Curtis Committee (HMSO 1946) emphasised the need for the careful selection and regular supervision of foster homes following the death of Dennis O'Neill in foster care. The Curtis Committee saw the need for the personal element in staff responsible for the care and supervision of children and the importance of training was recognised, leading to the setting up of the Central Training Council in Child Care in 1947. Various child care experts had been witnesses to the Curtis Committee, among them Dr. John Bowlby, whose later monograph for the World Health Organisation on the effects of deprivation of maternal care published in 1951, had a profound influence on the new service. The Pelican version 'Child Care and the Growth of Love' was published in 1953 and was widely debated, and at times misunderstood. Bowlby stressed the prime significance of the child's earliest ties to his mother, emphasising the need for a consistent mother substitute if there had to

be a separation.

A further attraction of fostering was an economic one since foster parents were paid only maintenance allowances to avoid attracting people for the 'wrong' reasons and the difficult economic climate of the early '50's, and the expanding number of children in care, made financial considerations important.

But from the early years of the child care service, there was an increasing awareness that to concentrate on accommodating children after their admission to care was not enough. Foster placements did not always last, some children were unhappy in care and grew up to become inadequate parents themselves. Bowlby and other studies emphasised the importance of the mother/child relationship and the damage that could be created by separation. There was an increasing wish to become involved with families before the children came into care, and if posssible to prevent this happening. Such organisations as the Family Service Units were set up to work in a practical way with families and the staff of some Children's Departmentswere also attempting preventive work and trying to build up supportive community networks. Faced with the material deprivation of many families and the frustration at having no legal remit or resources to help, workers pressed for clearer legislative guidelines and a clause was inserted in the terms of reference of the Ingleby Committee set up in 1956, (Home Office 1960) mainly to enquire into the work of courts in respect of juveniles. Its report in 1960 led to the Children & Young Person's Act of 1963 whose Section I gave local authorities preventative powers, including material and financial assistance.

The emphasis moved away from children in care who became a much smaller proportion of the work done by the department. The departments themselves grew in structure and staff. By the end of the 1960's the concentration of the work was on preventing children entering care and a variety of means were employed to achieve this including, in some cases, the expenditure of money to pay off debts accrued by the family. However, the efficacy of this was beginning to be questioned. In 1971 Heywood and Allen found there was some success in averting a short-term crisis but this use of money was of less obvious benefit in achieving long-term better care for children in their own homes.

Workers now had to face the dilemma of weighing the likely damage caused

by separation against the damage caused by physical or emotional neglect or harm within the home and consider how long a risky experience could be allowed to continue.

Several events which took place in the late 1960's and into the 1970's further influenced the questioning of the Child Care policy of the time which had been concentrating on preventing the removal of children from their natural families or had claimed to be rehabilitating them to their parents when admission to care could not be prevented. These influences included published research material, committee reports and events affecting children in care, and they were to have their influence on a piece of legislation implemented in 1975 - the Children Act. They also occurred at the time the Seebohm Committee (HMSO 1968) reported which led to the Local Authority Social Services Act 1970 and was followed by the establishment of the Social Services Departments to offer a multi-purpose family based service from large complex structures.

The Houghton Committee had been set up in 1969 with its main purpose to enquire into adoption policy and practice. Traditionally adoption had been seen as a form of substitute care mainly appropriate only for babies and young children. However, in the early 1970's American projects had been showing that 'hard to place' children i.e., older, mixed-race and handicapped - could be found adoptive homes and in 1965 the British Adoption Project had been set up to promote the adoption of non-white children. From this project emerged the Adoption Resource Exchange, formed in 1968, to co-ordinate the matching of 'hard to place' children with appropriate prospective adoptive families between adoption agencies. Its work showed that adoption could be a viable alternative for many children.

The Houghton Committee reported in 1972 (HMSO 1972) and made numerous recommendations for the improvement of adoption services, proposing to strengthen the role of agencies in adoption but to dissuade adoption by existing family members (e.g. grandparents) and by step-parents. These recommendations were to be the core of the Children Act 1975.

However, in addition, in the early 1970's a number of cases took place of children in voluntary care being 'snatched-back' from long-standing foster homes by natural parents. These were publicised in the popular press as 'tug-of-love' children. The law had seemed unable to intervene in these matters where, it was alleged, the action was not in the interests

of the children who had thought of themselves as part of their foster families. There was pressure from the media and support from professionals in the child care service to protect the interests of such children through legislation and the courts.

Two major pieces of research published in 1973 were to have a further important effect on the thinking of the time and some influence on the Children Act 1975.

In 1973, Goldstein, Freud & Solnit's work was published in America which upheld the importance of the child's "psychological parent" - the person with whom the child has formed or is most likely to form a parent/child relationship, regardless of whether this is the biological parent. They pointed out the importance of the child's sense of time - emphasising that these attachments are formed quite quickly for young children and emotional damage is created when they are broken. They acknowledged that ideal resolutions of conflict cannot be made and advocated placements which would provide the "least detrimental available alternative" for safe-guarding the child's growth and development. The effect of this work was to make workers in the child care field question the value of rehabilitation once the child had been separated from his/her parents for a period of time, and reinforced the concern about the 'tug-of-love' children returned 'home' after years of being settled in a foster family.

In addition to Goldstein, Freud & Solnit, a major work to be published in Britain in 1973 was Rowe & Lambert's 'Children Who Wait' and this also called in to question the policy on rehabilitation. Contrary to the belief of many that children in local authority care were successfully rehabilitated home, this showed that many children remained in local authority care throughout their childhood. Only one in four children under 11 years, who had been in care for six months, was likely to return to his/her parents before he/she left school. The study concludes with the urgency of sound planning for young children in care to secure either a speedy return to their own parents or establishment in a secure substitute family.

This was a major blow to the confidence of local authorities, who had believed that their work had had the best interests of children at heart and was largely successful in reuniting children and families. The themes underlying these works and the concern about the children returned to their natural families after years away, questioned first whether

rehabilitation was beneficial for children unless it occurred quickly while the children were still attached to their natural families. They then showed that local authorities in Britain were mostly not reuniting children and parents in practice and, according to the media, where this did occur by the actions of natural parents claiming children after years away, caused distress to the children involved.

The lessons from this seem to be the importance of the local authority taking the initiative to ensure that the children in its care have the experience of secure family life, and recognising that, although preferred, this may not always be achieved in the natural family. This thinking influenced those framing the Children Act 1975 to want to insert legal safeguards for children who had been in care for a period of time to prevent them being moved precipitately, and not to assume that children should return home at any time, whatever the circumstances of their existing placement or their natural family. It also considered the status of substitute caretakers - usually foster parents - independent of the local authority and looked at the possibility of giving them an independent right to apply to the courts for the adoption or custody of their foster children.

A tragic example of things going wrong occurred with the death of Maria Colwell, also in 1973. Maria was killed by her step-father, having been returned to the care of her mother and step-father after several settled years with foster parents. The Inquiry (HMSO 1974) which followed made a number of criticisms; of failed communication between departments and individuals; for the local authority not contesting in court Maria's return to her mother; failure to understand or give due regard to Maria's own wishes and feelings, and failure to appreciate the extent of the risk she would be exposed to on her return home. Social workers were criticised for failing the child through a growing commitment to the family of origin.

It was in this climate of the research works, the experience of the 'tug-of love' children, the death of Maria Colwell, together with the opinions of the Houghton Committee on adoption (HMSO 1972) that the Children Act 1975 was framed and attempted to legislate for a number of weaknesses in systems and policies. It was described by some as a Children's Charter, attempting to give more weight to children's rights but in its effort to meet a number of needs it became complex and with some apparent ambiguities. The following are examples of some of the clauses paraphrased:-

- It introduced the welfare principle - courts and agencies, having regard to all the circumstances including the child's own wishes and feelings, must give first (but not paramount as Houghton wished) consideration to the need to safeguard and promote his welfare throughout his childhood.

- Adopted children, when 18, would have access to their birth certificates, but counselling would be obligatory for those adopted before 1975.

- Step-parent adoption would be discouraged and such applicants encouraged instead to seek joint custody through the divorce courts.

- Parents would be allowed to relinquish their parental rights to an adoption agency before their child had been placed with adopters.

- The parent could no longer stipulate the religious upbringing of the child. Where a child's interests may conflict with those of his parents in Care or related proceedings, the court would give power to appoint a Guardian ad Litem to separately represent the child before the court.

- A new concept of custodianship was introduced giving legal custody to persons, other than natural parents, who have the child in their care. These could be relatives or foster parents. Custodianship is revocable and does not transfer parental rights.

- The Act also introduced a number of time limits. Parents must now give 28 days notice of their intention to remove a child from voluntary care if he has been in care 6 months or more.

- The local authority may assume parental rights over a child who has been in care for 3 years or more.

- Foster parents would be able to apply for custody of children in their care 3 years or more, with or without parental consent and for adoption of children who have been in their care 5 years or more with parental consent or, if they have grounds, to dispense with parental consent. In both cases the child cannot be removed until there has been a Hearing.

- An additional ground for dispensing with parental consent to adoption would be that the parent has seriously ill-treated the child and rehabilitation is unlikely.

One can see that this was a complicated effort to achieve a system of checks and balances to the rights of natural parents and substitute caretakers, and to promote the best interests of the child - further complicated by the fact that the provisions have been implemented in stages - custodianship not becoming law until late 1985.

There had been a growing feeling that in efforts to support the natural parents and not sever the ties, children were being left in a kind of limbo in local authority care described as "drift". Encouragement was given to the making of clear and firm decisions and articles began to appear on planning for permanence. Two key articles appeared in Adoption and Fostering in 1980 by Margaret McKay and Margaret Adcock. Both emphasised the importance of commitment by local authorities to family based care of a permanent nature for children, either in their own family or in a substitute home. Adcock (1980a) states firmly that this should be through rehabilitation to natural parents or adoption since for a child in long-term care, both the local authority and the natural parents have the potential power to disrupt the placement.

McKay (1980) stressed the necessity to develop skills to assess the child's needs, natural parents' ability to meet them, and the assistance required to do so. She acknowledges the conflict of interests that can arise between parent and child which must be faced openly with the welfare of the child as the first consideration. The work of Rowe & Lambert (1973) and Goldstein et al (1973) is taken to reinforce the importance of the work done towards rehabilitation in the first 6 months of care with a rigorous positive review at the 6 months stage to evaluate the progress made. Through the implementation of these principles in the area of Musselburgh where McKay worked, she undertook that no child under the age of 10 should be in care for more than 2 years.

An area in Lambeth stated similar objectives in May 1980, that no child coming into care under the age of 10 should remain in care for more than 2 years and priorities in making plans for children who come into care should be:-

a) rehabilitation; or

b) permanent substitute family.

This work is written up in Adoption and Fostering 1982 by Hussell and Monaghan and again stresses the importance of honest, task-centred contract work with parents.

This work requires considerable skills of assessment in weighing up the potential for rehabilitation. Adcock's article in New Developments (ed Triseliotis 1980) on 'Dilemmas in planning long-term care' gives some of the issues to consider such as the child's relationship with his parents, the effects of separation and the willingness and ability of the parents to resume care.

In January 1980 BAAF published a booklet on 'Terminating Parental Contact' (ed. Adcock & White, 1980) which tried to examine the purpose and evaluate the effect of parental access in the context of the plan for the child and suggested that where this could be shown to be harmful to the child, termination should be considered. In 1981 BAAF published a booklet by Fahlberg on Attachment intended to assist social workers in their assessment of the strength and meaning of the parent/child relationship.

Although all of those studies and projects (McKay, 1980; Adcock, 1980a; Hussell & Monaghan, 1982; Adcock & White, 1980; Fahlberg, 1981) emphasised their purpose as providing a secure home for children, preferably with the child's natural parents, there were some who took the concept of permanence to mean placement in an adoptive home outside the natural family. Some parents alleged that pressure was put on them to relinquish their children when they were only seeking temporary care, and claimed that insufficient help was given them to overcome their problems.

In 1975 the Family Rights Group was set up because members were concerned that the Children Act 1975 did nothing to provide families with the resources and services which would enable the majority of families with children 'at risk' or 'in care' to provide secure and caring homes for them. They provided legal and social work support for parents of children in care. In 1982 they published 'Fostering Parental Contact' in answer to Terminating Parental Contact by giving arguments in favour of preserving contact between children in care and their families.

There was a feeling that the pendulum had swung too far against natural parents and some local authorities were attempting to place children for adoption without first working properly with the natural parents or thinking through their case thoroughly. Two important cases in the Court of Appeal in 1982 highlighted this - re. H. & re. W. (Rawston, 1983). Each was an application to adopt a long-standing foster child, one aged 10 and one aged 11, who had maintained some contact with his

natural family. The Court of Appeal held that the respective parents were not unreasonable in withholding their agreement to adoption. The key factors seemed to be that where natural parents might be able to offer a home to a child, the door should not be closed on this even if the child is well-integrated into the foster family. Adcock & Levy (1983) commenting in Adoption & Fostering, repeat the necessity of agencies making detailed and specific plans which can be justified before a court and which deal properly with the questions of access and rehabilitation being in the interests of the children. It was suggested by them that in these cases the evidence presented did not support the case.

In 1983 the Health & Social Services and Social Security Adjudications (HASSASSA) Act curtailed still further the powers of the local authority by enabling parents over whose children the local authority holds parental rights to apply to the juvenile court for an Access Order requiring the local authority to grant access. The Code of Practice issued by the DHSS with this Act (HMSO 1983) emphasised the importance of keeping natural parents informed and involved. The Act also amended the 1975 Children Act to set up panels of Guardians ad litem in each local authority area and stopped the practice whereby parents could agree to parental rights resolutions by local authorities under Section 3 of the 1980 Child Care Act. Previously natural parents could sign a form indicating their agreement to the assumption of parental rights. Although the decision still had to be made by the social services committee and could be challenged by the parents in the court, their signed agreement was bound to influence the committee and it had been felt that pressure could have been put upon parents, by social workers, to sign.

The implementation of the 1975 Children Act, the practice of local authorities in seeking adoption, sometimes against parental agreement, for children for whom rehabilitation has failed and the HASSASSA Act, have all led to the increased use of courts in the plans for children in care.

Packman (1981) points out that the challenge to the use and abuse of local authority power over children and their parents has led to social services departments and their client families becoming adversaries in a way which may not be healthy if it defeats the objective of parental co-operation and involvement, and it seems that a climate in which negotiation and change can take place would be preferable.

This account of changing child care policy shows the context in which social workers have been working through the decades since 1948. Where then does the role of fostering fit? Clearly, the objective of the period of care - to rehabilitate the child home or to provide an alternative family, and the consequent varying extent of parental involvement will affect the tasks foster parents are called upon to do.

Fostering proves difficult to define. Jane Rowe (1977) describes it as a generalised concept used to cover a wide variety of situations in which a child is cared for in a family other than his own and where some other person retains parental rights. The DHSS Foster Care - a guide to practice (HMSO 1976 p.6), says,

> "...fostering is not in itself a single identifiable method of care. It offers a range of placements which have in common only the fact that they provide care in a family setting."

The identification of these placements has to be related to the objective and likely length of stay in care, and it is crucial that social workers, and therefore foster parents, are clear on these objectives.

An explanation of the continuum of types of placements is given in the BASW - Guidelines for Practice in Family Placements (1982) and are paraphrased as follows:-

a) Relief Care - to assist parents who may have a handicapped child or themselves suffer from handicapping conditions ....

b) Holiday Fostering - foster parents may need to operate complex relationships with both the child's relatives and his residential caretakers.

c) Pre-adoptive fostering - the fostering of babies for a short period prior to placing with adoptive parents. Less used now that more babies are placed for adoption straight from hospital.

d) Short-term Fostering - the legal term (under the Boarding-Out Regulations 1955 - see Chapter 3) would be 8 weeks or a maximum of 10, but in practice is considered to be up to 6 or 8 months. The foster parent must be able to work closely with a variety of different social workers and parents of origin as well as offer asylum to a child whose life has been disrupted,

utilising skills in helping children arrive and depart.

e) Task-related fostering - the foster parents are employed to achieve a task - preparation for adoption of an older child, treatment of mal-adjustment, rehabilitation of delinquents etc. Additional resources such as the involvement of psychologists, extra training and professional fees may be required. The length of these placements will vary.

f) Medium-term Fostering - i.e. longer than short-term but not having permanence as the objective. This is probably the most disaster-prone of the situations outlined, firstly because the indefinite length is likely to lead to lack of clarity on the adults' part unless other criteria for placement are firmly established, because the child might establish new bonds; because evidence shows that social workers do not put much effort into 'positive rehabilitation'. (Thoburn,(1980) "Captive Clients"; J.Rowe (1980) "Long Term Fostering and the Children Act 1975" Ad. & F. No: 4).

g) Long-term Fostering - where permanence is intended but legal adoption is either not desired or cannot be achieved. Nevertheless, the term may be a contradiction since true legal permanence cannot be achieved in fostering (Triseliotis 1980 ed. 'New Developments in Foster Care and Adoption).

h) Fostering with the hope of adoption - where adoption is seen to be the best plan for a child but may not yet be legally obtainable, in other words rehabilitation is inadvisable or not achievable. The uncertainty that will exist has severe implications for assessment and planning.

i) Adoption - legally quite distinct from fostering - a legal process by which all the rights and duties of the natural parents are permanently transferred to the adopters by a court.

With short-term fostering - and probably with task-related fostering, it will be known that the child will be moving on; sometimes it will be known that this will be back home, for example if the admission has been because of hospitalisation of mother through pregnancy. At other times the outcome may not be known if the admission has been because of parental difficulty in coping and rehabilitation may be the aim but not inevitable. This latter might be called assessment fostering and is, perhaps, closer to task-related fostering but where the initial objective is to assess

the child's needs which may involve the identification of a further task such as preparation for adoption. Thus, the skills required in short-term fostering can vary enormously.

Rowe, in 'Fostering in the 80's' (1983) draws a further distinction in short-term fostering between unplanned emergency placements where foster parents are required to take a child in a crisis and without prior notice, and planned short-term placements which may involve a variety of tasks such as providing a 'bridge' for a child between one failed home and a new permanent placement or providing 'respite' care to relieve parents or regular caretakers.

In long-term care she distinguishes between adoption, long-term foster care without parental/family contact and long-term foster care with family contact which she sees as only likely to be successful where the natural family can accept that the substitute parents have the primary parenting role and are able to accept a secondary role for themselves.

With such a variety of tasks which foster parents may be called upon to undertake, the qualities looked for in foster parents are likely to be equally varied. The DHSS Guide to Fostering Practice' (HMSO 1976-p.7) says;

> "Each foster family is unique and each has different qualities to offer to the child who comes into its care."

This will be looked at in more detail in later chapters, but the literature on fostering in the 1960's and early 1970's tended to view all types of fostering together or concentrate on long-term fostering (George,(1970); Adamson, (1973); Parker, (1966); Trasler, (1960)). At this time many foster parents seemed to see themselves very much as substitute parents bringing up the child as if he was their own, reluctant to allow natural parents to visit and preferring to see social workers as 'friends' than professional colleagues. This seems to fit in with Rowe & Lambert's findings (1973) that children were remaining in long-term care throughout their childhood without any focused plans for rehabilitation or adoption and Shaw & Lebens'discovery (1976) that maintaining the child in his present foster home would be rated as top priority by social workers in 92% of cases, while in only 3.4% was rehabilitation to parents the top

priority.

Studies which looked at the question of parental contact showed that the majority of children in long-term care seldom saw their parents (Weinstein (1960); Jenkins, (1969); Thorpe, (1974); Aldgate, (1977); George, (1970); Adamson, (1973); Shaw & Lebens,(1976); Holman, (1975); Rowe & Lambert, (1973); Fanshel & Shinn, (1978)) and although there is debate about the value of actual contact, there seems agreement that children who are adopted or in care do need knowledge of and sometimes access to their origins if they are to be comfortable in their own identity. There are also several pieces of research (Jenkins & Norman, (1972), Tizard (1977); and Aldgate (1977)) which link parental visiting and the positive activity of social workers to the likelihood or rehabilitation. So is the attitude of many foster parents as described above likely to be a handicap given some of the tasks identified as needed?

Holman (1975) differentiated between two contrasting concepts of fostering, though again pointed out that the concepts mainly stem from studies of long-term fosterings which exclude short-term and placements with relatives. He described 'Exclusive fostering' which attempts to contain the foster child within the foster family while excluding other connections such as social workers, natural parents and earlier background. He saw 'Inclusive fostering' as based on a readiness to draw the various components into the fostering situation. Emphasis is placed on the children's need to obtain a true sense of their present identity and past history within a framework of affection and it is accepted that foster parents, children, natural parents and social workers, are all needed in order to facilitate rehabilitation of the children if that is possible. Holman considered that a conflict existed between the popularity of exclusive fostering (Adamson, (1973); George (1970); Shaw & Lebens (1976)) and research findings which stress the value of inclusive fostering (Thorpe, (1974); Weinstein, (1960; Jenkins, (1969)).

This conclusion was not accepted by all (Shaw & Lebens(1976) but it does identify some of the different attitudes required in fostering and the importance of matching the qualities in the foster home to the task needed and returns again to the importance of the social worker being clear about the plan for the child and the type of placement most likely to meet that plan. It would seem that the short-term and task-related placements are most likely to fit into the 'inclusive fostering' concept

to be used at the assessment and rehabilitation or preparation stages.

The National Association of Foster Care (NFCA) have played an important part in helping foster parents to see their role in a more objective way and as part of a team. The NFCA was inaugurated in 1974 with the aim of representing the views of foster parents raising the image of fostering and pressing for the need for the training and involvement of foster parents with social workers in working for the needs of children in care.

One might then expect that the combination of the encouragement from NFCA to foster parents to see their role more professionally and the knowledge that the tasks of the short-term foster parent would require combined work with social worker and natural parents with the child leaving after a period of time, would inevitably lead to a more objective attitude and less role conflict between substitute parent and caring "professional".

There appears to be relatively little literature specifically on the short-term fostering of younger children. The literature on specialist fostering seems to be more related to the 'professional' contract fostering involved in caring for children in their teens with specific problems (Hazel, 1981), although Shaw & Hipgrave (1983) acknowledge short-term fostering as an area of specialism, especially when it includes components of assessment.

Delia Harling (1981) has written of the scheme in Somerset to recruit foster parents specifically to observe and assess the needs of under fives admitted to care. She sees two main requirements - keeping the children's distress to a minimum, and assessment and it is this latter which calls for additional skills over and above those possessed by good "traditional" foster parents. The Somerset observation and assessment foster parents were recruited from the existing group of foster parents as needing wide knowledge of child care, an ability to establish a quick rapport with children and to work with the children's natural parents and gain their confidence. They were described as needing to be perceptive, objective, articulate, literate and geographically spread over the county. Training was provided, designed to enhance their skills. It was expected that they would be able to co-operate and liaise effectively with a number of professionals, keep detailed written

records and prepare a full report on the child at the end of a 2 month assessment period. They would play a crucial role at the final case conference and would then help to prepare the child for the movement decided on at the case conference within a further 8 week period allowed for the implementation of this decision. Harling found that the people most successful as foster parents do not necessarily turn out to be the best choice for this particular role, and recruitment has to be very carefully done. To help them fulfil this role, foster parents are given an enhanced payment and additional social work support.

Kufeldt (1979) defines temporary foster care as the provision of substitute family life for a child received into care where there is a clear intention to re-unite the natural family at a future date, so does not include the assessment foster homes where the period in placement is time limited but the outcome is unknown. She looks at separation experience, the place of the natural parents and the need for role clarification. She too identifies an urgent need in foster care to have a clear definition of task and attempts to develop a theoretical framework for practice as a preliminary to this. She argues the importance of rejecting the notion that the child is parentless, and clarifying the foster parents role to one of an extension of and supportive to the natural family function, supplying for a temporary period whatever is lacking in the latter system. She sees the social worker as tending also to see the foster parents role from the lay point of view as a "substitute parent" and emphasises the importance of the social worker understanding the professional role of the foster parents and taking the lead in managing the new system as defined above.

This chapter has attempted to give an historical and chronological background of the changing themes in legislation, research and the child care policy from 1948 and through the period of 1976-1981, when the data for this survey was collected. During this time the notion of permanency in the planning for children admitted to care, the increased use of the courts and the attempt to find a balance between the needs of the child and the rights of the natural parents, was gaining ground, together with efforts to understand and improve the role and status of foster parents caring for children under varying circumstances. The research influencing this period seems generally agreed on the importance of the work done in the first few months in care (Rowe & Lambert, (1973); Aldgate, (1977); Adcock & McKay, (1980)) and the need for the role of the foster parent

during that time to be clearly defined and task related. This study will look at whether the theoretical expectation (Holman, (1975); Kufeldt, (1979); Shaw & Hipgrave, (1983)) that short-term foster parents should be more objective and "inclusive" in their attitude to the placement is fulfilled in practice by examining the admissions to care and first placements of children aged 9 and under and seeing what their circumstances seemed to require and then looking at the foster parents used for these placements and examining their expectations of what fostering would be like and their motivation for taking it on.

PART I - CHAPTER 3

## METHOD AND CONTEXT OF RESEARCH.

### Introduction.

The chapter which follows will attempt to describe the area in which the research takes place, define the legal and social work terms which are used and explain the policies, practices and procedures relating to the admission of children to care and the selection of foster parents. It goes on to explain how the choice was made for the method of the survey and the means by which the data was collected, analysed and presented in this thesis.

### Setting for Research.

This study was carried out in a division of Hertfordshire County Council, Social Services Department.

Hertfordshire is a County in South-East England, north of London with a usually resident population in the 1981 Census of 950,760, an increase of 3.5% from the 1971 Census. The County borders to the south on the London Boroughs of Enfield, Barnet and it is composed of a mixture of towns and villages with areas of farmland and countryside. The character of the towns varies between the Cathedral City of St. Albans, busy Watford (Hertfordshire's largest town) and the New Town of Stevenage.

For reference to the age of population see Table A below:-

TABLE A - Population by Age in Hertfordshire and Broxbourne.

| | Hertfordshire | Broxbourne |
|---|---|---|
| | % | % |
| Age | | |
| Under 16 | 22.5 | 23.0 |
| 16 - under Pensionable Age | 62.4 | 63.5 |
| Pensionable age and over | 15.1 | 12.4 |
| Total | 100.0 | 98.9 |
| Total number = | 950,760 | 79,377 |

[Taken from Census 1981, Office of Population Censuses and Surveys.]

In 1981, 22.5% of the usually resident population of Hertfordshire was aged under 16, while 15.1% were of pensionable age. 6.7% of the population were born outside of the United Kingdom.

Table B gives the economic characteristics of the population - see below:-

TABLE B - Economic Characteristics of Men aged 16-64 and Women aged 16-59 in Hertfordshire and Broxbourne.

| | Hertfordshire. | | Broxbourne. | |
|---|---|---|---|---|
| | Men (16-64) % | Women (16-59) % | Men (16-64) % | Women (16-59) % |
| Economically active - Total | 91.4 | 62.4 | 93.4 | 62.4 |
| In employment - full time. | 84.5 | 36.2 | 87.0 | 36.0 |
| - part time. | 0.9 | 23.3 | 0.6 | 23.7 |
| Out of employment. | 6.0 | 2.8 | 5.8 | 2.7 |
| Economically inactive - Total | 8.5 | 37.6 | 6.6 | 37.6 |
| Full-time students. | 5.9 | 6.3 | 4.6 | 5.0 |
| Married women 16-59. Economically active. | - | 59.7 | | 59.1 |

[Taken from Census 1981, Office of Population Censuses and Surveys.]

This shows that 59.5% of women aged between 16 and 60 were in full or part-time employment. There was an increase in the proportion of married women aged between 16 and 60 in Hertfordshire who were economically active, from 53.0% in 1977 to 59.7% in 1981. (Census 1981).

The Social Services Department of Hertfordshire County Council (referred to in this text as the Department) has divided its fieldwork staff (i.e. those working within the community and day centres as opposed to residential establishments and hospitals) into nine divisional offices (see Map in Appendix). These are not all co-terminus with the County's District or Borough Council areas, which number ten. This study will concentrate on the Social Services Department Division of Broxbourne, which happens to be co-terminus with the Broxbourne Borough Council.

Broxbourne is situated in the south-east corner of Hertfordshire. It has a population of 79,562 (1981 Census) within 20 square miles, fringing onto the London Borough of Enfield to the south and the County of Essex to the east (see Map in Appendix). It is composed of the two former urban districts of Hoddesdon and Cheshunt/Waltham Cross, two distinct town centres which have absorbed outlying villages to form a largely urban area with some farmland to the west of Cheshunt. In the 1981 Census there were 27,385 households in the district, 68.7% owner occupied, 24.7% rented from the Council and 6.6% privately rented. There were 441 (1.6% of the total households) single parent families listed in the Census; although the County Monitor (OPCS 1982) writing on the figures reckoned there were probably double that number, the rest being in households with other people aged 16 or over. Broxbourne has a slightly younger population than the average in Hertfordshire and a slightly lower unemployment level for men. 36% of economically active women aged 16 to 59 were in full-time employment, about average for Hertfordshire - see Tables A and B. Broxbourne has seen the largest percentage increase in the population of the districts in Hertfordshire - 11.6% - and the County Guide (British Publishing Co. Ltd., 1984) states that Cheshunt has doubled its population in the last 20 years.

The Broxbourne Social Services Department Division, (referred to in this text as the Division) is led by a Divisional Social Services Officer (DSSO) and an Assistant Divisional Social Services Officer (ADSSO), and incorporates 3 Social Work Teams covering the Hoddesdon Town and outlying areas and two Teams dividing the Cheshunt and Waltham Cross areas between them. Each Team is led by a Senior Social Worker/Team Leader (SSW/TL), who has 4 or 5 Social Workers and a Social Work Assistant in the Team and who is responsible for all the social work referrals from the area. The Division has a Home Care Section with the Home Care Organisers attached to the Team areas, but managed by the Divisional Home Care Officer, and similarly Occupational Therapists attached to the Team but managed by the Divisional Occupational Therapist. The Division runs several day centres for the elderly and physically handicapped and a Family Centre now working with parents and children under 5, but until 1984 primarily offering day care for "vulnerable" under 5's, with occasional support for mothers and then called a Children's Centre. The whole Office is serviced by an Administrative Section led by the Divisional Administrative Officer (DAO).

There are 2 Old People's Homes, a Hostel for the Mentally Handicapped and an Adult Training Centre for the Mentally Handicapped in the Divisional area, managed from County Hall. The nearest Children's Home, also managed at County Hall, is just over the border in the next division of East Herts., at Stanstead Abbotts.

My position in this Office from 1975 to 1981 was Team Leader of one of the Cheshunt Teams and Divisional Representative for Fostering and Adoption. From 1981 I have been ADSSO, taking responsibility for Child Care Services. Since I refer to my own experience later in the text I will outline it now. It began in the field of Social Work in Child Care in 1968 when I joined Essex Children's Department as a Trainee Child Care Officer. I commenced professional training in 1969 and obtained the Central Training Council Letter of Recognition in Social Work in Child Care in 1971, returning to Essex Children's Department, to become the Social Services Department later that year. I worked as a Generic Social Worker for 4 years and, because I had had previous experience in the Children's Department, had a caseload weighted towards Child Care and developed an interest in fostering and adoption. In 1975 I moved to Hertfordshire as a SSW/TL. In 1976 I became the Divisional Representative for Fostering and Adoption, representing the Division at County monthly Fostering and Adoption meetings and being responsible for the co-ordination of fostering and adoption within the Division - a role I retained when I became ADSSO in the Division in June, 1981. I have been involved in all aspects of work with foster parents, including attending the Leaders Course for Parenting Plus, the National Foster Care Association (NFCA) sponsored training course for foster parents, and running 2 courses, and also joining in frequent meetings with foster parents through the years to hear from them about their experiences.

Aims of The Study.

This has been described more fully in the introduction. The object of the study is to discover if there is a contrast between the needs of the agency for certain types of placement and caretakers for its children in care, and the desires and expectations of aspiring foster parents offering their services for this purpose. Concentration is made on children in the younger age range of 0-9 years since this age is more frequently placed in family care (Tables C-H later in chapter, page 35 ).

The first placement is looked at since this is the most crucial time when decisions are made about the child's future. If it is found that the expectation the agency has of the tasks and attitudes of foster parents needed for the children being cared for is different from the expectations foster parents have of their care of a child, then this has serious implications for the current suitability of the fostering placements and will require a fresh look at the recruitment, preparation and use of F.P.'s.

In order to obtain this information, it seemed sensible to identify a group of children aged 0-9 coming into care and examine in detail their circumstances, needs, plans required and general experience through the first placement and its outcome: then to compare this with the expressed wishes and motivation of F.P.'s when they applied to the agency and look at the use made of them and their experience of fostering placements, and the extent to which they left fostering and the reason for this.

Definition of Terms.

Local authority social work seems dogged with crucial and hard to define terms like "Care", "Need", "At Risk". Children who are "in Care" have had the responsibility for providing for their day to day parenting and, in some cases, all decision-making, passed from their natural parents to the local authority Social Services Department. The local authority will arrange for this to be provided in residential or substitute family care according to "assessed Need" and availability of resource.

The grounds under which a child may come into Care are laid down in statute in two main Acts - The Child Care Act 1980 (the CCA 1980) and the Children & Young Persons Act 1969 (CYP Act 1969).

The CCA 1980 (which incorporated the original provisions laid down in the Children Act 1948) is the means by which children enter "Voluntary Care", that is are received into Care at the parents' request. The local authority has a duty to receive a child into Care under Section II of the CCA 1980 where: the child is under 17 and it appears that .....

a) the child has no parent or guardian;

b) the child has been and remains abandoned by his parent or guardian;

c) the child is lost;

d) his/her parents or guardian are for the time being or permanently prevented by reason of mental or bodily disease or infirmity or other incapacity or any other circumstances from providing for his proper accommodation, maintenance and upbringing.

and also that intervention is necessary in the interests of the welfare of the child.

A local authority has a duty to endeavour to secure that the child's Care is taken over by his parent or guardian or by a relative or friend although, if the child has been in Care for 6 months or more, the parent must give the local authority 28 days notice of his/her wish to have the child back.

Under certain circumstances, when a child has been received into Care, a local authority social services committee may pass a resolution taking over the parental rights and duties in respect of the child. These circumstances are laid out in Section III of the CCA 1980 .....

a) that his parents are dead and he has no guardian or custodian;

b) that a parent of his -

i) has abandoned him; or

ii) suffers from some permanent disability rendering him incapable of caring for the child; or

iii) suffers from a mental disorder which renders him unfit to have the care of the child; or

iv) is of such habits or mode of life as to be unfit to have the care of the child; or

v) has so consistently failed, without reasonable cause, to discharge the obligations of a parent as to be unfit to have the care of the child; or

c) that a resolution under paragraph 3 of this Subsection is in force in relation to one parent of the child who is, or is likely to become a member of the household comprising the child and his other parent; or

d) that throughout the 3 years preceding the passing of the resolution the child has been in the Care of a local authority under Section II of this Act.

The CYP Act 1969 provides the means for children to be committed to the Care of a local authority by a juvenile court.

The Local Authority, Police or National Society for Prevention of Cruelty to Children (NSPCC), may initiate their proceedings if one or more of the following grounds under Section I of the CYP Act 1969 are met:-

a) his proper development is being avoidably prevented or neglected or his health is being avoidably impaired or neglected or he is being illtreated; or

b) it is probable that the conditions set out in the preceding paragraph will be satisfied in his case having regard to the fact that the Court has found this to be so in the case of another child who is or was a member of the household to which he belongs; or

c) he is exposed to moral danger; or

d) he is beyond the control of his parent or guardian; or

e) he is of compulsory school age within the meaning of the Education Act 1944 and is not receiving sufficient full-time education suitable to his age, ability and aptitude; or

f) he is guilty of an offence excluding homicide.

and also that he is in need of Care or Control which he is unlikely to receive unless the Court makes an Order.

If the case is proved the Court may (among other options) make a Care Order committing the child to the Care of the local authority until his 18th birthday unless the Order is discharged beforehand.

If it is necessary to remove a child from home in an emergency, e.g. in cases of suspected non-accidental injury, anyone with the necessary information showing that one of the primary grounds for Care Proceedings would be satisfied, may apply to a magistrate for a Place of Safety under Section 28 (1) of the CYP Act 1969. This Order will last for up to 28 days, within which time the matter must be brought before a juvenile

court or the Order allowed to lapse. If the matter cannot be fully heard on the first court date an Interim Care Order for up to 28 days may be made to allow more time for preparation of the case. There are other Acts under which children may be committed to the Care of the local authority by the courts where the circumstances make it impractical or undesirable for either parent to have the care of the child. There are;

The Family Law Reform Act 1969 - Section 7(2).
The Matrimonial Causes Act 1973 - Section 43.
The Domestic Proceedings and Magistrates Courts Act 1978 Section 10.
The Guardianship Act 1973 - Section 2.

In these cases, although the local authority does not hold parental rights, it is authorised to keep the child in Care if the parent wants him back.

The task of receiving a child into Care for a social worker is a mixture of social work skills and administrative procedures. In Hertfordshire, procedures are laid down in the County Guide to Procedure (1971), which is updated from time to time.

Where the request for Care is from the parent, the social worker will assess the circumstances and having satisfied herself that the request is appropriate and had her recommendation for Care confirmed by her Team Leader and ADSSO, that no alternative provision to prevent the need for removal from home was feasible, she is required to complete the paperwork as follows (see Appendix for sample forms):

SS6 - Application for Care completed with parent.

SS103 - Freedom from Infection Medical (if child to be placed in family care).

SS3/4/15 - Financial Forms completed by parent.

SS106/107/108 - Explanatory Leaflet given to Parent from 1976 onwards.

SS7 - Payment, Movement and Statistical Form completed by social worker.

Plus, under the Boarding Out Allowance Regulations 1955 - when a child is placed in foster care -

SS116 - Stating placement is in best interests of the child.

SS113/114/115 - Foster Parent Undertaking, sent to and signed by foster parents.

When a child is committed to Care under the CYP Act 1969 the Social Worker will receive a copy of the Court Order placing the child in Local Authority Care or, in an emergency, a copy of the Place of Safety Order signed by a magistrate. The Social Worker will attempt to obtain details about the child and family as required on the SS6 and will always have to complete an SS7 and the forms required for foster placement as above.

The decision about where the child will be placed is governed by legislative framework, "good practice", "departmental policy" and "available resources".

The "Welfare Principle" - Section 18 of the CCA 1980 (brought in in 1975 Children's Act Section 59) requires local authorities to give first consideration to the child's long-term welfare and to find out and consider his wishes and feelings (having regard to his age and understanding), when making a decision about a child in its Care. The 1948 Children Act laid down that, where possible, children in local authority care should be "boarded out with families" - under Section 13(i(a)) a local authority shall discharge their duty to provide accommodation and maintenance for a child in their Care - a) by boarding him out. "Good Practice" decrees that a child should be placed in family care to receive experiences and relationships as near to "normal" as possible, given that separation from their own family has had to take place.

Hertfordshire's Child Care Policies.

Hertfordshire's policy has been in line with this thinking and is laid out in the County Guide to Procedure, reinforced by training days and the influence of specialist workers. The original Guide said that for children under 5 residential care should be avoided if possible. The AD(Field) later made it known that no child under 5 should be placed in residential care without his expressed permission.

All wisdom and good intentions may run foul of shortage of resources. In 1976 Hertfordshire's residential provision for children in Care consisted of 2 Observation and Assessment Centres, intended primarily for the initial placement of children over 10 years, remanded or

committed to Care by the Court for criminal offences; 3 Community Homes with education for children over 10 years or on Court Orders; 15 Children's Homes, some large old converted houses, 2 of which were originally residential nurseries for under 5's and still used for young children where necessary, and others purpose built. The size and style of staff varied considerably. Some were small with long established staff and run more like a "family", whereas others were larger and with a quicker turnover of staff and children.

Each division is responsible for the recruitment, assessment and support of foster parents who offer a variety of services from the "short-term" care of a child for a few weeks to caring for a child throughout the remainder of his childhood.

Having decided upon the best place for the child within the above described framework, the social worker will attempt to seek that resource in the following way.

Until 1984 residential placements were allocated on a Countywide basis and although attempts were made to place children within or near to their own community, the social worker ringing "Vacancy Advice Centre" at County Hall for a bed might be allocated one in a town more than 20 miles across the county if it was the only available one, or the one best suited to the child's needs.

Details of available short-term foster homes are stored in a divisional "Register" kept in the Administrative Office and known to the Divisional Fostering Specialist (see sample form in Appendix). Each foster parent has a "link" social worker personally known to them and available for support. A social worker seeking a foster family will go first to the Divisional Specialist or, in his/her absence, straight to the Register and select those families with vacancies for children in the age group required. It is rare for there to be much of a choice, at most about 3 families. The social worker will then approach the link social worker if possible to share details of the child needing the place and see if these match with the personal family details known to the link social worker and recorded on the foster parent's file. If all are agreed the match between child and family seem suitable, the social worker will approach the family.

If no family is available in the Division, the social worker or Divisional

Specialist will approach the Fostering Specialists in other divisions to see if a family is available there. If no vacancy is available across the county it may then be necessary to approach County Hall for a residential place.

The above has described the legal and administrative framework for the reception and placement of a child coming into Care.

## Foster Parent Selection.

People who apply to a Social Services Department to be foster parents go through some form of scrutiny to ensure that they are satisfactory to perform the task and understand fully what it is they are offering to do. The means by which this scrutiny, or assessment as it is generally called, (hopefully replacing the old-fashioned word "vetting") is done, is partly governed by legislation.

The Boarding Out Regulations 1955 state, in Regulation 17, that information should be obtained on the reputation and religious persuasion of the foster parents and their suitability in age, character, temperament and health to have charge of the child, and also whether any member of the household is believed to be suffering from any physical or mental illness which might adversely affect the child, or to have been convicted of any offence which would render it undesirable that the child should associate with him.

The means of assessment is also strongly influenced by the advice of the British Agencies for Adoption and Fostering (BAAF). BAAF is a registered charity and an independent organisation set up in November 1980 from the amalgamation of the Adoption Resource Exchange and the Association of British Agencies for Fostering and Adoption and specialises in the field of substitute family care for children. It is accepted by most local authorities as setting a good standard of professional practice and has designed forms for medicals (Adult 1 - see Appendix), introduced in 1972, and the description and social work assessment of the family and/or individuals (Form F - see Appendix), applying to foster or adopt which are completed by Doctors and Social Workers. This latter was first introduced for applicants to adopt in the early 1970's and revised in 1983.

These forms were also originally used only for applicants to adopt in Hertfordshire but the Department recommended the Form F should be used for long and short-term applications to foster in 1978, and made this a departmental expectation on 9th March 1981 (memo from AD(Field). Before this time, Social Workers produced a narrative description of the family and of their attributes, guided by senior workers within the division. This varied in quality, quantity and content. Until the end of March 1981 the Department expected applicants to sign a declaration that they were in good health and agreed to their GP being questioned about this. From 1st April 1981 it was expected that the Adult 1 Medical would be completed by the GP of all applicants for long and short-term fostering, the Department paying for this. In addition to the above, applicants sign an application form (SS110 - see Appendix) and agree to checks being made with the Police and Probation Department and 2 personal referees being approached. This whole exercise is likely to take at least 3 months and at the end of it documents are presented to the person or persons making the final decision to accept or not the applicants as foster parents for the Department. This decision is made at Divisional Officer level either by the DSSO or ADSSO alone, or together with a small panel of "experts" in Child Care. In Broxbourne the decision was made until 1981 by the DSSO, bearing in mind the recommendation of the social worker and SSW/TL.

Not all those who make an initial enquiry about fostering go on to the full assessment. A person telephoning the Division to express an interest or to enquire about fostering is likely to speak first to the social worker on duty that day, and will be given information on what fostering is about and the needs of children for whom the Department seeks foster homes. They will give a few details about themselves and their family which will be recorded on the initial referral form (SS1 - see Appendix) and an Index Card placed in the Central Index and the name and address and nature of the enquiry recorded in the Team Referral Book. They will probably be sent some written information and if they remain interested offered an initial visit by a social worker to exchange more detailed information, or invited to an Open Information Meeting if there are a number of enquiries at the same time. From this point the applicant may withdraw or the social worker and SSW involved may decide that their offer could not be used by the Division and therefore it would not be sensible to pursue it. If this is not the case the

applicant would be allocated to a social worker by the SSW and the assessment would proceed as described above.

Part of the assessment is to give the applicants sufficient information about what fostering is "really like" to ensure that they know what they are taking on. This may be attempted by a variety of means from the social worker describing it to a combination of contacts with a Children's Home, experienced foster parents, films, reading matter etc., and will be referred to again.

Data for the Study.

To collect the information required it seemed appropriate to follow the foster parents from their original enquiry through their assessment to the children placed with them and, if relevant, to their withdrawal from fostering, and also to obtain a comprehensive picture of all children coming into Care over a reasonable period of time. It seemed most sensible to look intensively at a small area over a period of several years and easiest to choose the area in which I work - Broxbourne Division. I began by listing all the children entering Care in the Broxbourne Division by whatever legal means over a 5 year period and chose to limit the age range to 0-9 years inclusive. Since I was wishing to study foster placements it seemed sensible to concentrate on the age range most likely to use family care. The age of criminal responsibility is 10 so this group would not be receiving Court Orders for criminal offences and, as explained below, it combines two statistical groups used by the administrators when compiling records of children in Care across the County and would be useful if comparisons needed to be made with the County picture as a whole, by future researchers.

Tables C - H below give figures for the children admitted to Care in Hertfordshire and Broxbourne.

Table C - Age of Children Admitted to Care as at 31.3.81.

| HCC. | | Hertfordshire | | Broxbourne | |
|---|---|---|---|---|---|
| No. of ch. in Care. | | 1,237 | | 76 | |
| | | | % of total | | % of total |
| Ages | 0-4 | 150 | 12.1 | 11 | 14.5 |
| | 5-9 | 225 | 18.2 | 17 | 22.4 |
| | 10-12 | 206 | 16.7 | 13 | 17.1 |
| | 13-15 | 372 | 30.1 | 22 | 28.9 |
| | 16+ | 284 | 23.0 | 13 | 17.1 |

Table D - Manner of Accommodation of children in Care on 31.3.81.

| | Hertfordshire | | Broxbourne | |
|---|---|---|---|---|
| | | % of total | | % of total |
| Boarded-out (i.e. fostered) | 548 | 44.3 | 35 | 46.0 |
| Residential Care | 396 | 32.0 | 20 | 26.3 |
| Home on Trial | 157 | 12.7 | 12 | 15.8 |
| Elsewhere | 136 | 11.0 | 9 | 11.8 |
| | 1,237 | 100.0 | 76 | 99.9 |

Table E - Broxbourne children - cross-tabulation of Manner of Accommodation by Age. (N = 76).

| Accom. | 0-4 | 5-9 | 10-12 | 13-15 | 16+ | Total |
|---|---|---|---|---|---|---|
| Boarded out. | 11 | 9 | 5 | 7 | 3 | 35 |
| Residential | 0 | 4 | 3 | 10 | 3 | 20 |
| H.O.T. | 0 | 4 | 3 | 0 | 5 | 12 |
| Elsewhere | 0 | 0 | 2 | 5 | 2 | 9 |
| Total | 11 | 17 | 13 | 22 | 13 | 76 |

Table E i)

Children Boarded Out aged 0-9 = 55.6% of total of 35 boarded out.
10-15= 33.6% of total of 35 boarded out.
16+ = 8.3% of total of 35 boarded out.

Children in Residential Care aged 0-9 = 20% of total of 20 in residential care.
10-15= 65% of total of 20 in residential care.
16+ = 15% of total of 20 in residential care.

Children Home on Trial aged 0-9 = 33.0% of total of 12 home on trial.
10-15= 25.0% of total of 12 home on trial.
16+ = 41.7% of total of 12 home on trial.

Children elsewhere aged 0-9 = -
10-15= 77.8% of total of 9 elsewhere.
16+ = 22.2% of total of 9 elsewhere.

Table G

Children admitted to Care for 12 months ending 30/9/81:

Broxbourne: 31
Hertfordshire: 672

Children discharged from Care for 12 months ending 30/9/81:

Broxbourne: 32
Hertfordshire: 721

Table H

Children admitted to Care in Broxbourne for the three months 31/9/81-31/12/81:

Total = 9

| Age | | | Placement | |
|---|---|---|---|---|
| 0-4 | - | 4 | F.H. - 6 | |
| 5-9 | - | 1 | Resid. 3 | (all aged 10-15) |
| 10-15 | - | 4 | | |
| 16+ | - | - | | |

From Tables D and E it can be seen that 35 or 46% of the children in Care in Broxbourne on 31st March 1981 were fostered. When these 35 children and the 20 children in residential care are broken down into age groups in Table E i) 55.6% of the children fostered are aged 0-9, against 20% of the children in residential care who are aged 0-9.

Table G shows that the total number admitted and discharged in a year ending September 1981 is 31 and 32 respectively.

Table H breaks the admissions down to age groups over a three month period and indicates that 5 out of 9 were aged 0-9 and all 5 were placed in foster homes, while 3 aged 10-15 were placed in residential care.

I began my survey by obtaining the following information about all children aged 0-9 years inclusive who came into Care between September 1976 and September 1981:

Name and Address; Date of Birth; Sex; Date admitted to Care; Where placed; Data of next move; and where placed.

This data was obtained from the administrative records in the office. When a child enters Care the SS6 and SS7 are completed (as described in the procedure above) and passed by the social worker to the Divisional Administrative Officer (DAO). The SS7's are stored in alphabetical order of the child's surname, within the appropriate financial year, and a new

one completed for every move or change of circumstances. It was therefore possible to obtain the movement and the next placement from this source, once the children entering Care in that 5 year period were identified. This was obtained from the register of children in care or "Boarding Out Register" completed from SS11 and SS7 as described below.

The DAO transfers information about the child entering Care from the SS6 and SS7 to an SS11 (see Appendix). One copy of this is kept for each child in Care in the Boarding Out Register (kept under Regulation 11 of the Boarding Out Regulations 1955) and is updated as the social worker completes a new SS7 for movement, change of circumstance and end of Care episode. From this the DAO also completes the SSDA N903 (see Appendix) which is collected from all the divisions by County Hall (Central Headquarters), and returned to the Department of Health and Social Security (DHSS) (National Headquarters) on the 31st March of each year. It is this which is the source of an annual return by the DHSS of the number of children who have been in Care during the preceding year, together with such details as the reason for Care and the manner of accommodation provided.

In addition, the DAO takes information from the SS11 and completes the SS212(see Appendix) for County Hall on a quarterly cycle and the Department then produces a County picture of children in Care 4 times a year. It is this form which divides children into groupings by age, the first 2 being 0-4 and 5-9 and these groupings are also in line with the breakdown of age groups required by the DHSS on the annual return described above.

Unfortunately the source of data for foster parents is not as carefully maintained. The initial enquiry by an applicant to foster is recorded on an SS1 which is filed in alphabetical order of surname in the Team filing system; an index card is completed and filed also in alphabetical order of surname and details of name, address and nature of enquiry recorded in the Team Referral Book in date order. However, no separate record of this under foster parents exists. The system is manual - there were no computers then in the Division - therefore, to obtain information about total number of foster parent enquiries over a period one would need to go through the Team Referral Books listing all the referrals for that time. Each Team (there are 3) has between 40 to 60 new referrals each month.

Once a foster parent has been assessed and accepted as available for use a case file will be stored in the current filing system - again in alphabetical order of surname and their name found on the current caseload of their link social worker.

Their details of availability will be on the local Foster Parent Register on a form filed on a ring-binder if they are to be used for children in Care short-term, and on an SS127 (see Appendix) if available as a long-term home. This SS127 is circulated to and held by all Divisional Fostering Specialists and shortened details on a monthly paper listing all the County's available long-term foster parents and children in need of such a home are circulated to each division.

Details of all current foster parents in the Division, both long and short-term, are kept on a list by the Divisional Fostering Specialist for circulation of the County Fostering Association Newsletter, invitations to functions, etc., and is updated. However, a proper record of those who withdrew from the list and why is not kep, and past information about the total number available in previous years not preserved.

From this it will be seen that the Divisional Records of Foster Parents have been inadequate from all but the point of those in current use and action will need to be taken about this. It is for this reason that I felt that the best available sample of foster parents over a period of time would be those used in the 5 year period by the children who came into Care. At any one time our current number of available short-term foster parents is about 20 and most are used at some time, so it is probably a reasonable reflection of those available during that period. By the means described above I obtained a list of 108 children admitted to Care; this comprised 76 children since several children were admitted to Care more than once during that period. 53 of these children were in sibling pairs or sets plus 3 who had older siblings not in the sample because they were older than 9 but in Care at the same time, and one who had a twin on a Court Order Home on Trial who was re-admitted with her. This left 19 single children admitted to Care. Clearly, for many children the next placement was not necessarily the final destination in their career in Care but for this purpose I was concentrating on the initial placement, its length and to where it led.

The foster parents used for these children numbered 33. 27 of these lived

in the Broxbourne Divisional area and 6 lived elsewhere in Hertfordshire. As described above, these would have been used when there were no available foster homes in our own Division. 8 of the foster parents living in the Broxbourne district had not been assessed by Broxbourne social workers for their register of short-term foster parents but had either been assessed and used by the neighbouring London Borough or were known to the child's family at the time of the child coming into Care and were assessed specifically for that child at that time, e.g. 2 had been registered as child-minders offering day care to the children.

Method of Collecting Data.

Having obtained the sample of 108 admissions to Care and 33 foster homes, the best method of eliciting the information sought had to be considered.

Action research and participant observation were ruled out for practical reasons. It would have meant starting now with foster parents at the beginning of their work for the Department and children entering Care and monitoring their progress first-hand over a period of time. This would have either resulted in too small a sample for comparative purposes or taken longer than was feasible for this study. It would also have been difficult for me to do whilst in my current employment since it would have involved some confusion of roles.

Information could have been obtained by questionnaire or personal interview with the social workers, children and families and foster families in the sample. Their personal opinions and a considerable amount of important detail might have been elicited from the interviews but since it would have meant going back over a period of several years, not all the people would have been available and the recollection of those that were not reliably accurate. In addition, the responses of those whose experience had left them feeling resentful towards the Department would have been biased; several would have moved away from the area which would have added to the practical difficulties of arranging and conducting personal interviews, and might have lessened the motivation of those sent a postal questionnaire to respond. I decided to examine case-files. This was with some trepidation since social work files are apparently notorious for containing large amounts of irrelevant information

and few of the essential facts (Hung & Young 1984).

The standard for case recording in the Division is set by a general departmental expectation that work should be properly recorded and case-files kept in good order. The Guide to Procedure (1971) on Reception into Care states that "a narrative report is completed as soon as possible, explaining the circumstances and reasons why intervention by the local authority is justifiable, together with as much information as is available about the child".

The advisory notes to this say, "it is very difficult to give guidance on what should or should not appear in a narrative report ... Perhaps the best rule of thumb guide that can be given ... is for the social worker to assume that she is going to be run over and killed the next morning! What record should she leave that would be of the greatest help to her successor ...?" (Guide to Procedure 1971).

The Division have worked out a more specific expectation. Each case file is commenced by the SS1 (Referral Form - see Appendix). The social worker is expected to produce an Initial Assessment Report under guidelines, to keep a diary sheet summarising all contacts made in connection with the case (including visits, letters, telephone calls), to produce a 3-monthly Summary of work done, information gained and plans made, and a Closing Summary and a heading 'Guidelines' when the case is closed, or a Transfer Summary on similar lines if the case is transferred to another worker. (See Guidelines in Appendix). Interviews of particular importance e.g. in an investigation of a reported non-accidental injury, are written up in full and the Boarding Out Regulations No:9 require that each visit to a child in Care is written up reporting on the child's welfare, health, conduct and progress. They also require that a child's progress is reviewed 3 months after placement in a foster home, and every 6 months thereafter and Hertfordshire Social Services Department records these reviews on an SS122 (see Appendix).

Social workers do not appear to receive much specific training on case recording on the college part of their course, although they have to produce essays and sometimes write exams. Most of the preparation for this seems to come from the supervised practice placements and it is expected that they will reach a required "standard". Thereafter, it is the responsibility of their supervisor (usually SSW/TL) to make clear

the Department's expectations of recording and help them to achieve it.

Information taken from the case-files would be subject to my personal interpretation and the bias of the social worker recording it - some facts would be coloured, some omitted, some erroneous. However, allowing for this, there were some advantages. I was aware that there was a reasonable standard of recording in the Division. I had worked there throughout the period so - whilst allowing for my own subjectivity and lapses of memory - I could counter-balance some of the deficiencies. In some instances, the social worker's interpretation and choice of key matters to record was of interest in itself - e.g. when a child is in placement the contrast between the amount of recording which concentrates on the child's reactions with the amount on the natural parents' reactions.

In addition, it should now be clear from above some hard facts are obtainable from the standard forms which the social workers are required to complete for statistical or financial or legal purposes. I also had a captive collection of files in the Office where I worked which I had permission to use and which were easily available.

Having decided to obtain the data from the case-files, a means to extract and record the information was required and had to be designed. Since two separate examples were being examined - children in Care and foster parents - two instruments would be needed, one for each collection of files (see questionnaires in Appendix). The exercise of designing the instruments began by clarifying the overall objectives and therefore the broad themes intended to be covered by the collection of data. These were applied to a small set of files as a pilot study, to see whether the information could be reliably obtained and test the wording and range of the question. They were then converted into a set of detailed questions which could be applied to the forms and reports present on the files. Although this final set of questions would not normally be called a questionnaire since it was not applied to a group of people, I should like to refer to it as that for purposes of brevity.

As already stated, the examination of the children's files was intended to provide a background and detailed picture of the kind of task short-term foster parents would be expected to undertake so the information needed was at the time of admission to Care and the first placement and began with basic material about the children e.g. age, legal means of

admission and number of siblings admitted at one time, together with the family from which they were admitted - single or step-parent, whether they were currently known to the Department and whether and how many previous admissions to Care the child had already experienced.

Examination then moved on to the reason for admission and the predicted length of the period in Care and the initial placement (not necessarily the same thing) and contrasted this with the actual length of the placement.

The experience of the social worker was intended to show whether these tasks were carried out by those competent to perform them. This information was obtained from the social worker's staff file which gives the date of their qualification.

An attempt was made to ascertain whether the resource in which the child was placed was the chosen and preferred one or the only one available - which might, if it was an unsuitable match between child and foster parent, have had a detrimental effect on both.

The questions then moved on to the duration of the placement and looked at the expectation made of the caretaker, how much preparation they received and whether the task was clearly outlined and intended to involve the caretaker fully. It looked at whether the child and natural parent had been introduced to the caretaker before the placement where possible, whether access from the natural parent was expected and the nature of this clearly outlined, and how much support to the caretaker did the social worker give after placement, especially immediately after which was likely to be the most stressful time.

The questions then looked at whether the child showed particular problems during the placement, and, if so, whether a special fostering rate was paid.

The planning for the child's future was examined; whether the caretaker was involved in the planning and decision-making and whether the initial plan made was fulfilled in that the child moved on to a permanent placement or whether the initial placement ended prematurely and in discord. If the ideal plan could not be fulfilled, was this because of a lack of resources, or was a permanent and stable placement for the child achieved, whether this was back home or in another substitute family.

These broad questions, intended to show the experience and amount of involvement in the overall task of the foster parent as seen in the context of all resources for placements used, were applied open-ended to about 6 children's files as a pilot study. On the whole, the information was available - as seen from the earlier description of forms used, much of it from the SS6 and SS7. Questions such as the resource preferred and the choice available depended upon the social worker's report, but in general social workers did see this as a fairly important part of their work and made at least some record of what they were intending to do and why. It was also of some interest to see the extent to which the information was recorded and the priority of emphasis the social worker gave to the child/natural parent/foster parent in his/her recording.

From this came the final shaping of the questions for the questionnaire (Child in Care Questionnaire found in Appendix) and at this point a decision had to be made between leaving the answers open-ended or pre-coding them. There were some benefits in leaving them open-ended - the full-flavour and variety of responses would be obtained - but I also wished to do some comparative studies at the end and felt the sample - especially of children - was large enough to become unwieldy if too much variation was allowed to creep in. I decided to precode and thus allow for assistance from computation at the end.

For an example, of a question and set of possible responses, look at question 7 on the children's questionnaire, reasons for admission. I began by looking at the DHSS categories of reason for admission. The previous Ministry responsible for this work, the Home Office, required the then Children's Department to complete returns of children admitted to Care under the following categories if they entered Care via Section I of the 1948 Children's Act (CCA 1980 Section 2).

Short-term illness of parent of guardian.

Long-term illness or incapacity of parent or guardian.

Confinement of mother.

Family homeless (eviction or other cause).

Parents are dead, no guardian.

Abandoned or lost.

Death of parent, other parent unable to provide Care.

Deserted by parent, other parent unable to provide Care (including child illegitimate mother unable to provide).

Parent or Guardian in prison or remanded in custody.

Unsatisfactory home conditions.

Other reasons, please specify.

All other admissions to Care via the courts were coded under In Care Under Orders.

The figures resulting from these returns have been published annually since 1956 and the social workers completing an SS7 are still required to categorise the reason for admission under one of these headings. For my purposes some of the categories are so infrequently used (e.g. parents dead, no guardian; abandoned or lost) and others so vague (unsatisfactory home conditions) to make some adjustments and substitutions desirable (Packman, 1968). The social worker is also required to give the reason for admission on the SS6 so I would be able to obtain their individual reasons from this.

Since this study was looking at the younger age groups where it might be expected that mother's might be undergoing further pregnancies, it seemed useful to include separate categories of need through pregnancy (question 7a (ii)) and post-puerperal depression (question 7a i)). The post-puerperal period is a significant time in bonding between mother and child (Bowlby, 1953, 1970; Rutter, 1972; Fahlberg, 1981). Particular attention needs to be given in substitute Care to preserving or creating this bond through frequent contact between mother and child and regard given to the treatment and understanding of the mother's needs from the caretaker, so it seemed worthy of separate attention. It came up in the pilot and I wished to see how frequent was its incidence.

Similarly, more attention is now given to the possibility of placing handicapped children with a permanent substitute family care other than hospital or institution, and again it seemed an opportunity to look at the proportion of need here and the success in finding permanent placement or rehabilitation (question 7a viii)).

I also wished to distinguish between the children who needed protection from families from injury or neglect (question 7a vii)) and those whose parents were expressing the problem as in the child and themselves were finding it difficult to continue coping (question 7a vi)). Since all single parents will probably experience some difficulty in coping single-handed with their children, and other crises, and because it seems likely that a large number of children in Care would be from single-parent homes, I included a category for those who could not cope with an unspecified problem because they were a single-parent which was not included in other listed categories (question 7a iv)).

The sets of questions on the social worker's contacts with the caretaker after placement were divided into the speed of the first contact (question 19), the frequency and method of contact in the first 2 weeks (questions 20 a) and b)), and the average frequency of visits for the rest of the placement (question 20 c)). This was an attempt to see how much contact the foster parent (or other caretaker) could expect from the social worker once the placement was made - or whether he/she breathed a sigh of relief and returned to other tasks!

The Boarding Out Regulations differentiate between the number of visits which should be made in placements expected to last more or less than 8 weeks, their definition of short-term fostering. Regulation 28, for placements not expected to exceed 8 weeks, the child should be visited and the foster parent home seen -

a) within 2 weeks after placement

b) thereafter not less than once every 4 weeks

c) forthwith after complaint received.

Regulation 21, for placements expected to exceed 8 weeks, the visits should be -

a) within 1 month after placement

b) thereafter not less than every 6 weeks for a child under 5 in a household less than 2 years, and every 8 weeks once the child is over 5 years; and

c) every 3 months for a child who has been in the household more than 2 years;

d) forthwith after complaint received.

Since the first 2 weeks could be expected to be a critical settling in time when foster parent and child would be getting used to one another and the child could be reacting to the initial trauma of separation, it would be likely that more support would be needed and that this would be given by a combination of visits and telephone calls. After this time the visiting pattern would settle into one depending on the problems the child was showing and the experience of the foster parents. The visits would be recorded on file (Regulation 9) and the dates summarised on the Review Form.

Contacts with natural parents is often a crucial area of difficulty felt by foster parents, not helped if the Department has not made clear plans with the natural parent and foster parent as to how much contact should be arranged and when and where it should take place. Question 21 a) - the Department's expectations of parental contact with the child - attempts to show whether such a plan was made and, if so, what it was. Question 22 a), b) and c) and question 23 a), ask about the frequency and method of contacts in the first 2 weeks and thereafter.

If the plan for the child is rehabilitation, the relationship between child and parent will need to be kept alive or nurtured by regular contact. However, there is no legal requirement to record this and the only procedural form for it is the question on the Review Form which would not be completed until the child was in Care 3 months, so the collection of this data would depend on careful record keeping by the social worker.

Question 25 deals with the problems the child might present on placement as a result of separation from their parent and perhaps previous behavioural difficulties. It attempts to cover the types of behaviour a child might show in reaction to separation (Bowlby 1971) and those which the foster parents say they find difficult and includes the question on the child's reaction to parental contact. Again, the data collected depends on the social worker's careful record keeping.

Question 27 (forum for decision-making) attempts to look at the context of decision-making - whether this took place in a formal meeting and if so whether the foster parent was involved. Foster parents have a contribution to make from their day to day experience of the child and

perhaps with the natural parent and increasingly wish to participate in meetings which discuss plans for the child's future. There is, of course, equal need to involve the natural parent, but this study was concentrating on the needs of foster parents.

A similar approach was taken to the design of the questionnaire to collect data from the foster parent file. Examination of the foster parent file from the first stage of initial enquiry to the agency through to the decision to cease fostering, if this was the case, should give some indication of whether the Division was recruiting a variety or one type of person/family and whether their expectation of fostering and the reasons why they wanted to do it were fulfilled and met by the experience. It should also show whether the Department was recruiting the type of family to carry out its tasks or was, to some extent, not assessing or preparing correctly the applicants it had for the work required.

Again, an initial small pilot study of open-ended questions on the following themes was made and led onto the shaping of the more detailed questions for the final data collection instrument (see Foster Parent Questionnaire in Appendix).

The broad themes covered were basic information about age, occupation, number of children in own family and length of marriage; the form and thoroughness of the departmental assessment and the preparation of applicants; what they were accepted to do and then the use that was made of them and whether this was in line with the applicants expectations and the agency's approval, together with the delay before they were used and how the foster parents and agency felt about the first and subsequent experience(s). Examination was given of the support given to foster parents; whether their use was reviewed and whether any influences on their ability to foster successfully took place. This included the birth or adoption of their own child after they commenced fostering, which I found from the pilot and from my own experience, seemed to have some effect, perhaps understandable since this would change the family unit from its condition at the time of its original acceptance by the Department. The questions also looked at the reasons offered for giving up fostering if this had happened and whether this would link with other data available about foster parents.

The information available over the initial enquiry stage would be taken from the SS1 and the Duty social worker's report and sometimes the letter sent in by the applicants. Further information would come from the date the case was allocated to a social worker, the SS110 Application to Foster Form and the Social Worker's Assessment Report, plus any file reports on interviews with the social worker;and the subsequent use of the foster home would come from the Foster Parent Register and file reports, together with the Closing Summary if they ceased fostering.

An example of the more detailed set of questions for the final questionnaire can be found in question 5, Original Motivation. As in the previous sets of questions, an attempt was made to cover all the possible reasons behind an individual's desire to foster a child by using categories taken from the literature (Josselyn, 1952; Jenkin, 1965; George, 1970; Adamson, 1973), reasons given in the first study, and my own experience of listening to foster parents talking about what led them into this field. These reasons seemed to involve a mixture of a wish to fill a gap in their own lives and relationships, a desire to be with children and help them through a difficult time and more social interest (e.g. altruism), and in different people this can have a positive or negative effect on the children they are looking after.

Question 9 on Areas of Preparation, was a combination of the attempts a social worker could try to make the reality of fostering get through to applicants and includes reading specialised literature, meeting other foster parents, individually or in groups and meeting other professionals who look after children separated from home in children's homes or children's day centres. It also includes the experiences the applicants may find for themselves, e.g. talking to friends working with separated children or having looked after a friend's child in a crisis.

In both questionnaires, with the more intangible questions - the problems children presented on placement and the motivation of foster parents - I was aware that several combined responses could be given to one question. This was allowed for by giving several columns in the responses (see Foster Parent Questionnaire - question 5, columns 18-20). Whilst this allowed for some multiplicity in response, it did present some problems in cross-tabulating at a later stage. I tried to anticipate and overcome these to some extent by placing the most important response, where this is obvious, in the first column. The first column is referred to as the

primary response and the second column as the secondary response. The columns are presented as columns a), b) and c). Where the data collected in the second and third columns appeared minimal or of no interest, I have not presented them in the tables but they would be available if required.

I wished not to lose the unique comments recorded on the file, to give colour and substance to the study, so I included a column for "interesting comments" which I could then record and find more easily when putting the material together.

Analysis and Presentation.

As explained on page 44, the answers obtained from the questions formulated on the questionnaire were pre-coded in order to allow for assistance from computation. Once the information had been obtained from the application of the questionnaire to the case file, it was placed on a micro-computer file to enable tabulation and cross-tabulation to take place. It is acknowledged that the sample, especially of the foster parent files, is too small for a statistical presentation with significant findings, but this has largely been a descriptive thesis taking an overview of the experience of the planning for children admitted to Care and the role of the foster parents in that within a period of time with a view to modifying practice where appropriate in those areas.

I have chosen to present the material in 2 major parts - Part II The Child In Care and Part III The Foster Parents. Each part will be divided into chapters and further sub-divided into sections which incorporate the literature and research relevant to the theme, the presentation of the data collected and a description of the main tables and cross-tabulations made and comment on the findings. The rationale for the tables and cross-tabulations chosen will be made as they occur in the text and the tables presented in an appendix at the end of the text. There will be a summary of the main findings and conclusions/recommendations at the end of each chapter and a final part evaluating and comparing the major conclusions suggested from the data.

## PART II - THE CHILD IN CARE.

### INTRODUCTION

This Part describes and examines the data acquired by applying the questionnaire to the case files of 108 admissions to Care of children aged 0-9 from September 1976 to September 1981.

It will provide a detailed picture of the children entering Care and also tries to examine the planning that took place towards the child's future and the extent to which the caretaker was involved in this.

Whilst the aim was to describe the type of children foster parents would have placed with them and the task they would be asked to undertake, the data also raises questions about the general planning for children in Care and the involvement of natural parents.

Comment will be made on the data as it is outlined but a fuller evaluation will be made at the end of the survey.

The Part will be divided into 5 chapters:-

1. The Child and Family - description and background of children.
2. The Admission - resources, expectations and preparation.
3. The Placement - description of the experience, problem areas, access and support.
4. Future Planning - involvement of caretakers in decision-making and influences on planning.
5. Permanency of Next Placement - where did the initial placement lead to and did planning achieve permanence and therefore stability for children.

PART II - CHAPTER 1.

## THE CHILD AND FAMILY.

This Chapter provides the background information about the children coming into Care and is sub-divided into the following sections:-

a) Age of child.
b) Sibling groups.
c) Family composition.
d) Previous knowledge in Division.
e) Reasons for admission.
f) Legal Status.
g) Previous admissions.
h) Summary - Findings and Conclusions/Recommendations.

### a) Age of Child.

The age at which a child is separated from his parental figure is very important. Bowlby (1951, 1971) and Rutter (1982), write of the child's need for attachment to an adult and Rutter (1982) contends that the degree of damage caused by separation varies according to the child's age at separation and the qualities of care relationships experienced before and after separation. Goldstein, Freud and Solnit (1973) write of the difficulty a young child has in sustaining the memory of an adult from whom he was separated and estimates that a two year old can only sustain the memory of his natural parent for two weeks and after this time will transfer his attachment to the adults caring for him. As a child grows older and memory increases, the relationship with parents can be sustained during separation for a longer period, especially if reinforced by parental visiting, but even for an 8 year old Goldstein, Freud and Solnit (1973) found that the relationship with his parents can be very damaged after a separation of over 9 months. Frequent separations at a young age will presumably worsen the ability of the child to attach and therefore to form healthy emotional relationships.

Thorpe (1980) found that children who entered Care at 5 were significantly less disturbed than those who experienced separation during the first 5 years of life, while children placed in their current foster homes before the age of 2 were significantly less disturbed than those placed between

the ages of 2 to 4 years. She concluded that children placed before the age of 2 years would make primary attachments to their foster parents (so presumably would be affected by being moved from them) while those who enter Care after the age of 2 had already made primary attachments to their natural parents.

Attachments made by children aged 2-5 may not yet be sufficiently strong for them to handle the experience of separation very well, whereas those over 5 are better able to retain firm attachments to natural parents in their absence and hence handle the experience of separation more positively.

This highlights the importance of avoiding separation for younger children if at all possible by providing additional resources and, where not possible, to take special care to minimise the damaging effects of separation by careful preparation, clear planning and parental visiting (Thorpe, 1980). It follows that children who do experience separation at a young age are likely to need full understanding and skilled handling from their substitute caretakers.

For the age of children involved in the 108 admissions to Care in this sample, see Table 1, page no. 358.

From this it will be seen that, despite the comments above, the largest number of admissions is in the youngest age bracket 0-1 and the next largest in the very vulnerable years identified by Thorpe, 2-4.

Admissions in the 0-5 years bracket number 80 or 74.1% of the whole sample of 108 children aged 0-9.

Questions must arise as to whether these admissions were inevitable or could have been avoided by improved resources. The quality of planning, preparation before admission and for return or movement, and the care given, will be vital and will be the subject of further examination later in this chapter.

It is accepted practice that a young child separated from home should be placed in as familiar an environment as possible and with a minimum of substitute caretakers. This should mean family care and foster parents, and it was county policy that all children wherever possible, and certainly all children under 5, should be placed in foster homes. This will be

examined later.

b) Sibling Groups.

Families experiencing problems may find the strain increased by the number of children in the family. If the children have to come into Care, their distress and disturbance may be worsened by the separation, not only from their home and their parents to unfamiliar surroundings and people, but from their brothers and sisters as well. It follows that brothers and sisters should be placed together at least initially. If they are to be separated in long term foster homes or adoptive homes this should only be because it can clearly be shown to be in their best interests. This may sometimes be the case if the individual needs of siblings prove to be in conflict and therefore they would be damaging to each other. A further study of the long-term outcome of siblings placed together and the number of times this breaks down would be useful. But where family care is sought, this also has to be viewed in the reality of available physical space in the household of the foster parents. Few families with children at home have more than one spare bedroom and many have only a spare bed in an own child's room, so are not equipped to take more than 1, or at most 2, children.

Those foster parents whose children are grown and left home may be better able to help here and it will be interesting to note how many of these are/were available in the chapter on foster parents.

For the number of children admitted with siblings in this survey see Table 2, page number 358.

Some of these children were admitted to Care with their siblings, be they full or half (i.e. shared both parents or only one) and a few had siblings who came into Care separately and at a different time.

Table 2 shows that 71 of the 108 children came into Care with one or more full siblings at the same time and a further 11 came into Care with half siblings, making a total of 82 children (75.9% of the total sample) who entered Care as a sibling group. 5 children were admitted to Care singly but had a full (1 child) or a half (4 children) sibling who was admitted to Care on a separate occasion. When these admissions are examined separately they amount to:-

| | |
|---|---|
| 27 children admitted singly | = 27 |
| 29 admissions of 2 children | = 58 children |
| 5 admissions of 3 children | = 15 children |
| 7 admissions with an older sibling not in the sample | = 14 children |
| 1 admission with a twin returned to Care from 'Home on Trial' and not in the sample | = 2 children |
| 69 admissions | 116 children |

The children total more than 108 because of the 7 children admitted with a sibling aged 10 or older who therefore were not included in the data, plus the child whose twin was already on a Care order 'home on trial' so was technically not admitted to Care but moved from home to a children's home.

As noted in Part 1, Chapter 3, page 39, some of the children were admitted more than once both as singles and in siblings sets and the figures given there were for individual children not numbers of admissions.

Table 3, page 358, shows the number of admissions of children who had siblings actually appearing in the sample. From this it will be seen that 79 admissions of children had siblings in the sample, 50 children had one and 29 had two. Not all of these children were admitted at the same time, but if 42 of the 69 admissions were of groups of 2 or 3 children, this would be certain to tax the physical resources of a foster family.

c) Family Composition.

It may be expected that families which consist of children with only one natural parent will find it more difficult to cope with additional problems, and particularly with a problem such as illness which incapacitates the sole parent. The family will then depend on an available and caring network of relatives, friends and neighbours and sadly these seem less forthcoming. One child in every eight is living in a one parent family (Rimmer, 1980). The increasing numbers of children brought up in "reconstituted" i.e. where children are living with 2 adults, only one of whom is their natural parent, or single parent families - and the prediction is that 1 in 3 first marriages will

end in divorce and one child in 5 will see his parents divorced before he is 16 (Popay, Rimmer & Rossiter, 1983) - are also vulnerable to stresses in relationships and, if the family's ties are weaker and the burdens greater, may be more at risk of separation from their parents.

The family composition of the children admitted to Care can be seen in Table 4, page number 358.

From this it can be seen that the greatest number of children do come from single parent families - 53 children (49% of the sample). As noted in Part 1, Chapter 3, 1.6% of the total households in Broxbourne were listed as single parent families.

Perhaps, surprisingly, the next largest group are the original natural parents - 38 children (35.2%) and reconstituted families number 12 (11.1%). Some of the single parents had relationships which were not of a stable nature so could not be described as co-habitation.

Cross-tabulations between the reasons for admission to Care and the family composition will be made under Section e) in this chapter.

d) Previous Knowledge in Division.

This section looked at whether a family were already known to a social worker within the division and thus were experiencing problems of a degree which brought them to the attention of the Social Services Department. It may be that their problem was associated with reason for the child coming into Care and work may have been continuing for some time or only a short period before the admission - the question does not differentiate between this or the reason the family were known to the Division. It did distinguish between the case being opened solely for the request for reception into Care (not counted as an open case) and the family or parent being known to the Division because of problems in coping which might lead to Reception into Care.

For the number of children admitted to Care from families previously known to the Division see Table 5. From this it will be seen that 96 children (88.9%) of the sample were already known to a social worker before admission to Care, and another 6 (or 5.5%) of the sample had been known previously but whose case was now closed.

The data may raise questions about the ability of preventive work to avoid the need for admission to care - it may indicate that the skills or resources were lacking to achieve this; or it may mean that a considerable amount of work had been done and it was only as a last and unavoidable resort that admission to Care had to be arranged. A comparison was not made with the total number of family cases worked with where care was prevented so it is not possible to show the admission as a proportion of all the family work undertaken in the division.

In either case, the fact that the family were presenting problems requiring the intervention of the Social Services Department may well indicate that the child, in addition to the disturbance arising from the effects of the separation, will already have been showing other problems from the tensions already existing in the family and therefore will present additional difficulties requiring skilled help from his substitute caretaker.

e) Reasons for Admission.

The reason given for the admission to Care is bound to influence the purpose of the placement and the work expected of the caretaker, i.e. the persons looking after the child in Care. For the thinking behind the reasons selected for this survey see Part I, Chapter 3, page 44 and 45.

The reasons appear to divide into those where the parent is temporarily unable to care for the child - e.g. through illness - but is expected to resume care, those where the parent is unable to cope for a time - through desertion of partner or inability to cope with child and where the outcome is uncertain, but rehabilitation is to be attempted, and those where the child has been injured or rejected by the parent so seriously that rehabilitation is unlikely and help is required to enable the parents to separate and the child to be prepared for a permanent substitute home.

It is vital that some kind of plan and purpose is established at the point of admission to avoid the child entering that dreaded state of "drift" where he lingers in Care with no clear idea of what the objectives should be or who should be doing what to achieve it. Whether this was established will be examined further in the next section on "the admission". There will, of course, have been the emergencies which could not be

planned for ahead of time but which will need a quick response and more detailed planning as quickly as is feasible.

Holman (1976) sees the low level of support services, especially to single parent families, as one of the reasons for children entering Care unnecessarily and Packman (1968), Thorpe (1974) and Aldgate (1977) in their studies of children in Care found that the poor, the homeless and children from single parent families were particularly at risk of coming into Care.

Although there is a growing acknowledgement of the need to provide services to prevent the need to remove children from home in a temporary crisis, this data may raise questions as to the extent to which it is being achieved and the need for additional, more quickly realisable, resources in this area.

For the Reasons for Admission given for children in this survey see Table 6. This was one of the questions where it was possible to give a combined answer. The main reason is given in column a) and where there were subsidiary reasons these are recorded in columns b) and c).

From this it will be seen that the largest category was for "parents unable to cope with their children" - 24 children (22.2% of sample) i.e., for parents who felt unable to go on caring for their children, either because their own problems or circumstances had become too much for them to give time and attention to the child or because problems within the child - often behavioural - had become impossible for them to tolerate. The former reason did not include such practical problems as housing or finance in isolation but was focussed on the parents relationship with the child. The purpose for giving Care here was often seen as providing a respite and an opportunity to overcome the problems experienced but it may be argued that this would be better done by providing resources to prevent the need for admission to care and separation of parent and child. However, the resources required are often intensive skilled personnel combined with some period of relief and the parent is not always willing to accept such help. If not, admission to Care may be seen as necessary to protect the child.

An example of a child admitted because her parent was unable to cope is a one year old girl whose mother (married) was pregnant and worried about her blood pressure. She also had very negative and aggressive

feelings towards D. whom she was convinced had something seriously physically and mentally wrong with her. Intensive tests at the hospital revealed nothing. The mother felt she needed temporary relief from the strains of caring for her and as a way of breaking through the cycle of negativism. She hoped that the respite might allow more loving feelings to surface again. The child was also considered to be at risk (recorded in column b)).

The next largest category is "child at risk from injury or neglect from parents" - 23 children (21.2%) of sample - and here the focus was on the need to protect the child, rather than relieve the parent. Depending on the degree of risk, the purpose of the placement will be to attempt to overcome the problems and work with parent and child towards rehabilitation, assessment of the possibility of doing this if the outcome is unknown, or, in extreme cases, working towards total separation and placement of child in a new family. In either case, a considerable expectation of skilled and sensitive work is placed on the caretaker, as the child - and parents - are likely to show considerable distress, emotion and probably anger.

An example is a child of almost 2, son of single mother who was finding him very difficult and was tense, aggressive and abusive towards the child and could not be calmed. She was especially angry toward him because he had soiled and smeared and a bruise was noted on his face at the children's centre. Medical examination revealed old bruises on the spine and buttocks and a Place of Safety Order was taken because of the risk to the child from his mother's emotional and volatile state.

When these two categories are combined they amount to 47 children (or 43% of sample) - by far the largest proportion of need, thus indicating the qualities that would be required of foster parents coping with these children and their parents.

The third largest category is "parent ill or in hospital - other parent unable to cope, or single parent" - 18 children (16.6% of sample) and this, combined with "mother unwell or in hospital through pregnancy" - 12 children (11% of sample), amounts to the second largest group - 30 children (27.7% of sample). It may be that these children required only temporary care until the parent recovered and the task of the caretaker would be to ease the trauma of separation and keep the parent alive in

the child's mind - especially for the youngest age group (Goldstein, Freud and Solnit, 1973). Perhaps this is the group where additional resources should be able to prevent the need for total separation at all.

Examples from this group included 2 sisters aged 2 and 3 who were admitted to Care 4 times for this reason. Mother was described as "plausible" but was frequently in hospital, and her husband who worked full time, was adamant that he was unable to look after them. The second occasion was an emergency; the third time the social worker tried to get the father to look after them but in the end concluded that the children would be presented with an even less suitable set of arrangements which could break down at short notice and cause the children more confusion than if admission to Care was planned. A single mother of 3 boys (aged 16, 10 and 6) had to be admitted in an emergency because of high blood pressure during pregnancy. Her sister in London had taken the boys a few weeks earlier but was not willing to repeat this and no other family members could help. The eldest boy remained at home and the younger 2 were placed in a foster home.

The fourth largest category is "deserted by parent, other unable to cope or marital/relationship breakdown" - 17 children (15.7% of sample). This is another group where the outcome may be uncertain - and perhaps the need for care prevented. The task of the caretaker would be to help the child to cope with the fear of the possible permanent loss of one parent in addition to separation from home and remaining parent and extreme uncertainty about the future. This uncertainty would also be an anxiety for the caretaker who would be unsure about the timescale and outcome of their task.

The parents of a 7 month baby separated after a violent row during which the wife received a blow to the face and left to go to a women's aid hostel. She felt unable to cope in the circumstances and requested admission to Care until the situation remained more settled and she found appropriate accommodation. The parents were generally thought to be unstable and the baby had been in Care before when he had been considered to be at risk. On the second occasion he remained with foster parents for 7 weeks before returning to his mother.

An example of "single parent - other reasons", used for 8 admissions is

the widowed father of 2 girls aged 7 and 5 who wished to visit his mother who was dying in Ireland. He claimed to be unable to take the girls with him.

The 4 children admitted for "other" reasons were 2 sets of siblings whose parents were experiencing marital problems and felt unable to cope with the children although they had, as yet, not separated.

Only 1 child was admitted following mother's post-puerperal depression and 1 handicapped child following rejection by parents.

In Table 6, when one looks at the subsidiary columns b) and c), one sees that the largest category in b) is "child at risk" - 21 children, followed by "other" - 20 children and then "parents unable to cope with child" - 14 children.

The category of "other" was generally used when some additional factor was present on top of primary category selected, e.g. child aged 4½ years admitted to Care because mother was having difficulties with her pregnancy. She was described as an intelligent but hysterical and fiery personality with a disturbed background, who had marital and financial problems and who was drinking and threatening to kill herself. Although the child had not been physically harmed no doubt there was some concern as to his general well-being.

These additional categories suggest that some of the reasons for care concerning illness, pregnancy or desertion, also had elements of risk to the child in them and this may be borne out by the fact that 96 of the children were already known to social workers before the admission was arranged.

The general implications for planning and expectation placed on the caretaker will be looked at again throughout this chapter.

Table 7 cross-tabulates the Family Composition with the primary Reason for Admission (column a)) & the secondary Reason for Admission (column b)). Reference to Table 7 shows that for the 38 natural parents the largest single category in Reasons for Admission was "parent ill or in hospital, other parent unable to cope" (14 children). This reinforces the thought expressed earlier that improved resources e.g. day care, helpers able to go in to the house at flexible hours, might have helped the remaining

parent to cope and so prevented the need for admission to Care. Column b), which gives secondary reasons, shows that 12 of the 38 children of natural parents to be admitted were also considered to be "at risk" or whose "parents were unable to cope", so perhaps in some cases the social worker was already concerned about the care of the child and maybe already involved with the family - as indicated in Table 5.

In addition, the next largest primary category for natural parents was "parent unable to cope with child" (11 children) and combined with "child at risk of injury or neglect" (9 children) - the third largest category, equals 20 admissions and appears to be the greatest overall cause for concern for children of natural parents.

For single parents as was anticipated, the span of reasons is wider. For the 40 children admitted from single mothers, 23 appear to have been admitted to Care for reasons associated with being a single parent unable to cope alone either through pregnancy (10 children), illness (2 children), having been deserted by their partners (6 children) or other problems (5 children). A further 8 children had a single mother unable to cope with them and 7 children were considered to be at risk.

For this group as well, column b) giving the secondary response, records 6 children as having mothers unable to cope with them and 9 children considered to be at risk, indicating again that social workers were worried about these families.

13 children of single fathers were admitted to Care and the main reason was being unable to cope after the desertion of the partner (10 children). No child figures in the primary or secondary category as being at risk from this group. It does appear that improves resources might prevent the need for admission to Care of at least some of the children of single parents.

For the 12 children admitted from natural and step-parents, 7 were considered to be at risk and 2 had parents who could not cope with them. This could suggest that relationship problems in a reconstituted family were an additional pressure and might be worth further examination.

Examination is made of the influence of sibling groups on the reason for admission in Table 8. 71 children were admitted to Care with a full sibling and 11 with a half sibling, making a total of 82 children.

Although the siblings featured in almost all of the reasons, the largest group (15 full and 2 half) were admitted because of illness, 14+1 because parents were unable to cope, 12+4 because the children were at risk and 13+2 for reasons following the desertion of a partner; it seems not unreasonable to presume that family pressures and the ability of parents to cope could be worsened by having more than 1 child to manage. This is further reinforced by Table 9 which cross references the reason for admission with other siblings in this sample. 29 children had 2 siblings in the sample, 9 were admitted because their parents were unable to cope and 9 following the desertion of a partner. Again, perhaps practical resources, or the willingness of a parent to work with these, might have prevented admission.

One can compare this data with the DHSS national figures and those for HCC of children 0-9 who entered Care during the 12 months ending 31st March 1981 - see Table 10 (DHSS 1981). Here the largest category for both is short-term illness of parent or guardian and the second, nationally - "in Care under Orders" the category likely to be used for children at risk. The category "other" figures largely in both - thus confirming the difficulty of placing the reasons for admission within the DHSS categories. "Unsatisfactory home conditions" - another vague term, and "desertion by parent" figure next in England: "desertion by parent" and "confinement of mother" come next in the Hertfordshire figures. It appears that these figures are much in line with those for Broxbourne except perhaps the use of Court Orders for children at risk.

f) Legal Status.

Explanation of the legal routes to Care is given in Part I, Chapter 3, page 26 and here it will be seen that, broadly speaking, there are two main legal options:-

a) "voluntary" Care under the Child Care Act 1980, Section 2, where a parent requests Care for his child and may remove the child from Care unless there are grounds for a resolution of parental rights under Section 3; and

b) Care under court orders where the local authority is given the parental rights by a court, mostly under Section 1 of the CYP Act 1969 or, in an emergency, by a magistrate granting a Place of Safety Order.

The grounds for this are outlined in Part I, Chapter 3, page 28 and here it will be seen that the local authority has to prove a primary clause plus that the child is in need of Care and Control which he is unlikely to receive unless the court makes an order. This generally is taken to mean that the local authority has to show that the child is "at risk" in some way and also that the problem cannot be overcome by the resources of the local authority and the co-operation of the parent with the help offered.

One may therefore presume that 'voluntary' Care or Reception into Care under Section 2 of the 1980 Child Care Act would be arranged if the Department and the Local Authority were able to work together in almost all of the reasons for admission and that a Place of Safety leading to Care Proceedings and an application for a Care Order used where the child was at serious risk of injury or neglect and the parents were not willing to co-operate and work with the Department.

For the Legal Status of children admitted to Care in this survey see Table 11 page 364.

From this it will be seen that 85 children (or 78.7% of sample) were admitted under a 'voluntary' arrangement and 21 children (or 19.4% of the sample) under a Place of Safety. 2 children were admitted under "other court orders".

When the Legal Status is cross-referenced with Reason for Admission - Table 12 page 364 one may see that voluntary care was arranged across the whole span of reasons for admission, including "parents unable to cope with child" - 6 children. Presumably these were examples of where the Local Authority felt confident of the good intentions of the parents towards the children and their willingness to be advised on whether or not the children should remain in Care. It may also have meant that the Local Authority was concerned about the child but felt that it did not have enough evidence to go to court so had to rely on the goodwill of the parent.

It is interesting to note that in the Secondary Column, b), 17 of the children received into voluntary Care for other reasons were also felt to be "at risk" and 8 had parents unable to cope with child.

As might be expected, all the Place of Safety Orders were taken because

the parent was "unable to cope with the child" (4) or the child was at risk (17). Of these 17, 4 were also noted as coming from families where one parent had deserted and for 3 a contributory factor was being a single parent.

The "other court orders" were from families where one parent had deserted and were presumably from the matrimonial courts - though also described as "parents unable to cope with child".

In 'The Child's Generation' (1981), Packman identifies a trend in the direction of an increasing use of compulsion by public authorities in relation to children and their families. Apart from the sphere of delinquency it is also evident in the widely-defined area of child abuse. She considered there was a distinct turning-away from voluntary admissions to Care and a preference for court action and a clear 'order' which transfers parental responsibilities to the Local Authority. The reasons behind the Local Authority applying to court or committee for parental rights are usually where it feels the need to have control over decision making for the child's future, fearing that the natural parents will not or cannot provide a secure future themselves and may prevent the best alternative plans being made. This is seen as a concern to provide a better environment for deprived children - security in its more positive sense - and an effort to avoid the poor planning and "drift" attributed to child care workers at the start of the 1970's. One excuse for failure to plan and provide a secure base for vulnerable children was the lack of legal powers to do so and the new powers under the 1975 Children Act (for example the ability to apply for parental rights once a child has been in voluntary Care for 3 years or more) were a direct response to these criticisms. However, Packman (1981) regrets the extent to which Social Services Departments and their client families have become adversaries and the difficulties this produces when the benefits of parental co-operation and involvement and notions of "shared care" are also being advocated. One may also ask whether the uncertainty of a voluntary arrangement will create an anxiety for the caretaker - especially a vulnerable foster parent - which may impinge on their work with the child, or whether a more relaxed and co-operative natural parent will be beneficial to all.

This sample has not shown a similar trend away from voluntary Care to Court Orders - the majority of admissions were voluntary. This may be

partly because the age is below that of criminal responsibility - 10 years so delinquency is not a factor. It may also be because, although a large number of children were identified as being at risk, or having parents unable to cope, non-accidential injury had not been inflicted on the child and the Department may not have had grounds, with sufficient evidence, to take the matter to court and/or may have still felt itself able to work with the parents and preferred to do so, considering co-operation to be the more constructive course of action in the long run.

g) Previous Admissions to Care.

If one accepts that separation - especially of a young child - from a parent figure is damaging, then it follows that repeated separations will create more lasting damage and impair a child's ability to trust adults, develop a sense of self worth and make relationships as an adult. This will be worsened if each separation is with a new and unknown set of substitute caretakers.

For the number of children previously in Care see Table 13. The period of the survey was from September 1976 to September 1981 and it was made of the children admitted to Care during that period. However, some children will have also come into Care prior to September 1976 and Table 13 includes those admissions. Here it will be seen that 61 children (56.5%) had not previously been in Care, but 46 children (42.6%) had and for one it was not known.

Table 14 gives the number of previous admissions each child had had including those before September 1976. There was only 1 child where this was not known. Reference to Table 14 shows that 20 children (18.5%) had had one previous admission; 16 children (14.8%) had had 2 previous admissions and 10 children (9.0%) had between 3 and 6 previous admissions.

Table 15 shows the number of admissions each child had which actually figure in the sample. As indicated above, some children will have come into Care before the period in which the survey was made. This Table indicates that of the 76 children who feature in the survey of 108 admissions, 52 (68.4% of total of children) had only one admission in this period. Of the remaining 24 children (31.6% of children), 18 had two admissions, 4 had three admissions and 2 had four admissions during this period.

The data shows that nearly a third of the children were moving between home and Care on more than one occasion. These seems to be more vulnerable families in need of continuing agency support and without a network of family or friends to help them. The cost to their children in terms of emotional health has perhaps not yet been counted.

## h) SUMMARY.

### Findings:

a) **Age of Child.**

Admissions aged 0-5 = 80 or 74.1% of whole
0-1 = 31 or 28.7% of whole
2-3 = 27 or 25.0% of whole

b) **Sibling Groups.**

| | | |
|---|---|---|
| Siblings in Care same time | 82 | (75.9%) |
| Sibling groups in sample 2 children | 50 | (42.2%) |
| 3 children | 29 | (26.8%) |

c) **Family Composition.**

| | | |
|---|---|---|
| Single parent | 53 | (49.0%) |

d) **Previous knowledge in Division.**

| | | |
|---|---|---|
| Open case to social worker | 96 | (88.9%) |

e) **Reason for Admission.**

| | | | |
|---|---|---|---|
| Parents unable to cope with children | 24 | (22.2%) | |
| | 47 | | 43.4% |
| Child at risk | 23 | (21.2%) | |
| Parent ill or in hospital | 18 | (16.6%) | |
| | 30 | | 27.6% |
| Pregnancy | 12 | (11.0%) | |
| Desertion by parent | 17 | (15.7%) | |

f) **Legal Status.**

| | | |
|---|---|---|
| Voluntary Care | 85 | (78.7%) |
| Place of Safety | 21 | (19.4%) |

g) **Previous admissions to Care.**

| | | | |
|---|---|---|---|
| Previously in Care | 46 | (42.6%) | |
| Children with 2 or more admissions to Care in this sample | 24 | (31.6%) | of total of children. |

h) Conclusions/Recommendations.

a) Age of Child.

Almost three quarters of the admissions of children 0-9 were for children 0-5 and over half were aged 0-3. Comment had been made about the effect of separation from parental figures on young children. Could these admissions have been avoided? Attention needs to be given to how this could have been achieved and, in particular, to the resources and skills which might be required.

b) Sibling Groups.

42 of the 69 admissions were of sibling groups of 2 or 3. The question of whether enough foster families can be found for these groups needs to be considered, especially if they have their own young families. If foster homes cannot be recruited, alternative, appropriate resources need to be looked at.

c) Family Composition.

Almost half of the admissions came from single parents. Attention needs to be given to resources which might have prevented some of these admissions. Where this is not possible, it must be remembered that it may be more difficult to maintain contact between an incapacitated single parent and a child in Care - though it may be even more vital to a young child who has 'lost' an only parent and due regard must be given to this.

d) Previous knowledge in Division.

Most of the families were already known to a social worker - does this indicate a poverty in the resources to prevent admissions to Care at this time? If the family had been

going through a long period of strain prior to the admission this may make the possibility of rehabilitation more difficult and may have implications for the disturbance in the child and the problems presented to the caretaker.

e) Reasons for Admission

27.6% of the admissions were because of the parents' illness or pregnancy and 15.7% because one partner had left and the other could not cope. This again raises the question of whether these admissions could not have been prevented by additional resources. 43.4% of the admissions were because the child was at risk or the parents could not cope with the child. It has been noted that most of the children entering Care appear to have been already a cause for concern to the social worker working with the family. It follows that the task of the caretaker in caring for children at risk and their parents requires considerable skills.

f) Legal Status

The DHSS figures (Table 10) and Packman (1981) suggest that greater use is being made of court orders for children at risk, however this data does not entirely bear that out, since despite the fact that 43.4% of the admissions were because the parent was unable to cope with the child, or the child was at risk, 19.4% of the admissions were on Place of Safety orders and the rest (apart from 2 matrimonial Care orders) were in voluntary Care. Is the balance of co-operation and compulsion between L.A. and parent about right, or can more 'working together', even in areas of risk, be achieved by voluntary arrangements without putting the child in jeopardy? Or does voluntary Care sometimes create too great an insecurity for the child - and the caretaker - even in short-term arrangements?

g) Previous admissions to Care

Almost a third of the children had more than one admission in this sample and repeated admission must be damaging. Again, attention needs to be given to the resources needed to prevent this.

PART II - CHAPTER 2

## THE ADMISSION.

In this Chapter the way the admission to Care was handled will be examined: whether the resource used was appropriate for the task - or the only one available; whether pre-placement planning was done and shared appropriately with the caretaker; and whether the appropriate preparation was done by introductory visits for child and natural parents to the caretaker and the question of access by the natural parent shared with the caretaker.

The Chapter is sub-divided into the following sections:-

a) Experience of Social Worker.
b) Predicted length of placement and period in Care.
c) Resource preferred and used.
d) Expectation of task of caretaker.
e) Caretaker's expectation of access from natural parents.
f) Preparation for placement.
g) Summary - Findings and Conclusions/Recommendations.

### a) Experience of Social Worker.

Before looking at the way the admission was handled it is of interest to look at the knowledge and experience of the person who was handling it. The social worker has a number of choices before her in terms of what to do as well as how to respond and the importance that she gives to respective alternatives will be influenced by her own knowledge base - even given the counter-balance provided by her supervisor who will be taking the case responsibility.

Foster parents have been heard to refer disparagingly to social workers as 20 year-olds with no experience of looking after children advising mature foster parents who have the child 24 hours a day ( local foster parents talking) and whilst the balance may be a delicate one for both, each has to work out her own role and appropriate contribution to the task in hand.

The experience of the social workers handling these admissions is referred to in Table 16. 'Trained' is defined as the social worker

holding the CQSW or its equivalent. This shows that the majority of the social workers had the CQSW - 102 social workers or 94.4% of sample and 62 - or 57.4% had been qualified for 3 or more years, while another 35 or 32.4% had been qualified for at least one or two years.

So, the social worker had at least his or her professional training and a certain amount of experience to bring to the task and over half had several years experience behind them.

b) Predicted length of Placement and Period in Care.

When a child is received into Care, the social worker in Hertfordshire completes an Application for Care form SS6 (see Appendix and Part I, Chapter 3, page 29). On this the social worker has to complete the section "I anticipate that the child(ren) will have to be looked after for a period of ....." and it is from this that the expected length of period in Care was taken for the children in voluntary Care (85). For those on court orders (23) the anticipated length of period in Care would probably have been recorded in the case conference minutes leading to the decision to go to court or in the report presented to the court. Where the possibility of rehabilitation was uncertain, this might have been unknown, or predictable only for the length of the Place of Safety Order - 28 days, if there was some doubt of the court making a further order if the evidence to present to court was not very substantial.

Nonetheless, it is right at this early stage of admission to Care that planning must begin. Children should enter Care with the local authority having a clear idea as to why they are in Care and what their purpose there is with some kind of time-scale in which this aim can be achieved, or reviewed and the plan reformed. This planning - to be effective - will require the social worker to have obtained the understanding and co-operation of the parent in working together with themselves and the caretaker. It is also important for the caretaker to be aware of what they are taking on both in terms of task and of time-scale. Foster parents especially find it difficult to know what is expected of them and when they are asked to care for a child for an undefined period and some initial placements have broken down when the child was asked to stay on longer than anticipated with no clear outcome planned.

However, there will still be instances when a parent gets to the end

of his tether, demands the removal of the child and the social worker at that point cannot be sure what the resolution of the problem will be, or a social worker has to 'rescue' a child at risk and may not then know whether that child's future can be back with his parent or will need to be found an alternative future.

It is probably in these circumstances that the term 'assessment' comes in and the child is placed with a family or in residential care for a period while answers to these questions are sought. It would then mean that the predicted length of the placement would be different from the predicted period in Care since a period of initial assessment could be set but the outcome to that would be unknown. This is at least progress from the time when children entered Care to be looked after for an unknown period which drifted on without any clear idea of who was expected to do what to create a chance (Rowe & Lambert, 1973). This would lead to child and foster parent feeling insecure and natural parent frustrated - or relieved, depending upon his or her wishes and motivation. These questions will arise again later in this Chapter in the section on Expectation of Task of Caretaker. Of course, the movement of the child at the end of the period of assessment will depend upon the resource being available.

For expected length of period in Care see Table 17.

From this it will be seen that for the largest group of children - 32 or 29.6% - this was unknown so immediately raises the question of whether the admission to Care reflected lack of planning and forethought or circumstances in which it was impossible to predict ahead. Bearing in mind the number of children who came into Care because their parents could not cope, or they were at risk, the latter seems likely, but it heightens the need for immediate and careful planning with the parent and caretaker once the child is in Care.

For 28 children (25.9%) the expected period in Care was 2-8 weeks, for 19 children (17.6%) it was 1-2 weeks and for 11 children (10.1%) it was 7 days or less. In other words, for 58 children (53.5%) the anticipated stay in Care was between 1 day to 8 weeks; thus indicating the need for short-term provision. Of the remaining children, 11 (10.1%) were expected to remain in Care longer than a year or permanently and another 7 (6.5%) from 2-6 months.

If one compares this data with Table 18 which shows the expected length of the initial placement, this seems to bear out the likelihood that a more defined period of assessment in a short-term placement was used for some of those children where the overall outcome was uncertain. Here, the largest group were expected to be in placement 2-8 weeks - 40 children (37.0%) and the combined group where the placement was expected to be between 1 day - 8 weeks numbered 76 children (70.3% of sample). 9 of the children were expected to be in placement 2-6 months, and 2 long-term, leaving 21 (or 19.4%) whose caretakers were not told for how long the placement was to be. This remains a higher than acceptable number but could mean in some cases that the social worker, even if having some time in her mind, was unable to put a precise figure on it, so left the predicted time-scale as unknown. It still leaves the way dangerously open to uncertainty and anxiety.

When these 2 tables are cross-referenced - Table 19 - it can be seen that for 6 of the children where the length of initial placement was unknown, it was expected that they would remain in Care over 1 year, long-term of permanently. Was this a gamble that the first caretaker would keep the child if it "worked out" between them, or not if not?

For 2 children where the outcome was expected to be long-term or permanent, the first placement appears to have been a period of assessment of between 2-6 months, and similarly, for 14 where the outcome was unknown, the first placement was expected to be between 2-8 weeks. So in several instances where the period in Care was expected to be long or of uncertain duration, it was preceded by a short-term placement for assessment to seek further information before a longer term plan could be made. For 2 children where the period in care was expected to be 2-8 weeks and for 1 child where it was expected to be 1 year and 3 where it was unknown, the first placement was to be 7 days or less and was probably an emergency stop-gap while a preferred resource was sought - a further disruption for a child in turmoil and evidence of lack of suitable resources when needed. This leaves 15 children for whom both the length of the period in Care and the length of the initial placement could not be predicted and may reflect back on the comment made earlier, that where children are admitted to Care unexpectedly and in a crisis, it is difficult to be sure how long the Care period or the placement will last. If so, this has implications

for the type of placement which will be able to cope in such uncertainty.

The accuracy of the social worker's prediction of the length of the initial placement can be judged by reference to Table 20 which cross-references this with the actual length of the placement. Table 40 for length of placement is in Appendix page 383 and will be described in Chapter 3 section a) on page 92.

For the 87 children where predictions were made, 59 turned out to be correct. Of the remaining 28, 16 turned out to be an over-estimate of time and 12 an under-estimate. One child expected to remain long-term stayed less than 7 days, while 2 expected to stay less than 7 days remained between 7-12 months.

Of the 21 children where the length of stay was uncertain, 8 remained less than 7 days, while 12 stayed over 2 months, 4 of whom were expected to remain permanently.

When further cross-reference is made to the task expected of the care-taker - Table 21, the uncertainty is weeded out a bit further. A large number of the children - 52 - are expected to be returned to their parents within a 6 month period. For 9 of those where the exact length of placement is unknown, the caretaker was apparently asked to care or assess for a limited period, after which the child would be moved on - a destination as yet unknown. For a further 4 the caretaker was asked to assess and prepare the child for a long-term substitute family so the task was fairly specific even if the time-scale was uncertain. This leaves 8 children for whom the task and the time-scale was vague - look after child for an undefined period.

c) Resource Preferred and Used.

With the data now available about the children being admitted to Care and the expected length of placements, we can look at the resources used. If almost three quarters of the children were aged 5 or under and expected to be in their initial placement for up to 8 weeks, the most appropriate form of care is likely to be that which is as close as possible to a 'normal' living experience - sympathetic family care as near as possible to their local environment. As noted in Part I, Chapter 3, page 30 onwards, Hertfordshire expected children under 5 to be placed in foster homes.

An added complication is that 82 of the children were admitted as a sibling group - 29 of them as a group of 3. In addition, a large number of them were considered to be at risk or had parents unable to cope, which might have had its effect on the children's behaviour; 23 children were on court orders, and for some the overall period in Care was unknown. Although family care may have been preferred, was it realistic to ask a local family to take on such a complicated task and were sufficient families of the right calibre available?

Part I, Chapter 3 has explained how a social worker would have begun trying to find an appropriate resource - a cumbersome business, and sometimes she was reduced to trying to find any resources after countless fruitless telephone calls, as is aptly described in the novel 'The Shorn Lamb' Chapter 6 (Stroud, 1962).

Table 22 looks at the social worker's preferred resource for the initial placement. It was expected that this would not always have been recorded but, perhaps surprisingly, this does appear to have been given in the case file.

As expected for the majority - 81 children - a foster home was preferred. For 58 of these 81 a foster home for the sibling group was sought - less than for the 82 children admitted with siblings. Was it aimed to separate the children or did the social worker not record her attempt specifically to place them together? For 3 children it was hoped to find families who would keep brothers and sisters in contact.

Residential care was preferred for 10 children - 6 of them as a sibling group - perhaps because of complications in the task required. For 3 children it had been hoped to avoid admission to Care altogether by the provision of day care and for 8 children another resource altogether was preferred. For 5 of these 8 a placement with relatives or the private foster parent, with whom the child was staying, was preferred and used. A sixth baby was kept in hospital under a Place of Safety order while plans were made. For another baby it would have been preferable to have admitted her to hospital with the mother rather than separated the two, but this was not possible. The last baby had to be placed in a foster home pending adoption and a placement straight to the adoptive family from hospital would have been preferred. An opportunity for a combined answer was given here in columns a) and b) and for 24 children

in column b) an 'other' resource had been indicated alongside the primary one. Examination of the detail shows that this was used to indicate where a foster home which was used previously was preferred ( 18 - achieved for 14 immediately and 1 within 3 days) or a children's home (2 - both achieved) or a child-minder known to the child (2 - both achieved). This leaves two children; for one whose adoption had failed, another adoptive home was preferred. For the last child, whose mother suffered with post-puerperal depression, a foster mother able to work with the mother and build up her confidence, while relieving her of some of the responsibility, was sought and found.

Table 23 asks the question "was a choice available?" and sadly this is rarely recorded - no record in 73 of the admissions. In the 35 admissions where it was recorded the majority - 20 - indicate that there was no choice, in 5 instances the ideal was available so a choice was not needed, in 4 there was a partial choice - between 2 not very suitable alternatives, and in only 6 admissions did the social worker record that she had a reasonable choice between suitable alternatives. If this is representative of the true state of affairs, it is a worrying finding since it must mean that less than suitable placements are made on occasion, if no match can be made to the child's needs. It would be useful if this could be recorded more specifically in future so that a more accurate data collection can be made.

Table 24 shows the resource which was used. Family care was provided for 77 of the children. Not all of the sibling groups could be placed together - this was available for 46 of the 58 children for whom this was the choice. 26 children were placed in a foster home as opposed to the 17 for whom this was preferred, which indicates that some of the children hoping to be placed with their siblings were placed individually in foster homes. A larger number were placed in children's homes (24) than had been hoped (10) and this is probably because a preferred resource was not available but a residential bed was.

If reference is made to Table 25, which cross-tabulates the preferred resource with the resource used, we can see how the preferences made out. The numbers within the diagonal lines are those where the resource used is the same as the one preferred. The numbers outside these lines are placements where the preferred resource was not available and so an alternative had to be found. For the sibling groups not placed together

in a family, 1 was placed in a foster home with contact with siblings but 4 were in a family without this. 6 children were placed with their siblings in a children's home while one was in residential care alone. Places were found in children's homes for the sibling groups for whom this was preferred and for 3 of the 4 children needing residential care as a single - the fourth was placed in a foster home. Of those for whom the choice was not recorded, 5 were placed in residential care - 3 as a sibling group.

At this stage the provision of resource may not seem too bad - about three quarters of the children were found family care and 64 of the children in a sibling group (82) were at least placed together or in contact with one another. Is this the best that can be hoped for?

The picture looks more worrying though when reference is made to Table 26 and Table 27.

Given the earlier comments made about the effects of separation, repeated admissions to Care are bad enough but when the child is placed in a different placement each time the effect must be worsened. Table 26 shows that of the 46 children admitted more than once, 30 children were placed with a different substitute caretaker, even though 2 of these were sent again to a place which had been used on a previous occasion. Presumably no department has such a choice of placements that they can keep them available to children who may be re-admitted - chance and economics must come into this, though the effect on the children may be costly. On some occasions the first placements may not have been a helpful one for the child and a more suitable one may have been deliberately sought, despite the change involved.

Table 27 looks at the resource used for different age groups and here the accepted 'good practice' of placing under 5's with families, and thus a single caretaker, clearly did not always happen. 16 children aged 5 and under were placed in residential care - 5 of them aged under 12 months.

In Chapter 1, section a) Age of Child, the importance of the primary attachment the child makes in early years and the disturbance that can be caused by moving children and so breaking this attachment, was discussed. Goldstein, Freud and Solnit (1973) noted that a two-year-old can only sustain the memory of his natural parent for about two weeks before he

will transfer this attachment to the adult caring for him. Thorpe (1980) noted that children up to two years old will quickly transfer primary attachments to their foster parents. However, if children are in residential care, with changing caretakers as workers go on and off shifts, they cannot make this attachment to one adult and consequently their subsequent ability to make sustained relationships may be impaired. When some of these children are looked at in detail, their circumstances perhaps make it easier to understand why a 'traditional' foster home might not have been considered able to cope and why it was difficult - and still is - to find families prepared to do so. This is perhaps one of the core problems of recruitment.

For the children aged 0-1 admitted to residential care, all were seen to be 'at risk' in some way - even though not all were on a Place of Safety Order - and all had parents who were likely to be demanding, difficult and hostile in some way. Of the 3 children admitted as 'singles' - one was on a Place of Safety Order and had a hostile mother addicted to drugs; another was considered to be at risk and had hostile, suspicious parents who made daily visits, while the third was also considered to be at risk and had an aggressive, alcoholic mother.

The child aged 2-3 admitted alone to a children's home was received into Care,during mother's illness, with her brother but the social worker had only 2 available places - 1 in a children's home 9 miles away and 1 in a local foster home. The decision was taken to place the younger child in the children's home so that the boy could continue at his school. Transport to school from the children's home does not seem to have been a possibility at that time and is a resource gap which needs attention.

An example from the children aged 4-5 admitted to residential care, is a boy who was received into Care following a long history of parents not coping at home and finally after the death of his father. He was, by now, an angry, difficult child and it was felt that the staff in a children's home could better help him with the necessary grief work.

These examples indicate the very special qualities which would be required from foster parents taking on work with these children and their parents.

d) Expectation of Task of Caretaker.

It is this section that really looks at how much planning the social worker had done - or was able to do - at the point of admission to Care, and follows on and links up with the section on predicted length of Care and placement. Was the social worker removing a child from home to a substitute caretaker with a clear idea of what that caretaker would be doing - and for how long - or were the circumstances such that she had been unable to formulate such a defined plan and task? Does the social worker expect the 'work' with the child and natural parents to eliminate the need for Care to be done by herself and other professionals while the caretaker 'looks after' the child, or does she fully involve the caretaker in this task? Is there a difference in her approach towards residential staff than towards the foster parents and is this inevitable, or can and should foster parents increasingly be expected to participate? The NFCA support this view. (Cooper, 1978; Reeves, 1980). But is it feasible to recruit as many foster parents as are needed, capable of carrying out this role? Given that the social worker did have an expectation of the role of the caretaker, did she actually communicate this effectively to her or was there the kind of tacit expectation that can easily lead to misinterpretation?

See Table 28 for Expectation of Task of Caretaker.

The options here are divided between those -

a) where all concerned knew they were caring for the child for a defined period of time with a view to the child returning to the parent at the end of that time; - category 1;

b) where the outcome was uncertain but the caretaker's role would be for a limited period of time during which they were either asked to contribute to the assessment of the child's needs, or only to look after the child, or in certain circumstances assess and prepare the child specifically for move on to a long-term substitute family; - categories 2, 3 and 4;

c) where the caretaker was asked to look after the child for an indefinite period which could be anything from a few days to long-term; - category 5; and

d) where the care was requested on a long-term or permanent basis; - category 6.

Given that the length of care for 58 children is expected to be under 8

weeks, it is perhaps not surprising that the largest group of caretakers are asked to offer a "defined period of relief for and return to natural parents" - 52 children (48.1%). For a further 34 children the outcome of their period in Care was unknown, but the caretaker's role was for a limited period, though for only 10 children were they asked to contribute to the assessment. For 11 children the caretaker was asked to "care for child for an undefined period".

Table 29 indicates whether the social worker discussed the expected task with the caretaker - "yes in a general way" refers to the kind of record where the social worker explained what had happened e.g. to bring Anne into care and asked Mrs. B. to look after her and report how she was doing while some plans were sorted out, or until Anne's mother felt well enough to cope. "Yes - specifically" would be used where the social worker made a specific and detailed contract or list of expectations with the caretaker while the child was in her Care. E.g. the young child of a low intelligence and poor coping mother was admitted to care from hospital after a serious illness. The task for the foster mother was to build up the child's health but also to work with the natural mother to educate her in caring for the child more completely in future.

No social worker recorded that she had not discussed the task, though for 19 admissions there was no record of such a conversation - so if it took place and was misunderstood it could not be corrected by reference to an original record. For 73 admissions the discussion was only general and as such of less value, except in the circumstances where the task was fairly clear anyway - e.g. to look after the child while mother was in hospital. In only 16 admissions was the discussion of a specific nature.

It is difficult to see how caretakers can contribute fully and appropriately to a task if they are not properly prepared and given clear instructions.

The question then arises as to whether this difference appears between foster parents and residential staff, and this can be examined by reference to Table 30. Table 30 cross-references the expectation of the caretaker with the resource used. When the outcome was unknown and the caretaker used for a limited period, the residential staff were

asked to contribute to the assessment for 9 of the 12 children in children's homes and the foster parents were asked to assess for 1 of the 18 children in foster homes. 3 of the children being assessed and prepared for long-term placements were in children's homes and 3 in foster homes. Of the children being looked after for an undefined period, 2 were in children's homes and 7 in foster homes.

So it does appear that social workers were more likely to expect to do joint work with the residential colleagues than with foster parents. It is surprising that this was not expected of all the children in residential care - although perhaps the circumstances of their admission did not always require it. It does beg the question of whether foster parents could have been asked to contribute more to the overall work with the children in their care, or were not able or not willing to do this. It may depend upon the work needed but one may suppose they could have, and would have wanted, with a little support and instruction, to contribute to the child-centred aspect of the work even if less able to do much with the parents.

e) Caretaker's expectation of access from natural parents.

This is often a difficult area for foster parents and one which they find hard to visualise ahead of time. They see themselves as helping and caring for a child in distress but may find it more difficult to feel sympathy for the parents, whom they see as causing this distress - unless the circumstances are beyond their control, such as illness. Although they often understand the need for the child to see his parents, especially if he is to be returning home, they do expect the parent to fit into their way of life and find some of the reactions and demands from parents going through a crisis themselves difficult to tolerate. Parents may be seen as interfering with their routine or demanding too much time and attention for themselves and not showing enough consideration for the child or foster parents.

Adamson (1973) sees accepting contact with natural parents as the most difficult part of fostering. 46% of her foster parents said it would be better if their foster child did not see his own family, although 54% agreed it was better that they should. However, some foster parents did not want anything to do with the natural parents themselves, while

others were often critical of the way of life of the child's parents.

Ner Littner (1975), while giving the reasons for the advantages of continuing contact, acknowledges that to many foster parents the child's natural parents are a necessary evil and gives 5 reasons why foster parents may resent the child's natural parents, may see them as a natural enemy, or even wish to exclude them completely from the child's life. A prècis of these reasons is given below:-

i) the natural parents may be difficult to get along with;

ii) visits may result in temporary worsening of child's behaviour and functioning;

iii) child may try to play foster parents and natural parents against each other;

iv) foster parents may be aware of how child has been emotionally damaged by natural parents.

v) foster parents may have personal problems of their own, feel unsure of their role as parents and feel competitive with natural parents.

The opinions of 2 foster parents are quoted in the Family Rights Group publication 'Fostering Parental Contact' (1982), Mary Reistroffer (an American foster parent) is quoted on page 67 as saying:-

> "... you wish the social worker would erase the parents from this placement arrangement: ... his parents just upset him and set him back."

But, she goes on on page 68:-

> "the whole point of these ... contacts between Chris and his parents is to keep some tie with them" ... for Chris to "face up to his own feelings about them ... rather than postpone them ... or create dream parents." All of the details about the parents' visits should have been spelled out when Chris came to you, but visiting is often a developing problem connected to the family and no-one can predict developments that exactly."

Liz Ratcliffe (an English short-term foster parent) is quoted on page 60:-

> "I'm surprised how little they [social workers] do as regards natural parents. ... It would be better if they did more in the early stages to keep children in touch with their parents. There seem to be two distinct groups of parents of children in Care. There are the ones who are very anxious about their children and will come every day and there are the ones who I feel do need to be pushed. ... I say to (new foster parents) 'it's the worst part of the job, this visiting, but its a part of the job that is essential... and you have to make them feel

welcome, even when they are 2 hours late, and you are just sitting down for your dinner'."

Both foster parents emphasise the need for the social worker to take an active part in spelling out the arrangements for visiting at the beginning so that both natural parents and foster parents are clear on this and room is made for re-negotiation of the plan if the original arrangement does not work out.

The Code of Practice issued by DHSS (HMSO 16.12.83) following the new legislation on access brought in by the HASSASSA Act 1983, also emphasises the need for a clear and written contract to be made right from the beginning:-

> Para. 7: "There should be a firm agreement from the outset about the arrangements and what is expected of the parents, the local authority and the child's carers in connection with the arrangements."
>
> Para. 15: "All decisions about access should be explained to parents and discussed with them. Local authorities should also confirm in writing to the parents all decisions and agreements about access arrangements ..."

Of course, the same need for a clear understanding from the beginning applies when the child is in residential care, but it is more an area of difficulty for foster parents.

See Table 31 for 'Did caretaker expect access from and contact with natural parents?'

This shows that 61 caretakers did expect this and only 7 not - to be expected when most of the children will be returning home within 8 weeks. However, for 40 of the children this was not known. This does not necessarily mean that it was not planned or not discussed, but if it was, no record was made of it - meaning that it was not considered important enough to record? This seems to bear out the foster parents' statements above that social workers did not give this sufficient or specific enough attention at the beginning.

Since the recent legislation, Hertfordshire has issued a procedure for this which requires social workers, when a child is admitted to Care, to write a report not only justifying the intervention of the local authority

and the decision that the child should be 'accepted' in Care, but also including a statement (as far as this is possible) about the plans for the child and the ways in which access by parents, friends, etc., should be established and for what purpose. This should be confirmed in writing by the medium of a letter sent to the natural parents and any other adults involved and copied to foster parents and residential workers (Admin. Memo 24/84).

Table 32 cross-references 'Did the caretaker expect parental access' with 'the Department's expectations of parental contact'. (Table 58 for the latter is described in Chapter 3, section c)).

In most of the cases where the Department planned contact the caretaker was expecting it - in all of the cases where the Department planned contact as part of the contract for the child's admission to Care. The caretaker's expectations were unknown in 6 of the 19 occasions when the Department controlled the amount of contact and in 5 of the 36 cases where contact was encouraged but not defined. Perhaps most of the occasions when the expectation of the caretaker about parental access were unknown (24) were when the Department had made no specific expectations with the parent about access - leaving the whole area vague and no doubt open to difficulty.

Table 33 cross-references the expectation of the caretaker regarding access with the expectation of the task of the caretaker. Here, most of the occasions when the expectation about access were unknown (35 out of 40) were when the task was a defined period of relief and return to natural parents (24) and care for the child - outcome unknown (11) with a further 4 for assess child - outcome unknown.

It is possible that during a period of defined relief it was assumed that access should take place - and may indeed have been discussed but not recorded - but assumptions can lead to misunderstandings, or that the parent was unable to see the child themselves because of illness or other incapacity. This may account for the 2 occasions when access was not expected.

It is less clear what the position was when the caretaker was 'caring for child - outcome unknown', and here again the whole subject of planning seems to have been left too vague.

This area will be returned to again in the next chapter.

f) Preparation for Placement.

The strangeness and fear of going into Care can be a little eased for the children if they have been able to meet the caretaker and see where they are going to go, ahead of time. Although this is not always possible to arrange, especially in an emergency, and depends on the parent being co-operative, even a visit on the day of moving in gives an opportunity for the child to see a link between home and placement and that their parents know where they are and approve.

Liz Ratcliffe (1982) - the foster parent quoted above - says:

> "I think it's a good idea if parents are involved in giving information about their children because it puts more responsibility on them and might help with the idea that they are still part of their child's life. However disinterested they seem to be, I think they are all anxious to a certain extent about their child's likes and dislikes and habits. Yet, social workers have rarely involved parents in telling me about the children, even when they weren't emergency placements."

See Table 34 for "was child taken on introductory visit?" This shows that 21 children (19.4%) were, and 25 (23.1%) were going to a familiar placement - somewhere they had stayed before, or a child-minder already well known to them. However, 53 children (39.0%) were not introduced ahead of time, nor were familiar with the place, so presumably were taken to strangers. An example of "some preliminary contact" is where the foster mother visited the baby in hospital before she was placed in her care.

See Table 35 for "were natural parents taken on an introductory visit?" This shows that 23 (21.3%) of natural parents were, a further 17 (15.7%) had some preliminary contact (for example a mother who met the foster parent before the admission and was reassured by being able to explain her child's needs), and 15 (13.8%) more accompanied the social worker and child on the placement - so at least the child knew their parents knew where they were.

This left a further 40 (37.0%) who do not appear to have had any preliminary contact, nor accompanied the child. This must have been very distressing for the child unless there was really no significant

relationship between them, and may have made later visiting more difficult between caretaker and parent if the parents first contact was to see their child being cared for in a hitherto unseen place.

Table 36 cross-references the 'child's introductory visit' with the 'reason for admission'. The two columns, a) and b), give the primary and secondary reasons for admission - as explained in Part I, Chapter 3, page 49. This seems to show that an introductory visit was made in circumstances where some warning of the need for Care might have been anticipated - pregnancy, desertion, perhaps where the parent had tried to cope for a while and could participate in some preparation. There are no introductions recorded where the child was at risk - presumably because these were emergency placements and, similarly, the largest categories of reasons for admission under the column of 'no introductory visits' are where parents were unable to cope and where child is at risk.

This pattern is similar in Table 37 - which cross-references natural parents' introductory visits with reasons for admission and also gives columns a) and b) for primary and secondary reasons for admission. However, here 3 of the parents unable to cope and 5 with child at risk accompanied the social worker and child on placement and a further 6 and 3 had some preliminary contact. Presumably some of the single parents suffering with illness were unable to visit ahead of time.

Table 38 looks at the natural parents' introduction, cross-tabulated with legal status. None of the parents whose child was removed on a Place of Safety were taken for a preliminary visit, although 3 had some preliminary contact. This is likely to reflect the emergency nature of the decision, although only 1 accompanied the social worker and child on placement. This may have been the parent's unwillingness to co-operate in any way but could also reflect the social worker's fear of the parents' reactions to child or caretaker.

This leaves 24 parents whose child was received into Care voluntarily who had no preliminary contact with the caretaker - and although some of these may have been too incapacitated to do so, one would have hoped rather more might have been more involved in the preparation for the admission.

Table 39 looks at whether the experience of the social worker affected this decision. This does not show that the more experience social workers

were more likely to have taken the parents on an introductory visit, but interestingly, the 4 least experienced and untrained social workers all arranged some kind of preliminary contact. They were likely to have been students on placements or unqualified staff gaining experience before training and so with a protected and well-supervised caseload. Does this mean that the question of time comes in here? - their supervisors were aware of the need for this and able to ensure their social worker had sufficient time to do the job properly, whereas the more experienced social workers were already so overburdened they could not clear sufficient space?

## g) SUMMARY

### Findings.

a) Experience of Social Worker

Qualified social worker - 102 (94.4%)

Qualified & 3+ years experience - 62 (57.4%)

b) Predicted length of period in Care and placement

| | | | |
|---|---|---|---|
| Period in Care - not known - for | 32 | children | (29.6%) |
| " " " - under 8 weeks - | 58 | " | (53.5%) |
| Initial placement - 2-8 weeks - | 40 | children | (37.0%) |
| Under 8 weeks - | 76 | " | (70.3%) |
| Not known - | 21 | " | (19.4%) |

c) Resource Preferred and Used

| | | |
|---|---|---|
| Preferred resource - FH for all siblings - | 58 | (53.7%) |
| Resource used - " " " " - | 46 | (42.6%) |
| Choice available - not recorded - | 73 | (67.6%) |
| " " - No - | 20 | (18.5% of total) |
| Was same resource used as last time?) - Not applicable ) - | 61 | (56.4%) |
| " " " " " " " - No - | 28 | (25.9%) |
| Children in CH aged 5 & under - | 16 | (14.8% of total & 20% of children aged 5 & under). |
| Children in CH aged 0-12 months - | 5 | (4.6% of total) |

d) Expectation of Task of Caretaker

| | | |
|---|---|---|
| Defined period of relief & return to natural parents - | 52 | (48.1%) |
| Care for child for limited period - outcome unknown - | 24 | (22.2%) |
| Did S.W. discuss task with caretaker? | | |
| Not known - | 19 | (17.6%) |
| Yes, generally - | 73 | (67.6%) |

e) Caretaker's expectation of access from natural parents.

| | | |
|---|---|---|
| Yes - expected access | - 61 | (56.4%) |
| Not known | - 40 | (37.0%) |

f) Preparation for Placement

| | | |
|---|---|---|
| Was child taken on introductory visit? | | |
| No | - 53 | (49.0%) |
| Was parent taken on introductory visit? | | |
| No | - 40 | (37.0%) |
| Some preliminary contact. | - 17 | (15.7%) |
| Accompanied SW on placement. | - 15 | (13.8%) |

## CHAPTER 2 THE ADMISSION

### Conclusions/Recommendations.

a) Experience of Social Worker.

Most of the social workers carrying out these admissions should have been sufficiently qualified by training and experience to perform the task competently since 94.4% held a professional qualification. If they did not do so it may have been for other reasons - e.g. insufficient resources, too large a workload. Or one may question the quality of training and the over-generic nature of a social worker's experience which is rarely intensive in any one area.

b) Predicted length of period in Care and initial placement.

The majority of children admitted to Care required an initial short-term placement of under 8 weeks. Given the number of vulnerable children are there sufficient resources of the appropriate quality?

There is quite a large proportion of children where the length of the period in Care and theinitial placement could not be predicted. This makes it very difficult to define the role of the caretaker and creates anxiety in all. Is it possible to improve the planning at the point of admission and aim for some kind of contract, understood by all?

c) Resource preferred and used.

Insufficient foster homes were available to meet the preferred needs - in numbers and calibre and in only 6 admissions did the social worker record that she had a reasonable choice between suitable alternatives. This means that despite acknowledged good practice, 16 children aged 5 and under were placed in residential care and 28 children (65.2% of 45 children admitted more than once) were not able to return to a placement they had been in on a previous admission. The biggest gap seemed to be for foster homes for sibling groups and children at risk whose parents are antagonistic and these may be particularly difficult to find for emergency placements.

d) Expectation of Task of Caretaker.

For over a third of the children, although the placement was time limited, the outcome was unknown or involved skilled assessment and preparation. The social worker was less likely to expect a foster parent than residential staff to contribute to the assessment of the child and consideration needs to be given to the recruitment and training of foster parents able to participate in this task. Nearly half were expected to return to their natural parents and foster parents able to work to this end need to be recruited. The social worker did not appear often enough to define at all or to discuss the task expected of the caretaker in sufficient detail, nor to record it, and this must have reduced the effectiveness of the caretaker's actions. Does this reflect the lack of planning from the social worker, insufficient time or the ability or willingness of foster parents to be more involved? More training for foster parents may help here, together with more specific written contracts with caretaker, parent and social worker.

e) Caretaker's expectations of access from natural parents.

Social workers need to make clear arrangements about access with natural parents and caretakers as part of the care plan at the point of admission to Care and confirm this in writing. Foster parents need to be helped with this area, which is one of difficulty for them.

f) Preparation for Placement.

Preliminary contact between child and parent and caretaker would ease the trauma of separation but this does not happen in all cases. Is the social worker allowed sufficient time to carry out the task of admitting children to Care thoroughly and properly, or are social workers and their seniors not sufficiently aware of what is required? Attention to training of social workers may be required, either on courses or in-service.

PART II - CHAPTER 3

## THE PLACEMENT

This Chapter looks at the experience of being in Care for child and caretaker and examines the problem areas and whether support was given. A particular area of difficulty for foster parents is access from natural parents, and this is looked at in some detail. The Chapter questions whether the experience of the placement was different for foster parents than for residential staff.

The Chapter is sub-divided into the following sections:-

a) Length of placement.
b) Support from social worker to caretaker.
c) Access from natural parent during placement.
d) Did child exhibit problems during the placement?
e) Was a special rate paid to foster parents?
f) Summary - Findings and Conclusions/Recommendations.

### a) Length of Placement.

We can put the experience of the placement in context by looking at its length - see Table 40. Regardless of the purpose of the period in Care, the majority of initial placements, 85 or 78.6%, were under 8 weeks - the Boarding Out Regulations definition of short-term (Part I, Chapter 3, page 46). A further 11 (10.1%) had lasted between 2 and 6 months, 5 (4.6%) 7-12 months and 7 (6.5%) had lasted over the year and were continuing, 3 with the outcome still uncertain and 4 expected to be a permanent placement for the child. 48 (44.4%) of the 108 initial placements lasted less than 2 weeks and 27 (25% of total sample) of these less than 7 days. One wonders whether this was a brief respite arrangement or a stop-gap provision until an appropriate resource could be found.

The purpose of the placement can be examined by looking at Table 41 - the length of placement by expectation of task of caretaker. If we look first at the children in Care short-term, this Table shows that 50 of the children placed for 8 weeks or less were being given respite care either to tide them over a short-term emergency e.g. illness, or to provide relief e.g. for parents unable to cope, with a view to rehabilitation.

For 33 children in Care up to 8 weeks, the likely outcome of the period in Care was unknown at the point of admission. 22 caretakers were asked to "look after" the child during this period, 7 to contribute to the assessment and 4 to "look after" the child for an undefined period. For those asked to assess and prepare the child for a long-term placement, the task seems to have taken longer - 2-6 months for 2 children; 7-12 months for 4 children and over a year with an uncertain outcome for 1 child. This may have reflected the difficulty in finding a suitable long-term resource rather than the length of the task. For 6 caretakers asked to care for the child for an undefined period, this period turned out to last 2-6 months, perhaps the longer time reflected the vagueness of the task at admission. For 1 caretaker, also asked to care for the child for an undefined period, this period lasted over a year with the child likely to remain in placement.

Table 42 compares the length of placement with the reason for admission - of the children admitted for 7 days or less, 9 admissions were because of pregnancy or illness; 8 children were considered to be at risk; 4 parents were unable to cope and 4 parents had deserted their family. 27 children were admitted for 8-14 days and of these 11 admissions were for pregnancy, illness or depression; 1 parent was unable to cope, 4 parents had deserted and 3 had single parents with other reasons for needing Care. 37 of the children were admitted for 2-8 weeks. The reasons for 11 admissions were for pregnancy or illness; 11 children were at risk; 9 parents were unable to cope; 2 parents deserted and 4 single parents had other reasons.

Of the children admitted for more than 2 months, 10 parents were unable to cope; 4 children were at risk and 7 parents had deserted, 1 single parent had other reasons and 1 parent had a handicapped child.

So, summarising the 85 children in placement under 8 weeks, 50 were expected to go home and for 33 the outcome was unknown at admission. 31 children were admitted for pregnancy or illness, 33 were at risk or had parents unable to cope and 10 had parents who had deserted.

The most straightforward task for caretakers would be the short-term Care during illness - easy to understand and could happen to anyone, even if most have a family able to help out. However, when we later look at the number of children experiencing re-admissions, the question

must be asked as to whether children were experiencing repeated short-term admissions to Care to relieve natural parents in a crisis. Instead of a short-term plan resolving the problem, this appeared to be leading to further re-admissions and leads one to ask whether this was the best or only way of tackling the problem. Table 41 shows that for the 33 children in Care for under 8 weeks for whom the outcome was unknown, 26 of the caretakers were not asked to contribute to any treatment programme - though this does not mean that nothing else was going on with other professionals. Of the 50 children expected to return home in under 8 weeks, it was not clear what the caretaker's role in respect of "treatment" was during this period.

Turning to the resource used for these placements - Table 43 - we can see that for the children in placement under 8 weeks, foster homes were used for 66 children and children's homes for 16. 8 children were placed in a children's home for 7 days or less and it may be that for some of these this was a stop-gap arrangement.

Table 30 in Part II, Chapter 2, section d) page 80, looked at the expectation of the task of the caretaker in some detail and noted that of the 34 children expected to be in Care for a limited period for whom the outcome was unknown, only 1 of the 18 foster parents was asked to contribute to the assessment, in contrast with 9 of the 12 residential staff. (4 children were in 'other' placements). So we seem to get a picture of most of the children in short-term placement being with foster parents who are rarely asked to participate in a treatment programme despite the fact that a large minority of the children have an uncertain future and will be re-admitted to Care.

Looking finally at the Age of the children by Length of Placement - Table 44 - we see on the whole that it is the youngest children who are in Care for the shortest time. 25 children aged 0-1 and 23 children aged 2-3 (48 children 0-3) are in Care under 8 weeks, plus 37 children aged 4-9 in Care under 8 weeks. Although this means that the period of separation is shorter for them if they are returning home and links with parents can be maintained, it is still a major disruption in a short life, especially if the time extends beyond the 2 weeks, suggested by Goldstein, Freud & Solnit (1973) as the time in which a child under 2 could sustain a primary attachment, as it did for 29 children aged 0-3 years. This puts a further emphasis on the need for skilled work by the caretaker in

sustaining the relationship between parent and child or with helping the child to transfer attachment from parent through short-term foster parent to long-term substitute caretakers.

b) Support from Social Worker to Caretaker.

It is not a simple matter to identify what support is, much less to measure it in retrospect. In my experience, foster parents feel most supported by practical assistance - sufficient money arriving at the beginning of the placement, not 6 weeks later, and necessary equipment. They require full and relevant information about the child and natural parents and to know the purpose and duration of the placement. They feel reassured by the availability of the Social Worker when needed - not to find they have just gone on leave and no-one else knows about the case! Apart from the practical necessity, foster parents feel more valued if they are properly involved and informed.

Comments have already been made about the formulation of a clear plan and the amount of access from natural parents. This section looks at the amount of contact that took place between the Social Worker and Caretaker. A later section will look at the fostering rate paid.

Table 45 looks at the speed with which the social worker made contact with the caretaker after placement. The Boarding Out Regulations 1955 state that a child placed in short-term foster home should be visited within 2 weeks after placement (Regulation 28, as explained in Part I, Chapter 3, page 46) and the visit recorded on file (Regulation 9).

Table 45 shows that the social worker contacted 56 (51.8%) caretakers within 2 days and a further 23 (21.3%) within 3-7 days. 2 were apparently not contacted within the 2 weeks and for a further 20 (18.5%) this information could not be found on the file.

Table 46 cross-references this with the Resource Used and shows that the 2 not contacted were foster parents and 15 of those where it was not recorded were foster parents, so it seems the Boarding Out Regulations were broken here! 36 of those seen within 2 days were foster parents and 17 were residential workers. A further 17 foster parents and 3 residential staff were seen within 7 days.

Table 47 cross-references the speed of the social worker's contact with problems exhibited by the child. The distribution of the children's problems is in Table 74 and will be described more fully in this Chapter in section d). In Table 47 there are 3 columns, a), b) and c) under Problems on Placement to allow for a combination of problems to be recorded for each child. This seems to show that the social worker was trying to give prompt attention to the caretakers where the children were displaying problems. Social workers visited 56 children within 2 days and 38 of these are recorded as having at least one problem, 24 as having two and 17 as having three; 8 are recorded as having no problems and for 10 there was no record. 23 children were visited within 3-7 days and 15 of them had at least one problem, 11 as having two and 4 as having three. 4 apparently had no problems and for 4 there was no record. The social worker visited 4 children in 1-2 weeks and 3 are recorded as having one problem and 1 child as having three problems. One of the 2 children not seen within 2 weeks was recorded as having one problem, for the other there was no record and 9 of the 20 children where it was not known what visiting took place, were not recorded as having problems - it seems to be the recording that is a problem here. A further 9 of the children where the social worker's contact in the first 2 weeks was not known, had problems recorded and 2 apparently had no problem. Further examination is then made of the frequency of social worker's contacts. It might be expected that this would be more intensive in the first 2 weeks when the caretaker needs more advice and information on how best to handle the child who is going through the first reaction to separation.

Table 48 looks at the frequency of the social worker's contacts in the first 2 weeks and Table 49 looks at the method by which contact was made. Table 48 shows that 34 caretakers (31.4%) had intensive contact of 2-3 times a week or more though for 23 (21.3%) this information about frequency could not be obtained from the file. A further 27 (25%) had weekly contact.

Table 49 shows that for most, 45 (41.6%), the contact was a combination of visits and telephone, though for 13 (12.0%) it was the telephone only and for 28 (25.9%) the method was unknown. Since 27 children were only in placement for 7 days or less it may have been difficult to do much visiting.

Table 50 cross references the frequency of contacts in the first 2 weeks with the reason for admission. The contacts made 2-3 times a week are when the admission is for a child at risk or parents unable to cope in 17 instances, for pregnancy or illness in 5 instances and for desertion in 1, single parent other problems in 2 cases. 4 of the almost daily contacts are when children were admitted for illness or pregnancy reasons. However, the same pattern of increased social worker contact where there is a breakdown in the family's ability to cope leading to care for the child, seems evident where the social worker visited weekly.

Table 51 cross-references the speed of social worker contacts in the first 2 weeks with the child's problems. Again, the more intensive visiting seems to coincide with the children showing most problems. 27 children exhibited at least one problem, of the 34 whom the social worker visited at least 2-3 times a week, 16 of the 27 where the social worker visited weekly and 7 of the 8 where she visited once in the 2 weeks. However, 12 children showed problems of the 23 where there is no record of the social worker contact.

Table 52 shows the method of contact at this time against the problems and this was mostly a combination of visits and telephone calls when the children were causing more concern - by multiple problems; 36 children out of 45 had one problem, 24 had two and 14 had three.

Tables53 and 54 examine the frequency and method of social worker contacts in the first 2 weeks with the resource used. Given that the greater number of the children were in foster homes the intensive visiting is perhaps evenly proportioned between foster homes and residential homes, but it is worrying that the larger numbers of unrecorded contact is for children with foster parents - 18,and 13 of these are where siblings are placed together (Table 53). Similarly, the method of contact (Table 54) shows 22 unknown for foster homes - 18 where siblings are placed together. More foster homes only had a telephone contact - 12 in contrast to 1 children's home and 8 children's homes had visits only as opposed to 9 foster homes and this given that the nearest children's home is 9 miles away while most (but not all) of the foster parents were in the local area. Were residential staff more insistent on proper contact? 31 foster parents and 10 children's homes had a combination of telephone calls and visits.

One has sympathy with the social worker trying to manage a number of different tasks, both administrative and professional, as well as the demands of the rest of her workload. Given the short duration of many of the placements it may not be feasible for her to give the time and attention required to all unless the Department makes admission to Care a priority task and enables the social worker to be freed of other responsibilities during this time.

Finally, Table 55 looks at the frequency of the social worker's visits to the caretaker during the rest of the placement - after the first 2 weeks - did this lessen off once the flurry of the admission was past and child and caretaker became familiar with each other? The Boarding Out Regulations decree visiting to be every 6 weeks for a child under 5 and every 8 weeks for a child over 5 in the first 2 years, for a placement expected to exceed 8 weeks (Regulation 21); every 4 weeks for a placement under 8 weeks (Regulation 28).

Table 55 lists 65 children where contact is not applicable or not known. 48 children were in Care 2 weeks so for 17 children the information could again not be found on the file. The first review - which should list the visits, is not done until a child has been in Care 3 months and since 85 children were discharged after 2 months (see Table 40), this review would not have been applicable to many. It is possible that some of the children in Care 2-8 weeks were only in for a few days longer than the 2 weeks so further social worker contact may not have been relevant and this may apply to the 4 children for whom no further visits took place, but there still appears to be an omission in the recording - and therefore a failure of the Boarding Out Regulations. Questions related to caretaker not children but it is difficult to see how a child in this age range could have been seen without caretaker at some point. Apart from that, all but one of the contacts were within a period of a month and 25 caretakers were seen at least fortnightly.

To summarise, 60 children were in care for more than 2 weeks, 37 of these from 2-8 weeks and 23 for more than 8 weeks. To follow the Boarding Out Regulations the children in Care under 8 weeks should have been visited at least monthly and those in Care over 8 weeks visited every 6-8 weeks. In all cases a record should have been made on file. 35 children were visited at least monthly so were within the Regulations. One child was seen about 2-3 monthly so may have been outside the

Regulations if he was under 5 and seen less than 2 monthly. The visiting done to the 3 children under 'other' is unknown so unclear whether it came within the Regulations. This leaves the 4 children commented on above and the 17 children for whom there was no record so this, in itself, contravened the Regulations regardless of whether or not visiting was made appropriately.

Table 56 cross-references the social worker contact for the rest of the placement with the resource used. There appears to be no very real difference in the intensity of visiting between foster parents and children's homes. Table 57 examines the relation between the children's problems (Table 74 for these is described in section d) of this Chapter) and social worker's contacts with caretakers for the rest of the placement. The largest number of the problems (30) are recorded in the column where contacts were not applicable or not known. This may have meant that the children showed most disturbance in placements of less than 2 weeks or at the initial separation and then settled down, or there was a failure to record visits more than problems. A dual failure may occur since for 22 children there is no record of whether they displayed problems or not. For the rest there seems slightly more problems where there is less visiting. Where contacts were made weekly or more than weekly there are 9 recorded problems; where visiting was fortnightly or monthly - 23. Can this mean that more regular contact helped to reduce problem areas or that the intensity of visiting was wrongly allocated?

We have already seen the number of tasks that a social worker has to undertake when a child is admitted to Care. Foster parents need continuing support and advice to understand and so respond appropriately to what a child is going through and feeling and also to share and record the child's behaviour and comments which they are in the best position to observe hour by hour. This takes time and patient discussion and time is something frequently at a premium for a busy social worker.

c) Access from Natural Parent during Placement.

This has already been identified (Part II, Chapter 2, section e)) as an area of difficulty for foster parents and one which needed more specific planning at the point of admission.

In this section we look at what the Department's expectation of access was from the beginning and the frequency of access which took place during the first 2 weeks and throughout the rest of the placement.

The benefits or otherwise of continuing parental access to children in Care has been the subject of debate in the literature. Before examining the data in this survey it may be useful to consider the various findings and opinions that have been put forward on this subject.

A number of studies of children in continuing Care (i.e. longer than 1 year) show that contact between parent and child is often infrequent or non-existent. George (1970) found that 54% of the foster children he studied had no parental contact and only 14% had "frequent" visits - defined as at least every 3 months.

Holman (1973) found that 70% of the foster children in his survey saw their mothers less than once a year while Thorpe (1974) recorded that 73% of her foster children had no parental contact. Fanshel (1975) in the U.S.A. found that 6 children out of 10 who had been in Care for more than 5 years had no parental contact. Aldgate (1977), in a survey in Scotland, stated that 35% of the children in foster and residential Care had had no parental contact in the previous 12 months.

The influential study by Rowe & Lambert (1973) recorded that 41% of children in Care had no parental contact, 35% saw one or both parents occasionally and only 23% saw one or both parents "frequently" (defined as at least once a month). Rowe & Lambert also found that parental access was affected by the age the children came into Care, the length of time they stayed in Care and whether they were placed in foster or residential Care. Children who came into Care very young had less contact than those who were of school age on admission - 57% of those who had entered Care before the age of 2 never saw their parents while only 14% had at least monthly contact.

The longer children stayed in Care, the less parental contact they had - 37% of the children who had been in Care less than 2 years had at least monthly contact, while only 11% of the child who had been in Care more than 6 years had at least monthly contact and 58% had no contact at all.

Children in residential Care were more likely to see their parents than those in foster Care. One child in three in children's homes saw a parent

at least monthly and a quarter had no contact, while one child in ten in long stay foster homes had at least monthly contact with a parent and more than a half had no contact.

So, a number of writers found parental visiting infrequent. Adcock (1980) looks at several factors influencing the likelihood of rehabilitation to parents and points out that "visiting has been described as the key to discharge from Care" (page 11 in New Developments, Ed. Triseliotis 1980). Other factors were the age of the child at Reception into Care, the length of separation from parent, the attitude of the parent and the relationship between parent and child before separation and the reason for admission. Other authors found that the longer a child remained in Care the less likely was the prospect of rehabilitation but that visiting increased the prospect (Rowe & Lambert, 1973; Fanshel, 1976; Aldgate, 1977).

Fanshel (1976) found that frequent visiting had the strongest correlation of any variable with discharge from Care. Aldgate (1977) maintains that if children are to return home they must do so fairly quickly and during the period they are in Care they must retain meaningful contact with their parents. She found that where children returned home, there had been contact between at least one parent and child in 90% of the cases and contact monthly or more frequently in just under half.

Several pieces of research also examine the other benefits of continuing contact between parents and child. Holman's (1975) summary of these is precised as follows:-

> Weinstein (1960) - found an association between the well-being of children in Care and regular contact with natural parents.
>
> Jenkins (1969) - found that 57% of foster children aged over 18 months at placement with no parental contact were 'disturbed' as against only 35% with regular contact.
>
> Holman (1973) - observed that in general the less the contact the higher the evidence of certain emotional and physical symptoms such as soiling and ill-health.
>
> Thorpe (1974) - found a trend suggesting a relationship between satisfactory adjustment and contact (though this was not stated significantly except for 11-13 year olds).

In addition, Fanshel and Shinn (1978) found that on a number of

characteristics including IQ gains, emotional adjustment and positive assessments by teachers, visited children are better adjusted than those who are unvisited. However, they note that visiting by biological parents over a long period of time produces more overt strains than in children who are unvisited and visited children were less able to cope with foster care, less attached to their parents and had more conflict in identity.

Elizabeth Woodman (1981) summarises the evidence collected by Holman, Thorpe and Aldgate as she sees it - paraphrased as follows:-

1) Contact can help the child to feel less rejected by his parents.

2) It promotes the child's adaptation to and feeling of security within the placement.

3) It increases the child's understanding of why he was separated.

4) It promotes the child's intellectual and emotional development.

5) It enables the child to develop a stable sense of self-identity.

6) It enables the child to develop a realistic picture of his parents.

However, these findings need also to be linked to the foster children's knowledge of their own parents and of their fostering situation.

Weinstein (1960, page 19) suggests that, "adequate conceptions of the meaning of foster status and of the agency role in the placement situation are conducive to the child's adjustment". He found it was the children whose natural parents visit them regularly but who also tend to identify with their foster parents who did well.

Thorpe (1974) found "there is a tendency for children with good knowledge and understanding to be better adjusted". A relationship also exists between parental contact and the children's understanding of their situation and between the child's adjustment and their knowledge of the social worker agency.

Reference also needs to be made to the child's need for security. Fanshel and Shinn (1978) feel that for their best interests "all children should

be afforded permanency in their living arrangements". Although they did not find any major deficiencies in long-term fostering, they felt that adoption did indicate for the child a full acceptance by the family and a real sense of belonging.

Triseliotis (1973), who studied 40 former foster children born 1956-1957, found that people who grow up in long-term families within which they are wanted and integrated as part of the family, generally do well. Knowledge by the child about his family of origin and the circumstances of his fostering contributes to feelings of well-being and to better adjustment. The majority of young adults in the study valued the quality and continuity of Care they received and many would have liked to be adopted by their foster parents. Triseliotis wrote in 1973 about the importance of the past in contributing to the formation of a whole self and the importance of being honest and truthful with children about their background. In 1983 he wrote of a comparative study of adults who grew up in adoption and foster homes and found that, in general, the adopters appeared more confident and secure with fewer doubts about themselves and their capacity to cope with life. Their identification with their adoptive families was complete and they had no doubt about 'belonging' to their adoptive families with none of the ambiguities found in the fostering situation where anxieties and fears existed about possible disruption.

Triseliotis concludes that children can develop their personality and identity on the concept of 2 sets of parents provided there is clarity in their minds about what is happening and that the stability and continuity of Care is maintained and not threatened.

Raynor (1980) and Kadushin (1970) also looked at adopted adults and found that a high proportion of adoptions are satisfactory for child and parents.

Tizard (1977) compared a group of children moved from an institution to adoptive homes or back to their mothers and found that the adoptive children did better than those returned home. Those children rehabilitated with their mothers had no better understanding of why they had been placed in Care than those who were adopted - thus calling into question whether the natural parent is necessarily the best person to explain a child's background.

Several themes and apparent contradictions emerge through these writings which have been given at some length to illustrate the importance of parental access to the child in Care.

The studies generally seemed to be agreed that access tends to lapse after a child has been in Care for about a year and the chances of rehabilitation also diminish after a period of about 6 months; the greater the amount of access the more likelihood there is of rehabilitation. The areas which are less clear are whether children are better emotionally adjusted by preserving contact with their natural parents, especially after a long period in Care, or whether they will fare better through adoption, even if this involves loss of contact. There seems to be agreement that children need a sense of 'belonging' to a family and a need to know and understand about their background from sympathetic and unthreatened adults. Where rehabilitation cannot be achieved the security of adoption, with the commitment to be honest about a child's early life and allow access where this does not threaten or disrupt the placement, may best accomplish this.

These conclusions lead in this study to the importance of actively encouraging parental contact in the early stages of admission to Care, to maintain the relationship and increase the chances of rehabilitation and to be aware of the importance of assessing the quality and effect of access after a longer period in Care, to judge the influence on the stability of long term plans.

Whatever the final outcome, the need to make proper and acceptable plans for access from the beginning of the admission to Care seems clear. It is evident that contact is more likely to take place where there is active social worker involvement.

Aldgate (1977) gives three main factors which stand out as being influential on the child's length of stay in Care:-

a) the circumstances which led to Care;
b) the maintenance of frequent contact between parent and child; and
c) purposeful social work activity.

Of these three she says that the social work activity is the one which can effect the others most to bring about successful rehabilitation.

Table 58 looks at the Department's expectation of parental contact with the child at the time of placement and at the recorded planning made towards this.

The categories distinguish between definite plans, contracts or decisions and where no specific plans appear to have been made.

"Controlled contact" means that the Department defined the access periods as a means of controlling the periods the natural parents spent with the child - implying that the natural parents would have presented some problem to the child or the caretaker if this was not done, e.g. in cases of child abuse.

"Department made plan as part of contract for Care" means that access was encouraged and planned as an integral part of the purpose for admission to Care, e.g. in case of post-puerperal depression where the mother could not care for her baby but needed help and support to build the relationship between them.

"No specific expectations" refers to cases where there was no sign on the record of any arrangement for access either being encouraged or discouraged or defined. It may have been assumed that it would take place, but was not planned.

"Contact encouraged but not defined" was used where there was evidence on the record of the parent being encouraged to visit but no specific arrangements being made.

Table 58 shows that the largest number of responses were in these last two categories - "contact encouraged but not defined" - 36 (33.3%) and "no specific expectations" - 28 (25.9%). These two together total 64 or 59.2% and indicate an absence of attention to this area.

There are only 2 instances (1.8%) of access being refused - one without any and one after contact was made and there are 3 instances (2.7%) of contact being initially refused but later allowed.

Fanshel and Shinn (1978), who assume that for most children in foster care contact with their own parents is to be desired, acknowledge on page 85 that there are cases where "parents are so disturbed or destructive in relationship to their child that contact may not be in the latter's interest".

In their study restriction of parental visiting by agencies ranged from 2 to 4% - a comparable figure with my data.

Eight cases have been placed in the "other" category. One is of a child placed for a few days in a children's home on a Place of Safety Order until a foster home familiar to the child could be found. No contact was permitted during the initial placement but it was later planned under supervision from the next placement. Three babies - 2 of them handicapped - were received into Care pending adoption arrangements and parents of all 3 declined any access. One child was technically received into Care but remained in a placement originally intended to be straight for adoption following a previous adoption breakdown. The natural parents had long since ceased contact and the former adoptive parents declined contact. Contact was originally encouraged with a boy admitted to a children's home on a Place of Safety Order, but his parents then terminated it after the Care Order was made, apparently saying, "they consider A. is not suited to life in their existing family". It was expected that contact would take place with a baby placed with her mother's sister but the mother's erratic habits made it desirable that this should be minimal and regulated and it was likely that it would diminish naturally if it was not deliberately thwarted. The last arrangement was for a boy to spend alternate weekends in 'intermittent Care' to give his single mother respite, so access arrangements were not really applicable since he was with her for the rest of the time.

Table 32, which cross-references caretaker's expectation of parental contact with Department's expectation of parental contact, has been described in Part II,Chapter 2, section e), page 84) and the comment made that there were 24 occasions when the Department made no specific expectations with the parent or the caretaker about access.

Table 59 cross-references the Department's expectations of parental contact with the resource used. Contact was controlled for 11 children in foster homes and for 6 children in children's homes; it was planned as part of the contract for 10 children in foster homes but for no child in children's home.

The 2 cases of access being refused were both in foster homes and 2 of the 3 cases of access being first refused and then allowed were in children's homes and 1 in a long-term substitute family.

Where no specific expectations were made, 22 of the children were in foster homes (28.5% of the children in foster homes) and 6 in children's homes (25% of children in children's homes) and where contact was encouraged but not defined, 26 of the children were in foster homes (33.7% of children in foster homes) and 8 in children's homes (33.3% of children in children's homes).

It is interesting that all the contract work which included access as part of the plan took place in foster homes rather than in children's homes with professional staff. A higher proportion of the children in children's homes (25%) had their access to parents controlled than the children in foster homes (14.28%). This may reflect the suggestion looked at in Chapter 2, section c) that the use of children's homes was influenced not so much by the reason for admission as the hostility or demands the parents might make on the caretaker. Where this was felt to be more than foster parents could cope with, a children's home was used, even- as shown in Table 27 - for children under 1 year. So, although a similar proportion of children at risk were placed in foster homes as children's homes, their parents' behaviour may have been the differentiating factor which may also have led to the need to regulate access in some way.

Similarly, since the cases of refusal of access were in foster homes, it may have been felt that foster parents needed more protection and that access initially refused and then allowed could be 'risked' more in a children's home.

A roughly similar proportion of the children in foster homes as in children's homes had no defined arrangements for access so the resource does not seem to influence the planning in this area if no other factor was present.

Table 60 cross-references the Department's expectations of parental contact with the expectation of the task of the caretaker. Where the caretaker is expected to participate in a planned "treatment" placement, one would expect that the parental contact would be an important part of this and should be spelled out fairly specifically.

Where the caretaker was asked to offer defined relief with the child returning to its parents, access was controlled in 2 cases, planned as

part of the contract in 8, encouraged but not defined in 15, but no specific expectations were made in 26 cases. Since Table 6 showed that 30 children (27.7%) were admitted for reasons of illness or pregnancy and are therefore likely to be returning home, the issue may be more one of keeping alive the relationship during separation rather than needing to test whether rehabilitation can take place, and may be practically more difficult when the parent is alone and unwell. For these children an effort to encourage and enable contact rather than to define it to certain times and places may be as much as can be achieved as long as the social worker is properly aware of the importance of this to the child. Where no specific expectations were made it may be that knowledge of the family meant it could be assumed that contact would be maintained where possible.

Where the outcome is unknown, a plan for contact should be equally important since it is not known at the point of admission where the child's future lies and rehabilitation is not yet ruled out. Where the caretaker was asked to "look after" the child (rather than assess) the contact was controlled in 8 cases, encouraged but not defined in 12, refused then allowed in 2 and no specific expectations made in 1 with 1 'other'.

In the 10 cases where the caretaker was contributing to the assessment, access was controlled in 2 cases, planned then refused in 1 case, encouraged but not defined in 5 and no specific expectations made in 1 with, strangely, 1 not recorded in any way. Thus, contact was mostly encouraged though not defined or controlled so at least the importance of access during this time was acknowledged even if not always specified. In the 7 cases where the caretaker was assessing and preparing for long-term substitute Care, the access was controlled in 4 cases and there were 3 'other' responses. Since it was known that the outcome was apart from the natural family it was probably reasonable that the contact should have been laid down and controlled in line with the needs of the child and the potential effect on future plans and placement, but at least the possibility of access continuing was held and a decision to terminate not yet made.

Where the period of Care with this caretaker was unknown - together with the outcome presumably - contact was again expected in most of the 11 cases. It was controlled for 2 children, planned as part of the contract

for Care for 3 and encouraged but not defined for 4, refused before any contacts made for 1 plus one 'other' response. The 4 cases where the period in Care was undefined and the contact, although encouraged was also not defined, seems to leave too many uncertainties which could lead to a lack of identification and resolution of the problems leading to Care and therefore a likelihood of 'drift' if this is not picked up at the review.

Of the 2 children expected to be in Care long-term of permanently, one parent was allowed access after initial refusal and the other comes into the 'other' category. So again, even where the outcome is not expected to be return home, the value of contact with the parent is acknowledged.

The overall impression of these findings is that the social workers recognised the importance of parental contact at the point of admission - it was only refused in 2 cases - despite the fact that the child might be at risk and would not be returning or might not be returning home in a number of instances. However, despite this the nature of the contact appears to have been left too undefined in many cases and could be a cause of difficulty to caretakers already apprehensive about this matter, and to parents uncertain of their rights and obligations. Since the largest number of cases without definition (41 out of 64) is when the caretaker was expecting the child to return home, it may have been that contact was taken for granted, but this does not preclude the possibility of the parent drifting away if not actively encouraged by the social worker (Aldgate, 1977), or of problems between caretaker and parent over misunderstanding of the too loose arrangements.

If we now turn to the access which actually took place we can compare the expectation with the reality. The first 2 weeks have been looked at separately since that is the time the child is experiencing the first trauma of separation, and the parent, undergoing the crises which led to Care, may need extra encouragement to keep contact.

Table 61 gives the frequency of the natural parents' contacts with the child in the first 2 weeks of placement. However, this gives the largest category as 'not known' - 27 children (25%) and the next largest as 'none' - 22 children (20.3%). Of the rest, 19 children (17.6%) had about weekly contact; 10 (9.2%) more than weekly and 9 (8.3%) once in the 2 weeks, while 8 had almost daily contact. 13 came under the 'other'

category. For 5 of these it is recorded that visiting took place but not the amount; in 3 the placement only lasted a day and in 2 - 2 days so it seemed less relevant. Regrettably this appears to continue the pattern of inadequate recording since for a quarter of the children this vital information could not be found in the record. Despite the fact that access was only refused initially for 5 children (later allowed for 3), no access took place for 22 children, which may bear out the point that if it is not encouraged and defined - and perhaps given practical help, it may not take place. As indicated above, practical difficulties may have arisen for single parents where illness or pregnancy was the reason for admission, although the social worker might have taken the child to the parent if this could have been given priority. There are only a few occasions when this is recorded as happening.

Table 62 looks at the method of contact in the first 2 weeks. Twenty-four children (22.2%) are listed as having no contact (this includes 2 children who had no contact but appeared in the 'other' category in Table 62 because their placement only lasted 1 day), and 23 children (21.2%) where the method of contact was not known. Of the rest, 21 sets of parents (19.4%) had contact by a combination of visits and telephone; 20 (18.5%) by 'other' means, and 16 had visits only. For 6 of these access was arranged away from the foster home - at a children's home or children's centre because it was felt the parents could be disruptive. For 5 children the social worker took the parents to see the children; 2 children were taken to see their mother in hospital and 4 children returned to their parent for the weekend. Although no data was collected on this, the Social Services Department may assist the parent to visit the child by paying fares under Section 26 of Child Care Act 1980, a facility available under the 1948 Children Act, but apparently not greatly used or offered according to the Family Rights Group (1982).

Table 63 examines the frequency of natural parents visits for the rest of the placement. This counted only the visits rather than all means of contact. For 62 children (57.4%) this was not known or not applicable. Table 40 has shown the length of placement and that for 48 children (44.4%) it lasted 2 weeks or less so for these children visiting after 2 weeks would not be applicable. This leaves 14 children who remained in Care after this time but for whom the amount of parental contact was unknown. Of the remainder, 11 (10.1%) children had no contacts during their period in Care (although it had only been refused for 2); 10

children (9.2%) had contact about weekly; 9 (8.3%) more than weekly; 2 about fortnightly; 4 about monthly and 2 less than monthly, while 8 came into the 'other' category. This was used, for example, when visiting is recorded but not the frequency or where visiting is erratic or started and then stopped.

Table 64 looks at the method of contact after the first 2 weeks and finds that of those who were known to have contact (34 children), 20 received visits; 2 had telephone contact; 2 children were taken to their parents and for 4 children the parents had contact with the child but not the caretaker - presumably arranged at a neutral setting. There were 6 'other' arrangements.

Table 65 cross-references the frequency of parental contact in the first 2 weeks against the reason for admission. This shows that the amount of parental contact was not known (or not recorded) in 11 cases where the child was admitted for reasons of pregnancy; 4 for illness and 4 for single parent other reasons - (19). It was also unknown in 3 cases of parental desertion; 4 where the parent was unable to cope and 1 where the child was at risk - (8). So the larger number of unknown contact were where the reason for Care could be said to be external factors rather than linked to family breakdown or the parent/child relationship. No contact took place in one instance of illness and 4 of 'single parent other reasons' - (5 in all). It was also absent in 3 cases of parental desertion; 5 where the parent was unable to cope; 6 where the child was at risk (14) plus once where the child was handicapped and 2 'other'.

So, absence of contact seems to link more to difficulties in family relationships rather than practical reasons for care, even when contact was permitted, and perhaps indicates a need for more encouragement from the social worker where contact was thought to be desirable.

Where illness was the reason for Care, contact took place almost daily in 4 instances and more than weekly in another 4, so practical problems did not always stand in the way although these may have been 2 parent families (14 children entered Care from both natural parents because of illness). 8 children in Care through parental desertion had contact about weekly. Of the parents unable to cope with their children, 4 had contact once in the 2 weeks, 4 about weekly, 2 more than weekly and 1



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almost daily. Regular contact was also set up for the children at risk from their parents - 3 once in the 2 weeks, 7 about weekly, 4 more than weekly and 2 almost daily. So, despite the greater likelihood of absence of contact with relationship problems, most of the children in Care because of risk factors did see their parents at the beginning of the Care episode.

Table 66 compares reason for admission with frequency of contact after the first 2 weeks. Where there was known to be no contact, this was where parents were unable to cope in 6 instances, 'single parent - other reasons' in 2, desertion in 1, child at risk in 1 and child handicapped in 1. There may have been practical reasons for the single parent, for the rest it may have been the parent deciding not to visit perhaps because of their own feelings of inadequacy. Where visiting was known to take place more than weekly, weekly or fortnightly, all the instances are in the cases of desertion, parents unable to cope or child at risk (21) while 5 children in these 3 categories saw their parents less than fortnightly. Since most of the children in Care more than 8 weeks were from these categories (see Table 42) this is to be expected, but it shows that contact was maintained on a fairly regular basis for the majority of these children, despite possible risk factors.

Table 67 compares the frequency of visiting in the first 2 weeks with the resource used and Table 68 looks at the frequency for the rest of the placement against the resource used, to examine if it was easier for parents to visit in children's homes or foster homes. We have already considered the feelings of foster parents over this in Part II, Chapter 2, section e). Table 67 shows that in the first 2 weeks 15 sets of natural parents had no contact with children in foster homes - (19.5% of the 77 children in foster homes), while 6 sets of natural parents had no contact with children in children's homes (25% of the 24 children in children's homes) - a slightly higher proportion in children's homes, perhaps reflecting that the children with apparently 'difficult' parents seem to have been placed in residential care regardless of age.

Where the amount of access was not known, 21 children were in foster homes (27.3% of 77 children in foster homes) and 5 in children's homes (20.8% of 24 children in children's homes) so a larger proportion here of inadequate recording was in respect of children in foster homes - as

noted earlier in section b) on the social worker's visits to the foster homes. Where visiting did take place, the intensive contact - almost daily and more than weekly, was for 11 children in foster homes (14.3%) and 3 children in children's homes (12.5%). Weekly visiting was for 11 children in foster homes (14.3%) and 7 children in children's homes (29.2%) a greater proportion of children in children's homes. A visit once in the 2 weeks took place for 8 children in foster homes (10.4%) and for 2 children in children's homes (8.3%).

Table 68, which gives the frequency of contact for the rest of the placement, shows that no contact took place in 7 foster homes (9.1% of all children in foster homes) and 3 children's homes (12.5% of all children in children's homes), while the information was not known or not applicable for 50 foster homes (64.9% of all children in foster homes) and 11 children's homes (45.8% of all children in children's homes). It would not have been applicable for 48 children but this still leaves 13 children for whom there was no record. Of the remaining 30 children in foster or children's homes, 10 children in foster homes had contact weekly or more (13.0% of children in foster homes) as did 5 children in children's homes (20.8% of children in children's homes), 2 children in foster homes had fortnightly contact (none in children's homes) and 2 children in foster homes and 2 children in children's homes saw their parents about monthly. The 1 child with least contact - between 4-8 weekly - was in a children's home. This leaves 6 children in the 'other' category in foster homes and 2 in children's homes. Overall, it seems that slightly more of the children with no contact were in children's homes, rather more where the information was unknown were in foster homes, while more of the children who had weekly visiting were in children's homes, but those with early intensive visiting (more than weekly in the first 2 weeks) were as likely to have been in foster homes as children's homes.

It is difficult to draw definitive conclusions from this but it seems that it was easier to arrange regular, frequent visiting at weekly intervals at the beginning and throughout the placement, if the child was in a children's home.

Tables 69 and 70 look at the frequency and method of the parental contact in the first 2 weeks against the age of the child and Table 71 at the frequency of parental contact for the rest of the placement against the

age of the child. Bearing in mind Goldstein, Freud & Solnit's statement (1973), reinforced by Thorpe (1980), on the greater importance of parental contact with separated children, the younger the child, and that a 2 year old can only sustain the memory of his natural parents for 2 weeks one would hope that parents of the younger children would maintain the more intensive contact. However, of the 31 children aged under one year, 9 had no contact with their parents in the 2 weeks and for 7 the amount of contact was unknown. Of the remaining 15, only 4 had contact more than once a week, 5 had weekly contact and 3 only once in the 2 weeks, while 3 had 'other' contact. Looking at the 27 children aged 2-3, 3 had no contact and for 5 the amount was unknown. 9 had contact more than weekly and 6 about weekly while 4 had 'other' contact.

It seems that the contact was slightly more intensive for this age group, perhaps parents [and social workers?] thought that retaining contact with babies was "less important" than for toddlers who "know what is happening" more. However, Thorpe indicated the speed with which children under 2 transfer their primary attachment to their substitute caretakers so that these children will quickly regard their foster parents as parents, creating further emotional disruption if they are returned home without previous contact being maintained. 5 children of the 22 aged 4-5 years had no contact and for 4 it was not known, while another 5 had 'other' arrangements; 2 children saw their parents almost daily, 4 about weekly and 2 only once in the 2 weeks. 2 of the 18 children aged 6-7 years had no contact, for 6 it was not known and 1 had 'other' contact. 2 saw their parents more than weekly, 3 about weekly and 4 once in the 2 weeks. Finally, of the 10 children aged 8-9 years, 3 had no contact; for 5 it was not known; 1 saw his parent more than weekly and 1 about weekly. Of the 22 children who had no contact in this time, 9 were 0-1 and 17 were 0-5 years, while 5 were 6-9 years, so it was the younger children - the very ones whose contact should have been maintained if rehabilitation was to be attempted, who had none. Of the 27 children where it was not known, 16 were aged 0-5 and 11 aged 6-9 years.

It seems that where contact was known to take place, excluding those in the 'other', 'none' or 'not known' category, (for 46 of the 108 children), a weekly contact was the most common, and within the age

groupings it was the children aged 2-3 who were most likely to be in contact - 15 of the 27 in this age group had contact weekly or more.

However, Table 70 shows that this contact did not always mean a visit since most of the 'contacts' were by a combination of telephone and visits and this was most likely to be so for the 27 children aged 2-3, 12 of whom had contact this way. Although it may be argued that a 2-3 year old cannot have a sensible conversation on the telephone, at least the knowledge that 'mum' has telephoned and asked about him and the sound of her voice and a message can be more reassuring than a void of silence.

Table 71 looks at the access for the rest of the placement with the age of the child. As already stated in Table 44, this would have been applicable for 60 children who remained in Care longer than 2 weeks - 14 aged 0-1; 15 aged 2-3; 12 aged 4-5; 12 aged 6-7 and 7 aged 8-9 years. Of these 60, 37 were in Care 2-8 weeks - 8 aged 0-1; 11 aged 2-3; 7 aged 4-5; 8 aged 6-7 and 3 aged 8-9 years. Some of these would have returned home and others moved on to further - hopefully, but not always - permanent substitute caretakers. For some of those not returning home, contact might not always have been thought to be appropriate, although as has been seen, it was only refused in 2 instances.

It seems that the contact was not known for 14 children; 1 child aged 0-1; 7 children aged 2-3; 0 children aged 4-5; 4 children aged 6-7 and 2 children aged 8-9. So for 7 of the 11 children aged 2-3 years in Care 2-8 weeks, contact was unknown and similarly for 6 of the 11 children aged 6-9 years in Care 2-8 weeks.

Looking at the 46 of the 60 children remaining in Care for whom contact was known, 11 children had no contact - 3 aged 0-1; 4 aged 2-5 and 4 aged 6-9 years; 10 children had about weekly contact - 4 aged 0-1; 3 aged 2-5 and 3 aged 6-9 years; 9 children had more than weekly contact - 2 aged 0-1; 4 aged 2-5 and 3 aged 6-9 years, while 2 children had about fortnightly contact - 1 aged 0-1 and 1 aged 6-7 years. Of the rest, 4 had monthly contact - 3 aged 2-5 years and 1 aged 8-9 years; 1 aged 4-5 had contact 1-2 monthly and 1 aged 0-1 years had contact 2-3 monthly - presumably these were token arrangements for the benefit of the parent to a child not intended to return home. 8 children had 'other' arrangements - 2 aged 0-1, 5 aged 2-5 and 1 aged 6-7.

So at least contact was known for most (13 out of 14) of the youngest age group - 0-1 years - and took place weekly or more than weekly for 6 of them. However, it was not known for the vulnerable 2-3 year olds in 7 out of 15 children remaining in Care and took place weekly or more for only 3 of them. Where contact did continue it was weekly or more for 19 of the children so frequency of visiting did not drastically change after the first 2 weeks. The frequency of contact may - and should - depend upon the plans made at admission and Tables 72 and 73 look at the frequency of contact at the beginning and throughout the placement with the expectation of the task of the caretaker.

Table 72 cross-references the frequency of parental contact in the first 2 weeks with the expectation of the task of the caretaker. This shows immediately that 22 of the 27 children where contact was unknown, were expected to return to their parents after a defined period. This appears to suggest that either access was taken for granted but not recorded, or that its importance was not fully appreciated and encouraged. Looking at Aldgate's (1977) comment that social work activity was an important component in access and rehabilitation, it seems more attention was needed here. 8 of the 52 children expected to return home had no contact, which may have been due to practical difficulties - parent ill or away - or again insufficient attention to its importance. For 34 children the outcome was unknown and 10 of their caretakers were asked to assess and 24 to "look after" the child, but the difference in task does not seem to have had an effect upon contact. In the category of "looking after" 4 out of 24 children had no contact and for 2 out of 24 it was unknown. 4 of the remainder had more than weekly contact, 3 about weekly and 5 once in the 2 weeks, while for 6 'other' arrangements were made.

Of the 10 asked to assess, 3 had no contact, for 2 it was not known, 4 had more than weekly access and 1 about weekly. The 11 caretakers given the vague task of "look after the child for an undefined period" also had contact from parents in most cases - 2 had none but 3 had access more than weekly, 4 about weekly and 2 once in the 2 weeks. 7 caretakers were asked to assess and prepare the children for a long-term placement and while 2 had no contact and for 1 it was not known, 3 had weekly visits and 1 had 1 in the 2 weeks.

The 2 caretakers asked to care long-term or permanently had no contact with parents.

Table 73 looks at the parental contact against expected task of caretaker for the rest of the placement. As shown above, this would not have been applicable for 48 children.

Comparisons can be made of Table 41 (expectation task of caretaker by length of placement) with Table 73, by deducting the number of children moved after 2 weeks from each "Task" category in the 'not known' or 'not applicable' column for contact in Table 73. This shows that for all the children for whom the amount of contact was unknown - 15 - the task was "defined relief and return to parents" - continuing the pattern in the first 2 weeks of lack of recording. Since Table 41 shows that a further 22 children were expected to return home in 2-8 weeks, it seems likely that the placement for these children was relatively short-term but the comments above about the importance of maintaining contact remain valid. Of the 9 children expected to return home, 4 had no contact, 3 weekly or more and 2 'other' arrangements. For 19 children remaining in Care the outcome was unknown and for them 15 caretakers were asked to "look after" the children only while 4 were asked to contribute to the assessment. Where the caretakers were not asked to assess, 1 child had no contact, 8 weekly or more, 1 about monthly and 5 had 'other' arrangements. Where assessment was part of the task, 1 child had no contact, 1 about weekly, 1 1-2 monthly and 1 had 'other' arrangements. As before, the element of 'assessment' in the task does not seem to have included more parental contact. The 8 caretakers continuing to "look after the child for an undefined period" all had continuing contact - 5 weekly or more, 2 about fortnightly and 1 2-3 monthly, so these placements appear to have included relatively close contact with parents. For the 7 caretakers assessing and preparing the child for a long-term placement, access seems to have become more controlled after the first 2 weeks. 3 children now had no contact, 1 remained about weekly but for 3 it was now monthly. The 2 caretakers asked to keep the children long-term or permanently remained without parental contact.

These findings seem to show that where a child was admitted to Care with the future unknown, access was, on the whole, recorded as taking place, even though the quality and amount in relation to the task may not

always have been sufficient. This would be very appropriate while rehabilitation remained a possibility. However, where a child was expected to return, access from parents was less likely to have been recorded and therefore may or may not have taken place. This calls into question whether the social worker was sufficiently aware of the importance to the child - especially if under 5 - of maintaining a frequent and meaningful contact which would sustain the relationship through separation.

A large amount of attention has been given to this subject of parental access since it is central to a number of issues and controversy for children in Care. It's relevance to the prospect of rehabilitation and the child's ability to sustain his attachment to his parents has been noted, together with the difficulty foster parents have in understanding and coping with this contact.

An example may help to illustrate this: Two boys aged 3 and 4 were admitted to Care for 9 days after their parents were unable to cope during extreme marital problems. No specific expectation about contact appears to have been made. When the mother spontaneously asked to accompany the social worker on a visit to the children, 6 days after placement, the social worker accepted the foster mother's reservations that the mother's visit might "cause considerable disruption as they might feel she had come to collect them", since they had been asking about going home, especially at bed time. The 4 year old became easily upset when his continuous demands for more food were refused and he was afraid of letting first his brother and then the foster mother out of his sight. This sounds like a classic case of separation anxiety not understood by foster mother or social worker.

The possible effect of parental visiting on the future plans and placement for the child will be looked at in Chapter 5, sections b) and c).

d) Problems on Placement.

This section is entitled 'problems' since it describes the reactions of children in Care which are often experienced and described as difficulties by the caretakers. However, these reactions are generally speaking an inevitable part of the separation process and need to be understood as as such.

Almost inevitably, admission to Care involves separating a child from his parents and the child's reaction to this separation is a painful one. The degree of damage caused will be influenced by his stage of development and the quality of care relationships in his previous life experiences. (Aldgate 1977 and Rutter, 1982). Bowlby (1971) describes the stages that a well-attached child will go through on experiencing separation and these are outlined by Fahlberg (1981, Attachment and Separation, p.30) and precised as follows:-

1) the child protests and makes attempts to recover his mother;
2) the child despairs but continues to be watchful and appears preoccupied and depressed;
3) the child becomes emotionally detached and appears to lose interest in mothers.

The child in Care is likely to form new attachments to the adults caring for him and the younger the child the more quickly he will forget his first parents. If these new attachments are in turn disrupted, the child will have a further period of loss to contend with and this will make re-adjustment to his own family extremely difficult, especially if the parents cannot understand or cope adequately with the child's reactions (Adcock 1980). The trauma can be lessened if continuity between past, present and future is preserved, and children are helped to express their feelings and come to terms with/understand the loss of their family. The role of the substitute caretaker is a vital one here and she, in turn, needs help to understand and respond appropriately to the behaviour and reactions of the child in her care.

Fahlberg (1981) states that the child needs permission to express his feelings and then acceptance of the feelings no matter what they are. She says many children who come into Care have already learned that it is not safe to let adults know how they feel and there is a danger that this learning will be reinforced as the child moves into foster care, since the child who doesn't express strong feelings may be easier to deal with in the short run, though he is likely to fare poorly in the long run.

These feelings may range from fear, anxiety, anger, uncertainty, helplessness, resignation, or relief. They may be expressed in behaviour such as over-eating, refusal to eat, withdrawal and refusal to talk, nightmares, night terrors, destructiveness etc. While acknowledging

that visits from natural parents do tap further into both the child's and parents' strong feelings about separation and therefore do often make things difficult for foster parents, Fahlberg emphasises that visits soon after placement are necessary to reassure the child that his parents are still alive and do still care about him.

Table 74 is an attempt to categorise some of these reactions and assess their effects on the child, the placement and the caretaker. Since the child may have exhibited more than one difficulty, the opportunity is given for several responses under 4 columns, labelled a), b), c) and d). For 25 children (23.1% of the sample) this information was not recorded. One may speculate on whether this means that no problems existed, the social worker was not aware of whether they existed, or did know but did not think it necessary to record it. Or perhaps she did know and would have wished to record it but had too many things which seemed of greater priority to do. Whatever the reason, this is an important gap in the record of the child's time in Care. 15 of the children (13.8%) were recorded as presenting no problems. This may also be a figure open to reflection since given the earlier account of reaction to separation, it may have been that the children presented no outward sign but could not trust the adults enough to show their real feelings and were suffering inside. It could also reflect the poor quality of the prior attachment so that separation was less traumatic, or may have meant careful preparation to a familiar caretaker with continuing parental contact, minimising any effect. 20 children (18.5%) had 'other' problems. These are a mixture of illnesses and accidents - not directly related to being in Care but perhaps indirectly because of feeling low and being in a strange place - anxiety, restlessness, seeming unsettled and being too accepting and superficially friendly. The highest number featured in the rest of the defined categories is in the column 'hostility, aggression or destruction' - 16 children (14.8%). Given Bowlby's description of stages, this would reflect the first stage of outgoing expression of anger and is to be expected at the beginning of the admission, especially in an unplanned emergency, and can be taken as a healthy expression of feelings but will require help to be given to the caretaker to understand and react appropriately.

The second largest category is night-time problems which would have included bed-wetting, nightmares and disturbed sleep - 12 children (11.1%) had these and this is again probably to be expected from a

child alone at night in a strange place following a crisis.

There are 8 (7.4%) cases of dependency, e.g. clinging to foster parents, 4 (3.7%) of distress, e.g. crying and 3 (2.7%) of regression or introversion, e.g. behaving younger than chronological age, or refusal to eat or speak. Despite the anxieties expressed by caretakers there were only 5 children (4.6%) specifically described as showing problems after parental contact. The second column is used to record additional problems for 45 children (41.7%) and the third column for 27 children (25%). The fourth column is only used for 8 children (7.5%). The majority of problems recorded in the second column b) - 16 (14.8%) and third column c) - 12 (11.1%) are in the 'other' category and again are a mixture of reactions which do not fit easily into the other categories, e.g. lethargy, overactivity, grief at the death of a father and 'odd, sly' behaviour.

Most of the rest of problems in the second column b) are night-time problems - 9 (8.3%); regression and/or introversion - 7 (6.4%) and problems following parental contact - 6 (5.5%). In the third column c) the largest category is regression and/or introversion - 7 (6.4%) followed by night-problems - 4 (3.7%) and problems following parental contact - 2 (1.8%).

Overall, 68 children (63.1%) are recorded as having at least one 'problem'; 45 children (41.7%) as having two identifiable problems and 27 children (25%) as having 3 identifiable problems. A further 8 children (7.5%) had 4 problems. Subtraction shows that 23 children had one problem, 18 had 2 problems, 19 had 3 problems and 8 children had 4 problems. Although this is to be expected in the circumstances, it doesn't minimise or reduce the burden which coping with it can be for the caretaker, especially foster families who are likely to have less awareness and understanding of what it means and how to deal with it and need very careful preparation and support from the Department if they are not to make inappropriate responses to the child or suffer irretrievably themselves as a family.

An example of problems shown in a foster home is of 3 brothers, 2 aged 6 and 5, placed together and the third aged 1 placed singly. They came into voluntary Care because their parents had extreme marital problems and were unable to cope. It was unknown how long they would need to be

in Care but their initial placement was expected to be 2-8 weeks. They had all been in Care before. There was little parental visiting. The one year old had very disturbed sleep, was clingy to the foster parent and had temper tantrums and banged his head. The 6 year old was quiet, confused about whether he wanted to go home and overfriendly with the social worker on her visit. The 5 year old seemed fearful of punishment, felt unloved and was very difficult at school - defiant and aggressive to other children - bites, scratches, claws. He is 'boiling with aggression needing to come out'.

Table 75 looks at the problems recorded against the Resource used. This shows that of the 77 children in foster homes, 46 (59.7% of children in foster homes) were recorded as having at least one problem, 13 (16.9%) as having no problems and for 18 (23.4%) children this information was not on record.

Of the 24 children in children's homes, 16 (66.7% of children in children's homes) were recorded as having at least one problem, 2 (8.3%) as having no problems and for 6 (25%) this was not recorded. So a slightly higher proportion of the children in children's homes than in foster homes had at least one problem.

If we look at the children with multiple problems, 31 of the 45 with at least 2 problems were in foster homes and 10 in children's homes; 18 of the 27 with at least 3 problems were in foster homes and 7 in children's homes and 6 of the 8 with 4 problems were in foster homes and 2 in children's homes. Looking at it another way, of the 77 children in foster homes, 46 had at least one problem, 31 had at least 2 problems, 18 had at least 3 problems and 6 had 4, and by subtraction this appears to indicate that:-

15 children in foster homes had 1 problem
13 " " " " " 2 problems
12 " " " " " 3 "
6 " " " " " 4 "
—
46

Similarly, of the 24 children in children's homes, 6 had 1 problem, 3 had 2 problems, 5 had 3 problems and 2 had 4 problems. So 40.3% of the children placed in foster homes had more than 1 identifiable problem

against 41.7% of the children placed in children's homes - a very similar proportion. This may indicate that foster homes were not being protected from children showing difficulties - or might perhaps mean either that the foster parents identified normal reactions as problems and reported them as such, or even that they were not helped to enable the child to express his feelings appropriately and freely so that the child, in frustration, produced 'difficult' behaviour. 10 of the 16 cases of aggression were in foster homes, 4 in children's homes and 2 in 'other' placements. 11 of the 12 night-time problems were in foster homes - 1 in 'other' placement. Could this mean that children's homes did not have sufficient night staff to be aware of when children were disturbed at night?

Of the 20 children with 'other' problems, 14 were in foster homes, 3 in children's homes and 3 in 'other' placements.

Tables 76 and 77 examine the relationship between Problems on Placement and Reason for Admission. Table 76 cross-references the first column problems with the multiple column (a, b, and c) response from Reason for Admission. Table 77 cross-references the multiple column problems (a, b and c) with the primary Reason for Admission.

If we look first at Table 76, the columns of problems show that of the 15 children recorded as showing no difficulties, 9 were in Care through illness or pregnancy; 3 through desertion or problems associated with being a single parent and 3 because the parents were unable to cope. Of the 25 children where this information was not recorded, 6 were in Care through illness or pregnancy, 5 following desertion and 4 from single parent families; 2 from parents unable to cope and 6 from children at risk with 2 for 'other' reasons. Whilst the lack of recording is an omission for all children in Care, it may be particularly disturbing for children at risk where the information is required not only to identify how best to help the child, but may also be required in a court hearing. 16 children were recorded as displaying aggression and all of these were admitted to Care for reasons which could be said to be associated with difficulties in relationships. 5 were admitted following the desertion of one parent, 8 because their parents were unable to cope and 3 because the children were at risk. It is likely that some of these children were separated from their parents in a traumatic emergency without prior preparation. 12 children had problems

at night-time. Of these 5 had parents unable to cope, 2 were children at risk, 2 were admitted following the desertion of one parent and 2 because of problems associated with pregnancy.

8 children became very dependent. 2 of these were from single parents with additional problems; 3 were children at risk; one had parents unable to cope and one parent had deserted. Of the 4 children distressed, 2 were in Care through illness of parent and 2 children were at risk. 3 children regressed, 2 were children at risk, 1 had parents unable to cope. 5 children showed difficulties after parental access and 4 of these were admitted for reasons of one of the parent's illness. Perhaps this means they were fearful, distressed and uncomprehending about the parent surviving and/or the condition in which they saw the parent. The other child was from parents unable to cope. 20 children had 'other' problems, 8 of these came into Care for reasons associated with illness or pregnancy, 2 from a parent who had deserted, 1 from a single parent with additional problems, 3 parents were unable to cope, 5 children were at risk and 1 child was handicapped.

Turning now in Table 76 to the columns of Reason for Admission, of the 24 children whose parents were unable to cope, 19 showed problems on placement, 3 showed none and for 2 it was not recorded. In 14 instances this was a secondary reason for admission and 9 of these children showed problems; 2 showed none and for 3 it was not recorded. 23 children were admitted to Care because they were at risk; 17 of these showed problems while it was not recorded for 6. In 21 instances this was a secondary reason (in column b) and 14 of these children displayed problems, 5 showed none while for 2 this was not recorded.

18 children were admitted following parental illness; 11 showed problems, 2 none and for 5 it was not recorded. In the 2 instances this was a secondary problem and the child showed difficulties.

17 children were admitted following desertion of one parent; 10 of these showed problems, 2 none and for 5 it was not recorded. The 4 children for whom this was a secondary reason all showed problems.

12 children were admitted for problems associated with pregnancy, 4 showed problems, 7 none and for 1 it was not recorded. This did not feature as a secondary reason for admission. 8 children came from single parents with other problems, 3 displayed difficulties, 1 none

and for 4 there was no record. In the 3 instances this was a secondary reason the child showed problems.

On the whole, it appears that the children admitted through reasons of desertion, risk or parental difficulty in coping were more likely to display problems and these more frequently of aggression. Those admitted for external factors such as illness or pregnancy, where the parent/child relationship may not have been so much in question, if they showed difficulties these tended to be after seeing their parent, at night, through distress or other reasons.

Table 77 looks at the children showing multiple problems against the primary reason for admission.

Of the 12 children admitted for reasons of pregnancy, 3 had at least 2 problems. Of the 18 children admitted through illness 6 had at least 2 problems. 8 children were from single parents with additional problems and 2 had at least 2 difficulties. 17 children had experienced a parent deserting and 8 had at least 2 problems. 24 parents were unable to cope and 14 of their children had at least 2 problems.

23 children were at risk and 10 of them had at least 2 problems.

So again, it seems that the children in Care through relationship difficulties were more likely to show several difficulties in their response to the admission.

Table 78 examines the relationship between parental contact in the first 2 weeks and difficulties shown by the child. It has already been shown that only 5 children were recorded as showing problems, specifically, after the visit and 4 of these were in Care because of the illness of one parent. Of the 22 children who had no parental contact, 1 had no problems, for 4 this was not recorded and 17 had difficulties of varying kinds. For 27 children parental contact was not known and for 8 of these it was also not recorded whether they displayed problems. 9 were recorded as having no problems and 10 had difficulties of varying kinds. 8 children had contact almost daily with their parents, for 1 it was not recorded if they had difficulties but 7 did - 3 of aggression and 3 after the visit. 10 children had more than weekly contact; for 3 difficulties were not recorded, 7 had problems, 1 after the visit. 19 children had weekly contact and 15

of them had varying problems - 4 of dependency and 4 were not recorded. 9 children had 1 contact in the 2 weeks, 1 had no problems the rest did. 13 children had contact of another sort, 4 had no problems, for 5 it was not recorded and 4 had problems - 3 of an 'other' category.

Looking now at the columns of problems in turn, it is difficult to draw conclusions about the 15 children who had no problems because for 9 of these the amount of contact was not recorded, 1 had no contact, 1 only once in the 2 weeks and 4 contact of another sort. There certainly was no recorded intensive contact. However, most of the children recorded as having no contact did display problems. Of the 16 children who showed problems of aggression, 6 had no contact, 3 had one contact in the 2 weeks, 3 had almost daily contact, 2 about weekly and 1 other with one not known, so the majority had little comparative contact. Of the 11 children who had problems at night, 2 had no contact, 3 once in the 2 weeks, 2 more than weekly, 1 about weekly and for 4 it was not known. 8 children showed signs of dependency with their caretakers and of them 3 had no contact, 4 about weekly and for one it was not known.

Of the 5 children who showed problems after a parental visit, 3 had almost daily contact, 1 more than weekly, and 1 about weekly, so this may have been natural and healthy distress at being parted from their parent again. Similarly of the 4 children who were distressed, 1 had almost daily contact, 1 more than weekly and 1 about weekly, and for 1 it was unknown.

3 children were recorded as having regressed, 1 had no contact, 1 about weekly and 1 once in the 2 weeks. 20 children had 'other' problems; 5 of these had no contact, for 3 it was not recorded, 3 had more than weekly contact, 5 about weekly, 1 once in the 2 weeks and 3 'other' arrangements. Of the 25 for whom there was no recording as to whether they had problems, for 8 there was also no recording of contact, 4 had no contact, 1 almost daily, 3 more than weekly, 4 about weekly and 5 'other'.

Perhaps a tentative conclusion can be drawn that those children who had frequent contact showed more 'usual' and understandable reactions such as distress or when their parents left, while those who had less contact were more likely to show reactions seen as less 'normal' by caretakers

such as aggression, dependency or regression. The reactions are also likely to be influenced by the experience and the nature of the relationship before admission to Care. It cannot, however, be argued that 'problems' can be avoided by no parental contact or by particular amounts of contact, but only, perhaps, that the nature of the problems varies and for the child those with contact are more easily helped than those without.

Table 79 looks at the problems shown by the child against the parental contact for the remainder of the placement. This would have been applicable for 60 children since 48 were in Care 2 weeks or less.

Table 79 shows that the amount of contact was not known for 14 children since it is recorded at 'not known' (n/k) or 'not applicable' (n/a) for 62. Of these 62, 15 were recorded as having no problems, for 21 it was not recorded and 26 children had problems of varying kinds. Unfortunately, it is not possible to identify the 14 children in this column, especially unfortunate because all the children recorded as having no problems feature in this column. Of the rest, all the children either had recorded difficulties or there was no record, and of these 11 children had no contact, 9 more than weekly, 10 about weekly, 2 about fortnightly, 4 about monthly, 1 1-2 monthly, 1 2-3 monthly and 7 had 'other' arrangements.

Of the 16 children who showed aggression, for 2 the contact was not known or not applicable, 4 had no contact, 5 more than weekly or weekly, 2 fortnightly or monthly, 1 between 1-2 monthly and 2 'other'. 8 children showed dependency towards their caretakers and of these for 1 the contact was not known or not applicable, 2 had no contact, 4 about weekly and 1 about monthly.

It is very difficult to draw conclusions from this since the problems seen to emerge whether the children had no contact or fairly intensive contact and it is hard to see a pattern in the nature of the problem. Perhaps it again relates to the experience before admission and the ability of the parent, given appropriate help, to overcome this with the child.

Tables 80 and 81 look at whether difficulties were likely to be alleviated by parent and/or child being taken on an introductory visit

to the caretaker.

Table 80 shows that 21 children were taken on an introductory visit to the placement. 3 showed no problems, for 6 this was not recorded and 12 did not show difficulties (57.1% of 21), 25 children were going to a familiar place even though they did not go on an introductory visit, e.g. to a childminder or a place where they had stayed before. 1 of these 25 showed no problems, for 7 it was not recorded and 17 displayed difficulties (68% of 25), 2 children had some preliminary contact and both showed problems.

53 children had no prior contact. 10 showed no problems, for 11 it was not recorded and 32 did have difficulties (60.4% of 53). For 7 children this information was not known and 5 of them had problems.

There seems little difference - a slightly larger proportion of the children going to a familiar placement had problems, perhaps reflecting several moves in their experience.

Table 81 shows the parents who were taken on an introductory visit against problems on placement.

23 parents were taken on a visit, 3 of their children showed no problems; for 6 this was not recorded and 14 had difficulties (60.9% of 23). 17 had preliminary contact and 3 of their children had no problems, for 3 it was not recorded and 11 had difficulties (64.7% of 17). 15 accompanied the social worker to the placement at the admission. 6 of their children had no problems, for 2 it was not recorded and 7 had difficulties (46.7% of 15).

40 parents had no contact with the caretaker prior to or at the point of admission, 2 of their children had no problems, for 11 it was not recorded and 27 had difficulties (67.5% of 40). For 8 children this information was not known and 5 of them showed problems.

There is a clear difference in that the children whose parents had no prior contact were more likely to display problems than those whose parents accompanied them to the placement. This would mean the child was reassured the parents knew where they were and may also reflect the emergency nature and/or perhaps lack of co-operation of the parent who was unable to go with the child to his placement.

The literature referred to earlier maintains that it is natural for a child to react to being separated from adults to whom he is emotionally attached especially if this is under unexpected and traumatic circumstances and those caring for the child need to be able to help him express these feelings in a healthy way.

This data has shown an unfortunate lack of recording in this area for many of the children in Care, especially worrying for the children admitted because they were at risk. 63% of the sample showed at least one 'problem' and many had several. Since children in foster homes are almost as likely to be showing problems as those placed in children's homes, foster parents are not being protected from this and therefore need special help to be able to cope.

The data suggests that children admitted for reasons associated with their parents' difficulties in relationships or in coping, are more likely to have problems and those to be of the kind associated with aggression, whereas children admitted for reasons such as illness may be more likely to show more 'understandable' reactions, e.g. distress or at night or after their parents visit.

The effect of parental visiting in the first 2 weeks clearly does not indicate that lack of contact could mean less problems and again it may be that frequent visiting is more associated with problems such as distress, and lack of visiting with aggression, dependency or regressive behaviour. It is more difficult to see a pattern after the first 2 weeks and this is not helped by insufficient recording.

The data shows little effect from children being introduced to a caretaker before placement, but does indicate less problems from children where parents accompanied the social worker and the child to the placement - perhaps providing reassurance to the child.

e) Was a Special Rate paid to Foster Parents?

Traditionally, foster parents are paid a basic weekly maintenance and clothing allowance which is intended to cover all the expenses incurred and not leave the foster parent out of pocket. There has been little 'reward' element built into this, it seems because it has been feared that foster parents will then want to foster for the 'wrong reasons' -

i.e. for financial gain rather than love of children. The allowances are agreed by the Social Services Committee, i.e. elected County Councillors. Rates do vary between counties and boroughs and the National Foster Care Association keeps a 'league table' of comparable rates. Generally, London boroughs are more generous than Shire Counties which can create problems for those counties such as Hertfordshire which border onto London and then have families 'poached' by the borough's higher rates. Comment on this will be made again in the chapter on foster parents.

Another embarrassment is that the rate childminders charge - generally an hourly sum - often works out more than the fostering fee so that on the occasions when childminders become foster parents - perhaps caring for the same child but on a 24 hour a day, 7 day a week basis instead of a few hours a day - they find they are receiving less money per hour and probably responsible for a more disturbed child.

The basic fostering rate in April 1981 was :-

| | | |
|---|---|---|
| Age | 0-4 | £14.56 |
| | 5-7 | £17.50 |
| | 8-10 | £18.90 |

In addition, for children staying less than 13 weeks a disturbance allowance of £2.20 a week was paid retrospectively.

Hertfordshire does have provision to pay additional allowances to meet specific circumstances. The additional weekly allowance is called the Excess Maintenance Allowance. During the period of this survey up to £3.50 a week extra could be authorised by the Divisional Officer and amounts over £3.50 would be recommended by the Divisional Officer and approved by the Principal Officer or Assistant Director at County Hall (HQ).

The criteria for this allowance were then as follows:-

a) Disturbed/difficult/withdrawn behaviour requiring special attention/stimulation by foster parents.
b) Expensive habit/behaviour e.g. compulsive eating, bed-wetting.
c) Mental or physical handicap requiring special attention/resources from foster parents.

d) Regular leisure interest/activity involving expense.

e) Regular extra-curricula educational activity/interest.

f) Foster parents' involvement with natural parents, e.g. in maintaining/rebuilding contact with child.

g) Regular expense for treatment.

Since the previous section has shown that, by definition, all children in Care suffer separation and therefore should be expected to show some reaction, it may be difficult to define the behaviour which warrants the special rate. However, 68 of the 108 children were recorded as having identifiable 'problems', 45 of them more than one and there was provision in the Department for application for an additional allowance.

Table 82 looks at whether a special rate was paid to foster parents. As has been shown previously, 77 children were placed in foster families.

Table 82 shows that a special rate was paid for 9 children (8.3% of total sample and 11.7% of children in foster care), that it was not applicable for 16 children (14.7%) and was not paid for 83 children (76.8%). In fact, it would presumably not have been applicable for 31 children - those not in foster care, though since only 24 were in children's homes, some of these might have been with specially approved childminders or neighbours so probably would have qualified for an extra rate if appropriate. It seems that in the data collection, some of those for whom it was not applicable appear in the 'no' response.

Nonetheless, when one recalls Table 75 in the previous section, which showed that 46 of the 77 children in foster homes had at least one problem and that this was broken down to 6 children having 4 problems, 12 children having 3 problems, 13 children having 2 problems and 15 children having 1 problem, to pay a special rate for only 9 children seems less than fair.

Table 83 cross-references whether a special rate was paid with problems shown by the children. This shows, strangely, that in 3 of the 9 instances when a special rate was paid, the child is recorded as having no problems! This could, however, mean that the rate was paid for additional expense or the foster parents involvement with the natural parents, or possibly to compensate especially competent foster parents

who were able to help a potentially disturbed child in such a way that their behaviour was not perceived as a 'problem'.

Looking at the children where a special rate was not paid, whilst acknowledging that these figures do not differentiate between children in foster homes or children's homes, 10 showed no problems and for 22 this was not recorded. This leaves 51 children who showed problems of varying kinds, 33 of whom had at least 2 and 20 had 3.

So, why was an additional rate not paid? Was it applied for and refused? Were social workers not aware of it? - but each social worker has an individual copy of the maintenance allowances which gives the criteria. Were they deterred by the procedure, which involves writing a memo in justification, or had they been put off by a negative response to a previous request? The difficulty in identifying what makes a problem more than would be expected from any separated child and therefore justifying an additional rate remains and perhaps one answer it to have a proper and therefore higher rate, reflecting the difficulties with which all foster parents must expect to cope and for which they need particular skills and understanding.

## PART II - CHAPTER 3 - THE PLACEMENT

### f) SUMMARY

### FINDINGS

a) Length of Placement

8 weeks or less - 85 children (78.6%) of total of 108

7 days or less - 27 children (25.0%) of total

| | | |
|---|---|---|
| Children in Care under 8 weeks expected to return home | - 50 | - Outcome |
| Children in Care under 8 weeks outcome uncertain | - 33 | |
| Children in Care under 8 weeks reason pregnancy/illness | - 31 | - Reason for Care |
| Children in Care under 8 weeks reason at risk or parents unable to cope | - 33 | |
| Children in Care under 8 weeks reason parent deserted | - 10 | |
| Children in Care under 8 weeks placed in foster homes. | - 65 | - Resource |

b) Support from Social Worker to Caretaker

i) Speed of SW contact with caretaker after placement:

| | | |
|---|---|---|
| Within 2 days | 56 | (51.8%) |
| Not known | 20 | (18.5%) |

ii) Frequency of SW contacts with caretaker during first 2 weeks:

| | | |
|---|---|---|
| 2-3 times a week | 28 | (25.9%) |
| Once a week | 27 | (25.0%) |
| Not known | 23 | (21.3%) |

iii) Method of contact in first 2 weeks:

| | | |
|---|---|---|
| Combination telephone/visits | 45 | (41.6%) |

iv) Frequency SW contact with caretaker rest of placement:

| | | |
|---|---|---|
| Not applicable or not known | 65 | (60.1%) |
| (Number of children in Care 1-14 days = 48) - N/K = 17 (15.7% of total of 108; 28.3% of 60) | | |
| About fortnightly | 15 | (13.8%) |

c) Access from Natural Parent during Placement

i) Dept.'s expectation of parental contact:

| | | |
|---|---|---|
| Encouraged but not defined | 36 | (33.3%) |
| No specific expectations | 28 | (25.9%) |
| Access refused | 2 | (1.8%) |

ii) Frequency of parental contact first 2 weeks:

| | | |
|---|---|---|
| Not known | 27 | (25.0%) |
| None | 21 | (19.4%) |
| About weekly | 19 | (17.6%) |
| More than weekly | 10 | ( 9.2%) |

iii) Method parental contact first 2 weeks:

| | | |
|---|---|---|
| None | 24 | (22.2%) |
| Not known | 23 | (21.2%) |
| Combination telephone/visit | 21 | (19.4%) |
| Other | 20 | (18.5%) |

iv) Frequency parental visits rest of placement:

| | | | |
|---|---|---|---|
| Not known or not applicable | 62 | (57.4%) | of total |
| (N/A: 48 - N/K: 14 - 23.3% of 60) | | | |
| None | 11 | (10.1%) | of total of 108 (18.3% of 60) |
| About weekly | 10 | ( 9.2%) | (of total of 108 |
| More than weekly | 9 | ( 8.3%) | (10+9=19=31.7% of 60). |
| Other | 8 | ( 7.4%) | of total of 108. |

d) Problems Displayed by Child on Placement

Not recorded - 25 children (23.1%)
None - 15 children (13.8%)
Yes 'Other' - 20 children (18.4%)
Yes, hostility aggression or destruction - 16 children (14.8%)

Overall children with at least one recorded problem:
68 children (63.0%)

Children in F.H. with at least one problem - 46 (59.7% of 77 children in F.H.)

e) Was a Special Rate Paid to Foster Parents?

Yes - 9 children (11.7% of the 77 children in foster homes).

## f) SUMMARY

## CONCLUSIONS/RECOMMENDATIONS.

### a) Length of Placement.

The majority of the initial placements are under 8 weeks and with foster parents. Reason for these short-term admissions is a mixture of illness, parental inability to cope and family breakdown and 48 of the children are aged 0-3.

Given the large number of re-admission, the role of the caretaker should be crucial but foster parents, especially, do not seem to be involved in a treatment programme as a general rule.

There needs to be a more purposeful use of plans and contracts involving all - parent, caretaker and professional - to justify the use of Care and to try to prevent repeated re-admissions and separations of young children. What is preventing this - lack of knowledge from the social worker or the calibre of foster parents? If so, is this caused by the Department's attitude toward them in terms of inadequate rates and support and training?

Could the need for Care be prevented at all by better quality day and domiciliary care?

### b) Support from Social Worker to Caretaker.

On the whole the social worker contacted the caretakers quickly after placement and visited more intensively in the first 2 weeks those caretakers where the child displayed problems and was admitted following family breakdown of some kind.

After the first 2 weeks there seems to be less problems when the social worker visited more frequently. However, for a worryingly high number there was no record of any contact made - a failure of the Boarding Out Regulations. The Department needs to allow social workers sufficient

time to undertake all the necessary tasks when a child is admitted to Care, and ensure they are done.

c) Access.

Access from parents is considered to be crucial to the likelihood of rehabilitation and where this is the aim, to maintaining the relationship through separation and thus avoiding too much emotional disturbance to the child. Since this is an area of some controversy in the literature, previous research has been given in some detail.

Although there are few cases of access being refused and in most cases it was expected and apparently encouraged to take place, there is little record of it being properly agreed as a specific arrangement between parent, social worker and caretaker. Earlier research would indicate that on longer term placements this could be likely to lead to contact tailing off and to weaken the likelihood of rehabilitation or lead to difficulties between parent and caretaker. On short-term placements, insufficient attention to proper access arrangements can lead to unnecessary emotional anxiety and distress for the child who may feel unaccountably abandoned.

d) Problems Displayed by Child on Placement.

It is difficult to avoid 'problems' altogether - it would be almost abnormal in the light of the experience the child is going through and the caretakers need to be helped to understand this and how best to respond.

It is important to plan the parental contact before and during the placement appropriately in order to help the child's reaction to be a more healthy expression of the fear, anxiety and distress he must be feeling and also to record this reaction meticulously.

e) Was a Special Rate Paid to Foster Parents?

This was rare despite the fact that 46 of the 77 children in foster homes were recorded as having at least one problem, 31

of them more than one. Perhaps it is difficult to define what justifies a 'special' rate and one answer might be to recognise that all foster parents are required to display special skills and understanding and a basic maintenance allowance is no longer reasonable.

PART II - CHAPTER 4

## FUTURE PLANNING

This Chapter examines the area of decision making about the child's future and looks at whether the natural parent, caretaker and the Department were involved together in making considered plans for the child, or whether the child's movement out of Care or to another placement followed a crisis. If it did, an attempt will be made to see if this was linked to poor preparation or lack of suitable resources at the time of admission.

In Hertfordshire County Council at this time, the expectation of who made the decision and who else should contribute towards this varied according to the legislation under which the child was admitted to Care.

The decision to receive a child into Care under the 1948 Children Act (now CCA 1980) was the responsibility of the Team Leader at this time. Since the Care was voluntary, discharge could be taken by the parent unless circumstances placed the child at such risk that the matter could be taken before a Juvenile Court under the Children & Young Persons Act 1969, in order to protect the child. The grounds for this are outlined in Part I, Chapter 3, p.28.

However, the Team Leader and Social Worker would want to use their professional skills to work with the parent to arrive at the most appropriate timing for discharge to ensure that the return home would be lasting. In coming to this recommendation they should have sought the contribution of the caretaker responsible for the day to day care of the child. They would be expected to be inviting the full participation of their residential colleagues when the child was in a children's home, but was this equally true when the child was in a foster home?

Once a child was in Care longer than 3 months he would be subject to regular review under the Boarding Out Regulation 1955 and the Reviewing Officer - DSSO in Broxbourne - would have a responsibility for the plans made and work done with the child, which might include movement to a more appropriate long-term placement. This could still not prevent the discharge from Care by the parent if the child was in voluntary Care. However, once the child was in Care 6 months, the 1975 Children Act, Section 56, implemented in November 1976, (now Section 13(2) CCA 1980), required the parent to give the local authority 28 days notice of discharge.

Decision making would be at a different level if the child had been made the subject of a Place of Safety or Care Order because of non-accidental injury, since this was the responsibility of the ADSSO. Referrals of child abuse would be brought by the Team Leader to the ADSSO who, unless compelled to agree to a Place of Safety in an emergency, would convene a case conference and make a decision about the need for removal from home on the advice of all the primary workers involved with the child, together with the Members of the Child Abuse Team - a Senior Health Visitor, Medical Officer and Police Officer. If a recommendation was subsequently made to return the child, if subject to a court order 'home on trial', a case conference could be reconvened to ensure that full information was available before a decision was made by the ADSSO. If the child had been in Care longer than 3 months this decision would also be approved by the DSSO as Reviewing Officer.

For a child subject to a Care Order under matrimonial proceedings, the approval of the Reviewing Officer would be sought for the movement of the child to a long-term placement or return home on trial. With all court orders, the Order could only be discharged by return to court with an application to revoke.

The agreement of the natural parent would be required if a recommendation was made that adoption was in the child's best interests, or grounds established to recommend dispensing with that agreement in court under the Adoption Act 1958 as amended by the Children Act 1975, Section 12. If the parent did not agree, advice from County Hall Legal Section and County Adoption Staff would be sought and approval obtained that there were grounds to proceed with placement for adoption. An appropriate choice of couples approved to adopt would be obtained from the County Fostering and Adoption Adviser and the match between the couple and the child approved by the County Adoption Panel under the adoption regulations.

If a social worker wished to seek a long-term foster home she would do this via the local Fostering Co-ordinator (in Broxbourne this task was combined with the Team Leader or ADSSO post) or the County Group of Fostering Co-ordinators or by advertising. Once a suitable home was found the transfer of the child would be planned by the social worker and Team Leader for the child, the social worker for the couple and the respective care-takers, with the advice of the Fostering Co-ordinator.

As can be seen, the social worker involved in planning for the discharge or movement or the child had to bear in mind a number of quite complicated and varying legal and departmental procedures, together with involving the parent, child and caretaker fully in the process. These procedures would be described in the County Guide to Procedure (1971), sections of which are updated from time to time.

This Chapter may establish whether this was accomplished with reasonable success, or whether gaps and discrepancies emerged.

The Chapter is sub-divided into the following sections:-

a) Forum for decision making.
b) Discharge from Care if child is in voluntary Care.
c) Movement of child.
d) Plan of Social Services Department at movement of child.
e) Summary - Findings and Conclusions/Recommendations.

a) Forum for Decision Making.

This section looks at whether the decisions about the movement of the child were reached in a formal case conference setting or whether they appear to have been made in general discussion of parties unknown but accepted by Team Leader or DSSO. Examination is also made of whether the caretaker is involved in this decision making if a case conferecence was held, and if so whether foster parents and residential staff were equally likely to be involved. The National Foster Care Association, whose role is described in Patterns of Family Placement - Cooper (1978), was inaugurated in 1974 as a national organisation for all involved in foster care and acts as a pressure group to improve foster care services. It is also an umbrella group for local meetings of foster parents and it aims to represent the opinions of foster parents and others involved in fostering. Part of its aim is to ensure that foster parents have a defined participative role and involvement in planning and decision making and it presses for foster parents to be recognised as colleagues, sharing a skilled child care task with social workers. Christine S. Reeves, Director of NFCA, says in an article in Triseliotis 'New Developments in Fostering and Adoption' (1980), page 128:-

> "Foster parents expect to be involved in the reviews, case conferences and general planning for the child they care for."

She recognises that there are skills required in this and presses for proper training for foster parents - and social workers - involved in the fostering task. The preparation offered to new foster parents in Broxbourne will be examined in the next chapter.

Table 84 looks at the forum for decision making about future plans. 'Case conference' here is defined as a formal meeting of involved staff convened to discuss and make decisions about the child's future. It could include a review held in a formal meeting, a child abuse case conference and an adoption panel. It is likely that where such a meeting took place, other discussions with other parties involved also took place.

Table 84 shows that for 69 children (63.9%) there was no formal case conference or discussion. This may, in some cases, reflect the fact that children were in Care for a short period for an identifiable external reason such as pregnancy or illness and were expected to return home from the start, so no formal meeting to decide this was necessary. 31 children were in Care less than 8 weeks for illness or pregnancy. It might be thought appropriate to convene a meeting to discuss the plans for those in Care longer or for reasons associated with risk to the child.

24 children (22.2%) were the subject of conferences not involving the caretaker. It seems strange that discussions about the children's future could take place without those responsible on behalf of the Department for the day to day caring of the child being present. It may have been that some of these conferences were adoption panels at which the social worker would present the case at the Panel but would have had prior discussions with the others involved.

13 children (12.0%) were the subject of case conferences at which the caretaker was present. One may wonder what distinguished these children from the rest - and whether it was the resource in which they were placed. There was one 'other' response and one not known.

Table 85 cross-references the forum for decision making with the resource used. This shows immediately that no foster parents was involved in a case conference. In the 13 instances where a caretaker was involved, 11 children were in residential care and 2 in 'other' placements. In the 24 cases where the caretaker was not involved in the conference, 19 children were in foster families, 4 in 'other' placements and 1 in a children's home. Where there was no formal discussion, the children were spread

between all the resources.

Is there a problem in involving foster parents in case conferences? They can be fairly formal settings and a Child Abuse case conference particularly involves a number of different professionals. A concise and informed contribution is expected from participants in a defined period of time. Would foster parents feel inhibited or would other professionals see foster parents as 'lay' people and be reticent about contributing confidential material in frontof them? It is true - and the NFCA support this - that foster parents need help and training to understand the type of information needed at the meeting and the best way to contribute this. They are already in receipt of confidential information by nature of their care of the children and they act as agents of the Department. They have shown when they have been invited that they can be valuable participants in meetings and if they are not present the information they hold about the children - and sometimes the parents - may not be made available to the decision making process.

b) Discharge from Care if child is in Voluntary Care.

This section looks at the children in Care on a voluntary basis (Section 1 Children Act 1948 now Section II CCA 1980) and therefore able to be discharged at the parents' request. It examines the natural parents' attitude to this; whether there seemed to be disagreement between the Department and the natural parent over this decision or whether the parent was dissatisfied with the care provided for the child.

Table 86 gives the detail of the information collected on this. It shows that 26 children (24.1%) were not in voluntary Care.

Of the 73 children who do not figure in the last 3 columns of 'other', 'not recorded' or 'not used' or as not being in voluntary Care, 55 (50.9% of total sample) figure as having been discharged by the natural parent with the Department's agreement. 13 children (12.0%) had parents reluctant to have them home. This meant that the Department considered that there was no longer a need for the children to remain in Care and they should return home, but their parents were reluctant to take them home.

Only 4 children (3.7%) had parents who discharged them from Care against

the Department's advice and 1 parent (0.9%) is recorded as having been unhappy about the Care provided.

Column b), which gives the opportunity for an additional response, is not used in 84 cases. There are no more parents wishing to discharge their children against the Department's advice. However, a further 5 children had parents reluctant to have their children home and another 5 were unhappy about the Care provided.

No doubt some of the parents whose children were in Care on Court Orders were not in agreement with the Department's thinking or were less than happy about the Care provided for their children. However, despite the fear that many parents have, that if they "sign their children into Care" they will never be able to get them out again, in this survey, where there was disagreement, it was more often because the parent was reluctant to take the child home than because the Department advised against discharge.

Table 87 looks at the Discharge from Care against the Expectation of the Task of the Caretaker.

This shows that of the 55 children whose discharge was agreed between parent and Department, 44 had been expected to be in Care for a defined period and then returned home. A further 9 had been in placement for a limited period with the ultimate outcome unknown; the caretakers of 2 of these were asked to contribute to the assessment, the other 7 to look after the children only.

The remaining 2 of the 55 were in placement for an undefined period. So, for 11 of the children at admission the outcome of the period of Care had not been known, but at the point of discharge the parent and Department were able to agree that they should return home.

It appears that for these children, rehabilitation with the children in Care on a voluntary basis, had been tried and had succeeded - at least at this point.

In the 13 cases where the parents were reluctant to resume care of the children, 7 of the children had been expected to return home after a defined period in Care. One may speculate whether the parents' circumstances had changed or they were enjoying being freed of the responsibility of their children. If the children were aware of this

reluctance, it must have felt as though they were being rejected.

Two children were in Care for an undefined period, so perhaps in their case it had not been certain though might have been hoped that they would return home, but it had not been known for how long the Care period would need to last. It seems that the Department considered it was no longer necessary to keep them in Care and that the parent was able to resume responsibility for the children before the parent was willing to do this.

For a further 2 children whose parents were reluctant to have them home, the caretakers had been asked to assess and prepare them for long-term care. It seems that there the plan had changed - but the parents were perhaps not altogether in agreement that they could resume care of the children. It might also have been confusing for the caretaker.

In one case the caretaker had been asked to assess the child for a limited period with the outcome unknown. It seems that the assessment led to the conclusion that the child could return home, but again the parent was not altogether in agreement.

An example of a parent reluctant to have his children home is a single father looking after 2 girls aged 5 and 6. He wished to go to Ireland to visit his dying mother and was apparently unable to take his daughters or make alternative arrangements. The children were placed in a children's home (no foster homes being available). The father returned from Ireland after 2 weeks but initially refused to have his daughters home. He had a son in the Care of a London borough and apparently said he wanted all 3 children or none. Prolonged discussions took place between him and social workers from Hertfordshire and London before he eventually agreed to have the girls home - nine days later. He had also refused to see his daughters during this time. The girls initially did not react to being in Care but by the 13th day in Care were "less happy and more clingy, especially J. who is bed-wetting 2-3 times a week, sucks her thumb constantly and asks when her father is coming". By the 16th day they were "restless, did not want to talk, bed-wetted constantly and seemed to be becoming unsettled".

Of the 4 children discharged against the Department's advice, 3 had been in placement for a limited period with the outcome unknown and for one

of these 3 the caretaker was asked to contribute to the assessment. 1 of the 4 children had been placed long-term or permanently.

It seems that in 3 cases the parent felt able to cope before the Department shared that view but presumably there were insufficient grounds to take the matter to court. In one case the Department had asked the caretaker to look after the child long-term and one wonders whether this had been properly discussed with the parent at the point of placement, or whether the parent changed his mind.

The caretaker of the child whose parent was unhappy about the care provided, had been asked to look after the child for an undefined period. Could the vagueness of the task have contributed to dissatisfaction in the parent?

c) Movement of Child from Initial Placement.

This section looks at the movement of the child from the initial placement regardless of the legislation under which the child was in Care. It can mean movement to another placement or return home. The section looks at two areas:

a) whether the Department was moving the child without the involvement, agreement and co-operation of the natural parent; and

b) whether there were difficulties in the foster home which led to the premature ending of the placement.

In some cases neither of these factors was prevalent and the child was moved as part of the long-term plan for the future, which would generally mean a move to a long-term family.

Because of the combined aim of the section, an opportunity was given for more than one response by the additional of extra columns and the second column b) was used in several cases.

Table 88 looks at the Movement of the Child.

There were 3 examples of 'not used' which was probably given when the child did not move within the time span of the survey. This table shows that in the majority of cases the natural parent and the Department were in agreement over the decision to move the child. This was so for 64 children (59.3%) in a). There were no responses in this column to the

category of the Department moving the child against the parents' wishes but there were 12 children (11.1%) moved without the parent being involved in this decision.

Not being involved is different from actively disapproving of the decision and there can be a number of reasons for this. The child might have had to be moved because the initial placement was not able to continue or perhaps because the child was ready to move to a long-term placement and the parent had not been given knowledge of the child's placement for the protection of the child or had elected not to participate in future planning of the child - as with a handicapped child rejected by its parents, or had disappeared from contact with the Department. Although the parent may not have been involved in the decision to move, this does not always mean to say that he was not informed of the move. Nonetheless it is preferable to involve the parent in decision making wherever possible.

An example of parents not being involved in the decision to move the children is of 2 children aged 3 and 4 admitted to Care with their brother aged 5 after their father left home and mother became unable to cope, to the extent that the children were at risk. The younger 2 children were placed in one foster home and the elder in another as emergency placements. Initially it was hoped the respite would enable the mother to cope in the future. However, the foster mother of the younger 2 found their behaviour very difficult to manage and requested their removal on the third day. The mother was still not able to have them back so they were moved to another short-term foster home while the assessment and planning continued.

In column b) there were 69 responses to not used. In the part on the involvement of the natural parent, there were no examples of the parent not being involved in the decision to move, but there were 8 cases of the parent and Department being in agreement and 3 cases of the Department moving the child against the parents wishes. It seems likely that these responses were considered secondary either to the child being moved as part of a long-term plan or of having to be moved prematurely from the initial placement.

For example, a baby born with Down's Syndrome had parents who felt unable to care for her and requested she be placed for adoption. She was moved

as part of this long-term plan and with the parents' agreement.

A 5 year old girl subject to a Matrimonial Care Order, following the separation of her parents, had to be moved prematurely from a foster home because they could no longer cope with her disturbed behaviour. The father was unhappy about this because he had had frequent and easy access as the foster parents lived nearby and also he wanted the child home himself. This was not then considered appropriate and although a long-term foster home which could accept access was sought, it was not available and the child was moved to a children's home.

There were 11 children (10.2%) moved as part of the long-term plan for the future in the first column a) and a further 4 children (3.7%) in the second column b). These were presumably children where there was no premature removal from placement but where they were moving on to the place expected to be their permanent home. This will become clearer in the next section when this Table is cross-referenced with the Department's plan at the move in Table 98. As indicated above, some of the parents of these children will have agreed with the move, others not.

The next four categories record the children moved prematurely from a foster home, either because the foster parent could not cope or because the placement was considered to be unsatisfactory. Some of these children returned home - prematurely - others remained in Care but moved to another placement, thus creating a further disruption in the children's lives. The cross-tabulations will attempt to examine the possible reasons behind this premature breakdown of the placement.

There are 5 children (4.6%) whose foster parents requested early removal because they could not cope and who remained in Care. One child (0.9%) was removed prematurely from the foster home because the placement was unsatisfactory and he returned home. In addition, in column b), there are a further 5 children (4.6%) whose foster parents requested their premature removal because they could not cope and who remained in Care. There are also 2 children (1.9%) whose foster parents requested premature removal who returned home and another one child (0.9%) who was removed prematurely from the foster home because it was unsatisfactory and who remained in Care.

Closer examination of these 8 children shows that the 6 who remained in Care had all been recorded in column a) as being moved without the parent being involved. The 2 children who returned home were moved with the agreement of their parents, who wanted them home, but the foster parents had requested their removal earlier than was planned or thought wise, because of the effect of the foster children on their own young child. All 8 children were clearly removed prematurely from their foster home, so when these are totalled with the 6 recorded in column a) as removed prematurely from their foster home, they equal 14 children (13.0%) of the total sample and 18.2% of the children in foster homes - a disturbingly large proportion of initial placements.

The child removed by the Department and returned home was found to have bruises at the foster home and the cause for this could not be satisfactorily accounted. The child removed by the Department who remained in Care was subject to a Place of Safety Order and placed in an emergency in a foster home from another division, apparently the only one available in the County that afternoon. The social worker considered it a chaotic and unsupervised household, unsuitable for the child and, with the agreement of the Divisional Officer, moved the child to another foster home two days later without the involvement of the parent, who was not given either address.

A further 12 children (11.1%) were moved for 'other' reasons and this was given as a secondary response for 16 children (14.8%) in column b).

An example of this is 2 boys who were admitted to Care on a Place of Safety Order, but the subsequent case conference indicated that there was insufficient evidence to take the matter to court, especially as the family doctor was not in agreement. Consequently the children were returned home as the natural parents wished.

A single father was having extreme difficulty coping with very disturbed children and refused to accept practical help. The children were admitted to Care for a period of assessment and treatment. However, the father removed the children after one week against the social worker's advice.

Table 89 looks at the movement of the child against the reason for admission. Column b) gives the secondary reason for movement. This shows that in all the instances where the parent was not involved, the child was in Care

through parents desertion, inability to cope or where the child was at risk, thus indicating that the parent was either not available or might not have been willing to be involved or co-operative.

In all the cases but one where 'not used' was recorded, where the child was admitted for illness or reasons associated with pregnancy, the Department and parent were in agreement over the move. They were also in agreement where the child was admitted for the other reasons including risk and desertion.

Where the children were moved as part of the long-term plan they had been admitted for reasons of desertion, inability to cope, risk, single parent other reasons or because the child was handicapped.

All of the 14 children prematurely removed from foster homes were admitted to care because one parent had deserted (3 children), their parents were unable to cope (5 children, or because they were at risk (6 children).

This appears to indicate that their admission was arranged in an emergency and insufficient time was able to be given to the choice of appropriate placement - or there was no choice. If so, the effect of the emergency on the child would also have been likely to produce a disturbed reaction.

Table 90 examines movement of child against whether a choice of resource was available. As shown in Table 23, in 73 instances there was no record of whether or not a choice was available. In the 20 cases where it was recorded that there was no choice, the Department and parent agreed in 12, the parent was not involved in 3, the child was moved as part of the long-term plan in 1 and there were 4 others.

In the 6 instances where the child was prematurely removed, the question of choice was not recorded for 5 and not needed in one. This last was a complicated case where the child was already privately fostered with a family and then received into Care but remained where she was. The placement subsequently broke down.

Thus, there was no record of premature removal where there was known to be lack of choice, but this may not have been recorded or may have been listed in column b) where the parent was given as not involved in a). This is known to be the case for the child listed in column b) in Table 88 as moved because the placement was unsatisfactory, but remaining in Care.

Table 91 looks at the movement of the child, columns a) and b), against the problems on placement.

In the 15 cases where no problems were recorded, the parent and Department agreed about movement in 11, the parent was not involved in 2 and there were 2 in the 'other' category.

There were 25 cases where the information was not recorded; the parent and Department agreed in 18, the parent was not involved in 2, the child was moved as part of the long-term plan in 2, there were 2 'other' examples and 1 not used.

There were 20 children recorded as having 'other' problems. For 12 of these the parent and Department were in agreement, the parent was not involved in 2 cases, the child was moved as part of the long-term plan in 3 cases, there were 2 'other' and 1 child was removed from his foster home because the placement was unsatisfactory, and returned home. This was the child found to have bruises.

16 children were recorded as showing aggression. In 5 cases the parent was not involved in the movement of the child. The foster parents asked for the child to be removed because they could not cope for 3 cases in column a) and 5 cases in column b) - the child remained in Care for 7 and returned home for 1. Two children were moved as part of the long-term plan, in 2 cases the parent and Department were in agreement, there were 2 'other' examples and 2 'not used'.

12 children showed problems at night. For 8 of these the parent and Department were in agreement, in 1 case the parent was not involved and 1 foster parent asked for the child to be removed because she could not cope and the child remained in Care. There were 2 'other' examples.

8 children showed signs of over-dependency. In 4 cases the parent and Department agreed, 3 children were moved as part of the long-term plan and there was 1 'other' example.

5 children had problems after contact with their parents and in all of these cases the parent and Department were in agreement.

4 children showed distress. For 3 of these the Department and parent agreed and there was 1 'other' example.

3 children were recorded as having regressed. In one case the Department and parent were in agreement, one child was moved as part of the long-term plan and 1 foster parent asked the child to be removed because they could not cope and the child remained in Care.

It appears to have been the children recorded as being aggressive who had parents least likely to be involved with the Department over the decision to move the child and 8 of these children had to be removed prematurely from their foster placement. This seems to be one of the areas of behaviour with which foster parents need most help.

d) Plan of Social Services Department at Movement of Child.

Throughout this Chapter, and dominant in a large part of child care literature, is the need for proper planning. Emphasis is placed on the importance of ensuring the child has security and permanence either within their own families or within a substitute family. Although long-term fostering is occasionally seen as desirable (Tresiliotis, 1983) on the whole for a child to be growing up in the care of the local authority is seen as risky, introducing a triangle of parenting (substitute care-taker, local authority and natural parent) and the real possibility of several changes of caretaker (Tresiliotis, 1983; Adcock, 1980a; Rowe & Lambert, 1973; Weinstein, 1960; Fanshel & Shinn, 1978). Adcock, in 'Permanent Placement A Right' (1980a) states simply that a child has a permanent home if he lives with his natural parents or he is adopted. In 'Dilemmas in planning long-term care' (1980) she acknowledges the findings of Aldgate (1977) and others that with good social work help, more children in Care could be discharged to their parents and grow up in their natural families, but emphasises that some parents will never be able to meet their children's needs satisfactorily and that these children are likely to need permanent substitute care. She urges the importance of careful assessment of the specific needs of the child in question and how realistic is the possibility of rehabilitation.

This section looks at the plan the Department was making at the time the child was moved. It tries to look at how focussed the plan was at that stage and whether clear movements towards permanence were made, or whether the social worker was forced into finding another short-term placement in an emergency, because the first had broken down, and had not yet been

able to formulate or to put into operation long-term goals.

The plan should link to the reason for admission and the expectation of the task of the caretaker, and there may be a connection between how specific was the task asked of the caretaker and how focussed the plan was at the time of the move.

This section will also look at how often foster parents are asked to help prepare a child to return home or to move on to another family. The first will require a foster parent to keep alive - or to nurture- the relationship between child and natural parent, sometimes it seems in the absence of much actual contact. It may call upon the foster parent to accept a home of different standards from her own and be careful not to alienate a child from his natural environment. The second task will mean participating in a plan to help a child separate from natural parents, and perhaps overcome rejection or abuse, be enabled to form new relationships and be introduced to a new family which he must learn to trust and regard with affection and interdependence. Both tasks call for very special skills.

Table 92 looks at the plan of the Department at the move of the child. This shows that only 4 children (3.7%) were expected to return home without further involvement from the Department. Another 66 children (61.1%) were planned to return home with continuing help from the Social Services, thus indicating that their problems were more than a short-term family crisis. So home was the planned destination of 70 children or 64.8% of those admitted to Care. It was no doubt hoped that this would be a permanent arrangement but whether this proved to be so will be seen in the next section.

For 9 children (8.3%) the plan was a move to a long-term foster home with parental contact. It was not planned that any child should be placed in a permanent foster family without parental contact. For 5 children (4.6%) it was planned that they should stay in their existing placement.

A move to the alternative route for permanence - adoption - was planned for 5 children (4.6%).

So, for these 19 children (17.6%) the plan was a substitute family with adoption providing security, but presumably without parental contact for 5 of them.

Of the 5 who stayed in the existing placement, 2 were with relatives; 2 were with short-term foster parents who asked to keep the children when it was clear a long-term family was required - 1 of these placements led to adoption and for the other it is planned. The fifth child was already in a private placement in which she was received into Care legally but remained where she was.

For a further 7 children (6.5%) the plan was a move to a children's home. This was unlikely to have been intended as a permanent placement. It could have been thought appropriate as a more suitable placement as part of an assessment or treatment programme than the first placement, or it may have become necessary following fostering breakdown, after which another family may not have been available or thought to be suitable. As has been seen earlier, 6 of the 14 children who had to leave their foster homes prematurely were moved to children's homes. Of these 4 (2 sets of siblings) were in Care longer than originally expected and their foster homes were unable to continue coping with their behaviour. The seventh child was rejected by his father and step-mother, placed initially in the London Children's Home from which he had returned home and it was then planned to place him in a small family group home in the county.

For 10 children (9.3%) the 'plan' was to move them to another short-term placement. In all of these cases the children were placed in an emergency and 8 of the children were sibling pairs. In 2 instances (or 3 children) the placements were made in a children's home with the intention of finding suitable short-term foster homes, which was achieved within days. For another pair the children were placed briefly in a short-term family until one that could cope for a longer period was found. One child was removed because the foster home was found to be unsatisfactory and the last 2 sibling pairs were removed prematurely from foster parents who could not cope. All 10 children were next placed with short-term foster families but had undergone the initial trauma of admission to Care in an emergency and then removal to a second short-term placement within days. The planning for the children's future was presumably made from that point, but short-term families who could receive admissions of more than one child in an emergency and then cope throughout the assessment period would have been preferable.

There were 2 children in the 'other' category. One was a baby received

into Care from a mother with doubtful ability to parent, while she decided whether she wanted adoption. He was returned to her but at a mother and baby home where she could be given advice and supervision and experience the reality of parenthood. The other was the disturbed child of a single father having difficulty coping. The plan on admission was for a period of several months assessment, but the father removed him from Care against advice after 7 days.

So, caretakers were asked to prepare the majority of children - 70 (64.8%) for a return home, while 14 were to be prepared for a substitute family, 9 with parental contact and 5 for adoption. These 5 were all in the younger age range - 3 were babies, 1 of them handicapped, and the other suspected to be. One of the other 2 was aged 2 years and in a short-term foster home and the other aged 3 years in a children's home.

Table 93 cross-references the Plan with the Reason for Admission, including the secondary reason for admission in column b).

For all of the children in Care for reasons of pregnancy or illness (31), the plan was to return them home, although 29 were thought to need further help from the Social Services.

5 of the 8 children admitted from single parents with other reasons were planned to return home with Social Services help. Of the rest, one was to be placed for adoption, one was planned to stay in placement and one had 'other' plans.

Adoption was the plan for the handicapped child while the 4 children admitted for 'other' reasons were all planned to return home, 2 with further Social Services help.

Of the 17 children admitted following the desertion of one parent, 8 were planned to return home with further Social Services help. However, 4 had to be moved to another short-term placement and one was planned to move to a children's home. For 3 long-term fostering with parental contact was planned.

24 children were admitted to Care because their parents could not cope. For 11 the plan was return home with Social Services help. 2 children had to be moved to another short-term placement and 4 were planned to move to a children's home. For 7 children an alternative family was

the plan - 4 to stay in placement, 2 to be placed for adoption and 1 to be found a long-term foster home with parental contact. 23 children entered Care because they were considered to be at risk. 11 were planned to return home with Social Services help. 4 had to be moved to another short-term placement and 4 were planned to move to a children's home. An alternative family was the plan for 6 of the 23 - adoption for 1 and long-term fostering with parental contact for the other 5.

The children for whom home was the plan were admitted for a variety of reasons. All of the children where the plan was a move to another short-term placement or a children's home were admitted for reasons of desertion, because their parents could not cope or they were at risk. Similarly, all the children planned to move to long-term foster homes with parental contact were admitted for these 3 reasons, the 5 children planned to stay in placement were admitted because their parents were unable to cope, or single parent, other reason. The 5 children for whom adoption was planned were admitted because their parent was unable to cope, they were handicapped, at risk or single parent - other reason.

Table 94 cross-references the Plan at the Move of the Child with the Expectation of the Task of the Caretaker when the child was admitted.

The caretakers of 52 children were asked to provide relief care and return the child home. For 49 of these children the plan was to return home, 2 had to be moved to another short-term placement and 1 was planned to move to a children's home.

Caretakers of 24 children were asked to look after the child for a limited period with the outcome unknown. For 12 of these children the plan was return home with Social Services help; 2 were planned to stay in placement and 2 to move to a long-term foster home with parental contact, while there was one 'other'. However, 7 had to be moved to another short-term placement.

10 children had caretakers who were asked to assess for a limited period with the outcome unknown. For 4 of these children the plan was to return home with Social Services help, 1 to stay in placement, 1 to move to long-term fostering with parental contact, with one 'other', while for 3 the plan was to move to a children's home.

For all the 7 children where the caretakers were asked to assess and

prepare for long-term care, the plan was either adoption (4 children) or long-term fostering with parental contact (3 children).

Caretakers of 11 children were asked to look after the child for an undefined period. For 5 of these children the plan was to return home with Social Services help, for 2 to move to long-term fostering with parental contact, and for 1 to stay in placement. For 2 the plan was removal to children's home and for 1 move to another short-term placement.

2 caretakers were asked to look after the child long-term or permanently, 1 was planned to stay in placement but for the other the plan was removal to a children's home.

For the 2 caretakers who had 'other' tasks, the plan for 1 child was a long-term foster home with parental contact and for the other it was adoption.

Of 10 children who had to move to another short-term placement, 7 caretakers were asked to look after the child for a limited period with an unknown outcome and 1 to look after the child for an undefined period. 2 were asked to provide relief care and return to parents. There does seem to be some connection between a less defined task and an early end to the placement. This may be that the placement was only a stop-gap in the first place, or that the caretaker was not willing or able to take on a more defined task.

Table 95 cross-references the Plan with the Resource Used. 46 children were placed in foster homes who had all the siblings. 38 of these were planned to return, and 2 to move to a long-term foster home with parental contact. 2 were planned to move to a children's home and 4 to another short-term placement.

3 children were in foster homes with contact between siblings and all were planned to return home. 26 children were in a foster home. 14 were planned to return home, 4 to be placed for adoption, 2 to stay in placement and 1 to move to a long-term foster home with parental contact, and 1 'other'; 1 was planned to move to a children's home and 3 to another short-term placement.

15 children were in children's homes for all the siblings; 7 were planned to return home, 3 to move to long-term fostering with parental contact and 1 'other'. 2 were planned to move to another children's home and 2 to another short-term placement.

9 children were in a children's home. 5 were planned to return home, 2 to be placed in a long-term foster home with parental contact, 1 to be moved to another children's home and 1 to another short-term placement.

2 children were in long-term substitute families. One was planned to stay, but the other to move to a children's home.

7 children were in 'other' placements. 3 were planned to return home, 2 to stay in placement, 1 to be placed for adoption and 1 to be placed in a long-term foster home with parental contact. These seem to be the children least subjected to disruption. Could this be because they were in familiar placements - relatives, neighbours or childminders? Most of the children placed as sibling groups in foster homes were planned to return home - 38 out of 46. 4 of the 5 children to be placed for adoption were in foster homes. Of the 9 children for whom long-term fostering with parental contact was planned, 3 were in foster homes, 5 in children's homes and 1 'other'. 7 children were intended to move to a children's home, 3 were already in children's homes and 4 in foster homes. Of the 10 children who had to be moved to another short-term placement, 7 were in foster homes and 3 in children's homes.

Of the 77 children in foster homes, for 55 the plan was return home, for 3 to stay, for 7 adoption or long-term fostering and for 11 to move to children's homes or another short-term placement with 1 'other'.

So it seems that the task for the majority of foster parents is to prepare children to return home.

Of the 24 children in children's homes, for 12 the plan was to return home, for 5 to move to long-term fostering and for 6 to move to another children's home or short-stay placement with 1 'other'.

Table 96 looks at the Plan in relation to the Forum for Decision Making. For 37 children a case conference was held, 13 of these with the care-taker present. Of these 13, 6 children were planned to return home with Social Services help, 5 to be found a long-term foster home with

parental contact, 1 to be placed for adoption and 1 moved to a children's home.

Of the 24 children for whom a case conference was held without the caretaker present, 9 were planned to be returned home with Social Services help, 5 stay in placement (perhaps a reasonable instance for the caretaker - who would have had a personal bias - not to be present), 4 to be placed for adoption (when an adoption panel would need to be held), 3 to move to long-term fostering with parental contact and 3 move to another short-term placement. In this last instance, if the child was moved within a day or two because placed in an emergency, it may have been that the case conference was held after the move as part of the future planning.

69 children were not subject to any formal case conference. 55 of these returned home, 51 with Social Services help, for 1 it was planned to seek a long-term foster home with parental contact, 6 were to move to a children's home and 6 had to be found another short-term placement. There was 1 'other'. So, in most instances where there was no case conference at this stage the child was returning home - perhaps having been in voluntary care for a short period of time or was moving onto another interim placement.

There was 1 'other' category where the child had to move to another short-term placement and 1 'not known' where 'other' arrangements were planned for the child.

So, in all but one of the instances where long-term alternative arrangements were being planned for the child - to move to long-term foster homes with parental contact, adoption or stay in placement - a case conference was held. In the majority of cases where the child was returning home (55 out of 70) or moving to another interim placement (13 out of 17), it was not. However, even if the care episode is of short duration and it is expected the child will return home, unless it has been for a straightforward and temporary difficulty, a proper case conference or planning meeting with the Social Services Department, parent and caretaker can help to consolidate the lessons learned from the placement and try to reduce the need for admission to Care in the future.

Table 97 cross-references the plan with the discharge of the child in voluntary Care. Column b) shows the secondary reasons for discharge. For 55 children the natural parent discharged the child with the Social Services Department's agreement. As would be expected, almost all (54) were planned to return home, 50 with further Social Services help. There was one 'other'.

4 children were discharged by the parent against Social Services advice. 2 were planned to return home with Social Services help; one was planned to stay in placement, and there was one 'other'. 13 children had natural parents reluctant to have the child home, 4 of these children were planned to return home with Social Services help; 2 were planned to move to another short-term placement; 4 to move to a children's home and for 3 adoption was planned. So these children were more likely to experience further moves, or not to return home. This fits with the findings of Aldgate (1977) and Jenkins and Norman (1972) that children were less likely to return home if their parents were unwilling to resume care.

One parent was unhappy about the care provided and this child was planned to move to a long-term foster home with parental contact. There were 5 'other' responses. 3 of these children were planned to return home with Social Services help and 2 had to be moved to another short-term placement.

There were 3 responses in the 'not used' column - all of these children were moved to another interim placement - one to a children's home and 2 to another short-term placement.

The child for whom this was not recorded was returned home with further Social Services help.

26 children were not in voluntary care. 6 were planned to return home with further Social Services help; 4 had to be moved to another short-term placement and 2 were planned to move to a children's home. It was planned that 4 children should stay in placement, 2 be placed for adoption and 8 be found long-term foster homes with parental contact.

It seems clear that where parent and Social Services were working together the child was more likely to return home. The children planned to move to another interim placement were all either not in voluntary care or had parents reluctant to have them home, or were in the 'other' or 'not used'

column. The children for whom alternative families were intended to be found - adoption, long-term fostering or staying in placement, were mostly not in voluntary care or had parents reluctant to have them home, with one parent unhappy about the care provided and 1 who discharged the child against the Department's advice.

Table 98 cross-references the Plan with the Reason for the Movement of the Child, columns a) and b).

For 12 children the natural parent was not involved in the movement of the child. All of these children were planned to move to further interim placements - 8 to another short-term placement and 4 to a children's home - as was noted earlier either because of breakdown in the placement or because the placement was only a stop-gap anyway. For 64 children the natural parent and Department were in agreement. 63 of these children were planned to return home (59 of them with Social Services help) and there was one 'other'. This seems to bear out the earlier point that children were more likely to return home where the Department and parent were in agreement.

There were 3 instances, in column b), where the Department moved the child against the parents wishes and all of these children were planned to move to long-term foster homes with parental contact.

11 children were moved as part of a long-term plan - 5 were intended to be placed for adoption, 5 with long-term foster homes with parental contact and 1 moved to a children's home.

Where the foster parents requested the removal of the 5 children they remained in Care. For 3 of them the plan was long-term fostering with parental contact (although this could not necessarily be found immediately and, in fact, all 3 were moved to a children's home). For 2 the plan was to move to a children's home. A further 5 children were featured in column b) as having been removed prematurely from a foster home but remaining in Care. They had figured in column a) as 'natural parent not involved', 4 had to be moved to another short-term placement and one to a children's home.

2 children who had figured in column a) as 'natural parent and Social Services Department in agreement', featured in column b) as 'foster parent requested premature removal because could not cope - returned home'.

Both were planned to return home with Social Services help. Their parents had wanted this but it had to be arranged prematurely because the placement could not continue.

One child who had figured in column a) as 'natural parent not involved' featured in column b) as 'child removed from foster home because unsatisfactory, child remained in Care'. This child had to be moved to another short-term placement.

One child was removed from foster home because it was unsatisfactory and returned home. The plan for this child was long-term fostering with parental contact. He was found with bruising in the short-term foster home - it was decided to return him home.

There were 12 'other' reasons for movement. 5 of these children were planned to return home with further Social Services help. 4 children were planned to stay in placement, 2 children had to be moved to another short-term placement and there was one 'other'.

3 children figured in the 'not used' column. For 2 the plan was return home with Social Services help and for 1 to stay in placement.

It seems that parent and Department were mostly in agreement when the plan was to return the child home; the parents were not involved in the reason for movement (though this is not to say they were not informed) when the Department had to make other interim arrangements - often because the first placement broke down or was not suitable. Where the reason for movement was part of a long-term plan, column b) indicates that for the 5 children the parent was in agreement with long-term fostering and also for 3 out of the 5 children planned to place for adoption.

## e) SUMMARY

### FINDINGS

a) Forum for Decision-Making.

| | | |
|---|---|---|
| No formal case conference or discussion | 69 children | (63.9%) |
| Case conference or discussion not involving caretaker | 24 " | (22.2%) |

b) Discharge from Care if Child in Voluntary Care.

| | | |
|---|---|---|
| Natural parent discharged child with Department's agreement | 55 children | (50.9%) |
| Child not in voluntary Care | 26 " | (24.1%) |
| NP reluctant to have child home | 13 " | (12.0%) |

c) Movement of Child.

| | | |
|---|---|---|
| Natural parent & Department in agreement over decision to move child | 64 children | (59.3%) |
| Natural parent not involved in decision to move child | 12 " | (11.1%) |
| Overall number of children moved prematurely from foster home | 14 " | (13.0% of total 18.2% of ch.in FH.) |

d) Plan of SSD at Movement of Child.

| | | |
|---|---|---|
| Return home with continued SSD help | 66 children | (61.1%) |
| Move to another short-term placement | 10 " | ( 9.3%) |
| Move to a children's home | 7 " | ( 6.5%) |

CONCLUSIONS/RECOMMENDATIONS.

a) Forum for Decision-making.

There were no examples of foster parents being involved in case conferences in this sample. Since they must hold valuable information about the children they care for, consideration needs to be given to how best to involve them in the decision-making process. This may require additional training - especially for foster parents involved in assessment.

b) Discharge from Care in Child in Voluntary Care.

In most cases the natural parent and the Department were in agreement over the child's discharge from Care. Where there was disagreement, this was more likely to be because the parent was reluctant to take the child home when the Department felt this would be appropriate, than because the Department advised against it. This seems to emphasise the need for the social worker to maintain intensive involvement with the parent throughout the period of Care to keep its objective to the forefront.

c) Movement of Child from Initial Placement.

In the majority of cases the natural parent and Department were in agreement over the decision to move the child. Where the parent was not involved in the decision, the child had been admitted for reasons of parental desertion, inability to cope or risk to the child. This was also the case for the 14 children prematurely removed from a foster home. There are indications that foster home placements made in an emergency because of problems of some kind in the parental/child relationship and where the children are recorded as being aggressive, are more likely to break down than those required for external reasons such as illness, and therefore extra care is needed in the selection of an appropriate resource.

d) Plan of SSD at Movement of Child.

The plan for most children - 61.1% - was a return home with further Social Services help. For 17.6% the plan was an alternative family

(adoption or fostering) but for 15.8% it was a further interim placement. All but one of the latter was necessitated by an initial stop-gap arrangement or the breakdown of the initial fostering placement. All were emergency placements and most were siblings, and in Care because they were at risk or from parents who could not cope with them.

There is a need for foster families who can take siblings in an emergency and then cope throughout the assessment period so planning can take place at that stage without further disruption to the child. The main requirement for foster parents is for those who can work with natural parents towards the child's return home, together with a few foster parents who can prepare children for long-term foster homes with parental contact.

PART II - CHAPTER 5

## PERMANENCY OF THE NEXT PLACEMENT

This Chapter looks at whether the plan could be implemented, whether the resources were available for this and whether the next placement proved to be permanent or the child moved on, or in and out of Care.

The Chapter is sub-divided into the following sections:-

a) Availability of resources to meet the plan.
b) Next placement.
c) Permanency.
d) Summary - Findings and Conclusions/Recommendations.

### a) Availability of Resources to meet the Plan.

This section looks at whether the resources were available to put the plan into operation. In this context resources mean tangible or practical entities, but the availability of social work skills could also be relevant.

As has been seen, the plan for the majority of children was return home. Resources needed would depend upon the reason for admission in the first place. Parents might need concrete facilities such as better housing, more money, clothes, furniture. They might also need help with practical skills such as budgeting, cooking, cleaning, child care. The Social Services and Housing Department have a reasonable relationship in Broxbourne and no child came into Care because his parents were homeless.

Section I of the 1963 C. & Y. P. Act (later 1980 C.C. Act) enabled the Social Services Department to provide money to prevent a child coming into Care ("in exceptional circumstances"). The Department's policy was, if necessary, to help over a temporary crisis, then to ensure that a family was receiving all its entitlement and then to provide assistance, usually through a Family Help (a person without formal qualifications but with experience in running a home, bringing up a family) to help a family to budget effectively for themselves. The Family Helps would also be available to educate in matters of housework, cooking and child care on a fairly intensive level (i.e. several times a week). Day Care for the under 5's was available at childminders and the

Division's Children's Centre, although there might not have been sufficient places. Home Help might have been an option for families where illness was a problem.

Where the plan was fostering or adoption, the social worker would need to find a suitable family for the child. In some instances a particular specialist residential unit or school may also have been recommended.

Holman (1976) is quoted in Thorburn (1980), page 5, as seeing the lack of day care and other support services and the low level of financial support, especially to single-parent families, as being one of the reasons why parents fail to fulfil their duty to their children. Packman (1968), Thorpe (1974) and Aldgate (1977), in their studies of children in Care, are quoted as finding that the poor, the homeless and children from single-parent families were particularly at risk of coming into Care and this study considers whether lack of practical resources was keeping children in Care.

Table 99 looks at whether resources were available for the plan. This was judged by looking at the plan recorded for the child from the initial placement and identifying the resources recorded as needed to carry out this plan. In some cases these would have been obvious even if not recorded - for example, a child where the immediate plan was movement to a children's home or placement with an adoptive family, the provision of a residential or adoption place would be necessary. Where it was less obvious - as in return home, a judgement would be made from the social worker's record of what was needed.

Table 99 shows that for 69 children (63.9%) all the resources needed were available. For 24 children (22.2%) some of the resources needed were available, but not all. This category would be used when the plan could be implemented e.g., return home, but some of the factors causing concern were still apparent and might lead to further family breakdown. This could be lack of a practical resource, e.g. proper housing, or that the resources to help resolve the problem were available but the parents were unwilling to admit there was a problem and would not make use of them - e.g. Family Help to help a parent overcome child care difficulties.

For example, the children of a single mother had several admission to Care either because she felt unable to cope or had to enter hospital. At

the time of the first discharge home day care facilities were available for the children at no cost to the mother but she still had a large outstanding gas debt and was on supplementary benefit. On another occasion, a Children's Centre place was available for one of the girls but there was no transport available to get her there and the financial problems were continuing. The mother was described as giving 'haphazard and inadequate care' to the children.

A single father was living with 3 children in inadequate housing - a small caravan with poor facilities. He had maximum points to be rehoused but this was not immediately forthcoming. In the end he engineered homelessness and was rehoused via the district hostel to a flat.

A child who was considered to be at risk from her father and whose mother had difficulty in coping came into Care following a marital row when her mother left home; she was returned to her mother's care and day nursery, Family Help and social worker were all available but the social worker found it difficult to get the mother to stick to any plan.

The daughter of a single father came into Care when he had to go into hospital with a slipped disc. On her return home he was very reluctant to accept any help and continually said there were no problems until the next crisis arose.

The parents of 3 children had extreme marital problems and were very immature. They had difficulty coping and the children were considered to be at risk. They were returned home and childminder, co-operative foster parents, Family Help and social worker were all available to offer help but the parents seemed unable to change. The elder 2 children eventually entered Care permanently.

There were 3 children (2.8%) for whom the resources were not available so the plan could not be implemented.

10 children (9.3%) came into the 'other' category.

One child and his older sister were the disturbed children of a single father who was not coping very well. It had been planned to assess the children's needs over a six month period, but their father removed them from Care after a week, so the initial plan was aborted.

A one year old boy was moved from one short-term placement to another because the first was unsuitable, but the overall plan had been to find a permanent substitute family and this was not possible because the application to court for a Care Order was turned down for lack of evidence.

Finally, two sisters were admitted to Care 4 times (counting as 8 admissions in this category) because of their mother's illness. The social worker felt their father could have coped with the back-up resources which were available but he refused to do so. Consequently, the plan to return them home without re-admission was not achieved on 3 occasions, and there were doubts on the fourth because of the parents' attitudes. The father was described as opting out and the mother as plausible.

For 2 children (1.9%) this information was not known.

So, for the majority of children lack of resources did not prevent the plan being put into operation, but for over a fifth, although the plan could be carried out, the inadequacy of some resources - either practical or within the parents attitude towards the resources available - did cause concern that the plan might not prove to be a permanent resolution of the problems.

Table 100 cross-references the Plan with the Availability of Resources. This shows that of the 69 children where all resources were available, the plans varied across all categories. All of the children planned to return home without Social Services help (4), stay in placement (5), or be placed for adoption (5), came within this section, together with most of the children planned to move to another short-term placement (8) and the majority of children planned to move to a children's home (5), long-term foster home with parental contact (5) or return home with Social Services help (36). There was one 'other'.

For 24 children some, but not all, resources were available and most of these - 21 - were planned to return home with Social Services help. In addition, there were 2 children planned to move to a children's home and one to another short-term placement - perhaps a place but not the preferred one was available.

The 3 children for whom the resource was not available were planned to move to a long-term foster home with parental contact. This was the

only category where a resource was totally lacking when needed and was 30% of the total of long-term foster homes needed. Could this reflect the difficulty, and inherent conflict, in trying to find families able to offer a home to a child throughout his childhood but at the same time welcome regular and continuing contact with the child's natural parents?

In the 10 children in 'other' category there were 8 planned to return home with Social Services help, one planned to move to another short-term placement and one 'other'. These have been described above.

Of the 2 children for whom it was not known whether the resource was available, one was planned to return home with Social Services help and one to move to a long-term foster home with parental contact.

So, areas where there are resource gaps are in long-term foster homes able to cope with parental contact - and probably the placement of older children - and rehabilitation home. Illustrations of this were given in the earlier examples.

b) Next Placement.

This section looks at what the next placement was for the child. It should reflect the plan outlined in Chapter 4, section d) and where it does not, this may link in with the availability of resources discussed in the previous section.

Table 101 shows that for 4 (3.7%) children the next placement was home and for 68 children (63%) it was home with continuing Social Services help. For 9 children (8.3%) the next placement was a move to another short-term placement and 10 children (9.3%) moved to a children's home. 6 children (5.6%) were placed for adoption and 5 children (4.6%) were placed in long-term foster homes with parental contact. There were no children placed in long-term foster homes without parental contact. Another 5 children (4.6%) did not move from their initial placement in the time of this survey and it was not planned that they should be moved. There was 1 'other' (0.9%). This was the baby of a disturbed 17 year old single mother who was placed in a foster home while she decided if she wanted him adopted. She wished to have the baby home and he was returned to her care but in a mother and baby home where she could

experience looking after him with support and tuition.

So, 72 children (66.7%) of the children admitted to Care returned home from their initial placement.

19 children (17.6%) moved to another interim placement - short-term foster home or children's home. As has already been noted, most moved because their initial placement could not continue, sometimes ending very abruptly.

All of the 9 children whose next placement was another short-term placement had been placed in their original resource in an emergency. 4 of the 10 children moved to a children's home had been placed in an emergency, 3 of the children had been in a foster home longer than anticipated so had to move, 2 foster placements broke down and the foster parents requested the children's early removal and 1 child was moved to a specialist children's home.

16 children (14.8%) were placed in what was intended to be long-term family care - either adoption or fostering with parental contact or staying in their initial placement. There was one 'other' placement.

Table 102 looks at any discrepancy between the next placement and the plan. Despite the earlier comments about some lack of resources, there were only 6 children out of the 108 admissions for whom the next placement was different from the plan. This occurred most frequently for children for whom long-term fostering with parental contact had been planned - 4 of the 6 children whose plans could not be fulfilled and 4 of the 9 children for whom long-term fostering was planned.

One of these children was returned home with Social Services Department help. This child had been found to be bruised in the short-term foster home and although it had been planned to place him in long-term foster home with parental contact, when he had to be moved prematurely it was decided to send him home. He had been in voluntary Care and presumably the parents ceased to have faith in Social Services arrangements and although he had been considered to be at risk with his parents, there was insufficient grounds for Care proceedings.

The other 3 children for whom long-term fostering had been planned were, instead, moved to a children's home. Table 100 indicates that this was

because suitable long-term foster homes able to accept parental contact for the children were not available.

One child, planned to move to another short-term placement was, in fact, adopted in her next placement. She and her brother were moved prematurely from their previous short-term foster home because it could not cope and placed in what was expected to be another short-term foster home. However, she and the brother became available for adoption; it was decided that it was not imperative to place them together and the short-term foster parents asked to keep the girl, which was agreed. The boy had several more moves before finding his adoptive home.

The other child where there was a discrepancy between plan and next placement was intended to have 'other' arrangements but was returned home with further Social Services help. This was the child above, [page 168] who had been intended to remain in Care for an assessment, but whose father removed him home after a week.

Table 103 cross-references the number of previous admissions to Care with the next placement.

The 63 children who had had no previous admissions featured in all the categories.

19 children had had at least one previous admission; 13 returned home with Social Services help, 2 were moved to another short- term placement, 2 to a children's home, 1 was placed for adoption and 1 stayed in placement.

The remaining 10 children who had had between 3 and 6 previous admissions were all returned home with further Social Services help.

All the 4 children who returned home without further Social Services involvement; all the 5 children who were placed in long-term foster homes with parental contact; the one child who had 'other' arrangements and 5 of the 6 children placed for adoption; 7 of the 9 children moved to another short-term placement and 4 of the 10 children moved to a children's home; had had no previous admissions to Care.

The remaining 1 child placed for adoption and 2 children moved to another short-term placement, had had one previous admission to Care.

Of the remaining 6 children moved to a children's home, 2 had one previous admission to Care and 4 had had 3 previous admissions to Care.

5 children stayed in placement. One child had had no previous admissions to Care, one had had one and 3 had had 2 previous admissions to Care.

So the children who had several admissions to Care were still being returned home - perhaps there were no legal grounds to do otherwise, or each admission was a necessary short-term support for a vulnerable parent in crisis. It returns to the question of whether these admissions could have been avoided by better domiciliary preventative services.

However, it cannot be said that the majority of children whose initial placement broke down and who had to be moved to another short-term placement, had been disturbed beforehand by frequent admissions to Care since 7 of these 9 had had no previous admission and the other 2 only one, while 4 of the 10 children moved to a children's home had no previous admissions, 2 had one, although 4 had had 4. Some of these placements had only intended to be emergency stop-gaps of course.

It seems that the circumstances of most of the children placed for adoption or long-term fostering (10 out of 11) were clearly such that they could not return home since these arrangements were made on the first admission to Care.

Table 104 cross-references the next placement with the resource used. All of the 4 children who returned home without further Social Services involvement were in a foster home for all the siblings. Of the 68 children who returned home with continuing Social Services help, 34 were in foster homes for all the siblings, 3 in a foster home with contact between the siblings and 15 in a foster home - making a total of 52 in foster homes (67.5% of 77 children in foster homes). 8 were in a children's home for all the siblings, and 5 in a children's home - a total of 13 in children's homes (54.2% of 24 children in children's homes). 3 were in 'other' placements.

9 children were moved to another short-term placement, 4 had been in a foster home for all siblings and 2 in a foster home - a total of 6 in foster homes. 2 had been in a children's home for all siblings and 1

in a children's home - a total of 3 in children's homes.

10 children moved to a children's home, 4 of these had been in a foster home for all siblings and 1 in a long-term substitute family and 1 in a foster home - a total of 6 in foster homes. 2 had been in a children's home for all siblings and 1 in a children's home. So, 3 children were moved from 1 children's home to another. One had been in an 'other' placement.

All the 5 children who had been found long-term foster families with parental contact had been in children's homes; of the 3 for whom the resource could not be found, 2 had been in a foster home for all siblings and 1 in another arrangement.

Perhaps this is a reflection of the fact that the foster home could not wait long enough for the resource to be found whilst the children's home had no such time limit.

In contrast, 5 of the 6 children placed for adoption had been in foster homes. The 6th in an 'other' placement had been in hospital temporarily when admitted to Care and then was placed for adoption from a children's home placement.

5 children stayed in placement; 2 had been in a foster home and one already placed directly in a long-term substitute family. The other 2 had been placed with relatives and stayed with them.

The child for whom 'other' arrangements were made had been in a foster home.

Of the 77 children placed initially in foster homes, 56 (72.7% of all in foster homes) returned home, 6 moved onto another short-term placement and 6 to a children's home, which equals 12 in further interim placements (15.6% of all in foster homes); 5 were placed for adoption, 3 stayed in placement, which equals 8 in alternative families (10.4% of all in foster homes) and 1 went to an 'other' placement.

Of the 24 children placed in a children's home, 13 returned home (54.2% of all in children's homes), 3 moved to another short-term placement and 3 to another children's home, which equals 6 in further interim placements (25% of all in children's homes); 5 were placed in a long-term foster home with parental contact (20.8% of all in children's homes).

2 children had been placed directly in a long-term foster home - one stayed and one was moved to a children's home.

7 had been in 'other' placements; 3 returned home, 2 stayed, 1 was placed for adoption and 1 moved to a children's home.

So, summarising again the above percentages, most (72.7%) of the children placed in foster homes were to return home, 15.6% moved to other interim placements and only 10.4% moved to or stayed in alternative families.

Of the children placed in children's homes, a smaller majority (54.2%) were to return home, 25% moved to another interim placement and 20.8% were moved to alternative families.

The lesson from this seems to be the need to recruit foster parents who can work with natural parents in order to return the children home to them and for those occasions when the children are being prepared for long-term foster homes with natural parents remaining in contact. Children's homes seem to have been used more for this and the staff need skills in this area and perhaps also to help foster parents to take on this task and support them whilst they are doing it.

It appears that children's homes were being used as a stop-gap at times and there needs to be more foster homes who are available to take children in an emergency - and can continue coping through the initial assessment period.

The effect that parental contact in the initial placement was to have on the next placement can now be looked at in this data since the importance of it on rehabilitation home has been noted several times (Adcock, 1980; Aldgate, 1977; Fanshel, 1976).

Table 105 cross-references parental contact in the first 2 weeks with the next placement and Table 106 parental contact for the rest of the placement with the next placement.

Table 105 looks at the first 2 weeks of contact. 72 children returned home after this placement, 68 with continued Social Services Department involved. For 24 of these 72 children the amount of contact at this time was unknown, 6 had no contact and 9 had 'other' arrangements. For the

rest, 15 had more than weekly contact, 14 about weekly and 4 once in the 2 weeks.

10 children moved to a children's home and 7 of them had had no parental contact at this time; 2 one contact in the 2 weeks and 1 almost daily contact.

9 children moved to another short-term placement; 3 of them had had no contact, 4 an 'other' arrangement, 3 had weekly contact and 1 one contact in the 2 weeks.

6 children were placed for adoption; 4 had had no contact, 1 about weekly for those two weeks and for 1 it was not known.

5 children moved to a long-term placement with parental contact expected, and 3 of them had had weekly contact in the first 2 weeks, 1 once in the 2 weeks and for 1 contact was unknown.

5 children stayed in the same placement - 2 had had no contact, 2 more than weekly and 1 about weekly.

There does seem to be a clear relationship between early parental contact and return home - as perhaps would be expected. Of the 21 children who had no contact, only 6 returned home and 6 of the 10 who had only 1 contact in the 2 weeks did not return home; 15 of the 18 children who had more than weekly contact and 14 of the 19 who had weekly contact did return home. However, 24 of the 27 children where contact was not known did return home so failed recording did not deter rehabilitation!

Table 106 looks at continuing contact against the next placement. We know that for 48 children this was not applicable so for 14 it remained unknown. 11 of the 62 children for whom contact was not known or who moved inside 2 weeks did not return home.

Of the remaining 21 children who returned home and where contact was known, 4 had no contact, 13 had contact of weekly or more and 4 'other' arrangements.

10 children moved to a children's home and where contact was known 3 children had none, 1 more than weekly, 2 about fortnightly and 2 'other'.

9 children moved to another short-term placement and for 6 of these contact was not known or not applicable, for 2 it was about weekly and for 1 'other'.

6 children were adopted, for 2 contact was not known or not applicable, 3 had no contact and 1 about monthly. 5 children moved to a long-term placement with parental contact and for 2 of these the contact before the move was about weekly, for 2 about monthly and for 1 between 1-2 months.

A further 5 stayed in this placement, 1 had no contact, 1 more than weekly contact, 1 about monthly and 1 every 2-3 months.

The conclusions drawn from the contact in the first 2 weeks seem to remain valid. Of the 11 children who had no parental contact, 7 did not return home. None of the 8 children who had contact less than fortnightly returned home. Of the 19 children who had contact weekly or more 13 returned home. Of the 8 children who had 'other' arrangements, 4 returned home, 4 did not.

It therefore seems from this data that parental visiting in the initial and continuing stages of the placement does contribute to the likelihood of a return home for the child.

c) Permanency.

This section is in a way the test of the validity of the justification for admission to Care and the effectiveness made of the resource used and planning made. It asks whether the next placement following the initial one on admission was permanent or whether the child had to move on, or in and out of Care. Since it has already been seen that the next placements involved a number of further interim arrangements, it seems unlikely that permanency was achieved for all.

The concept of permanency is taken here to mean that the child's parents - i.e. those looking after him on a day to day basis and taking responsibility for attending to his needs - remained the same, with the obvious exception of holidays with friends and relatives. The most usual permanent arrangement is to live with one's own natural parents and failing that, the best alternative is held to be substitute parents who have the legal

security of adoption (Triseliotis, 1983; Adcock, 1980a; Fanshel & Shinn, 1978; Raynor, 1977; Tizard, 1977; Kadushin, 1970). A child in Care has substitute caretakers, natural parents and legal parents who may be the natural parents or the local authority. Weinstein (1960, page 15) says:

> "The child may be confronted with three sets of adults, all of whom have some stake in caring for him and planning for his future. In the absence of clearly structured role expectations both power and responsibility may sometimes be shared, sometimes competed for, and sometimes denied by one or more of the three."

A child should not suffer the uncertainty of not knowing who his future parents will be, nor whether he will be moved between natural parents and substitute caretakers, who may be strangers, on a series of short-term Care arrangements whenever there is a crisis in the family.

Table 107 looks at whether the next placement was permanent. For 7 children (6.5%) their next placement was permanent with no further Social Services Department involvement. For 38 (35.2%) children the placement was permanent in that they were not moved again from their caretakers but they had continuing Social Services help. So, out of the 108 admissions the next placement was permanent for 45 children (41.7%); not all of these will have returned home - some will have been placed in alternative families.

31 children (28.7%) experienced further periods of short-term Care. Although they did not come into Care permanently within the period of the survey, these were presumably the children figuring in the tables with several previous admissions (Part II, Chapter 1, section g) and Tables 14 and 15) and were suffering continuing disruption and separation in their lives. As was also seen, they were not always placed with the same caretakers (Part II, Chapter 2, Table 26).

14 children (13%) returned home from their next placement. Investigation shows that 10 of these were the children who had been placed in further interim resources. For most of these 14 the return home proved to be permanent.Within the period of the survey - 3 of them lost their mother's through death.

9 children (8.3%) returned to Care on a permanent basis from home. For these children rehabilitation had not worked out. Sometimes it had to be tried to prove this, and sometimes return to Care followed several short-

term admissions, but when the end result was a permanent separation from home the children were included in this category. It may be asked whether this decision could have been made at an earlier stage or whether evidence that rehabilitation could not work had to be proved.

6 children (5.6%) were moved to yet another placement (their third) from their next placement, but their final destination was still not clear.

2 children (1.9%) were in the 'other' category. For one child (0.9%) it was not known if the next placement was permanent - presumably this child had moved out of the area so this could not be known.

No child was moved to any placement other than a parent or in the Care of the local authority, e.g. not to relatives or friends, so out of the 108 admissions only 7 children achieved a permanent home free of the involvement of the Social Services Department. Only 41.7% achieved permanency at all at this stage, leaving 58.5% with an insecure future following their admission to Care. It seems that the resources and skills of the Department should be made available to achieve better than that.

What are the reasons for the failure - is it lack of resource or lack of legal means to secure the child's future? The Children Act 1975 was supposed to rectify that - but has the pendulum swung too quickly the other way before the spirit - and even all the clauses - of the Act could be fully implemented?

Do repeated admissions - and separations - really matter as much as has been suggested earlier, or is short-term admission to Care in a crisis an acceptable way of supporting a single parent in difficulty and without family support, and only really an alternative to going to stay with Granny? But Granny is usually a familiar and much loved family member. In some cases the child has not even met the caretaker before and several admissions to Care often meant several different caretakers.

One of the children who had several short-term admissions to Care - one of 3 siblings of a single mother - did return home with continuing Social Services help. 3 years after her last admission to Care it was reported that she could not settle at school. Her Headmistress said that she was "paranoid" about her "mother vanishing" and was very anxious about losing her mother.

Table 108 cross-references the permanency of the next placement with the reason for admission (columns a, b and c).

For 7 children the next placement was permanent without Social Services involvement. 2 had been admitted for reasons of pregnancy, 1 from a single parent 'other' reason, 1 from a parent unable to cope, 1 child was handicapped and 2 for 'other' reasons.

38 children achieved permanency with further Social Services help. 12 had been admitted for reasons of illness or pregnancy; 2 from single parent 'other' reason, 9 had parents who deserted, 7 had parents unable to cope and 8 were at risk.

9 children who had been returned home came back into Care on a permanent basis. 2 had been admitted because of pregnancy, 1 had a parent who deserted, 3 had parents unable to cope and 3 were at risk.

6 children were moved onto another placement. One was admitted following desertion, 4 had parents unable to cope and 1 was at risk.

14 children returned home from their next placement. 2 had had parents who deserted, 2 had parents unable to cope and 8 were at risk, while 2 were admitted for 'other' reasons. As stated, a number of these had been placed in an emergency and then moved on to another interim placement. 31 children had further periods of short-term Care. 3 were admitted for pregnancy and 10 for illness. 5 had been admitted from single parents with 'other' reasons, 3 had parents who had deserted, 7 had parents unable to cope and 3 were at risk. 2 children admitted for illness came into the 'other' category and for a child whose parent had deserted it was not known if the next placement was permanent.

1 child was admitted following mother's post-puerperal depression and he achieved permanency with further Social Services help.

12 children were admitted for reasons of pregnancy. 7 achieved permanency, 5 did not. 2 returned to Care from home and 3 had further periods of short-term Care.

18 children were admitted following a parent's illness, 6 achieved permanency, 12 did not. 10 experienced further periods of short-term Care (perhaps also for illness?) and 2 came into the 'other' category.

8 children were admitted for single parent 'other' reasons. 3 achieved permanency but 5 did not and had further periods of short-term Care.

17 children were admitted following a parent's desertion. 9 achieved permanency, 8 did not. 1 returned to Care from home, 1 was moved to another placement, 2 returned home from the next placement and 3 had further periods of short-term Care, while for 1 permanency was not known.

24 children were admitted because their parents were unable to cope with them. 8 achieved permanency but 16 did not. 3 returned to Care from home, 4 were moved to another placement, 2 returned home from their next placement while 7 had further periods of short-term Care.

23 children were admitted because they were at risk. 8 achieved permanency but 15 did not. 3 returned to Care from home. 1 was moved to another placement, 8 returned home from their next placement while 3 had further periods of short-term Care.

The handicapped child admitted to care achieved permanency.

4 children were admitted for other reasons, 2 achieved permanency and 2 returned home from their next placement.

It seems that the children least likely to achieve permanency were those admitted for reasons of illness, because their parents could not cope or they were at risk.

The children admitted for illness of parent were more likely to experience further periods of short-term Care. The children whose parents could not cope were more likely to return to Care, short-term or permanently. The children at risk were more likely to return home from their next placement, although a large minority also returned to Care short-term or permanently.

The need for resources to prevent repeated short-term admissions for children whose parents were ill or could not cope and for foster parents who can cope in emergencies and thus avoid the movement of children to further interim placements, is reinforced. If permanent removal from home cannot be prevented, and this should not be because of lack of resources, then this decision needs to be made as soon as

possible. An intensive programme of rehabilitation and assessment is required in the initial period of Care.

Table 109 cross-references the permanency of the next placement with the expectation of the task of the caretaker.

52 caretakers had been asked to offer a defined period of relief and return the child to the natural parents. For 23 children this return home had been permanent. However, for a further 29 it was not. 5 children returned to Care on a permanent basis, one child moved to another placement and one child returned home. These last 2 children were siblings whose mother could not cope after her husband left. The children were admitted to Care to give her a short break with the intention of them returning to her. However she was not ready to cope when the foster parents of the first child requested his removal and he was moved to another short-term foster home and after several more moves finally placed for adoption. She was still not ready when the second child had to be moved and was placed in a children's home. He also had two more moves before he did, finally, return home.

20 children experienced further periods of short-term Care. Another 2 children came into the 'other' category.

Caretakers were asked to look after 24 children for a limited period with the outcome unknown. For 6 of these children the next placement was permanent, but not for the remaining 18. 4 children returned to Care from home, one child moved on to another placement and 7 children experienced further periods of short-term Care. 6 children returned home from their next placement and it is not known if this was permanent. Presumably these 6 had been moved into another short-term placement because the first could not continue.

In 10 instances caretakers were asked to contribute to the assessment for a limited period with the outcome unknown. For 5 of these children the next placement was permanent and for 5 not. 2 of these 5 moved onto another placement, 2 returned home and 1 had further periods of short-term Care.

Caretakers of 7 children were asked to assess and prepare the children for a long-term substitute family. 5 of these placements were permanent and 2 not. 1 child returned home and for one the outcome was not known.

Caretakers of 11 children were asked to look after them for an undefined period. For 5 of these children the next placement was permanent but for 6 not. 3 of these children returned home from their next placement and 3 children experienced further periods of short-term Care.

In 2 instances the caretakers were asked to look after the children long-term or permanently, but both these children moved on to another placement.

There were 2 children in the 'other' category. For one the outcome was permanent but one child returned home from the next placement.

Of the caretakers whose task did not lead to permanency, the task least likely to do so was where the caretaker was asked to look after the child without contributing to the assessment for a limited period with the outcome unknown (18 out of 24 not permanent).

The next task least likely to lead to permanency was where the caretaker was asked to offer a defined period of relief and return the child to its natural parents (29 out of 52). The other tasks where permanency was not achieved in a majority of cases was where the caretaker was asked to look after the child for an undefined period (6 out of 11) and where the caretaker was asked to look after the child long-term or permanently (2 out of 2).

It does appear that where the task was unspecific and the caretaker was asked only to look after the child for a limited, undefined period or long-term period or where she was asked to return the child to his parents after a defined period, the outcome was less likely to be permanent. This seems to be borne out by information below.

9 children returned to Care from their next placement. 5 caretakers had been asked to offer defined relief and return to parents and 4 to look after the children for a limited period, outcome unknown.

6 children were moved on to a third placement from their next placement. Caretakers of 2 children in the first placement had been asked to look after them long-term or permanently, of 2 children to assess them for a limited period outcome unknown, the caretaker of one child to look after him for a limited period outcome unknown, and of one child to offer defined relief and return to natural parents.

14 children returned home from their next placement. Caretakers of 6 had been asked to look after for a limited period, outcome unknown and of 3 to look after them for an undefined period. The task for 2 children had been assess for a limited period, outcome unknown, of one assess and prepare for long-term substitute family and of one offer defined relief and return to natural parents. It seems that it was a number of these children whose initial placements had ended prematurely or who had been in a stop-gap placement and had to be moved on to another short-term placement. If so, this had not prevented their rehabilitation home.

31 children had further periods of short-term Care. The caretakers of 20 of these had been asked to offer a defined period of relief and return the child home. The task for a further 7 had been to look after the child for a limited period, outcome unknown, and for 3 to look after the child for an undefined period. For one child the task had been to assess for a limited period, outcome unknown.

If plans for permanence are to be effective and especially if further periods of short-term Care are to be avoided, the work done in the initial placement by the caretaker must be important. It seems that attention to these tasks being made more specific, and support and training made available to the caretakers and social workers to help achieve this, should be given.

Table 110 looks at the permanency of the next placement in relation to the resource used.

77 children had been placed in foster homes. 31 of them achieved permanency in the next placement, 46 did not - 59.7% of the children in foster homes.

46 children were placed in foster homes for all siblings; for 14 the next placement was permanent, but for 32 it was not (69.6% of the 46 children in foster homes all siblings). 4 children returned to care from home, 1 child moved to another placement from his next placement and 7 children returned home from their next placement. 18 children had further periods of short-term Care and 2 were in the 'other' category. 3 children were in foster homes with contact between siblings and none achieved permanency. 2 returned to Care from home and 1 had further periods of short-term Care.

26 children were in foster homes; 17 achieved permanency and 9 did not. (34.6% of the 26 children in foster homes). 1 child returned to Care from home, 1 child moved to another placement and 1 child returned home from the next placement while 6 children had further periods of short-term Care.

2 children were placed in a long-term substitute family but both moved to another placement.

From this description of the figures it seems that children placed as siblings in foster homes were less likely to be in their next placement permanently than children placed singly in foster homes. This may be more a reflection of sibling groups being less likely to achieve a secure outcome than single children, rather than the resource used.

24 children were placed in children's homes; 9 achieved permanency but 15 did not - 62.5% of all the children in children's homes and a slightly higher percentage than the children who did not find a permanent outcome from foster parents.

15 children were placed in a children's home for all siblings. 6 found their next placement to be permanent but 9 did not (60% of 15 children in children's homes all siblings). 1 child returned to Care from home; 3 children returned home from their next placement (probably the children moved quickly from their first placement); 4 had further periods of short-term Care and for 1 the outcome was not known.

9 children were placed singly in children's homes; 3 achieved permanency and 6 did not. 2 moved to another placement, 2 returned home from their next placement and 2 had further periods of short-term Care.

There does not seem to be the same discrepancy between children placed as sibling groups in children's homes as in foster homes. So, the largest single resource group not to find permanency in their next placement were children placed as a sibling group in a foster home. The reflection on the resource may be that they were most at risk of breakdown and movement to another resource (8 had moved to further interim placements - Table 104), but also of further periods of short-term Care (18 children) so were equally difficult for their parents. 7 children were in other placements and 5 achieved permanency. One child returned to Care from home and 1 returned home from the next placement. This seems to be the

resource group most likely to achieve permanence - again perhaps because they were in a familiar environment which could best meet their needs - 4 of the 5 who achieved permanency were placed initially with relatives.

45 children achieved permanency in their next placement; 14 had been in a foster home for all siblings and 17 placed singly in a foster home.

9 children had returned to Care permanently; 7 had been in foster homes, 2 in a children's home and 1 in an 'other' placement.

6 children had moved on to a third placement. 2 had been in a foster home, 2 in a children's home and 2 in a long-term substitute family.

14 children had returned home from their next placement - and it is these children who were probably moved to another short-term foster home or children's home. 8 had been in a foster home and 5 in a children's home, with 1 in an 'other' placement.

31 children were to have further periods of short-term Care; 25 had been in a foster home (18 in a foster home for all siblings) and 6 in a children's home.

2 children in the 'other'category had been in a foster home for all siblings and the child for whom permanency was unknown had been in a children's home for all siblings.

Tables 105 and 106 in the preceding Chapter indicated a connection between parental visiting and return home and also that where there was no recording of visiting the child was still likely to return home.

Tables 111 and 112 look at whether there is any link between parental visiting in the first 2 weeks and the rest of the placement, and the permanency of the next placement. As explained, permanency here would not necessarily mean return to parents, it could mean adoption or long-term fostering with parental contact.

Table 111 examines parental visiting in the first 2 weeks by permanency of next placement. 22 children had no contact with their parents in the first 2 weeks. 9 of these (40.9% of 22) achieved permanence, 5 (22.7% of 22) returned home from their next placement, 5 were moved to a third placement and 3 (13.6% of 22) had further periods of short-term Care.

18 children had more than weekly contact; 8 (44.4% of 18) achieved permanency, 7 (38.9% of 18) had further periods of short-term Care, 1 child returned home and there were 2 in the 'other' category.

19 children had weekly contact. 10 of these (52.6% of 19) were in their next placement permanently, 4 (21.1% of 19) had further periods of short-term Care, 2 returned home, 2 returned to Care from home, while for 1 the future was not known.

9 children had only 1 contact in the 2 weeks. 2 achieved permanence (22.2% of 9); 4 (44.4% of 9) returned home from their next placement; 2 returned to Care from home and 1 had further periods of short-term Care.

13 children had 'other' arrangements made. This category was used when the placement was very short (a day or two) or the fact but not the frequency of visiting was recorded, or if there was something unusual about the circumstances (e.g. the boy admitted to Care every alternate weekend as respite for his mother). 3 (23.1% of 13)achieved permanence; 7 (53.8% of 13) had further periods of short-term Care; 2 returned home from Care and 1 returned to Care from home.

For 27 children the contact was not known. Although 13 (48.1% of 27) of these were permanently in their next placement, 9 (33.3% of 27) had further periods of short-term Care, 4 returned to Care from home and 1 was moved to a third placement.

It is difficult to draw clear conclusions from this data. The largest group to find permanency were the 10 (52.6%) of the 19 who had weekly contact, followed by the 13 (48.1%) of the 27 for whom the contact was not recorded! The largest group to experience further periods of short-term Care were the 7 (53.8%) of the 13 who had 'other' arrangements for visiting. The children who achieved permanency from those who had no contact with their parents are likely to have been those for whom plans were made for adoption from the early stages of their period in Care.

Table 112 goes on to look at any connection between permanency and parental visiting for the rest of the placement.

For 48 children this was not applicable since their placement lasted less than 2 weeks, while for 14 children the amount of visiting was unknown. Of these 62 children, 27 (43.5% of 62) were permanently in their next

placement, 23 (37.1% of 62) had further periods of short-term Care, 5 returned to Care from home, 4 returned home from Care, 1 moved to another placement and there were 2 'others'.

11 children had no contact, 4 of these (36.4% of 11) achieved permanence, 3 (27.3% of 11) had further periods of short-term Care, 3 moved to a third placement and 1 returned home from Care.

19 children had weekly contact or more. 9 of these (47.4% of 19) found permanence, 5 (26.3% of 19) returned home from Care, 3 had further periods of short-term Care and 2 returned to Care from home. The 2 children who had fortnightly contact, returned home from Care.

6 children had contact between 1 to 3 monthly. 4 of these (66.7% of 6) achieved permanence, 1 was moved to another placement and for 1 the future was unknown.

8 children had 'other' arrangements - for these the pattern changed and they could not be placed easily in any category. 1 was permanently placed, 2 returned home from Care, 2 returned to Care from home, 2 had further periods of short-term Care and 1 was moved to another placement.

Again, it is difficult to see a clear pattern but these children recorded as having weekly contact or more (14 out of 19) seem more likely to find permanence or return home, together with 4 out of 6 children who had 1-3 monthly contact who found permanence. 23 of the 31 children who had repeated short-term admissions featured in the not known or not applicable column.

A very tentative conclusion may be that regular - even if not very frequent - contact may be more likely to lead to stability than contact which may not be planned if it is not recorded. It would certainly have been easier to draw firmer conclusions if the recording had been more accurate.

Table 113 examines the plan in relation to the permanency of the two next placements.

4 children had been planned to return home without the need for further Social Services involvement and this had been achieved. 66 children had been planned to return home with further Social Services help. This was

achieved on a permanent basis for only 28 children (42.4% of the 66). 8 children returned to Care from home. 2 children 'returned home'. These 2 had been received into Care from their mother who then disappeared, were returned to the Care of their father but their Care and custody was then subsequently awarded to their mother, so they moved from one parent to another.

26 children had further periods of short-term Care (39.4% of the 66) and 2 were in the 'other'category.

10 children were planned to move to another short-term placement. For one this unexpectedly proved to be a permanent placement - the child who was later adopted with continuing Social Services Department support. 3 of the children returned home from this placement and this may have been permanent. 4 experienced further periods of short-term Care, 1 had to move on to a third placement and 1 child subsequently returned to Care permanently after a probable return home.

So, most of these children who suffered initial disruption had a continuingly disrupted future.

For 9 children the plan had been a long-term foster home with parental contact but for only 2 did this prove to be a permanent placement. 2 children had to be moved to another placement, 4 children returned home from this supposed permanent family and for 1 the future was not known. We have already seen that this was the most difficult resource to find and it now seems that this plan is very unlikely to lead to permanency. It may have been apropriate for those 4 children to return home but in that case perhaps it should have been planned in the first place without further disruption to the child. If it was not, perhaps it was the best, or only, alternative from the lack of an appropriate resource.

7 children were planned to move to a children's home. This was inevitably likely to be interim since no child is expected to live permanently in a children's home. 2 of these 7 moved to another placement and 5 returned home.

For the 5 children the plan had been adoption and for all these children this plan proved to be permanent even though 2 needed continuing Social Services help. The legal security for all concerned appears to have

worked best for the child. Another 5 children had been planned to stay in placement. For 4 of them this proved to be permanent with continuing Social Services help, but one child had to be moved to another placement.

For 2 children other plans had been made. For one this was permanent with further Social Services help but the other had further periods of short-term Care.

So, the plan most likely to lead to permanency was adoption, followed by the plan to remain in placement.

It would not be expected that the interim placements - move to a children's home or another short-term placement - would be permanent in themselves and in only one case out of the 17 was this so. 8 returned home, 4 had further periods of short-term Care, 3 moved to another place and 1 returned to Care from home.

Of the other plans which should have led to permanency - long-term fostering with parental contact and return home - this was not achieved for 57.6% of the children returned home or for 7 of the 9 children planned to be placed in long-term foster homes. In both cases a resource gap had been identified earlier in this Chapter.

Looking at the children for whom permanency had not been achieved, 9 children returned to Care permanently. 8 of these had been planned to return home with Social Services help and one had had to be moved to another short-term placement.

6 children were moved on to a third placement with their future still insecure - 2 had been planned to move to a children's home, one to another short-term placement, 1 to stay in placement and 2 to move to a long-term foster home with parental contact.

14 children had returned home from their next placement. 5 had been planned to move to a children's home and 3 to another short-term placement - both interim moves. 4 had been planned to move to a long-term foster home with parental contact and 2 to return home with Social Services support (the 2 who moved from their father to their mother). Did the parental contact in the long-term foster home prove so strong - or disruptive - that the child and/or foster parents could not form a permanent relationship, or was the plan inappropriate in the first place?

31 children were to experience further periods of short-term Care. 26 of them had been planned to return home with further Social Services help and 4 had already had to move to another short-term placement. One child had had an 'other' plan. The 2 children in the 'other' category had both been planned to return home with further Social Services help; the one for whom the future was not known had been planned to be placed in a long-term foster home with parental contact.

Table 114 moves on from the plan to cross-reference the permanency of the next placement with what the next placement was. As was already seen in Table 102, it had only been impossible to implement the plan at all in 6 instances - once when a further short-term placement turned into adoption, once when an 'other' plan had become a return home with further Social Services Department help and on 4 occasions when long-term fostering with parental contact had been planned. On one occasion the child had returned home at this stage and the other 3 children had been moved to a children's home.

Therefore, as expected, Table 114 looks very similar to Table 113. For the 2 additional children who returned home against the original plan, this proved to be a permanent rehabilitation with further Social Services help. The child whose second short-term placement turned into adoption, found permanency, albeit with Social Services help. Of the 3 children who had been planned to move to long-term foster homes with parental contact and were, instead, moved to a children's home because the planned resource was not available, one moved on again to a third placement (which might have been permanent - and even a long-term foster home) and 2 returned home.

5 children were placed in long-term foster homes with parental contact but only 1 proved to be a permanent placement. One child had to move on to another placement, 2 returned home and for 1 the future was not known.

So, the earlier encouraging findings about adoption and discouraging results from long-term fostering remain when the permanency of the next placement is tested even though the numbers are small.

Table 115 looks at whether the next placement was permanent against the availability of resources to implement the plan. For 69 all the resources

were available. For 31 of these children their next placement was permanent, 24 of them receiving further Social Services help. However, for 38 children, despite resources being available their next placement was not known to be permanent. 7 of these children returned home from their next placement and for 1 child the future was unknown. 5 children moved on to another placement, 6 children returned to Care on a permanent basis and 19 children experienced further periods of short-term Care.

For 24 children some, but not all, of the required resources were available. Despite this, 10 children remain permanently in their next placement with further Social Services help. The other 14 did not achieve permanency. 5 children returned home from their next placement, (which indicates they had been moved to a further interim placement), 2 came into the 'other' category, 3 returned to Care from home and 4 had further periods of short-term Care.

For 3 children the resources were not available to implement the plan - as we have seen, they were planned to go to long-term foster homes. One moved on to another placement and 2 returned home from their next placement.

10 children featured in the 'other' response to availability of resources. 3 of these remained permanently in their next placement with further Social Services help but 7 experienced further periods of short-term Care. With these children the parents' attitude towards accepting help had been a problem.

For 2 children it was not known if the resources were available. One achieved permanency with further Social Services involvement but one had further periods of short-term Care.

So, availability of practical resources does not seem to be the only crucial factor determining permanency for a child. Even when all the necessary resources were available, over half of the children to whom this applied did not achieve permanency in their next placement. Equally, when part of the required resources were not available, a large minority did achieve permanency in their next placement. It seems that for some families, despite the availability of resources and the attempts of parents or caretakers to use these, the problem remained intractable - and maybe for others, even though only part of the required resources were there, the skill of the social worker and the determination of the parent or

caretaker made the plan succeed.

Table 116 examines the permanency of the next placement against the number of previous admissions to Care.

This shows that 63 children had had no previous admissions to Care. 30 of these achieved permanency on their next placement, including all the 7 children who required no further Social Services involvement. 33 children did not stay in their next placement permanently, although 10 of these returned home from it. 5 children returned to Care on a permanent basis, 2 moved on to another placement and 15 had further periods of short-term Care. For one child the future was unknown. 19 children had had one previous admission to Care. 5 of these children remained in their next placement with Social Services help, but 14 did not. 4 returned to Care from home, 2 moved on to another placement, 2 returned home from their next placement, 4 had further periods of short-term Care and 2 came into the 'other' category.

16 children had had 2 previous admissions to Care. 5 remained permanently in their next placement with Social Services help, 2 returned home from their next placement, 2 moved on to another placement and 7 had further periods of short-term Care.

5 children had had 3 previous admissions to Care. For 3 the next placement was permanent but 2 had further periods of short-term Care.

There were 2 children who had had 4 previous admissions to Care and both had further periods of short-term Care.

Another 2 children had had 5 previous admissions to Care, for one the next placement was permanent but one had further short-term periods of Care. The placement for the child who had had 6 previous admissions to Care was permanent.

The balance between permanency and another move is fairly even for the 63 children who had had no previous admissions to Care and 10 of those who did not remain in their next placement returned home from it, so one may suppose that in most cases the first placement had ended prematurely or been a stop-gap. The balance swings more towards insecurity for the 35 children who had had one or two previous admissions. These children were more likely to move on or in and out of Care (25) than to remain in

their next placement (10).

10 children had three or more previous admissions and here the balance is even again; 5 remained in their next placement and 5 had further periods of short-term Care.

It appears that the children for whom rehabilitation was to fail and who were to return to Care on a permanent basis were made the subject of this decision on the second or third admission to Care.

The children who had more than 3 admissions to Care appeared to be the ones who were experiencing a number of repeated short-term admissions, presumably as a support service to a family or single parent having general difficulties in coping or repeated illnesses. Comment on this has been made earlier in this Chapter on page. 179.

Table 117 looks at the influence of sibling groups on the permanency of the next placement. 19 children did not have a sibling in Care at the same or a different time. 11 of these achieved permanency, 8 did not. 82 children had siblings (either full or half) in Care at the same time. 32 found their next placement permanent, 50 did not. 25 of this 50 had further periods of short-term Care and another 7 returned to Care from home. 12 returned home from their next placement. Perhaps understandably it seems that it was more difficult to make permanent arrangements for sibling groups.

Table 118 examines the effect the legal status of the child at admission to Care had upon the Social Services Department's ability to plan for permanence. 85 children entered care on a voluntary basis so could be removed at their parents' wish. 34 achieved permanence but 51 did not. 30 had further periods of short-term Care and 8 returned to Care on a permanent basis. 21 children were the subject of a Place of Safety Order when they came into Care, so the Department had control over their placement and could take the matter before a juvenile court. 11 children achieved permanence, and 10 did not. However, 7 of these 10 returned home from their next placement. Presumably they were among the ones who were admitted in an emergency to a resource which could not continue coping.

Of the 9 children who returned to Care from home, 8 were admitted on a

voluntary basis as was true for 30 of the 31 children who had further short-term admissions to Care.

It seems that the child was more likely to find a permanent outcome if the Social Services had legal control over his future.

## PART II - CHAPTER 5 - PERMANENCY OF NEXT PLACEMENT.

### d) SUMMARY

### FINDINGS

a) Availability of Resources to meet Plan.

| | | |
|---|---|---|
| Yes - all needed | 69 children | (63.9%) |
| Some but not all | 24 " | (22.2%) |
| No | 3 " | ( 2.8%) |

b) Next Placement.

| | | |
|---|---|---|
| Home | 72 children | (66.7%) |
| Another interim placement | 19 " | (17.6%) |
| Alternative families (L/T FH/adoption) | 16 " | (14.8%) |

c) Permanency.

| | | |
|---|---|---|
| Yes - next placement was permanent | 45 children | (41.7%) |
| No - further periods of short-term Care | 31 " | (28.7%) |
| No - child returned home from Care | 14 " | (13.0%) |

SUMMARY

CONCLUSIONS /RECOMMENDATIONS.

a) Availability of Resources to meet Plan.

The resource gap was most apparent when the plan was to rehabilitate children home with further help from the Social Services or to place them in long-term foster homes with parental contact. It may be that if children were returned home without all the resources thought necessary being available, they would be more likely to return to Care. The resource gap was sometimes as much in the parents unwillingness or inability to use the help provided as in the lack of practical help.

If it was difficult to find foster homes willing to cope with parental contact long term, does this reflect upon the recruitment style of the Department or on an unrealistic plan?

b) Next Placement.

The majority of children returned home even though not all the resources hoped for to implement this plan were always available. Nearly three quarters of the children placed in foster homes returned home. There appears to be a connection between parental visiting in the initial placement and the return of the child to his natural parents. So, where this is the plan, the social worker needs to give more specific encouragement to access taking place. This was frequently not recorded, although mostly in the cases where the child did return home.

19 children from both foster homes (12) and children's homes (6) plus one in an 'other' placement, moved to other interim placements, but the greater proportion had been in foster homes. Attention needs to be given to avoiding this further unnecessary disruption for children by recruiting foster parents who are available in an emergency and can cope throughout the initial placement.

Most of the children placed for adoption were in foster homes and all of the children placed in long-term foster homes with

parental contact were in children's homes. The other children waiting for this resource in a foster home had to be moved to children's homes.

The implication here for recruiting foster homes is that applicants need to be clear that most of the children they care for short-term will be returning home so that preparation for this move and work with the natural parents will be vital. The other main task is preparation for adoption or long-term fostering with parental contact.

c) Permanency.

One of the most disturbing features in the information on permanency is the large number of repeated short-term admissions to Care. The plans least likely to lead to permanence for the children were those to find long-term foster homes with parental contact, and those to return the children home with further help from the Social Services.

It had been planned to place 9 children in long-term foster homes. For 3 the resource could not be found when needed and for 1 other factors intervened. 5 children were placed but this proved to be permanent for only 1 child.

66 children were planned to return home with further Social Services help and 68 were returned home with help. This placement was permanent for only 30. 26 children had further periods of short-term Care and 8 returned to Care permanently.

For 17 children the plan had been a further interim placement and this was the next place for 19. These were not, of course, expected to be permanent, though one proved to be so. 10 of the 19 returned home from their next placement and remained, albeit on a shaky basis, and several after a long preceding period in Care.

The plans most likely to succeed proved to be adoption, where all 5 planned and 6 placed became permanent; and the plan to let the child remain where he was. 4 out of 5 of these placements

became permanent. 2 were with relatives and 2 children had 'clicked' with their short-term foster parents.

Can the reasons behind these facts be identified and put to constructive use? If the outcome is linked to the reason for admission it is found that children admitted for reasons of their parents being ill, single and/or unable to cope with the children, were most susceptible to further periods of short-term Care. Children who came into Care because they were at risk, their parents were unable to cope or deserted, were more likely to experience further interim placements, especially if they were siblings and admitted in an emergency. 8 of the 10 children who were ultimately returned home from their interim placement had been admitted because they were at risk.

Children with 1 or 2 previous admissions to Care were least likely to find their next placement permanent.

There seems to be no obvious link between permanency and the resource used for the initial placement. Although the children least likely to find permanency were those placed as siblings in foster homes, it may well be the combination of being siblings and the reason for their admission that is more important.

If one looks at the task requested of the caretaker it seems that the children with the least chance of permanency in the next placement were those placed with caretakers whose task was either to offer respite Care and return the children home or to look after the children for a limited period with the outcome unknown and without contributing to the assessment.

Lack of practical resources does not seem, in itself, to be the main factor in the failure of the plan to lead to permanency. This may be as much in the parents inability to change or in an inaccurate or unrealistic diagnosis of the problem leading to inappropriate help being offered.

Finally, the Social Services may not be able to act as it would wish because it does not have the legal power to do so. Of the 21 children admitted on a Place of Safety Order, 11 achieved permanency in the next placement, and 7 of the remaining 10

returned home from their next interim placement. 85 children were in voluntary Care and 51 of these did not achieve permanence in their next placement. 30 of the 31 children who had further periods of short-term Care were in Care voluntarily as were 8 of the 9 children who returned to Care on a permanent basis. It seems that the Social Services could not prevent the parents wish to have their children back after the initial placement.

Attention needs to be given to the following areas:

a) Resources and skills to prevent the need for repeated short-term admissions, e.g. linking vulnerable families to local 'support' families who can offer consistent Care.

b) Finding and adequately sustaining foster homes which can cope in an emergency and throughout the assessment period - especially with siblings.

c) Clearer understanding of the parents difficulties, and the skills to help them to use the resources available.

d) More specific planning and tasks identified for caretakers, especially when the child has been in Care before and enabling caretakers to work with natural parents as well as children.

e) Careful use of legislation when the child enters Care to ensure that he has the legal protection necessary to achieve security.

f) Increase and maintain the therapeutic skills of field and residential staff which are of as great an importance in helping children as practical resources, by a continuing training programme.

## PART III - THE FOSTER PARENTS

### INTRODUCTION

This Part describes and examines the data acquired by applying the 'questionnaire' to the case files of 33 Foster Parents used for some of the children admitted to Care during the period surveyed. 'Foster Parent' here is defined as family care - all the other children in the survey were placed in some form of residential Care. Many of the foster parents were used on more than one occasions.

All of the foster parents went through some kind of assessment and approval. 19 of the 33 had been assessed and approved by the Broxbourne Division and were on its register of available foster parents. 7 of the 33 were approved foster parents borrowed from elsewhere - 1 living in Broxbourne but fostering for Enfield, and 6 were foster parents for other Hertfordshire Divisions and lived outside of the Broxbourne area. All 7 were used because there was no other available foster home in Broxbourne at that time. 2 of the 33 were already privately fostering - and another 2 were childminding - the children subsequently admitted to Care, and these 4 were approved to foster them officially. A further 3 of the 33 were related to the children placed with them. They are included in the survey because they complete the picture of 'family care' available and because they went through a process of 'checks' and assessment and were given official approval to 'foster' the children concerned. However, it is recognised that different considerations apply to related foster parents and surveys of foster parents generally do not include them (e.g. Adamson, 1973; George, 1970).

They are, nonetheless, often used. In 1976 13% of the children boarded out by local authorities in England and Wales were placed with relatives, (Parker, 1980) though between 1978 and 1980 the number of placements with relatives dropped by 6% to 6,300 (Rowe, 1983). The DHSS - Foster Care, a Guide to Practice (HMSO 1976) devotes Chapter 16 to this subject and states on page 135 that:-

> "when the relatives become official foster parents they become part of the network of those who care for the child. This is a new dimension to their lives and one which calls for many adjustments."

The composition of the 33 families used for the children admitted to Care

reflects the highly varied nature of the families used in 'fostering' and is of interest in itself indicating the caution needed in regarding all foster parents in the same way (Parker, 1980, page 83).

This Part will describe the characteristics of the foster parents and their experience (as reported on the social work case file) from their initial application through the Department's assessment and use of them to their withdrawal from fostering if this occurred within the period surveyed.

One of the objectives of the study was to identify the wishes and expectations of new applicants and compare these with the use the Department made of them and the needs of the agency as outlined in the previous Part. A number of studies have identified the inherent conflict in fostering on a long-term basis, described by Holman as the "inclusive" (i.e. including the natural parents, the social worker and the child's background etc.,) or "exclusive" (i.e. incorporating the child into the family and trying to keep the natural parents and the past at a distance) model (Holman, 1975) and this survey attempts to look at whether the same conflicts were apparent for foster parents used for initial - and generally short-term - admissions.

It examines the foster parent from the initial enquiry to the decision to cease fostering. It looks at whether the Department was recruiting a variety or one 'type' of foster parent; at whether the apparent motivations of foster parents were fulfilled; whether the Department was assessing and preparing new applications appropriately and the amount and kind of use it then made of them and whether this was in line with the foster parents' initial and later offer and expectation.

The Part will be divided into 6 Chapters:-

1. Characteristics of families used - description of age, length of marriage, age of children and social class/occupation.
2. Foster Parents' expectation at application - recruitment, original request, motivation and previous knowledge of fostering.
3. Department's response to application - the speed of take-up, assessment and preparation.
4. Department's conclusions following assessment - social worker's findings and recommendations and the nature of approval from

the Division.

5. Department's use of the foster parents - nature of the placements and comment on these, together with certain factors affecting outcome.

6. Support offered to foster parents by Division - definition of 'support', reviews, meetings, and reasons for leaving fostering - length of service and reasons for ceasing.

PART III - CHAPTER 1

## CHARACTERISTICS OF FAMILIES USED

This Chapter describes the families who were used by the Division for children aged 9 and under from September 1976 to September 1981.

It is sub-divided into the following sections:-

a) Age of Foster Parent.

b) Length of Marriage.

c) Age of Children.

d) Occupation/Social Class.

e) Summary - Findings and Conclusions/Recommendations.

### a) Age of Foster Parents.

This section examines the age of the foster parents at the time they first applied to the agency. It may be held that the age of foster parents is relevant to the service they can offer to children and families in need. Younger foster parents may have enthusiasm, stamina, energy and may feel closer to the experience of young children and their parents of, perhaps, a similar age. However, they may be either childless and so inexperienced as parents and probably working, or have a young family of their own and so little emotional and physical 'space' to offer. Older foster parents may have experience of life and parenthood and perhaps more space if their own children are grown up and left home, but may also have less stamina.

H. Prosser (1978) states that foster parents tend to be aged 40 or over , most have children of their own and in many cases were brought up in large families and as a group represent a fairly settled population, neither socially nor geographically mobile, with few outside activities or intellectual pursuits.

Of two studies in the USA, Solomon (1969) found that the majority of foster parents were middle-aged and had some experience as natural parents prior to or during the time they had cared for the foster child(ren); Petersen & Pierce (1974) found that the majority of foster parents were between 36-50 years, had been reared in families of 4 or more and had a mean number of own children of 3.14.

In Britain, Barnsley Metropolitan Borough Social Services Department (1974) found that 60% of foster parents were aged over 40 years. Adamson's (1973) study of fostering in a county area found that 28% of her foster mothers were aged 30-39 and another 28% were aged 40-49.

Parker (1966), who aimed to assess the success of boarding-out and produced a prediction table for future use, found a tendency for older foster mothers to have provided the more successful placements. Those under 40 seem less successful as a group than the over 40's while the under 30's stand out as the least successful. He found there was a highly significant relationship between the foster mother being over 40 and there being no 'own child' under 5 or 5 years older or younger than the placed child.

Tables 119 and 120, The Age of the Foster Father and Foster Mother, which look at the data in this study, show that no foster parents under 20 were recruited and that the majority were in their thirties; 15 foster fathers (45.4%) and 14 foster mothers (42.4%) were aged 30-39 when they applied to foster. The next largest group were in their forties. 9 foster fathers (27.3%) and 7 foster mothers (21.2%) were aged 40-49. A small group were over 50 - 6 foster fathers and 4 foster mothers, and a large group of foster mothers - 8 (24.2%) were in their twenties.

This is a slightly younger age group than the other studies referred to. It may reflect the fact that this group of foster parents were offering to care for children under 10, though in fact there were few, if any, additional foster parents in the Division wishing to foster only older children.

It seems likely that foster parents in their thirties would have children of their own at home of a similar age to those they were interested in fostering and this will become apparent in one of the next sections.

b) Length of Marriage.

This section examines the period of time a couple had been married when they applied to foster. This may be relevant to the reasons for their application and their ability to help a child and family going through a period of disturbance. A couple who have not been married for long may not yet have worked through their own period of adjustment, let alone be able to include another going through a period of difficulty. A couple

with an established marriage may have the emotional strength and stability to offer help to others in need or they may be seeking compensation for an unfulfilled relationship. The DHSS Foster Care (1976) rightly states there is no stereotype for the perfect marriage but that the quality of a marital relationship is a good indicator of the degree of family stability. This will be an important part of the social worker's assessment. Since single people and couple co-habiting are also able to foster, this will also be identified in the data.

Table 121 looks at the marital status and length of marriage at the time of application to foster. This shows that no applicants were widowed, single or co-habiting. The majority of the couples - 20 or 60.6% - had been married for 11 years or more. 7 (21.2%) had been married between 6 and 10 years; 3 couples (9.1%) who had only been married 2 years or less were accepted to foster while another 2 (6.1%) had been married between 3 and 5 years. Whether the length of marriage had any effect upon the motivation for wanting to foster or the reasons for ceasing fostering will be looked at later.

c) Age of Children.

One would expect the presence of own children in the foster parents home to have some effect upon the placement of foster children - and to give an indication of new applicants' ability and experience with children. Several studies have looked at this factor - from different viewpoints - and appear to come to varying conclusions. Prosser (1978, page 21), states:-

> "the significance of foster parents own children in the home is not clear although the presence of a pre-school child has generally been thought to be a negative factor."

Bowlby (1951) wrote that a foster child of the same age and sex as a child of the foster parents gives rise to friction.

Trasler (1960) found that 87% of the placements of children in a home in which the foster parents own child was of the same age and sex, ended in failure, while no such difference appeared in those placements in which the foster parents own child was of the other sex or was more than 3 years younger or older. He concluded that the failure was linked to the foster parents motivation to provide a companion for their own child.

Parker (1966) recorded that the rate of success was highest (75%) where there were no other children at all in the foster home and lowest (29%) where there were 4 or more. The most successful placements were made in foster homes where the foster parents either had no children of their own or had none at home under the age of 18. There is a particularly low rate of success (27%) where there is any child of the foster parents under 5. He found an even more significant result was obtained when the age relationship between foster child and the foster parents own child was examined. The presence of a son or daughter of the foster parents whose age was within 5 years of the foster child's was clearly a prejudicial factor in the placement situation.

So, Parker found an association between failure and the presence of offspring of the foster parents in the home, which was particularly accentuated when an 'own child' was under 5 years of age or within 5 years of the age of the foster child. Parker did not find that the sex of the child involved influenced these general conclusions.

Parker quotes earlier studies and opinions in support of his findings which stress the difficulties in the relationship between 'own' children and 'foster' children which can lead to feelings of rivalry and jealousy (Charnley, 1955; Dudley, 1932; Burlington & Freud, 1942).

George (1970) also found that children placed with childless couples or with no children under 18 living at home were significantly more successful than children placed with other foster parents. However, he found no significant difference between the success of children placed in foster homes with children under the age of 5 and those without. The proportion of foster homes in his study with own children under 5 was much smaller than the corresponding proportion in Parker's sample - 13% compared with 22% - and the foster homes with own children under 5 received foster children aged mostly under 1 year who were agreed to be the most successful age group. George speculated that in view of the earlier findings the selection process of foster parent applicants might now be eliminating those fostering applicants with young children who were considered a risk.

Similarly, George did not find a relationship between the failure of foster children and placement with foster parents own children within 5 years of the age of the foster child(ren) when of the same sex. In fact,

he found foster children in homes with own children within 5 years of their age to be more successful, though not signigicantly so. Again, he found that the proportion of foster children in homes with own child(ren) within 5 years of their age was less in his study than in Parker's ( a third compared with a half ) and he suggests that Child Care Officers (CCO's) were now aware of the dangers and guarded against them during the selection of foster parent applications, so that what matters is not so much the existence of own children of the same age and sex as the foster child but rather the ability of the foster parents and the CCO to deal with the potential risks said to exist in such situations. Adamson (1973) found that most foster parents had had children of their own (79%) though in 38 cases (41%) there were no own children in the home now.

Napier (1972) found that the 23 foster parents who had a child under the age of 5 were very slightly more successful (70%) than the 56 foster parents who had no young children (61%) and that whether or not the foster parents had a child of their own within 5 years of the age of the foster child(ren) was equally of no significance. He also found the 19 foster parents who had no children of their own at all were more successful (74%) than the 60 foster parents who had children (60% successful), although those foster parents without children of their own took younger children. Of the 14 successful placements with such foster parents, only 1 child was over the age of 3 at placement while none of the 5 failures was under 3, so, he concluded, it would be wrong to draw any conclusions from these results and would be advisable to continue to assess, in each individual case, whether childless couples can meet the needs of a particular child, without any particular bias on account of their infertility, and the lack of competition for a foster child. Goegre (1970 page 119) also found that some CCO's felt childless foster parents could give more time to a foster child and there would also be less jealousy in the foster home, but this advantage was only valid if the childless foster parents had some experience of looking after other people's children.

The Portsmouth Fostering Study (1973) also found that examination of various characteristics concerned with the presence of own children in the foster home, such as numbers, age and sex, showed no significant results, although ex-foster parents had a greater tendency to have had

their own children at home when they began to foster.

Petersen & Pierce (1974) found that the mean number of own children in the foster homes was 3.14.

Cautley & Adlridge (1975) found that no single characteristic of either foster parent was found to be indicative of success and that only as a group can items have predictive value to ratings of success. One of these 4 items they selected was constellation of the foster home and they state that the evidence suggests that it is desirable to place a foster child in a home where he will be the youngest child and that the presence of a pre-school child in the home is a negative factor and if there are several pre-school children the negative effect is increased.

Overall, the studies seem to indicate that the age and presence of the foster parents own children is important and must be borne in mind in the assessment but the effect it is likely to have on the outcome of the placement depends upon the skills and sensitivity of the foster parents. Rivalry and jealousy and the amount of time and attention that can be given to the foster child appear to be the main areas of concern.

In this study Table 122 shows that 5 foster parents (15.1%) were childless, 2 had 1 child, the largest group - 12 (36.4%) had 2 children, 10 (30.3%) had 3 children, while 2 (6.1%) had 4 children; 1 had 5 children and 1 had 6 children.

Table 123 shows the number of these children actually living at home and this shows that 7 foster parents (21.2%) had no children living at home at the time of application; 1 foster parent had 4 children at home and 1 had 5 children at home, but none had 6. The other numbers coincide with the numbers of children.

Tables 124 and 125 show the distribution of pre- and school age children. 20 of the foster parents had no children 5 or under, but 9 had 1 child of this age and 4 foster parents had 2. 12 of the foster parents (36.4%) had no school-age children, 6 had 1 school-age child, 12 had 2, 2 foster parents had 3 and 1 foster parent had 5 school-age children.

Tables 126 and 127 show the number of children over 17 living at home or away. 29 foster parents (87%) had no children over 17 at home, 3 had 1 child of this age at home and 1 foster parent had 4.

27 foster parents had no children over 17 living away from home, 2 had 1 child of this age away from home and 4 foster parents had 2.

If we look back to the conclusions drawn from the studies quoted earlier in this section, it was held that the presence of own children in the foster home is likely to have some effect,and the presence of pre-school children in 13 foster homes may well have called for extra skills from the foster parents to overcome potential rivalry. In addition, own families of 2 or 3 children may make it difficult to take on sibling groups of children in Care;and 23 foster parents had 2 or more pre- or school-age children (Table 128).

The influence of the foster parents' children on other factors will be looked at later.

d) Occupation/Social Class.

This section looks at whether we are recruiting foster parents from a similar life-style, and whether that experience is compatible with the one the children in Care have been experiencing. Prosser (1978) reports on page 32 that the majority of foster parents are working class and that in terms of providing substitute care for children, middle-class groups have traditionally favoured adoption rather than foster care.

Trasler (1960) found the majority of foster parents (131) came from the working class as defined by Dr. Mark Abrams. 25 of his sample came from the middle-class and 11 from the lower middle-class. He found no difference between those who were successful and those who were not.

Parker (1966) found no significant difference in success when he applied the Registrar-General's 5 fold Classification to his sample. He found the majority in III - skilled workers (58.6%). When he adapted this classification into 4 groups - A (Professional); B ('White Collar Workers'); C (Manual) and D (Semi and Unskilled) he found that the lower the socio-economic class of the foster parents, the more successful a placement is likely to be. Trasler had suggested (page 218) that a marked discrepancy between the attitudes and norms of the natural parents and foster parents may cause difficulties in the adjustment of such children in their foster homes, even though he felt he had been unable to carry out an adequate statistical analyses of this factor.

George (1970) also found a concentration of foster parents from Class III (skilled workers) and confirmed Gray & Parr's conclusions in 1957 that there are fewer foster mothers in the extreme income groups than would be expected having regard to their age distribution. George did not find a relationship between the social class of foster parents and the successful or otherwise outcome of foster care. He suggests that the similar experience of natural parents and foster parents will be irrelevant in the placement of very young children.

Adamson (1973) states that it had always been felt in the county where her study was carried out that fostering was an occupation for the lower social classes while adoption was for the upper. Fostering applications from middle-class families tended to be withdrawn on further information being given. She found that most foster fathers (60.5%) were from semi- or unskilled occupations - S/C IV and V - in contrast to the local norm for S/C IV and V (47.2%) and the national norm (30.3%). 23% of her sample of foster parents were from skilled occupation Class III.

In America, Solomon (1969) found that 33 of his 35 foster parents were working class and 2 were lower middle class, while Petersen & Pierce (1974) did not feel that their data were consistent with the widely held belief that foster parents are almost exclusively confined to the lower socio-economic classes. They did find that the foster father group contained fewer professional and managerial, labouring or service persons than the general population.

Barnsley Metropolitan Borough (1974) found that 85% of their foster parents were classified as "working class".

Table 129 shows that this survey presents a rather different picture. It applies the Registrar-General's fivefold classification of occupational groups to estimate social class, but unlike the other studies finds the majority of foster fathers are in S/C II - Intermediate Occupation - 14 foster parents (42.4%). 11 foster parents are in S/C III - skilled occupation (33.2%); 8 of these 11 in the manual sub-section.

It does confirm the findings that few foster parents figure in the extreme income groups - only 2 in S/C I - Professional-and 1 in S/C V and 3 in S/C IV - the unskilled and semi-skilled occupations.

This raises questions about whether this data reflects the recruitment style in Broxbourne at that time or the local pattern of occupation? - and whether it has an influence on the placement of children?

In Broxbourne 68.7% of households were owner-occupied (as against 56.7% in Hertfordshire as a whole) and 24.7% were rented from the council (33.7% in Hertfordshire) (Census 1981).

Table 130 looks at the occupation of foster mothers. This shows that the majority of foster mothers were not currently in employment - 20 (60.6%). Yet Table B (page 23, Part I, Chapter 3) disclosed that 59.1% of married women in Broxbourne aged 16-59 were economically active. 62.4% of all women were economically active as follows:-

36.0% in full-time work,
23.7% in part-time work,
2.7% out of employment.

This is a similar proportion to Hertfordshire as a whole. There was an increase in the proportion of married women aged 16-59 in Hertfordshire economically active from 53% in 1971 to 59.7% in 1981 (OPCS 1982).

Parker (1978) writes on the changes in the availability of foster homes and comments that significantly more married women aged 25-59 were now engaged in paid employment outside the home. In the 35 to 54 age band, the economically active rates of married women had risen from 25% in 1951 to 62% in 1971 (OPCS 1973). He recommends we consider the contribution of the retired (or prematurely retired through unemployment), placing with couples who are both in paid employment and competitive remuneration for foster parents to compete more directly with paid employment for married women.

If one summarises the average type of foster parent operating for Broxbourne at this time it seems that the foster parents are in their 30's, have been married for over 11 years, have 2 or 3 children likely to be of school age or, in a third of the cases, pre-school age, and to be of S/C II or III(M), while the foster mother is not in paid employment.

PART III - CHAPTER 1

## e) SUMMARY - CHARACTERISTICS OF FAMILIES USED.

### FINDINGS

#### a) Age of Foster Parents.

| | | |
|---|---|---|
| Age of foster father: | 30 - 39 | 15 (45.4%) |
| | 40 - 49 | 9 (27.3%) |
| Age of foster mother: | 30 - 39 | 14 (42.4%) |
| | 20 - 29 | 8 (24.2%) |
| | 40 - 49 | 7 (21.2%) |

#### b) Length of Marriage.

| | |
|---|---|
| 11 years + | 20 (60.6%) |
| 6 - 10 years | 7 (21.2%) |

#### c) Age of Children.

| | | | | |
|---|---|---|---|---|
| Number of children at home: | 2 | - | 12 (36.4%) | foster parents |
| | 3 | - | 10 (30.3%) | " " |
| | 0 | - | 7 (21.2%) | " " |
| Number of pre-school children: | 0 | - | 20 (60.6%) | foster parents |
| | 1 | - | 9 (27.3%) | " " |
| | 2 | - | 4 (12.1%) | " " |

#### d) Occupation/Social Class.

| | |
|---|---|
| S/C II - Intermediate occupation | 14 (42.4%) |
| S/C III(M) - skilled - manual occupation | 8 (24.2%) |

CONCLUSIONS/RECOMMENDATIONS.

a) Age of Foster Parents.

The age of foster parents in this study is slightly younger than that found in previous research. Does this reflect a change in family patterns? - perhaps that only women at home with their own children are in a position to care for other people's since otherwise they would be working.

The Portsmouth Study (1973) found that foster mothers aged 30 or over at recruitment fostered for longer than did younger recruits.

b) Length of Marriage.

Most applicants had been married for a substantial period of time. The relevance of this to their motivation to foster and the likely effect upon the outcome of the placements would need to be explored in the social work assessment.

c) Age of Children.

Although the literature on this comes to different conclusions, it does appear that the presence of own children in the home is likely to have an effect upon the placement of foster children and the foster parents ability to understand and deal with this factor must be given careful examination at the time of assessment. Most of the earlier studies comment on the greater success of placements with foster parents with no own children living at home.

The majority of foster parents in this study had 2 or 3 children of school or pre-school age, and the influence of this will be looked at in a later section.

d) Occupational/Social Class.

Most of the previous literature identifies foster parents as coming from "working class" families - Class III (skilled workers) or IV and V (semi-skilled and unskilled). However, this study found the majority of foster fathers in Class II - Intermediate.

The reasons for this are not clear and the difference in attitudes and expectations and life-style could be important for children placed from "working class" families. In addition, most of the foster mothers were not in employment (at a time when 59.1% of married women aged 16-59 in Broxbourne were economically active).

PART III - CHAPTER 2

## FOSTER PARENTS EXPECTATIONS AT APPLICATION

This Chapter looks at the means by which the foster parents were recruited, what their expressed wish to do was when they first enquired and the expressed reasons behind this wish, and whether they had had any previous knowledge or experience of fostering. It attempts to identify the initial awareness and expectations of fostering from new applications to see if these wishes were changed and met by assessment and later experience of placement, and if so, whether this was likely to effect the success of the placement.

The Chapter will be sub-divided into the following sections:-

a) Method Recruited.

b) Original Request.

c) Original Motivation.

d) Previous Knowledge of Fostering.

e) Summary - Findings and Conclusions/Recommendations.

### a) Method Recruited.

Various methods of recruitment have been used through the years. George (1970 page 85) recorded that:-

> "by and large the methods used by children's departments for recruiting foster parents have not changed very much since the official recognition of boarding out in 1869."

He goes on to say that there have always been those applicants who approach the Department on their own volition without any direct prompting from anybody. The recruitment measures usually employed by children's departments were talks by social workers (then called Child Care Officers) to various voluntary groups, approaches to community leaders and advertisements in the press for specific children. Only a small number of Departments undertook a planned recruitment campaign and even these were sporadic rather than sustained programmes, but where used and reported they generally proved successful - though interestingly, few replies came from where there were few foster parents already. He says it is generally recognised that such campaigns produce far more enquiries than ultimate foster homes and are time-consuming, requiring skilled preparation and presentation but that they must be sustained and involve as many of the mass media as possible if they are to have any impact on the public.

The other danger is that they produce applicants who do not match the needs of the Department, which is wasteful and can be damaging to the public image of the Department forced to reject applicants unnecessarily or keep them waiting too long. So, George concludes, there is a need for publicity campaigns to focus as clearly as possible on the specific groups of children in need of foster homes.

Rowe in Fostering in the 1980's (1983) remarks upon the fact that specialist schemes which needed to recruit new types of foster and adoptive parents have been among the first to make full use of the media in order to interest and inform the public. Social workers have learned to make effective use of TV and radio as well as newspapers and have gradually accepted that advertising techniques are not necessarily inappropriate and have increasingly involved the participation of the children concerned in these. Rowe comments that a development arising from efforts to find permanent placements for children with special needs is the new tendency to recruit and approve families for individual children rather than seek to build up a pool of approved families from which one may be suitable. However, all these conclusions are less relevant to the need to find a pool of short-term families available to take children in an emergency, though sustained campaigning can keep the public aware of the general needs of children.

Adamson (1973) found that though the foster mothers in her survey had always been aware that there were 'homeless children' or had grown up with the idea that they would like to "take a homeless child", it was particular circumstances that had pushed them to put pen to paper.

Shaw & Lebens (1975) found that only a handful of their foster parents said they were attracted to fostering by publicity of any kind - far more common were the kinds of personal and private reasons which are hard to reach via recruitment campaigns.

Prosser (1978) wrote that recruitment methods are all important but their effectiveness depends in the first instance on the level of public awareness about the circumstances and needs of children in Care so that campaigns can be presented against a background of informed and sympathetic opinion. Beyond this she still felt that there is a need for much greater experimentation in and evaluation of recruitment methods, making more use of mass media and local radio and TV.

Cooper (Patterns of Family Placement 1978) also advocates more aggressive, active and vigorous publicity backed up by money and organisational competence to ensure a speedy response. She warns that the "satisfied customer" method of recruitment by relying on existing foster parents recruiting others from their own social network runs the risk of tending to recruit from a limited type of foster parent who resembles existing foster parents and is interested in traditional fostering.

Broxbourne, during this time, had relied upon the traditional methods of word of mouth, general awareness and advertisements, both general and for specific children. It had also produced articles for the local paper, sent leaflets in a local free paper, had run a stall in the local shopping precinct for a week and run a large open meeting in a local school, to which over 70 members of the public came. Hertfordshire, centrally, had organised some coverage on local TV and radio for specific children and one of Broxbourne's families of four children was involved in a TV programme.

The effect of all this can perhaps be seen by looking at Table 131 which examines the means by which the foster parents in the survey indicated they had been recruited. 3 columns (a, b & c) are given to allow for a multiple answer.

In column a) the largest group of foster parents - 12 (36.4%) give an 'other' reason or there is no indication of how they were recruited.

For 2 it was not recorded, 3 were relatives, 2 childminders and 1 private foster parent 'recruited' to look after a specific child already known to them. 1 was a childminder who felt underused, one "heard about it from a relative", and one couple had lost a handicapped child and were unable to have further children of their own.

The next largest group - 8 (24.2%) - claimed that they had a 'general awareness of fostering' without being clear about what had prompted them to apply. 4 had answered an advert in the paper, 3 knew a relative or friend who fostered, 2 saw a TV or radio programme, 2 had been approved by another agency, 1 had attended the open meeting and 1 responded to the stall in the precinct.

In column b) another 5 had a general awareness of fostering while 4 knew

someone who fostered. 2 had read articles, 1 answered an advertisement and another attended the meeting, while 3 gave 'other' reasons.

This seems to confirm the importance of maintaining the public awareness of the needs of children in Care and how they could help. Applicants in response to publicity have been heard to say "we didn't know you needed people like us" and the more that can be done to make this real to the general public the more chance of finding suitable families.

Table 132 cross-references the method recruited with the age of the foster mother. The 8 foster mothers in their 20's were recruited by general awareness of fostering (5), knowing someone who fostered (2) or an advert (1).

The 14 foster mothers aged 30-39 were influenced by most of the methods. 7 foster mothers were in their 40's and 1 was recruited by general awareness while the other 6 were influenced by 'other' methods.

2 of the 3 foster mothers in their 50's answered an advert and 1 was recruited by 'other' means as was the foster mother over 60.

If it is true that foster parents in their 40's are more successful, then the other methods which attracted them to become foster parents may be worth further consideration. 2 of this 6 and 1 foster mother in her 50's, and the foster mother over 60, were recruited to look after children already known to them. Otherwise these is no useful common factor. However, it is a reminder that it is important to explore the possibility of family friends or relatives looking after a child who has to come into Care - as section 2(3)(6) of the CCA 1980 decrees the local authority should.

Table 133 examines the method recruited against the social class of the foster father. The 14 foster fathers in social class II - Intermediate - have been recruited by most of the methods. The 8 foster fathers in social class III(M) - skilled manual - were recruited by 'other' means (4), general awareness (2), knowing someone who fostered (1), or answering an advert (1).

It appears that the younger middle class foster parents are recruited by a variety of methods while older manual workers are more likely to be influenced by a general awareness of fostering, knowing someone who

fostered or by 'other' means. Depending upon the type of families who are most likely to meet the needs of children in Care and bearing in mind Joan Cooper's comments about getting stuck in the same pattern, these differences may be relevant to future recruitment campaigns. It is usually true that a variety of homes are needed for the different tasks related to the children coming into Care.

George (1970) posed the question, who should do the recruitment? Sporadic and spasmodic action cannot hope to provide enough foster homes, let alone match foster homes to the needs of children. What is needed, he said, is a permanent section within the children's department to be solely responsible for foster parent recruitment campaigns.

Whether the same section will also be responsible for the assessment of foster parents or whether individual social workers should assess foster parents, to match them with individual foster children for whom they are responsible, is open to question. Within Social Services Departments a specialised section for the recruitment of all types of ancilliary workers, fosters parents, home helps, visitors for the elderly, etc., may be more appropriate. If it calls for different skills, e.g. publicity, use of media - it follows that workers do not necessarily need to be social workers.

b) Request at Application.

This section looks at the type of fostering and age of the child the applicants indicated that they wished to foster when they made their original enquiry. The source was taken from the initial referral - usually be telephone or letter. It questions how aware applicants are of what they want to do and what they are able to do and by comparison with later material based on their experience and the social worker's assessment of them, will look at how accurate this awareness was. It will also examine how often this original request was changed during the course of the social worker's assessment and preparation of the couple and whether this proved to be appropriate. Are couples really the best judge themselves of what they want and are able to do - and is any influence to change this accepted half-heartedly and so the outcome of the placement less successful? Of course, most applicants will make their original request not in full possession of all the information about the children

available and the implications of looking after them and may very readily change their offer when they are more fully informed. Again, this is an important part of the assessment process and links very much to the motivation of the applicants. It is also interesting to compare it with the needs of the agency as outlined in the previous Part and perhaps reflects the accuracy of recruitment campaigns.

Here it was noted that 74% of all the admissions to Care were for children aged 5 and under. 28% of the whole were babies aged 0-1 years and 25% of the whole were aged 2-3 years. 78% of all the initial placements were for 8 weeks or less and 25% of the whole were for 7 days or less. 75.9% of the children had siblings in Care at the same time.

So, the greatest need seems to have been for short-term foster homes for children aged 5 and under, generally as sibling groups.

Table 134 gives the request the foster parents made at application. 3 columns are given to allow for a combined answer. For example, an applicant may have asked to foster short-term children up to 12, in which case it would have been recorded as up to 5 years in column a) and 6-12 years in column b).

Column a) shows that the largest group of foster parents - 12 (36.4%) had asked to short-term foster children up to 5 years. However, 8 foster parents had originally asked to foster long-term (5 or 15.1%) or long-term leading to adoption or adoption (3 or 9.1%). Another 5 (15.1%) had wanted to short-term foster babies. Until recent years it had been the practice to place babies available for adoption in a short-term foster home, for 6 weeks to allow the natural mother time to ensure she was making the right decision until she was able to sign her consent to adoption when the baby was 6 weeks old. Increasingly, babies have been placed directly with prospective adopters to avoid the need for another move. 2 foster parents had asked to short-term foster a child without specifying age and another 2 had wanted to short-term foster initially but long-term foster at a later date - probably to get some initial experience. 4 foster parents came into the not known or 'other' category.

In column b) there are another 9 foster parents asking to foster children aged 6-12 years and it seems likely that these were foster parents prepared to foster pre-adolescent children. There are another 3 interested

in long-term fostering at some stage, 2 wanting to short-term foster up to 5 years and 1 of any age (perhaps in addition to main wish to long-term foster?) and 4 in the 'other' category.

5 foster parents also figure in column c) - 2 prepared to foster any age child, 2 willing to short-term foster now but wanting to long-term foster later, and 1 'not known' or 'other'.

So the largest group were wanting to do just what the Department needed - short-term foster children 5 or under (12 foster parents) or babies (5 foster parents).

Quite a large number though were ultimately interested in long-term fostering or adoption - 10 foster parents in all, even if they were prepared to short-term foster first. This may be a useful and sensible way of getting some experience of looking after separated children and working with the Social Services Department but the objectives - and some of the tasks - are different and it may be that in some instances the two skills are not present in one family. For example, a short-term foster parent is generally required to work with natural parents and prepare a child to return home to a life-style that may be different from the foster parents' in a way that may be less relevant to a long-term foster parent who is incorporating the child into her own family.

Table 135 examines the request at application against the age of the foster mother. The 5 foster parents wanting short-term babies were all aged over 30 and 3 aged over 40. The 12 foster parents wanting to short-term foster children up to 5 years figured in all the age groups up to 60, but 5 were under 30 and 5 were 30-39 years.

All but one of the 10 foster parents expressing an interest in long-term fostering at some stage were aged 25-49. 2 were aged 25-29, 5 were aged 30-39 and 2 were aged 40-49. It may be that these women had completed their own families or discovered they could not have children and were unable to adopt.

Table 136 examines the request against the applicants who had pre-school age children. 17 asked to short-term foster babies or children up to the age of 5 years. 8 of these had no pre-school age children but 6 had one and 3 had two.

The 2 foster parents applying to short-term foster children of any age had no pre-school children of their own and nor did the 2 applicants asking to foster short-term now and long-term later.

8 applicants wanted to foster long-term or long-term with a view to adoption or adoption. 5 had no pre-school children, 2 had one and one had two.

One of the 4 applicants in the 'other' or 'not known' category had one pre-school child, the rest none.

Table 137 looks at the request against the number of school age children. 7 of the 17 foster parents wanting to short-term foster babies or children up to 5, had no school age children, 3 had one, 6 had two and 1 had three.

One of the 2 applicants willing to short-term foster a child of any age had no school age children, one had three. One of the 2 asking to short-term foster before taking a long-term child had one school age child and the other had two.

Of the 8 applicants wanting to foster long-term or with a view to adoption, 3 had no school age children, 2 had one, two had 2 and one had 5.

Three of the 4 in the 'other' or 'not known' category had 2 school age children and one had none.

Table 138 cross-references the request by children under school-leaving age and shows that of the 17 wanting to short-term foster under 5's, 4 had no children under school-leaving age at home, 9 had 2 and 4 had 3.

8 applicants had wanted to long-term foster or adopt, 3 had no children under school-leaving age at home, 2 had 2, 2 had 3 and 1 had 5.

As indicated, the vulnerable areas are perhaps childless couples really wanting a child of their own and unable to identify the different objectives in short-term fostering, especially if they disapproved of the natural family, and those with children under 5 wanting to foster the under 5's (9 applicants) and unable to handle the potential rivalries for attention that might arise.

Only 5 of the 21 applicants wanting to foster short-term at this stage had

no children under school-leaving age, so the possibility of rivalry between own children and foster children would have to be considered. 3 of the 8 applicants to foster long-term or adopt at this stage had no children under school-leaving age, the rest had 2 or more.

Table 139 looks at the request at application against the length of the marriage. Most foster parents, 20, had been married over 11 years when they applied to foster. 11 of them wished to short-term foster babies or children up to 5 and 6 were interested in long-term fostering though 2 opted to try short-term first.

In fact, the pattern is similar for the 7 foster parents married 6-10 years - 4 wanted to short-term foster children up to 5 years and 3 were really interested in long-term fostering - and for the 3 couples married 2 years or less - 2 wanted to short-term foster children up to 5 and 1 to long-term foster.

The questions that might arise from this information were really related to motivation and expectation and would need to be looked at in the social work assessment. Generally, one could expect a couple whose marriage is well established to be in the best position to have something to offer a child in need, but if this offer comes from disappointment in the marriage or in the own children and leads to seeking fulfillment elsewhere, the needs of the child and foster parents may not match and may lead to breakdown in one or other area i.e. the placement or the marriage.

c) Original Motivation.

In this section, examination is made of the initial reason applicants gave for their interest in fostering when they first approached the agency and before they entered into discussion with social workers, or the assessment. The information obtained will depend upon the social worker both asking and recording this. As in the previous section, it will question whether the applicants were aware of their own needs and whether these coincide with the social worker's later interpretation of their motivation: this appears to be an important element in the expectation applicants have of fostering and it can affect foster parents' performance and the outcome of the placements if their needs are not met.

Prosser (1978) states that while there is a good deal of evidence relating to the general characteristics of foster parents, there has been only very limited examination of their motivation for fostering. Although a complex area, it is a very valuable one in finding indicators as to what makes for successful foster parenting and also in terms of directing recruitment efforts. She says that in the few studies which have attempted to assess foster parents' reasons for fostering, the motives have been very generally defined and too vague to be meaningful. She acknowledges that true motivation may sometimes be hidden and not easily identified but could well have major implications for outcome and needs more systematic evaluation.

The DHSS Guide to Fostering Practice (HMSO 1976) comments on page 54 that "motives are seldom good or bad in themselves' - they depend upon the individual's own situation and experience and may change as the situations change. Motivations for fostering may vary but most can be used positively to meet the needs of the children placed in foster care, though unresolved conflicts within the family need to be identified. The importance of motivation to recruitment and outcome appears to have been accepted and the concept of matching the needs of the task and the foster children with the needs of the applicants has developed.

George (1970) suggests on page 132 that "before the advent of psychology" the three main motives were: financial gain, childlessness and love of children. Since the last War (1939-45) with the spread of psychological thinking, there was a new emphasis on the evaluation of unconscious motivation, explored at some length by Josselyn (1952). Towle (1952), in discussion of the paper accepted the importance of the motive but pointed out that the foster parents' other emotional and intellectual characteristics as well as the personality and needs of the foster child, determine the outcome of the placement.

George goes on to describe how research has shown an association between the outcome of foster placements and motives for fostering. Jenkins (1965) tried to establish that the satisfaction of the foster parents needs may well determine the success or failure of the placement. She examined 97 children in long-term foster homes for between 2 and 5 years, using the criterion of an unsatisfactory placement as where the Child Care Officer, at least one foster parent, or the interviewer, thought the placement should not have been made. By this means 30 of the 97 placements were

rated unsatisfactory. Satisfactory placements were related to the foster parents' fulfillment of one of the five following needs:

a) alternative to adoption;

b) replacement for own child;

c) companionship for own child or completion of family;

d) compassion for children in need; and

e) repetition of a happily experienced relationship.

Unsatisfactory placements were related to one need: fostering was a means of reparation for strong conscious or unconscious guilt feelings arising out of depriving experienced in childhood.

Two other needs - a) foster mother's need for dependents and b) attempted compensation for missed or unsatisfactory relationships, did not show any strong associations with the outcome of fostering.

Trasler (1960) linked motivation with outcome. He says on page 112:-

> "When a couple decide to take a foster child into their own home it is usually with the expectation that they will gain certain satisfactions by doing so... The applicants may have a clear appreciation of their own motives but not infrequently they are seeking to satisfy emotional needs of which they are partly or entirely unaware."

He looked at a number of placements which failed because the child was unable to fill the pattern of roles which his foster parents had planned for him, or in doing so was unable to find security because he was prevented from making a satisfactory adjustment.

George reported that Etri's study (in R.W. Colvin, 1962) confirmed the concept of matching foster parents and foster children. Successful placements resulted from the correct matching of specific personality strengths and weaknesses of foster parents and foster children. Fanshel (1961) also explored this area and found interrelationships between the needs of foster children and foster parents. He looked as well at the satisfactions derived from fostering and found that foster mothers caring for young children mostly sought personal gratification, e.g. 'enjoying a baby in the home', whereas those caring for older children sought social gratification - "doing something useful for the community".

In 1966 he reported that foster fathers and foster mothers experienced different role satisfactions. For foster mothers, direct contact with the

child was important, while foster fathers had more of a desire to serve a worthy cause and provide a masculine model for the foster child. He felt this confirmed the view that the foster parent role does not have quite the same personal intensity for foster fathers as foster mothers.

Holman (1975) defined and described fostering as being essentially either 'inclusive' - i.e. including the natural parents, social worker, the child's past, etc., or 'exclusive' - i.e. taking the child completely into the family and trying to keep the past, the 'other' parents and the agency out. He identified a conflict between the research findings which stress the value of inclusive fostering (Thorpe, 1974; Holman, 1973; Jenkins, 1969; Weinstein, 1960) and the fact that many applicants are drawn into fostering by motivations associated with the exclusive concept and would wish to act as natural or adoptive parents - BAAF's 'Fostering in the 70's' (1977) concludes that the attributes of both concepts are needed but in differing mixtures according to the particular child's situation. It said that recipes for successful mixtures have not yet been developed in a practical and useful form.

This clear identification of task and the appropriate associated motivation does have implications for recruitment. George (1970) states that evidence shows that people whose personal and family needs do not make fostering a satisfying proposition will not perceive or respond to advertisements for foster parents. He quoted Wakeford's Study (1963) which suggests that foster care recruitment campaigns must be aimed at certain population groups with certain unfulfilled needs rather than indiscriminately to the whole population e.g. he found that those whose expectations of family size coincide with reality will rarely consider fostering. George goes on to say that if departments decide to encourage the recruitment of foster parents who value their work not so much in terms of parental satisfaction but rather in terms of helping the child to return to his parents, then obviously recruitment campaigns will need to stress different points and to be directed at different population groups.

In George's own study he found the question of motivation treated in a less sophisticated manner than literature suggests and in the great majority of cases the foster parents stated motives whether written or verbal were accepted by Child Care Officers. If they were questioned in reports, there is no evidence that this was discussed with applicants.

He found the majority of foster parents' motives were "love of children" and "interest in underprivileged" followed by "no child of our own" and "company for our own child".

Jenkin (1965) found the predominant need was "alternative to adoption" followed by "repetition of a happily experienced relationship" and "compassion for child in need".

Adamson (1973) asked her foster mothers the open-ended question "what do you get out of fostering?" 36% answered satisfaction or pleasure, 33% making a child happy, 20% enjoyed the company of children and 17% felt they were doing good.

When she tried to explore the underlying motive she found that 34% liked looking after children, 24% wanted to do good to someone and 15% had no child of their own and applied because of this.

The Portsmouth Fostering Study (1973) asked the question of ex-foster parents, "Why did you decide to become a foster parent?" and found the responses fell into 2 groups: an expression of a wish to help children (39%) and own family orientated reasons (52%). When asked to describe the role of a foster parent most ex-foster mothers chose a description implying a close blood relationship - 48% chose "mother" and 37% chose "auntie".

30% of ex-foster fathers gave as their main reasons for fostering as "good for wife!"

Although most of these earlier studies were based on long-term foster parents, the importance of matching the needs of all foster parents with the needs of the child placed and the task they are being asked to undertake has been well made, both for recruitment purposes and the successful outcome of the placement. The children in this study were mostly placed short-term and were returning to their natural parents. As mentioned at the beginning of the chapter, the foster parents used were not all registered short-term foster parents within the Division, but were sometimes asked to fill this role for reasons specific to the child or Division - either because they were known to the child and therefore felt to be most appropriate or because there were no available short-term foster parents in the Division at that time.

Table 140 looks at the original motivation to foster expressed by applicants when they first made enquiries. It gives 3 columns (a, b and c) to allow for a combined response.

This shows that the largest group of applicants had expressed altruistic motives - 13 or 39.4%. These foster parents generally showed compassion for children in need and wanted to help by "offering a service" in some way. 10 foster mothers (30.3%) wanted to look after young children. These applicants clearly had a personal enjoyment in looking after small children and wished to find ways of doing this for their own personal gratification mostly, though not always, without having more children of their own. Although most of the admissions in this survey were of under 5's, this personal need might have conflicted with the task to return the child to his parents.

These two categories comprise the majority of foster parents. 3 came into the 'other' category.

2 foster parents wanted to foster because they were unable to have their own family or saw this means as completing their family (a motivation which would be incompatible with short-term fostering, although they may have been used differently). 2 foster parents enjoyed children and felt they had something to offer other children. One couple wanted to replace their own child or sought compensation for an unsatisfactory relationship; 1 sought companionship for their own child and 1 awaited their own family and wanted occupation while they waited.

Column b) shows that 13 foster parents additionally enjoyed children and felt they had something to offer other children - a motive frequently combined with 'altruism' e.g. "Mrs. J. does not want to work, she enjoys children and has the time and interest to share with children and there is a tradition of community service in both families". "They hope to have children when they are more settled as they are only likely to stay 2-3 years. Both like children and wish to have a large family. They feel it is a service they would like to offer".

6 foster mothers in this column also wished to look after young children; 3 couples wanted occupation while they waited for their own family; 2 wanted to replace own child or compensate for unsatisfactory relationship; 2 had 'other' motives, 1 was motivated by altruism, 1 to complete own

family and 1 to seek occupation and company because their own children were grown.

The categories most used in column c) were 'other' - 5 and "enjoy children - something to offer others" - 4.

The two categories mostly used - altruism and enjoyment of children and something to offer - seem generally suited to the needs of short-term foster children, although not much emphasis was found on a wish to help the family as a whole. This may well have reflected the publicity which was more child-centred and may be a lesson for recruitment in the future. In fact, a recent advert asked "Are you the kind of person who helps families and neighbours in times of trouble?"

The next most popular category - foster mother's wish to look after young children, would need careful exploration to ensure the foster mother would not be disappointed by the actual experience of fostering. This will be further explored at a later stage in Chapter 5, section c) and Chapter 6, section e).

Table 141 cross-references original motivation (columns a), b) and c) with the length of the marriage. 3 couples had only been married 2 years or less, 2 were motivated by altruism and 1 by enjoyment of children and 2 gave a secondary reason that they were awaiting their own family and wanted occupation while they waited.

2 couples had been married 3-5 years - 1 was awaiting own family and wanted occupation while they waited and 1 was motivated by altruism.

7 couples had been married 6-10 years. 4 of these were motivated by altruism, 1 wanted a companion for their own child, 1 wanted to complete their own family and 1 foster mother wanted to look after young children. This was a secondary reason for 2 and another 4 additionally enjoyed children and felt they had something to offer.

20 couples had been married 11 years or more. Here the balance changes; 9 foster mothers enjoyed looking after young children, 5 couples were motivated by altruism, 3 gave other reasons, 1 wanted to replace their own child or sought compensation for an unsatisfactory relationship, 1 enjoyed children and felt they had something to offer and 1 wanted to complete their own family. 9 gave a secondary reason that they enjoyed

children and felt they had something to offer.

It could be suggested from this data that the couples married 10 years or less are more likely to be motivated by reasons external to their personal needs - altruism and/or enjoy children and something to offer others. Foster mothers married 11 years or over are more likely to wish to fulfill their personal needs of wanting to look after young children, though some of these are perhaps combined with a wish to offer something to other children. Could it be that after a marriage of several years, some women are seeking fulfillment from a dependent relationship with a young child?

Table 142 looks at the original motivation against the age of the foster mother. The two foster mothers aged 20-24 were both motivated by altruism. 6 foster mothers were aged 25-29 and each was motivated by a different reason. The largest group of foster mothers - 14 - were aged 30-39, and most of these (8) were motivated by altruism and 4 by the foster mother's wish to look after young children. 5 gave this as a secondary reason and 6 gave their enjoyment of young children and an ability to offer something to other children. 7 foster mothers were aged 40-49; 3 wanted to look after young children and 2 were motivated by altruism. 3 foster mothers were aged 50-59 and 2 wished to look after young children; the foster mother aged 60 or over gave an 'other' reason.

Of the 13 foster mothers motivated by altruism, most (8) were aged 30-39. 10 foster mothers wished to look after young children and the largest group here - 4 - were also aged 30-39, followed by 3 aged 40-49 and 2 aged 50-59.

Tables 143 and 144 examine the original motivation against the number of children under school-leaving age the applicants had.

13 applicants were motivated by altruism, 8 had no pre-school age children, 4 had one and one had two, while 3 had no school-age children, two had one and eight had two. So, most had children of their own. 10 applicants said they enjoyed looking after young children. 6 had no pre-school children, three had one and one had two; three had no school-age children, 7 had one, two or three - so some still had children under 5 and most of the others had their children at school and perhaps wanted a little one again.

The three families who were wanting to foster in order to complete their family and have an occupation while they awaited their own family, were all childless. The two applicants who enjoyed children and felt they had something to offer others had pre-school and/or school-age children. The applicants who wanted a companion for their own child, perhaps surprisingly, had two pre-school children and the applicants who wanted to replace or compensate for a lost relationship had one school-age child.

Two of the three families in the 'other' category had no dependent children and one had 5 school-age children.

The only figure which stands out at all is the 8 of the 13 families who wished to offer a source of some kind and who had school-age children. Perhaps they felt they had more time on their hands once at least some of the children were at school.

Table 145 cross-references the original motivation with the occupation/ social class of the foster father. Of the 13 foster parents motivated by altruism, 5 were in social class II - Intermediate ; 2 in social class I - Professional; 3 in social class III(M) - skilled manual and 2 in social class III(N) - skilled non-manual.

10 foster mothers wished to look after young children, 3 of their husbands were in social class II - Intermediate; 4 in social class III(N) - skilled non-manual; 2 in social class IV - semi-skilled and 1 in social class III(N) - skilled non-manual.

There seems a slight tendency for middle class professional or semi-professional foster parents to be motivated by altruism and for working class skilled or semi-skilled foster parents to be motivated by the wife's wish to look after young children.

d) Previous Knowledge of Fostering.

This section examines whether the foster parents had had any knowledge of fostering when they applied to the Department or whether they had virtually no awareness of what it was they might be taking on. Knowledge might have come from reading articles, seeing TV or hearing radio programmes, or knowing someone else who fostered. In some cases awareness might have come from a previous experience of looking after someone's

child - perhaps as a childminder, looking after a neighbour's child in a crisis or possibly having fostered for another agency. This information would have to be obtained from the social worker recording the extent of the applicant's awareness and in some cases this might not have been available or recorded. A distinction was not made between the amount of knowledge but merely whether there appeared to be some or none. The relevance of this would be upon the effect it might have upon how realistic were the applicant's expectations of fostering when they approached the Department and therefore the importance of preparation and perhaps the likelihood of disappointment if unrealistic expectations were not modified or met.

Shaw & Lebens (1975) found that in almost 2 out of 3 cases, the foster mother had had previous experience of work with children before becoming a foster parent.

Table 146 shows that only 6 (18.2%) of the 33 foster parents were recorded as having no knowledge of fostering when they applied. 11 (33.3%) had already acquired some knowledge and 12 (36.4%) had had some previous experience of fostering or looking after someone else's child. For 4 (12.1%) this information was not known or not recorded.

It seems therefore that most of the foster parents should have had at least some awareness of what they might be taking on when they applied to the Department and the majority had already experienced some form of caring for another's child. Whether this had any effect upon the outcome can be looked at at a later stage.

This may also be a point worth remembering in recruitment - it may be useful, for example, to target some advertising for foster parents for children under 5, specifically at childminders.

To summarise, the foster parents used by the Division during this period seem mostly to have been influenced to apply to foster by a general awareness of fostering or by a specific reason related to a child with whom they were involved. When they applied, the majority asked to care for babies or children up to 5 on a short-term basis and most were motivated by reasons of altruism or a wish to do something for children in need. However, a large minority had wanted to care for a child long-term and a third of the foster mothers were motivated by a wish to look after young children. Most applicants had some previous knowledge of

fostering when they applied to the Department.

## e) SUMMARY

FINDINGS:

a) Method Recruited.

| | | | |
|---|---|---|---|
| Other or not known | - | 12 | (36.4%) |
| General awareness of foster-ng | - | 8 | (24.2%) |

b) Request at Application.

| | | | |
|---|---|---|---|
| Short-term babies or children up to 5 years | - | 17 | (51.5%) |
| Long-term or L/T leading to adoption | - | 8 | (24.2%) |

c) Original Motivation.

| | | | |
|---|---|---|---|
| Altruism or compassion for child in need | - | 13 | (39.4%) |
| Foster mother's wish to look after young children | - | 10 | (30.3%) |

d) Previous Knowledge of Fostering when Applied.

| | | | |
|---|---|---|---|
| Previous experience of fostering or looking after someone else's child | - | 12 | (36.4%) |
| Some previous knowledge | - | 11 | (33.3%) |

## CONCLUSIONS/RECOMMENDATIONS

### a) Method Recruited.

A variety of methods has been tried over the years. There seems agreement that a sustained educative programme about the work of the Department and the needs of children in Care should be maintained, supplemented by particular campaigns related to the needs of specific groups of children. Expert knowledge about publicity methods, use of media, sufficient money and a speedy and efficient response to enquiries is necessary to achieve success in this area. More attention to the types of families best suited to the specific children and tasks required, and the methods most likely to recruit them could usefully be given.

### b) Request at Application.

The majority of foster parents had wanted to do what the Department most needed for the under 10's - short-term foster children up to 5 years.

However, a sizeable minority had really wanted to long-term foster and, it seemed, been prepared to short-term foster first. Whilst this may have been a sensible way of gaining experience, the two tasks are fundamentally very different and not always best done by the same people. Care would be needed in the social work assessment.

### c) Original Motivation.

There seems to be an accepted connection between motivation, recruitment and outcome of placement and therefore a need to understand and match the needs of the foster parents and the needs of the foster child and the task to be undertaken. This would be especially true of short-term foster parents required to work with child, parents and agency to enable the child to move back home or on to another family. A sole wish to look after a child in a parental role would not seem to be appropriate to the task and likely to lead to frustration and disssatisfaction for the foster mother.

d) Previous Knowledge of Fostering when Applied.

Most of the foster parents had had some previous knowledge or experience of fostering when they applied to the Department. Depending upon the extent and relevance of this, it may have given them a more realistic impression of what they would be taking on and may also be another point to bear in mind when recruiting.

PART III - CHAPTER 3

## DEPARTMENT'S RESPONSE TO APPLICATION - THE ASSESSMENT PROCESS.

In this Chapter examination will be made of how quickly the Division was able to respond to an enquiry to foster by means of offering a social work visit and how much time and attention the social worker put into the assessment.

Departments may vary both in their method of responding to an initial enquiry and in the means by which they carry out the assessment process. The initial response is usually a way of giving information about fostering to the enquirer to enable them to decide if they wish to proceed, and also to screen out obviously unsuitable applicants at an early stage. It may be made by means of an individual 'one off' interview with a social worker, by inviting a group of people enquiring to an information-giving meeting - generally held by a combination of social worker, experienced foster parents and residential social worker - or it could be done by discussion with an experienced foster parent. Meetings are generally held when there has been a batch of enquiries - perhaps following an advertisement or they have accumulated over a period of time because shortage of staff has not allowed proper attention to be given to them earlier.

Cooper (1978) describes two approaches in the selection process - individual casework or groupwork. The first begins by involving the family and social worker in an initial period of explanatory discussion providing opportunities for exchange of information between the family and agency, followed by a formal application signifying some commitment on either side to justify the pursuit of health and character enquiries. The content of these enquiries was originally laid down in the Boarding Out Regulations 1955, Regulation 17 (see Part I, Chapter 3, Page 32), and has been developed by individual agencies and specialist workers. This has been influenced by BAAF and by the DHSS Foster Care - A Guide to Practice (HMSO 1976). Cooper describes this as an exploration of motivation, feelings, attitudes and ways of managing past and present relationships within the marriage, the family and the neighbourhood. In addition, checks with the Police, personal references and a declaration of health will be completed (a full medical from 1981).

All this information will be written up in a full report - using the BAAF Form F in Hertfordshire from 1981, and presented to the Panel or Senior Officer making the final decision.

The group work approach will probably try to cover much of the same material but lays the emphasis on enabling families to select themselves for fostering or adoption and may involve further involvement in groups for specific preparation, training, placement and support. It will involve at least one home visit and completion of application forms and formal checks and references.

Broxbourne adopted both methods during this period. The traditional casework method was generally used but the groupwork method was used with four couples in 1980 and involved a series of 5 meetings, preceded and followed by one or two home visits. It was felt to be successful but relies upon workers comfortable in using this method.

The Chapter is divided into the following sections:-

a) Delay between referral and first visit.
b) Number of visits from social worker.
c) Other areas of preparation.
d) Summary - Findings and Conclusions/Recommendations.

a) <u>Delay Between Referral and First Visit.</u>

The speed with which a Department responds to an initial enquiry may be crucial to their maintaining their interest and it may be that a number of potential foster parents are lost through a tardy response.

Reeves, writing in 'New Developments in Fostering and Adoption' (1980), quotes foster parents on page 123 as saying:

> "We applied weeks ago and have heard nothing.";
>
> "They can't want places very badly if we need to wait this long.";
>
> "I gave up trying to contact them (the social workers) and went and got a job."

She comments that this is damaging to the image of foster care as a whole and tends to lessen the impact of understanding the needs of children in Care and to reduce the respect for the agency. More attention needs to be given in recruitment campaigns to ensure someone with knowledge is on hand to deal with the enquiries and that it is clear what type of

children need homes and which type of people would be excluded from fostering.

As explained in Part I, Chapter 3, the total number of enquiries made was not available over this period so could not be contrasted with the number finally accepted to foster and then used, but it is generally accepted that there is a high drop-out rate.

Adamson (1973) found that 16% of those who applied to foster were approved and had a foster child placed with them. Most of the rest withdrew having learnt about fostering from social worker visits and decided it was not for them. It is therefore important that potential foster parents are not lost through unnecessary tardiness and in order to see if this exists in this data, Table 147 looks at the delay between the referral and the first visit by a social worker. This shows that only 4 (12.1%) were seen within 2 weeks of their initial enquiry. 9 (27.3%) were seen between 2 and 4 weeks from referral; 5 (15.1%) were seen between 5 and 8 weeks after enquiry and another 5 were not seen for 2 - 5 months after application. These were the foster parents who were accepted and used by the Department so had been keen enough to be patient and wait - often a matter of months - for a visit. One may speculate on the number which may have been lost through a similar delay. Unfortunately, a team of social workers coping with all the demands of a busy department, cannot give priority to foster parent assessments against crisis work, despite the fact that many would have enjoyed this work and knew only too well the implications of losing a valuable resource.

7 foster parents were recorded in the 'other' category. These were mostly the families who had come to the agency for other reasons or been sought out by the Department to care for a child because of their previous contact with him. For example, the 3 relatives, a childminder and a private foster parent, figure among them. In these cases they had not approached the agency independently asking to be considered as foster parents.

There were another 3 foster parents for whom this information was not available.

b) Number of Visits from Social Worker when Full Assessment Done.

The introduction to this Chapter has touched on the amount of work to be done in the assessment process - a combination of mutual information-giving and social work assessment of attitudes and motivation, leading to a preparation for the task ahead. This needs to be thorough for the sake of all involved - especially foster family and foster child, and requires social workers with skill and maturity. They are undertaking a task which can be uncomfortable and unfamiliar in that applicants are not clients seeking or requiring help but individuals without professional training which can be measured, offering their personal skills and attributes to a task of great importance. The assessment of their ability to perform this task requires great delicacy.

The number of visits made is a poor measure of the thoroughness with which this assessment was made but it is perhaps some indicator. It cannot measure the quality of the work - an able social worker can achieve more in less time. Visits over a period of time allow the couple space to reflect on the information they have received.

George (1970) wrote a chapter on the assessment of foster parents, looking at this in the period March 1967 to April 1968. He found that applications were dealt with speedily - under 3 months from initial enquiry to letter of approval in most cases. This could be a reflection of a specialist agency - still the Children's Department - but it could also be because not many visits were made. He states that the number of interviews necessary for the full assessment of foster parents must vary according to the skill of the Child Care Officer, the co-operation of, as well as the problems posed by, the applicants, the pressure of work in the Department and the standard of casework acceptable to it. He found that the majority of applications in Smalltown and the County and one third of those in Largetown were approved after 1 or 2 interviews and comments on page 95 that "this number is hardly sufficient to discuss even the barest minimum of relevant topics in fostering". In general, he found 17% of applications were approved after 1 interview, 28% after 2 interviews, 45% after 3 or 4 interviews and remaining 10% after more than 4 interviews.

This low number seems to be linked to a tendency to use newly approved foster parents for short-term placements initially to "try them out" and

an apparent belief that short-term foster parents did not require a full assessment. The concept of involving the foster father in the assessment also appeared to be a new one at that time and he did not receive so much time and attention - being seen by himself in only one fifth of all applications.

In order to examine the amount of contact made with the foster parents in this survey, Table 148 looks at the number of visits from the social worker when the full assessment was done. This shows that the largest group - 12 (36.4%) - received between 3 and 5 visits and another 11 foster parents (33.3%) received 6 or more visits. 4 couples (12.1%) came into the 'other' category. These were either relatives, childminders or private foster parents already involved with the child, so a rather different form of assessment was made. For 6 (18.2%) foster parents the social worker had not recorded the number of visits made during the course of her assessment. Where the applicants had been assessed by a groupwork process, the number of meetings was recorded as visits.

It appears from this that a reasonably thorough job was done in terms of the time given by the social worker, though as said before, this cannot necessarily indicate the quality and content of the contact.

c) Other Areas of Preparation.

It has already been said that motivation is linked to the expectations foster parents have of what taking a foster child into their homes will mean to them. It is clear that at times these expectations are unrealistic - sometimes because the foster parents are not in touch themselves with their true emotional needs - but sometimes because they are just unaware of what the reality of looking after a child in Care may mean. They may well not have known anyone who has had this experience nor have taken much notice of the articles and radio and TV programmes occasionally available. As indicated, the work of the social worker during the assessment period is a combination of getting to know and evaluating the aptitude of the applicants, together with informing them fully and accurately about the reality of fostering and the needs of the division so they can measure themselves against the task and decide if they want to proceed.

George (1970) in his chapter on the assessment of foster parents, points out the importance of identifying the foster parents own image of foster care and then discussing the work of the Department and what fostering really means. Although the reports showed this was done, he found the descriptions of the applicants understanding of fostering to be mostly of a general nature, vague and non-specific - as on page 132 - "I felt that Mr. and Mrs. P. understood the depth of foster care problems". There is no indication that any other preparation than conversations with the social worker took place. George described judgements as being reached on the basis of the social worker's impressions and occasional discussions and observations during the interviews and he found little difference between the work of the trained and untrained Child Care Officers.

Adamson (1973) also comments on the importance of the foster parents understanding the nature of fostering; she especially stresses its temporary nature, feeling that the short-term foster parent can more easily understand that they are merely a temporary family until the status quo is resolved and that the child should be kept in contact with its natural family as much as possible, with no confused ideas about adoption. Whilst families express their understanding of this ahead of time, again the reality of what this will mean in terms of the child and natural parents' behaviour and attitudes is often a very different experience, especially when the actual length of the placements, and sometimes the outcome, cannot be predicted with certainty.

Adamson asked her foster mothers if they could remember what they had known about fostering when they first took a foster child and whether it had been as they had expected. She found a mixed reaction. 32% said it turned out just as they expected, 28% said they had not anticipated the difficulties from particular children. 11% found the relationship with the Children's Department different from what they had expected. 8% found the experience more satisfying and rewarding than they could have believed possible. 7% said they found it much harder than they expected.

Owen Jones (1975) commenting on the Portsmouth Study of ex-foster parents, found that few of the ex-foster parents felt they had accurately anticipated the difficulties involved in fostering, although some found it easier than expected.

Shaw & Lebens (1977) said their long-term foster parents found it hard to recall any specific expectations of fostering before embarking on their first experience and concluded that this seemed linked to not seeing fostering as in any significant way different from natural parenting. The foster parents tended to see social workers as friendly visitors rather than professionals with a service to offer and criticised their competence to deal with questions of child care.

Given the importance of informing and preparing foster parents accurately and specifically for the task ahead, how can this best be done? Interaction between one social worker and the applicants on this subject depends upon the couple's ability to reflect upon the abstract - something the DHSS Foster Care Guide (HMSO 1976) warns about (p.65, para. 154) - and upon the actual experience the social worker has at her fingertips to impart. Such information is often best received from others who have experienced the difficulties - and the rewards - for themselves and it is general practice now, in Broxbourne, for new applicants to meet experienced foster parents and residential social workers who have looked after children in Care - either in a group or on an individual basis. This appears to be a development from the earlier years described by George.

Table 149 looks at how much additional preparation was taking place in the period covered by this survey. 4 columns (a, b, c and d) were given to allow for a multiple response.

Column a) shows that 10 foster parents had had previous experience of looking after someone else's child, a further 6 responded to this in column b) and another 1 in column d), making 17 foster parents in all. This would mean that they had already had some relevant experience - and bears out Shaw & Lebens (1975) findings quoted earlier in Chapter 2, section d) page 233 of this Part.

7 foster parents in column a)had attended meetings on fostering plus a further 3 in column c), making 10 in all. These would either have been information-giving meetings or the group assessment meetings and both would have involved experienced foster parents and residential social workers and the opportunity to ask questions and for discussion with other interested applicants.

6 foster parents in column a) and 3 in column b) - making 9 in all - had had contact with experienced foster parents. This was either arranged by the Department or was because they had friends or relatives who fostered.

2 foster parents in column a), 2 in column b) and 1 in column c) - 5 in all - had looked at reading materials, either books or articles, either because they had sought this out for themselves or were recommended to read them by the social worker.

4 foster parents in column b) and 1 in column c) - 5 in all - had contact with the local children's home or children's centre. The children's centre offered day care for children under 5, plus parents' group, and the children's home mostly cared for children over 5.

1 foster parent in column a) and 3 in column b) - 4 in all - had contact with voluntary agencies. For example, 1 applicant originally interested in adopting a 'hard to place' child was put in touch with PPIAS (Parent to Parent Information on Adoption Service) to talk to other parents who had adopted older or mixed race children.

1 foster parent in column b) and 2 in column c) had had 'other' contacts.

7 foster parents (21.2%) had had no other areas of preparation on record beyond contact with the social worker.

Given the earlier works indicating little additional preparation, this does not seem to be too bad a picture. Several foster parents had had more than one additional experience or contact with someone relevant to the field of fostering and although some of these were from their initiative or previous experience which had led them into fostering in the first place, at least some were introduced by the social worker. Social workers - especially specialists - were becoming more aware of the importance of this and other foster parents more willing to contribute. Wherever possible, at least discussion with those experienced in fostering should become a routine part of the preparation for new applications to ensure that their expectations are as realistic as possible.

Table 150 compares the areas of preparation with the year the foster parents were accepted to foster (the main Table for this will be described in Chapter 6) to see if there is any pattern to this. Looking at the

areas which might have been initiated by social workers - and so putting aside previous experience which the foster parents brought to their application - it cannot be said that more was done as the years went by. 6 of the 9 foster parents in all columns who had contact with experienced foster parents did so in 1977 or before, as did 7 of the 10 foster parents who attended fostering meetings.

## d) SUMMARY

FINDINGS:

a) Delay Between Referral and First Visit.

| | | |
|---|---|---|
| 2 - 4 weeks | 9 | (27.3%) |
| 5 - 8 weeks | 5 | (15.1%) |
| 2 - 5 months | 5 | (15.1%) |
| Other | 7 | (21.2%) |

b) Number of Visits from Social Worker When Full Assessment Done.

| | | |
|---|---|---|
| 3 - 5 | 12 | (36.4%) |
| 6 or more | 11 | (33.3%) |

c) Other Areas of Preparation.

| | Total | |
|---|---|---|
| Previous experience of looking after someone else's child | 17 | (51.5%) |
| Attendance at fostering meetings | 10 | (30.3%) |
| Contact with other foster parents | 9 | (27.3%) |

## CONCLUSIONS/RECOMMENDATIONS.

a) Delay Between Referral and First Visit.

It is important that applicants get a speedy response to their initial enquiry or they may be lost to the agency. If this cannot be done by a busy generic social work team then consideration needs to be given to a specialist worker. If recruitment and initial information-giving can be separated from subsequent assessment, it does not necessarily need a social worker to do this.

b) Number of Visits from Social Worker When Full Assessment Done.

In the majority of cases several visits were made to the applicants while the assessment was being carried out, although this may not necessarily reflect the quality of work done in the time.

c) Other Areas of Preparation.

It is vital to ensure that the foster parents are fully informed and prepared for the reality of fostering or the experience may prove to be quite outside their expectations and may lead to frustration and unhappiness for all concerned. It is difficult to see how the social worker can undertake this single-handed and all opportunities to introduce new applicants to those experienced in doing the task and any other means of relevant preparation should be taken.

PART III - CHAPTER 4

## DEPARTMENT'S CONCLUSIONS FOLLOWING ASSESSMENT.

In this Chapter, the conclusions the social worker came to after the process of assessment is studied. Examination is made of whether the social worker came to any different conclusions from the offer and request put forward by the applicants when they made their first enquiry. The Chapter looks at whether the conclusions about what the couple could do were general or specific and whether the social worker had any reservations. It asks whether our current method of assessment is an appropriate way of finding out what people can do. It also looks at whether the couple were previously assessed by another local authority, why they were used by Hertfordshire and whether Hertfordshire came to any different conclusions about them.

The Chapter is divided into the following sections:-

a) Assessment format.
b) Social Worker's interpretation of the applicants' motivation.
c) Did the social worker have reservations?
d) Recommendation from the social worker.
e) What were the applicants accepted to do?
f) Were the foster parents originally assessed by another local authority?
g) Summary - Findings and Conclusions/Recommendations.

a) Assessment Format.

The previous Chapter looked at the areas likely to be covered in the assessment process. The information obtained about the applicants will be written up into a document to be presented to the person or persons making the final decision about their acceptance or not by the agency. Although it is not necessarily in itself a reflection of the work done, it is the means by which a judgement has to be made and it's comprehensiveness and the specificity of its recommendations are therefore important. In the early 1970's BAAF produced their Form F, a pro-forma for social workers to record their information on families applying to foster or adopt. Although written guidelines or pro-formas in themselves cannot raise the quality of work done, they can ensure that certain areas are explored in the discussion between social worker and applicant. BAAF expected this form to be used by agencies offering their families to the national adoption resource exchange - a 'pool' of families available to other local authorities or voluntary agencies unable to place children for adoption with their own families.

Gradually the form has been accepted as a standardised form for agencies to use for all families being assessed for fostering, both long and short-term or adoption. In Hertfordshire it was recommended for use from 1978, and expected to be used from March 1981 (memo from AD(Field) 9.3.81).

Before that time although such areas as motivation, personal history, understanding of children's needs, etc., were expected to be covered in assessment reports, the actual headings and depth of content were left to the individual senior and supervisor and to whether the report proved acceptable to the DSSO who made the final decision.

George (1970) analysed the Child Care Officers reports on 57 applicants. He felt that, although they considered psychological and emotional factors more important than physical and environmental factors, they actually dealt with the latter more comprehensively in their reports than the former and tended to dwell on the positive aspects of the psychological and emotional factors rather than presenting the applicants as real people with strengths and weaknesses. Psychological factors were dealt with on the basis of impressions and observations rather than objective systematic analysis of the factors involved.

Background information was presented in a static fashion rather than to facilitate a better understanding of how the applicants functioned as persons in their everyday lives.

George blamed the inadequacy of the assessments on the fact that they relied on the interview as the main tool and advocated the use of questionnaires devised by social scientists in assessing marital and personal adjustment etc.

This study does not consider alternative means of assessment in that area but looks merely at whether the format of the assessment report was on the BAAF Form F, a narrative report of some depth covering the areas suggested by Cooper (1978) and the DHSS Foster Care: Guide to Practice (HMSO 1976) or a brief report giving rather general and superficial information. It is recognised that the terms 'brief' and 'comprehensive' are rather arbitrary and left to the judgement of the writer.

Table 151 looks at the assessment format. As expected, perhaps, during this period, the BAAF Form F was still not in general usage and only used here on 3 (9.1%) occasions. 5 reports (15.1%) were considered by the writer to be brief and not to have gone into appropriate areas in any depth. However, the majority of reports - 21 (63.6%) although not on the BAAF Form F format, were considered to be a comprehensive account of the family applying to be foster parents. There were 4 reports in the 'other' category.

Since some of the foster parents were relatives or childminders used for a particular child known to them, it is likely that the assessment reports would have been adapted to be appropriate to their circumstances.

b) Social Worker Interpretation of Motivation of Applicants.

Part III, Chapter 2, section c) has looked at the developing awareness of the importance of the motivation of foster parents in the literature and the tendency, with the increased awareness of the psychological component in social work in the 1950's and 60's, to look for the "underlying motivation". This has been questioned when looked at solely in psychoanalytical terms and more recently efforts have been made to examine applicants in the wider perspective of a systems framework - seeing the family as a system in itself, with a history and immersed in its environment (Hartman 1979).

There is still an acceptance that however one defines the term "needs", there has to be a connection between what the foster child is likely to require from a fostering placement and what the foster parents are expecting and wanting to experience from including a foster child in their family. Perhaps 'expectations' and 'compatibility' would be more acceptable terms.

Chapter 2, section c) examined the reasons the foster parents gave for wanting to foster. This section looks at whether the social worker came to different conclusions about the 'underlying motivation' after the period of assessment. This information was taken from the social worker's final assessment report which generally included a section on motivation. The categories given are much the same as in Table 140 but slightly modified occasionally to allow for the social worker's interpretation, e.g.'the foster mother's wish to look after young children' is changed to 'the foster mother's need for dependents' seeing this as the foster mother's wish to have a child dependent on her care as opposed to a general enjoyment of children.

George (1970) found in his study that the social worker's tended to accept the foster parents' stated motives as face value.

Table 152 looks at the social worker's interpretation of motivation in this survey. It gives 3 columns to allow for a combined response. It shows slight differences from Table 140 - 'original motivation'.

The social worker judged that the largest group of the foster parents were motivated by altruism or compassion for children in need - 12 foster parents (36.4%). The next largest number was the 'foster mother's need for dependents' - 9 (27.3%) followed by 'family complete and/or enjoy children - something to offer other children' - 6 (18.2%). Social workers felt that 3 families (9.1%) were attempting to compensate for an unsatisfactory or lost relationship and 2 couples (6.1%) were awaiting their own family by birth or adoption and wanted occupation while they waited. One couple came into the 'other' category.

The 2 categories of motives which could prove to be negative if the foster child did not satisfy the foster parents' needs were 'the foster mother's need for dependents' and 'attempted compensation for an unsatisfactory or lost relationship'. Of the 3 in the last category in column a), 2 were

families already privately fostering the child who then came into official local authority Care but stayed with the family and the third were grandparents of the child. Both the placements with the private foster parents broke down.

The social worker judged most of the foster parents to have more than one motive. The largest category in column b) is family complete and/or enjoy children and have something to offer other children - 15 foster parents. This was very often combined with altruism or a feeling of wanting to help children in need and seems an appropriate reason for short-term foster families wanting to offer a service through an activity which they enjoyed - looking after children. The difficulty could be conveying the particular problems of children in Care and their parents and would be an important part of the preparation.

A further 2 families in column b) and 4 in column c) were judged to be seeking compensation for an unsatisfactory or lost relationship.

Table 153 cross-references the applicants' expressed motives with the social worker's interpretation of the motivation. There are 9 examples of the social worker coming to a different conclusion from the applicant, though,at times, this may be due to the applicants being unsure how to express their reasons. The largest number of the differences come in the column where the social worker felt the foster parents enjoyed children and had something to offer others - on 4 occasions, 2 of which the foster parent had expressed altruistic motives and 2 when the foster mother had expressed a wish to look after young children. The social worker saw this in a positive light rather than a need for dependency. On 2 occasions the social worker had felt the foster parents were seeking compensation for an unsatisfactory relationship, when on 1 the applicants had said they wanted to complete their family and on another had expressed 'other' reasons.

One foster parent had indicated a motive of replacement or compensation when the social worker saw this as altruistic; one had expressed 'other' motives, which the social worker interpreted as the foster mother's need for dependents and one pair of applicants had originally said they wanted to complete their family but the social worker saw them as seeking another occupation while they waited for birth or adoption.

Caution has already been expressed about the effect of motivation on outcome but a difference between the foster parents actual expectation between what they hoped to get out of fostering and the reality of the experience, must be likely to lead to difficulties and disappointment for the foster parents and the child. Some comments from disappointed foster parents from the literature have been made in Chapter 3, section c) on preparation (Adamson, 1973; Owen Jones, 1975). Examination of the effect of motivation on placements will be looked at in Chapter 5, section c) and on foster parents reasons for leaving fostering in Chapter 6, section e).

c) Did Social Worker Have Reservations?

One must assume that if the social worker is presenting a balanced picture of a couple that she should be describing their strengths and weaknesses - there are no 'perfect people' and no-one has, as yet, described the 'perfect foster parent' - it is unlikely that such a creature exists. George (1970) commenting on social work assessment reports, found too much of a tendency to describe the applicants in ideal terms. Much of the emphasis on the literature described here has been on the concept of matching - knowing the family and child well enough to place the right child in the right family. There will, nonetheless, be some characteristics which will make a person unsuitable. Obvious ones would be incapacity through ill-health or a history of offences against a child. Less obvious are the traits which would make a couple unable to accept a child for himself or relate to him appropriately - extreme rigidity, insensitivity or unresolved personal problems which leave no space to consider the child's individual needs. The DHSS Foster Care Guide to Practice (HMSO 1976), while including a section on Refusing Applications, seems reticent on the grounds on which they should be refused.

Most of the indicators on this seem to come from studies of foster homes which have broken down - there are less on what makes for successful fostering. Trasler (1960) warned against placing a child with foster parents whose expectations are unrealistic and rigid and who focussed upon a specific role which they wished the child to occupy; with foster parents who lacked understanding of the needs of children; and with foster parents who are not themselves secure people who have achieved a satisfactory adjustment to their social environment.

Shaw & Hipgrave (1983) asked a large meeting of specialist foster parents why their family was suitable for fostering. They came up with five qualities:-

1. You have to be strong and united as a couple.
2. You have to have an 'open' lifestyle.
3. You must like a challenge.
4. You need a sense of humour.
5. Your whole family must be prepared to be involved.

Shaw & Hipgrave felt that some traditional families are too close-knit to admit another member, find it impossible to tolerate someone who continually flouts their values and, having experienced few problems in their own relationships, may become over-anxious about misbehaviour. Such families may do their best with an immature, deprived child whose behaviour problems are exhibited inside rather than outside the home and who needs security, structure and affectionate relationships. Again - the importance of understanding the family system and making the appropriate match between child and family is highlighted.

This section looks at whether particular concerns were expressed by the social worker in the assessment report to the extent that she felt some doubt about their ability to foster successfully.

Table 154 examines this and shows that in 12 (36.4%) of the 33 foster parents, the social worker had expressed reservations in her report. In 19 cases no reservations were expressed and in the case of the 2 child-minders asked to foster temporarily the child they had been minding, a full report had not been done so this had not been recorded.

Reservations were expressed in the case of all 3 of the relatives approved to foster a specific child and 1 of the 2 private foster parents. Presumably it was felt that the familiarity and existing relationship outweighed other areas of concern.

There were 8 other couples about whom the social worker had doubts. Examples of these are as follows:-

> "They had a simplistic view of what fostering involves and tended to gloss over possible areas of difficulty in discussion. They were sufficiently flexible to cope with difficulties of which they had no experience and which perhaps they do not really believe could arise, having always been so successful in their dealings with children. What would be the effect on

their own children who are very well behaved? However, their potential can only be properly assessed in the first placement. Given careful help they should prove to be caring competent foster parents."

"Unsure how they would cope with very disturbed children who don't respond and difficult, disruptive parents. Their routine is important - they don't appreciate the potential disruption fostering can cause."

"I think her attitudes might be rather too rigid to cope easily with difficult behaviour, especially if it affected her 6 year old. This will become clearer through use."

"I wonder how she will be able to cope with really difficult children or, even more so, with difficult relationships with natural parents. I do not feel, until she comes face to face with them, she will understand any difficulties involved. She tends to over-tax herself. Life seems to be concentrated within the family circle for all members. Mother has difficulty with her boys' demands for independence. Good reputation as a childminder."

"Mother apprehensive about difficulties fostering might present."

"Mrs. X. has a great need to do the right thing; she has a tense personality and can become over-anxious; she would probably expect appreciation in return."

A number of the reservations are around the area of the foster parents fully understanding and being able to deal with the problems that fostering can present. This seems to emphasise the need for more practical preparation - along the lines discussed earlier. There are several concerns about rather rigid attitudes and an inward-looking family.

An attempt will be made later to see if these concerns were realised and affected the outcome of the placement, in Chapter 5, sections c) and e).

d) Recommendation from Social Worker.

This sections looks at what the social worker recommended the applicants should be accepted to do at the end of the period of assessment. It will examine how often this was different from the applicants' own original request - and consider whether this means that the assessment has helped

all parties to view the application more realistically, or whether the social worker is persuading the foster parents to do something they do not really want to do. If the latter, then it would be interesting to see if this led to difficulties in the placements later because the foster parents did not feel motivated or committed towards the task they were being asked to do. An example of this can be when a foster parent, who really wants to care for a child long-term, is asked to foster short-term first - to give them some experience or 'try them out'. Since the two tasks are quite different, failure in one would not necessarily mean they could not do the other successfully.

The section also looks at how specific the social worker's recommendation was - is it fairly general, e.g. short-term any age, or does it indicate the particular age child which the social worker felt would best fit into the applicants' family. There are also questions asked about whether the social worker specified that the applicants should only have one child of the male or female sex or only have relatively uncomplicated placements. If the recommendations are general, this could reflect upon the social worker not fully appreciating the differing tasks in fostering and assessing the potential of the couple for the one appropriate to them.

Table 155 i) examines the recommendation from the social worker and gives two columns for the responses. The largest number of foster parents - 12 (36.4%) - in column a) were recommended to foster short-term children aged 0-5. A further 6 foster parents in column b) were recommended to foster children aged 6-12. 5 of these were actually recommended to foster pre-teen children aged 0-12 so featured in both columns. The sixth foster parents were recommended for long-term children in column a) but also short-term children aged 6-12 while they waited to gain experience.

6 foster parents (18.2%) were recommended by the social worker to foster children of any age short-term. 4 (12.1%) foster parents were recommended to foster babies or toddlers aged 0-2 short-term and 4 foster parents were recommended to foster long-term plus another one recommended to adopt. 2 of the 4 were relatives recommended to foster their niece or grandson long-term, one was already privately fostering the child when she was admitted to Care. One was recommended to foster long-term and another to adopt, but both were interested in doing some short-term fostering while they waited so each figures in column b) to foster short-term as well - one to foster children aged 6-12 short-term and

the other any age child. 2 foster parents were recommended to foster children or pre-teen school-age (6-12) short-term and another 4 came into the 'other' category. The latter were all recommended to foster a specific child only, on the grounds that they had an existing relationship and/or were already looking after it because they were a relative, child-minder or private foster parent. 3 of the 5 foster parents in the 'other' category in column b) were recommended to foster long-term in column a) a specific child because of an existing relationship. The other 2 appeared because one was recommended to be reassessed later for long-term fostering and the other showed an interest in mentally handicapped children.

Table 155 ii) shows that 16 foster parents were specifically recommended as being able to foster more than one child. Table 155 iii) shows the social worker recommends that 7 foster parents should only have 'uncomplicated placements' . These were in assessments where the social worker had some reservations and although thinking they had something to offer did not feel that the foster parent could cope with the full range of problems connected with fostering. In 4 cases in Table 155 iv) the social worker recommended the family only have a male foster child and in 3 cases in Table 155 v) only a female child. In one case this was connected with sharing a bedroom with an own child, but in the rest it related to the specific child for whom they were approved so was of no significance.

The recommendations here do seem to be fairly specific. Only 7 couples in all are recommended to short-term foster a child of any age and in only 2 cases are the couple put forward for long-term fostering or adoption but recommended to short-term foster while they wait. In both cases it seems this was the couple's wish and seen as quite distinct from their long-term aim and not a way of testing them out. In view of the large number of sibling groups who came into Care it is interesting that nearly half of the foster parents were recommended to take more than one child; more than half of the foster parents willing to short-term foster, if one takes out those involved with specific children. However, one must also bear in mind that these are the foster parents who were used. It was not possible to get a comprehensive sample of foster parents who were assessed and accepted but not used during this period.

Table 156 cross-references the foster parents' original request with the recommendation from the social worker. This shows that there are 9 occasions on which the conclusions differ. One foster parent who asked to short-term foster babies was recommended to short-term foster children 0-5. 2 foster parents who had asked to short-term foster children 0-5 were recommended to short-term foster children of any age - in that the recommendation in the assessment report was rather unspecific. It seems that the foster parents had a more defined idea of what they wanted to do than the social worker.

2 foster parents who originally asked to foster long-term were recommended to short-term foster - one children aged 0-5 and the other children of any age. In both instances the social worker felt that initial short-term experience would be useful. In one case the social worker had felt the responses to discussion were rather superficial and 'pat' and in the other she had concerns about the effect of the foster mother's unhappy past experiences.

2 foster parents had wanted to foster long-term with a view to adoption or to adopt and one, the private foster parent with the child already there, was recommended to foster long-term and the other to short-term foster a child of any age. Their interest had been to adopt a Vietnamese child after watching a TV programme and their offer extended and became more realistic through discussion with the social worker and gaining more information.

It seems that in 3 instances applicants wishing to include a child in their family long-term were persuaded to change, at least to begin with, to taking children - and therefore working with their families - on a temporary basis. Another 2 had really anticipated this when they applied. At least 2, and perhaps 3, foster parents had been more specific themselves when they applied than the social worker making the final recommendation.

e) What Were the Applicants Accepted To Do?

This sections looks at the final decision of the person receiving the assessment report and examines whether it was different from the recommendation received from the social worker. As explained earlier, the social worker completed the report under the supervision of her senior and it

was submitted to the DSSO for a decision. Obviously the thoroughness of the assessment and the quality and clarity of the report will contribute to the ease with which the DSSO could make a realistic decision. Since we are only looking at approved foster parents it is not possible to examine the decisions to refuse applications, nor to be accurate about the number. In my experience, very few assessments were completed and reports sent to the DSSO to be refused then. Most applicants who would not have been suitable foster parents took the decision themselves not to proceed or were persuaded not to do so at an earlier stage.

Table 157 i) shows what the applicants were accepted to do. It looks very similar to Table 155 i) with slight differences. 24 (72.8%) foster parents in all were accepted to foster short-term, 12 (36.4%) for children aged 0-5, 5 (15.2%) for children aged 0-2, 2 (6.1%) for children aged 6-12,with another 7 (21.2%) for children aged 6-12 in column b), and 5 (15.2%) were accepted for children any age in column a). 4 (12.1%) were accepted to foster long-term, 1 (3.0%) to foster long-term with a view to adoption and there were 4 (12.1%) 'others'. There was an additional one accepted to short-term foster any age child in column b) plus 3 'others' in column b).

Table 157 ii) shows that 15 (45.5%) foster parents were accepted to foster more than one child and 18 (54.5%) not (a different figure from that recommended by the social worker) and in Table 157 iii) for 10 (30.3%) it was advised that they should only have uncomplicated placements - an additional 3 from the number the social workers recommended. The figures for male only or female only placements in Tables 157 iv) and v) were the same.

Tables 158, 159 and 160 show the differences between the recommendation and the decision. There are only 2 differences in Table 158. One applicant had been recommended to foster children aged 0-5 but was accepted for children aged 0-2, though no reasons were given for this. The social worker had expressed reservations about this couple. The other applicant had requested children under 5, had been given a general recommendation of any age, but was accepted for children under 5 - the DSSO being more specific than the social worker and picking up the applicants' real interest. No reservations were expressed here. However, in both cases of difference the DSSO made a more closely defined decision than the social worker recommended.

Table 159 shows that the DSSO did not accept one social work recommendation that the applicants should be approved for more than one child and Table 160 indicates that there were 4 occasions when the DSSO specified that a couple should only have an uncomplicated placement, although this had not been recommended. There was also one occasion when this had been recommended but the DSSO did not specify it.

An example of the DSSO recommending an uncomplicated placement despite no recommendation is as follows:-

> "I do not find it a straight-forward matter to approve this couple, but on balance think it right to accept them so long as we make sure they are introduced to fostering gradually and with much support and that the given tasks are straight-forward."

The couple were childless when assessed and had some physical and psychological problems. They did subsequently withdraw from fostering after their own child was born and some difficulties had occurred in fostering.

So, most of the recommendations were accepted by the DSSO but when there were differences these tended to be to make the definition of what they were accepted to do more specific.

Tables 161 - 164 examine whether there was any relation between the nature of the assessment and what the couple were accepted to do. Table 161 looks at the decision by the number of visits the social worker made but no particular pattern seems to emerge. Table 162 looks at the decision by areas of preparation. Again there is a general scatter across the categories. 5 of the foster parents accepted to short-term foster under 5's had had previous experience of looking after someone else's child - quite often by childminding an under 5.

Table 163 looks at the decision against whether the social worker had reservations and there also seems to be no real pattern. Reservations were expressed in 3 out of 5 foster parents accepted to foster under 2's - perhaps linking to the foster mother's need for dependents rather than a general understanding of the requirements of fostering - and in 3 out of 4 foster parents accepted to foster long-term - probably where the request was for a specific child. Despite the general acceptance to short-term foster any age child, reservations had been expressed in 2 out of 5 of these applicants.

Table 164 looks at the decision against the assessment format. On the 5 occasions when only a brief narrative report was forthcoming, one was for a foster parent accepted to short-term foster children 0-2, 2 for aged 0-5 and 2 for a foster parent accepted to short-term foster a child of any age. The 4 foster parents in the 'other' category - all accepted for specific children - had modified reports.

It would have been interesting to compare the pattern of what foster parents were accepted to do by the division against the age and number of children coming into Care in Broxbourne that year. Unfortunately, this sample only looks at the foster parents used for the children under 9 so does not give all the enquiries, applications, the foster parents accepted but unused, nor the foster parents used for older aged children, so would not provide an accurate comparison.

f) Were the Foster Parents Originally Assessed by Another Agency?

This section is of interest partly to see whether and why families used by Broxbourne were approved by other agencies and partly to see if different agencies were coming to differing conclusions in their assessments.

It has already been noted that only 19 of the 33 foster parents used were assessed and approved on the register as short-term foster parents for Broxbourne and 7 had to be 'borrowed' in emergencies. 6 of these were living elsewhere in Hertfordshire but one was living in Broxbourne but actually registered with the London Borough of Enfield. The remaining 7 were relatives, childminders or private foster parents approved to look after specific children.

Table 165 shows that 24 (72.7%) of the foster parents had not been originally assessed by another agency. One of the remaining (mentioned above) was living in Broxbourne but registered with Enfield. The social worker was seeking a foster home for 2 children without success in the Division during a mother's spell in hospital. Local foster parents were friendly with this couple and suggested their use. They were not reassessed by Hertfordshire. The experience was not a very happy one and they did not ask to be used by Hertfordshire again. It is not known why they applied to Enfield in the first place.

4 foster parents had been assessed by another agency but were reassessed by the Division before being accepted. 2 couples had moved into the area and had been foster parents in their previous area. At this time it was less common for full reports to be handed over to a new authority and the couples were reassessed. One couple lived in the area, had originally applied to Hertfordshire but been told they could not be used, applied to and were accepted and used by a London Borough and then reapplied to and were assessed and accepted by Hertfordshire. Some reservations were expressed about them. The final couple had been assessed by the County Voluntary Adoption Society and were privately fostering a child in a rather complicated arrangements when the child came into Care of Hertfordshire. They were assessed by Hertfordshire with a view to deciding the future of this child.

One couple lived in the area, had applied to a London Borough and been told they were unsuitable after one visit. They applied to Hertfordshire, who, on enquiring, were told this decision had been a mistake! They were assessed by Hertfordshire and accepted, though not without reservation.

2 couples had made applications to other agencies but had not completed the assessments and subsequently came to Hertfordshire. One couple had applied to London because they were apparently told (it is not clear by whom!) that there was not much demand in Hertfordshire. The other couple had applied to an adoption society but withdrew because they found the assessment experience painful. They later had children of their own and then applied to Hertfordshire to child mind and then to foster.

The couple in the 'other' category were living in Enfield and childminding a Broxbourne child who was placed with them as a short term foster child.

It does seem that at this time local authorities were wary of sharing their assessments with each other and/or of accepting each other's work. If the latter this does not speak well of a good general standard of assessment across the country. It is now much more the practice to do so - and has been helped by the local authorities being expected to conform to a general standard by BAAF who co-ordinate an adoption exchange of families and children across the country. It had been felt that couples would not want their papers passed from one agency to another but it has been found that most prefer this to having to undergo a repetition of the assessment procedure.

It is also apparent from this data that several couples in the Broxbourne area were applying to London to foster. This is probably a combination of responding to their publicity and being attracted by the higher rate paid. It is known that there are several families in the area who do foster for London Boroughs. Between 1981 and August 1986, Broxbourne has received notification of 19 families who are fostering children in the Care of London Boroughs. Since this is a loss of a local resource to the Division, attention to the reasons for it happening should be given.

Apart from the benefit of not having differential fostering rates in neighbouring authorities, it is also important to keep the needs of the local area to the forefront of the community so families do not offer their services to an area further away when local children and parents could benefit from them.

## g) SUMMARY

### FINDINGS

a) Assessment Format.

| | |
|---|---|
| Comprehensive narrative | 21 (63.6%) |

b) Social Worker's Interpretation of Motivation of Applicant.

| | | |
|---|---|---|
| Column a) | Altruism : compassion for child in need | 12 (36.4%) |
| | Foster mother's need for dependents. | 9 (27.3%) |
| Column b) | Family complete and/or enjoy children - something to offer other children | 15 (45.4%) |

c) Did Social Worker Have Reservations?

| | |
|---|---|
| Yes | 12 (36.4%) |
| No | 19 (57.6%) |

d) Recommendation From Social Worker.

| | |
|---|---|
| Accept for short-term aged 0-5 | 12 (36.4%) |

e) What Were The Applicants Accepted To Do?

| | |
|---|---|
| Short-term foster children aged 0-5 | 12 (36.4%) |
| 'Uncomplicated' placements | 10 (30.3%) |

f) Were The Foster Parents Originally Assessed By Another Agency?

| | |
|---|---|
| No | 24 (72.7%) |
| Yes - reassessed & accepted by HCC | 4 (12.1%) |

CONCLUSIONS/RECOMMENDATIONS.

a) Assessment Format.

The form that the assessment report takes has to be a reflection of the work done by the social worker and to portray the applicants fully and accurately if a reasonable judgement about acceptance and subsequent matching with task and foster child is to be made.

The BAAF Form F - introduced in the early 1970's and revised in 1983, is now in general usage but the quality of the content still depends upon the individual social worker - both in terms of the work done and of their ability to convey this in writing - not always the same thing!

b) Social Worker's Interpretation of Motivation of Applicants.

Social workers saw most of the applicants as motivated by altruistic reasons with a secondary reason of enjoying children and feeling of having something to offer other children, an appropriate motivation for short-term fostering, so long as the applicants were properly prepared for the task involved. On the whole the social workers came to similar conclusions about motivation as that expressed by the applicants when they enquired, but where differences did occur (in 9 cases) it would be important that the foster parents were clear on what their real expectations of fostering were.

c) Did Social Worker Have Reservations?

Although no-one has come up with the format for the 'ideal foster home' and the emphasis is on knowing the family and child well enough to make an appropriate 'match', the social worker must have some idea in her mind of what it is she is looking for - and what could prove to be unsuitable. In over a third of the foster parents in this sample the social worker had expressed reservations at the time of assessment. These seem to be linked mostly to the difficulty in helping the foster parents to envisage the problems that fostering would involve - and reinforces the need for fuller preparation described earlier, and to a certain rigidity of attitude in the foster parent.

d) Reccomendation From Social Worker.

These foster parents - who were being used for initial assessments of children under 9 - had mostly been recommended for that purpose. The exceptions tended to be those people approved to look after specific children already known to them and potentially on a long term basis. Almost half had been proposed for more than one child - although the Division could probably have used a greater proportion. There were some instances of the social worker recommending something different from the foster parents original request and this may have been a sensible conclusion based on fuller information but could also lead to difficulties if the foster parents were not committed to their proposed task. In 7 of the cases where the social worker had expressed reservations during the assessment, she recommended the foster parent only be used for uncomplicated placements, in most of the other cases the family were taking on a specific child.

e) What Were The Applicants Accepted To Do?

In most cases the DSSO, making the final decision, accepted the recommendation of the social worker. When this varied it was to be more specific about the age of child or type of placement which they should be asked to take in the light of reservations brought out by the assessment report.

Questions may be asked about the value of panels to make such decisions - whether this becomes over-complicated or provides a fairer and more thorough examination of the application.

In order to provide useful information about the foster parents accepted by the Division in relation to the children in Care, more accurate statistical information needs to be collected and stored on the numbers of referrals, applications, refusals of applications and unused foster parents.

f) Were The Foster Parents Originally Assessed By Another Agency?

There are several instances of foster parents in the area approaching London Boroughs and it is important to keep the needs of the area

to the forefront of the community so children can stay in their local area. It is further complicated by the fact that the London Boroughs pay a higher fostering rate.

Where foster parents had already been assessed and accepted by another agency, it seems sensible for that work to be shared and wherever possible accepted to avoid the need for repetition of work with the couple. This is now increasingly accepted.

PART III - CHAPTER 5

## THE DEPARTMENT'S USE OF THE FOSTER PARENTS.

This Chapter will look at whether the Department was using its new foster parents appropriately by placing children with them in line with their agreed acceptance and supporting and helping them to develop, or whether it was placing children of an age or difficulty for which it had not assessed the couple as suitable. If so, this may have contributed to later problems or the couple withdrawing from fostering and if it did happen with frequency one may question the purpose of a detailed assessment. It may have happened because the Department had insufficient resources to meet and match the children's needs, and if so this raises further questions about recruitment, selection and preparation.

The Chapter will also look at two factors which could contribute to difficulties in placement - whether the foster parents had a child of their own after they commenced fostering and whether a foster child was placed within two years of age of their own children.

The Chapter will be divided into 8 sections:-

a) Delay before first placement.
b) Nature of first placement.
c) Comment by social worker on first placement.
d) Subsequent placements.
e) Comment by social worker on subsequent placements.
f) Own child born or adopted after commencement of fostering.
g) Foster child placed within 2 years of age of own children.
h) Summary - Findings and Conclusions/Recommendations.

a) Delay Before First Placement.

If there is a long delay between foster parents being accepted and then used this can lead to dissatisfaction from the foster parents and a feeling that they are being passed over and are 'not wanted' or 'not good enough'. It may also be the reason why some approach nearby local authorities - London Boroughs in our case - in the hope that they will be used more regularly. In fact, the amount of use will depend upon the number of children coming into Care, and the match between the type of child and what the foster parents are able to do. I have emphasised the need to be specific about what foster parents can do, but of course, the more specific the offer the less likely that many children can be placed and foster parents keen to become involved do find non-use rather an anti-climax after a comprehensive assessment, and it is a cause of frustration for them. If we look at the number and age range of children coming into Care in Broxbourne at this time, we can see, in Part I, Chapter 3, Table G, that for the 12 months ending September 1981, 31 children were admitted to Care and Table H indicates that about half of these could have been aged 0-9.

In reality it is difficult to get this balance right. All would agree it is right to prevent the need to admit the children into Care, but this means that foster parents can be kept waiting for long periods of time - and then when they are needed in a hurry may be unavailable because they have become involved in something else, are on holiday, or have relatives to stay etc. This is the frustration for the social worker.

The danger of a long delay before and between use is that the foster parents - and social worker in an emergency - can be tempted to take on something for which they were not accepted and for which they are not really suitable, and this can lead to problems.

Table 166 looks at the delay before the first placement. 10 foster parents (30.3%) were in the 'other' category. This is because there were special circumstances attached to all of them. 7 were used for a specific child already known to them, and in some cases already placed with them, and 1 couple were the foster parents borrowed from Enfield in particular circumstances. So, for these foster parents the question of delay would not be relevant. The other 2 were already privately fostering children when they were accepted as foster parents for Hertfordshire, so

would not have been immediately available for another task.

Looking at the foster parents who were generally available, 8 (24.2% of total sample) had to wait 3-4 months before their first placement and 4 (12.1%) between 1 and 2 months. 3 foster parents (9.1%) had a placement within 1 week of being accepted and 2 within 1 to 4 weeks. At the other end of the scale, 3 foster parents (9.1%) had to wait over a year for a placement, 2 foster parents between 7 and 12 months and 1 foster parent 5-6 months.

So, 5 were used within the month, 13 between 1 and 6 months and 6 over 6 months. As suggested before, the likely cause of this difference is both the suitability and the availability of the foster parents to meet the needs of the children coming in to Care and the request from the social worker, often at short notice. The foster parents who had to wait longest were probably only able to take children within fairly defined descriptions or were not able to respond to emergencies.

Table 167 cross-references the delay with what the foster parents were accepted to do. The 3 foster parents used most quickly were those accepted to short-term foster children aged either 0-5 (1) or of any age (2). 2 foster parents accepted to long-term foster or adopt were used within 4 months but this may have been for a short-term admission since 2 foster parents were approved for both. The 5 foster parents who had to wait for over 6 months were also accepted for children under 5 or of any age. It seems likely that, putting aside the fluctuating demand, it is not so much the age category for which the foster parents are approved but their own personal circumstances - such as flexibility, ability to cope with parents, availability in emergencies - which will dictate how quickly they are used.

b) Nature of First Placement.

This continues the theme of the previous sections and looks at the first placement of each foster parent in this sample and considers whether it differs from what they were accepted to do, and if so the reasons and results and implications of this. Are the interests and assessed suitability of the foster parents in line with the needs of the Division for its children coming into Care, and if not does this reflect upon the recruitment and selection process?

Table 168 i) looks at the nature of the first placement. This shows that the largest category of foster parents - 12 (36.4%) - had a child under 2 for their first placement and 10 (30.3%) had a child aged 3-5, (although recorded as 0-5 to correspond with the acceptance categories, the under 2's would be given in the first category). 3 foster parents (9.1%) had children aged 6-9 placed and one had a child of 13+ placed. The 3 foster parents who had a long-term child placed were one of the private foster parents and 2 of the relatives. The 4 in the 'other' category were a relative and childminder approved to care for a specific child short-term, a private foster parent approved for a specific child for an unknown period and a foster parent borrowed from another Division where the age of the child placed was unknown.

So, the majority of first placements were for short-term children aged 5 and under; 22 of the foster parents were asked to do this and this seems likely to have been in line with what most of them wanted and were accepted to do and is the greatest need of the Division for children under 9 admitted to Care (over 70% were 0-5 and admitted for 8 weeks or less).

Table 168 ii) shows that 14 or 42.4% of the foster parents were asked to take more than one child for their first placement, again revealing the large number of sibling groups admitted to Care.

Table 168 iv) and 168 v) indicate that 24 of the children were male and 15 were female. This is a larger number than the total number of foster parents because several were taking 2 children, one of each sex.

Table 168 iii) looks at whether the placement was 'complicated'. This is a rather arbitrary definition but was used when either the child or the parents were presenting particular difficulties for the foster parents or the placement was for an undefined period because of the circumstances of the admission. If the placement was for a short, defined period, e.g. because of mother's admission to hospital - and neither child not parent showed any special problems - then the placement was not deemed to be complicated. Table 168 iii) shows that most of the placements - 21 or 63.6% - could be described as complicated. Only 6 (18.2%) were considered uncomplicated and it was not known or not used in 6 cases. In some instances where the foster home was borrowed, this information would not be so easily available.

This reinforces the view that social workers try to get over to new applicants that most fostering tasks are difficult and not to be undertaken without careful thought. Since the social worker had expressed reservations about several couples being able to cope with undue difficulties, this may have created problems.

Table 169 looks at the nature of the first placement against what the foster parents were accepted to do (columns a and b). This shows 7 occasions in column a) (numbers ringed on Table) when placements were different from acceptance. However, this Table cross-tabulates the first column of what the foster parents were accepted to do and it will be remembered that some were accepted for children aged 0-5 and 6-12 or to adopt or long-term foster but also foster short-term initially, so featured in 2 columns in Table 157 i). Therefore, reference to column b) and further investigation into the 7 apparent disparities shows that these are not all really so. The foster parents accepted to adopt had also been accepted to short-term foster children of any age so the placement of a child 13+ was reasonable. 2 of the 3 foster parents seen in the Table as accepted to foster children aged 0-5 and receiving a placement of 6-9 had actually been approved for 0-12. The third foster parents did receive 2 boys older than they expected. The 2 foster parents in the category for children aged 6-12 and receiving children aged 0-5 were actually within their limits since a 5 year old child was placed and they were willing to accept down to aged 5. The foster parents in the Table as accepted to long-term foster but receiving a child aged 0-2 had also been accepted to short-term foster. So, in reality, almost all of the foster parents received children within the age range they were expecting and for which they had been accepted.

Table 170 cross-tabulates the first placement of more than one child with whether the foster parents were accepted for more than one child.This shows that there were 6 occasions when the foster parents had not been accepted for more than one child but more than one was placed on the first occasion. The high proportion of sibling groups entering Care has already been noted in the previous chapter so it is not surprising if there were occasions when no foster parent accepted to take more than one child was available when needed. Since first placements of one child were made on 7 occasions to a foster home approved for more than one, it is the availability of home at the time needed which is important.

Table 171 looks at whether complicated placements were made on the first occasion to foster parents where it was stipulated that this should not happen. This has been stipulated for 10 foster homes but 7 out of the 10 received a 'complicated' placement for their first experience. This was putting a strain on foster homes about which the Division had expressed some reservations about their ability to cope with undue difficulties. If this was combined with receiving 2 children when they had only been expecting one, the difficulties would be increased and raises questions about the 'exploitation' of foster homes.

Table 172 examines the nature of the first placement against the delay before this was made. There does not appear to be any obvious pattern here, and since foster parents mostly received children in the age range they were expecting, it does not seem that delay caused them to accept more readily a child of an age for which they were not approved.

c) Comment by Social Worker on First Placement.

This section looks at the comment the social worker recorded on the foster parents' case file about the first placement. There was an expectation within the Division that this should be done in order that it should be known how the foster parents coped with their first 'real' experience; what special qualities they showed, what difficulties emerged, what help might be needed from their link social worker and how best they should be used in the future. This was also an opportunity for the foster parents to express their needs. However, there was no official form nor clear direction in the Guide to Procedures (1971) about this so it depended upon the social worker following 'good practice' and/or having the time to do so. If the foster parent was a short-term foster parent on the Divisional Register, Broxbourne had devised a local form (see Appendix) on which to record the placement with child's name, age, dates of placement and a small space for remarks about the placement which could also give a general guide to how 'successful' it had been.

The categories given are again somewhat arbitrary and dependent upon the interpretation of the writer when reading the file. 'Satisfactory' could be used when no adverse comments were expressed and 'unsatisfactory' when the placement was seen as an almost total disaster from the child's point of view. "Some reservations" would be used when some concerns were

expressed by the social worker about the total experience between agency, foster parent, child and natural parent but an acknowledgement that the placement also had value; "child removed by mutual agreement" was used when there had been some uncertainty about the outcome, the foster parents had fulfilled the task asked of them but the period in Care needed to continue for longer than had been anticipated and it was agreed between agency and foster parent that the child should be removed to a placement which could cope longer term. The other categories appear to be self-explanatory.

The information obtained in this section will show how many first experiences for foster parents appear to have had problems, look at what these were and will see whether this links to reservations expressed by the social worker at assessment. It will also raise questions about whether problems arise from inadequate assessment, inappropriate and/or delayed use or insufficient prior preparation of the foster home - or child. It will try to examine or imagine how the foster parent felt about this and it may later link to foster parents giving up fostering. Hopefully it will give indicators which can be learned from for the future.

Table 173 examines the comment made by the social worker on the first placement. For 3 foster parents (9.1%) there was no record on the file; these 3 foster parents were all borrowed from other Divisions in Hertfordshire. The majority of first placements - 19 or 57.6% - were described as 'satisfactory' i.e., no adverse comments were recorded. In 7 instances (21.2%) some reservations were expressed; on 2 occasions (6.1%) the child was removed prematurely at the foster parents' request and on another 2 occasions (6.1%) the child was moved by mutual agreement between social worker and foster parents to a children's home. There were no instances of 'unsatisfactory' comments, dissatisfaction expressed by the foster parents recorded on the case file nor children removed by the Department.

The children removed at the foster parents' request were the 2 children who had been privately fostered before being received into Care and remaining in the same placement. In both cases it had been intended that the placement should be long term. In one case the child had been in the family 3 years. She was a deeply disturbed child who, 2½ years after placement, began to exhibit problems of lying, swearing and stealing.

Her foster parents had high and rather rigid expectations and could not understand or accept her behaviour and eventually asked for her to be removed. The other child had been placed 5 days a week and on the making of a Matrimonial Care Order was placed full time. Her father was angry at the order and became more disruptive to the foster home, visiting daily. The child became more difficult - rude, defiant - and the foster parents eventually requested her removal. Both children were moved to a children's home.

3 of the 7 placements where reservations were expressed were with relatives. In 2 cases the places were intended to be long-term and did last. In both these families considerable social work input had to be made to help the relatives to understand and adapt to the behaviour of the children - more than might have been expected with registered foster parents. However, both showed a commitment to the children which did not waver. The other relatives were caring on a short-term basis and although the physical care was good their understanding of the children and their mother's emotional needs was poor and would not have been acceptable long-term.

In the other 4 cases, the physical care of the children was good but other factors caused difficulties. In 2 instances the foster mothers became over-protective of the babies, were unlikely to have provided the stimulation needed for development and could not work appropriately with the natural parents. In another case, the foster parents were rather unrealistic and not able to work as needed with the Department, swinging between denying any problems and demanding the children's immediate removal. In the last case the foster mother, who was borrowed from Enfield, found it very difficult looking after 2 young children and the youngest had an accident whilst in her care.

All the difficulties expressed seem to be around the additional factors associated with fostering children separated from their parents - the disturbed behaviour of the children or the need to work with their parents - and the difficulties the foster parent had in coping with these in practice. It again points up the need to prepare foster parents as thoroughly as possible for the reality of the task, and for the Department to have the confidence to refuse to accept those applicants who do not seem well suited to it. Sometimes risks are taken with relatives or people known

to the children who would not otherwise be considered for fostering and this may be justified in terms of the familiarity and commitment offered, but great care has to be taken in making this decision.

Table 174 looks at whether the social worker's comment on the first placement related to original reservations expressed at the assessment. The social worker originally had reservations in 12 cases. In 6 of these the comment on the first placement was satisfactory, in 5 some reservations were expressed and in one case the child was removed at the foster parents' request.

In 5 of the 7 instances where some reservations had been expressed on the first placement the social worker had also expressed reservations at the assessment. This was also the case in one of the 2 occasions when the foster parents requested the child to be removed.

So, although the social worker's fears at assessment were not always justified, where there were problems on the first placement, in most cases it had been anticipated that this might be the case.

Table 175 cross-references the social worker's comment on the first placement with the original motivation expressed by the foster parents when they applied. Column a) gives the primary and column b) the secondary expressed motivation.

In 19 cases the social worker's comment on the first placement was satisfactory. 8 of these foster parents had given 'altruism' as their primary motivation and 7 of the foster mother's wish to look after young children. One couple were awaiting their own family, 2 enjoyed children and felt they had something to offer, and one couple were seeking companionship for their own children. 10 of the foster parents gave as their secondary reason that their own family was complete and/or they enjoyed children and felt they had something to offer to other children.

In the 7 first placements where the social worker had some reservations 3 were in the 'other' category for motivation and these were the 3 relatives. 2 gave altruism as their primary motivation and 2 the foster mother's wish to look after young children. Only one of the 7 gave as a secondary reason the enjoyment of children with something additional to offer.

Where the foster parents had requested early removal of the child one had given altruism as her primary motivation and the other the completion of

their own family. In neither case was enjoyment of children given as a secondary reason.

It does seem from this that the primary reason for wanting to foster may not be so important in itself if it is combined with an ability to like children for their own sake and a feeling that the family has some spare capacity of caring and understanding which it can share with others. Perhaps it is the inward-looking family seeking something only for itself which finds the demands of fostering difficult.

Table 176 looks at the social worker comment in relation to the delay before use. As was noted earlier, delay in use did not generally mean that the foster parents agreed to the placement of a child for which they had not been accepted following their assessment. It might indicate, however, that social workers did not immediately use foster parents of whom they were less certain. Of the 9 foster parents used within 2 months of acceptance, 7 placements were considered to be satisfactory, one there was no record of social worker comment and the other the child was moved to a children's home by mutual agreement. Of the 7 placements where some reservations were expressed, 5 are in the not known or 'other' column for delay. 3 were relatives and one was borrowed from another local authority. There was some complication over the fifth because the foster mother had been assessed and registered to privately foster, was then used by HCC in an emergency and the assessment as short-term foster parents completed subsequently. One of the 7 was used within 3-4 months and the other within 7-12 months. The 2 foster parents who requested removal of the child are also in the 'other' category because they had already been privately fostering the child.

It does not appear therefore that delay in itself is a factor.

d) Subsequent Placements for HCC.

This section will examine whether the foster parents went on working with Hertfordshire and, if so, whether they continued to take children in line with their form of acceptance, whether they generally deviated from it or just on occasion. If they did take children different from that agreed after assessment, this may be because the assessment was inaccurate or irrelevant in judging their capacity and potential or it could have been that it was ignored because the needs of the children coming into Care

differed from what most of the foster parents were approved to do and available foster parents had to be approached in emergencies regardless of what they were on the register to do. In fact, as was noted in Chapters 4 and 5, a large proportion of foster parents were accepted to foster short-term (72.8%) and for children 0-5 (51.6%) or any age (15.2%). The difficulties arose with the placement of more than one child or 'complicated' placements. Differences could also mean that the original assessment was correct but that foster parents can 'grow' and develop with experience and training and are able to extend themselves and what they are able to do, especially as the structure of their own family alters. If this is the case, it will be interesting to see if this is linked to a review process to measure with the foster parents how they are changing in their capacity to take on new tasks.

Table 177 shows that 9 foster parents (27.5%) had no further fostering placements after their first one. These include the 7 families approved to take specific children because they were relatives, childminders or private foster parents. One of the other 2 subsequently adopted the child placed and then adopted a baby. The other had found the first experience quite difficult - the child was moved on to children's home by mutual agreement - and the couple then became involved in the problems of their extended family.

2 foster parents (6.1%) had just one more placement of a child in line with their acceptance, while 11 foster parents (33.3%) had more than one further placement as accepted. Some of these foster parents had been approved to short-term foster children of any age, while others had had a more defined acceptance, e.g. short-term children 0-2 years. So, in some cases care was taken to keep within defined areas. The social worker had expressed initial reservations over 4 of these foster parents and after the first placement on 2 occasions.

No foster parent had all their subsequent placements different from their acceptance but 11 foster parents (33.3%) had a combination of placements in line with and different from the terms of their acceptance. Generally this was a child of a different age, or occasionally more than one child, or with more complicated problems. If the reason for change was specific to the child this could work well, e.g. one foster mother was accepted for children 0-2 and reservations had been expressed about her, but she coped well with a 10 year old boy for 6 months because he was well known

to the family and she was in sympathy with his problems. On another occasion, the family's interest in the wider issues of fostering and willingness to be flexible made them prepared to take on an older boy with success. Sometimes this willingness to try something new and the Department's need for foster homes, made them take on a placement which put too much strain on the family, e.g. Mr. and Mrs. E. were accepted for a child aged 0-3 but after some experience had boys aged 9 & 10 (1 year older than own girl) placed with them. They gave excellent physical care but had difficulty in coping with the natural parents and their own girls found the older boys hard to accept. The social worker commented afterwards "I think I expected too much of the E.'s . It would be more appropriate to keep to short-term placements of babies as this is more acceptable to the children and in keeping with Mrs. E.'s own preference. They are eager to learn and interested in attending training sessions".

So, although foster parents can and should be given the opportunity to extend their offer as they gain experience and knowledge, and their family system changes, care has to be taken not to over-stretch or take advantage of them to a point beyond their reasonable capacity. Much depends on the trust and awareness between social worker and foster parents here - and on the Department being firm about not abusing its foster homes in its own anxiety about emergencies and lack of resources. Someone has to be in a position to protect the foster home at this time - or the Department could lose a valuable resource and the child experience a less than supportive placement.

Table 178 looks at whether there is any connection between subsequent placements and areas of preparation. Of the 9 foster parents who had no subsequent placements, 1 had contact with other foster parents, 2 attended fostering meetings, 3 had had previous experience while 3 had no additional preparation recorded.

11 foster parents had more than one subsequent placement in line with their terms of acceptance. 4 had had contact with other foster parents, 3 had no additional preparation recorded and the remaining 4 had each had a separate means of additional preparation.

11 foster parents had subsequent placements as accepted and different. 4 had attended fostering meetings. 4 had had previous experience and 3

had each had a different form of additional preparation.

It is difficult to draw a clear pattern from this. Perhaps there is an indication that meeting other foster parents, attending meetings on fostering or having previous experience, may assist in providing groundwork from which foster parents will continue to work for the Department. Certainly, the more informed foster parents are at the beginning, the less likely they are to be disillusioned by their first experience.

Table 179 looks at whether the age of the foster mother had any effect upob subsequent placements. However, there does not seem to be any obvious pattern. Most foster mothers were aged 30-39 and the largest figure in each column of subsequent placements is in that age group and the numbers in the other categories spread roughly in proportion.

Table 180 cross-references the subsequent placements with the social class of the foster father.

Of the 11 foster parents who had more than 1 subsequent placement as accepted, 1 was social class I, 7 social class II and 3 social class III (Manual).

11 foster parents had a combination of subsequent placements. 5 were social class I and II and 5 social class III(N) and (M) and 1 social class IV.

9 foster parents had no subsequent placements. 3 were social class II, 2 social class III(M) and 2 social class IV and V, while 1 was unemployed.

There is perhaps a slightly greater tendency for those in social class I and II to continue fostering than those in social class III(M), IV and V, but nothing of importance.

It is difficult to draw conclusions from the effect of the age or occupation of foster parents on their ability to continue fostering and it is more likely that other factors have a bearing on this - perhaps the extent to which their reasons for entering fostering have been fulfilled and their own family's personal circumstances.

e) Social Worker's Comment on Subsequent Placements.

In this section, the comments the social worker recorded on the case file on the placements the foster parents had after their first are considered. As in section c), this will depend upon the social worker making this record. Similar categories are used as in section c) but an additional column b) is given since it would be expected that if foster parents had had several placements their experience would not have been constant and they would be likely to have both problems and satisfactory episodes - where problems did occur an effort will be made to see if this linked to the social worker's initial reservations and/or later misuse of the foster parents by the Department. The number of times a child was removed prematurely from foster parents will also be noted and the implications and possible reasons for this examined. The effect the foster parents' experiences had upon their decision to continue or give up fostering will be examined later in Chapter 6, section e).

Table 181 looks at the social worker comment on subsequent placements. Since it has already been noted that 9 foster parents did not continue after their first placement, this information was only relevant for 24 foster parents (72.7%) of the sample. In one case there was no record.

In the majority of cases - 18 or 54.5% of the total sample - the comment in the first column a) was 'satisfactory'. This indicates that for most of the placements the social worker was content that all had proceeded well and that any difficulties which may have arisen were not connected with the foster parents performance.

One foster home was described as 'unsatisfactory'. These foster parents were accepted to take children aged 0-8 short-term. They had 2 children of their own aged 3 and 6 and were a conventional loving family. They had 2 placements - 1 of a boy aged 5 and another of 2 children aged 2 and 3 - and both of quite a complicated nature in relation to the circumstances in which they came into Care and the needs of their natural parents. Neither placement could be described as satisfactory and the children of the second placement had to be removed at the foster parents' request after a few days. In the first case the foster parents found the different standards of the natural parents difficult when they visited and the behaviour of the child hard to accept. In the second the foster mother found looking after 3 under 5's very difficult and said a clash of

personality developed between her and the 2 year old girl who was defiant, inconsolable and unresponsive. The foster parents withdrew from fostering after this experience. In both cases the placements were made against better judgement because of insufficient alternatives in an emergency.

In 4 cases (12.1%) the social worker expressed some reservations. In these examples there were either difficulties with some of the placements and not others, or mixed experiences in the placements which did occur. For example, one couple coped very well with 2 very short-term and well-defined placements but had some problems with siblings placed in more complicated circumstances and over a longer period of time. Another foster mother gave very good care to a baby but became over-possessive and made the natural mother feel excluded when the aim had been to help her gain confidence. This couple seemed to be emotionally vulnerable and rather materialistic but were, nonetheless, able to offer good care to a child able to adopt their values.

Column b) allowed for a secondary comment on the placements and this was used in 15 cases. In one instance 'satisfactory' was recorded where 'some reservations' had been used in column a) - to indicate that although the reservations were quite serious there had been some satisfactory work done. There were a further 4 cases of the social worker expressing reservations in this column. With these, most of the comments were satisfactory but there was an occasional placement, or some aspect of the foster parents attitude which was questioned. For example, one couple had about 8 placements and generally coped well, especially with the under 5's "providing them with excellent care, attention and stimulation and all were well accepted into the family". However, she found parental contact difficult; "she had had problems adjusting to the demands of parents and tends to be critical of their care of the children, especially if there has been any signs of ill-treatment". In another case, a couple coped well with several placements but in one their critical feelings were transmitted rather tactlessly to the mother who withdrew the children from placement rather ahead of schedule and did not wish them to return there when the children had to come into Care again.

There are 10 examples (30.3% of total sample) of children being removed precipitately from the placement either at the foster parents request (7)

or by the Department or court (3). Since only 24 couples had more than one placement, this is getting near to half of that number and is worthy of comment since it involves a major disruption for a child who has already undergone separation from home.

In the 3 cases where a child was removed by Department or court, in one of these the child had been placed long-term but the High Court revoked the order by which the child was in Care and the child returned home. In the other 2 the Department removed the child. One foster child was found to have bruises which the natural mother claimed happened at the foster home. Investigations could not produce a conclusive result and the foster mother's explanation was not consistent with the injury. The child was returned to the mother and the foster parents, who were hurt and angry, withdrew from fostering. In the other foster home, borrowed from another Division, children were removed on 2 separate occasions because concern was expressed about the general chaos in the home and it was not felt that adequate physical care could be given to the children. In the case of the Broxbourne child, he was placed in an emergency without an opportunity to visit beforehand. It seemed that the family had recently moved and their standards deteriorated as a result. They were subsequently taken off the short-term fostering list.

In the 7 cases where the foster parents requested removal it does seem that they were asked to take on a task for which either they or the Division had not previously thought they would be suitable. In 5 of the 7 they had been accepted for 'uncomplicated' placements, but in only 2 of the 7 had the social worker expressed reservations at the time of assessment. One example has already been given of the placement described as 'unsatisfactory' in column a). In another example, a couple, who had coped extremely well with a variety of placements, were asked by the weekend Duty Team to take 2 children aged 6½ and 8 months in an emergency and were then persuaded to continue. The foster mother had previously said she did not want babies and the 6 year old was the same age as her own boy. The boys fought all the time, the baby cried at night and disturbed the foster parents, who were then too tired to cope with the boys. Eventually they had to ask for the children to be moved, feeling that they could have coped with one or other disturbance but not the combination.

A third example is of a foster mother accepted for 'pre-adoption babies'. She had heart trouble and on 3 occasions was unwell and children had to be

removed. She was anxious about parental contact if it was ill-defined or upset the children and that was an added stress factor in one of the placements. She eventually had to withdraw from fostering.

It does appear from all these examples that the specific capacity of each foster home has to be carefully assessed, clearly noted and adhered to, since problems seem to arise when the foster homes are 'misused' i.e. asked to do something outside of their agreed and assessed offer. Since a foster home's ability can change according to their circumstances, experience and development, a regular review of their current competency is important and will be looked at in the next section.

Table 182 cross-references the social worker comment on subsequent placements with whether the social worker had reservations at the time of the assessment. Column b) gives the secondary social worker comment.

The social worker had had reservations in 12 cases. Looking at column a) the foster parents had not had subsequent placements in 4 cases, the placements had been considered satisfactory in 5 cases, unsatisfactory in 1 and some reservations expressed in 2. Column b) indicates that children were removed on 4 occasions; 2 at the foster parents' request and some reservations expressed in one other case. So, of the 8 foster parents who had further placements and about whom the social worker had been worried, if we look at both columns, 5 were considered to be generally satisfactory, but reservations were expressed about 3, children were removed from 4 and 1 was felt to be unsatisfactory.

No reservations had been expressed about 19 foster parents. 3 did not have further children. Column a) indicates that 13 were considered to be generally satisfactory, there was no record in one case and reservations were expressed about 2. Column b) shows that one was considered satisfactory at the time, 6 foster homes had children removed, 5 at the foster parents' request, and for 3 more there were some reservations. Again, combining both columns and bearing in mind that the categories are not mutually exclusive (i.e. the same foster parent can have a child removed and have reservations expressed), of the 16 foster homes who had subsequent placements children were moved from 6 and reservations expressed about 5.

It seems that a slightly greater proportion of the foster parents about whom the social workers had expressed reservations did give rise to concern, but more important is the point that no foster parent can be

expected to cope with all the problems and many of the ones about whom no reservations were expressed did have times when they were unable to cope. As noted earlier, a cautionary note about not giving some of the foster parents too complicated a task had been voiced by the DSSO on a number of occasions and it seems that it would have been better if this had been able to be followed - and a more comprehensive choice of resources had been available.

Table 183 examines the social worker's comment on subsequent placements - columns a) and b) - against the social worker's interpretation of motivation. 9 foster parents had not fostered after their first placement - 3 had been assessed to be motivated by altruism, 3 to be seeking compensation and 1 each to need dependents, to be awaiting their own family and to have 'other' motives.

Of the 18 foster parents considered satisfactory, 6 had been seen to be motivated by altruism, 6 to enjoy children, 5 to need dependents, and 1 to be awaiting their own family.

Social workers had had reservations about 4 foster parents, 2 of whom were motivated by altruism and 2 to need dependents. In column b) 7 foster parents had requested removal of a child, 3 of whom were motivated by altruism, 2 to need dependents and 2 to enjoy children.

Altruism, needing dependents and enjoying children seem to be the main motivating forces, whether the placements were judged satisfactory or not, and come back to the same point of careful individual assessment of each family's needs and appropriate matching of child.

f) Own Child Born or Adopted After Commencement of Fostering.

The importance of keeping aware of the changes in the foster home which may alter what they can offer to fostering, has been made. A major change in the family structure is the addition of another child by birth or adoption, and in the pilot study I found this had a noticeable effect on the subsequent placement of foster children and I wanted to see if this was equally apparent in the total sample.

If a family offering to foster is seen as a child's mobile - with all the members of the family separate but in balance, the addition of a foster

child has to be made in a way which will not throw the family out of balance. The addition of another member of the family will change the original balance and the family will have to adapt and regroup. It therefore follows that the placing or type of foster child might also have to be different and allowance made for that. This would be an important factor to bear in mind when reviewing the foster family.

Table 184 looks at whether another child was born or adopted after the family started fostering and, if so, whether this appeared to have any effect upon the fostering. This would sometimes be on future placement or others on an existing foster child in placement.

This shows that 11 families had another child after they began to foster. In 2 instances no effect on fostering was recorded, in 1 case it had a positive effect and in another a combined positive and detrimental effect. However in 7 (21.2% of total sample) of the 11 families it is recorded as having a detrimental effect upon the fostering that followed.

In the 2 cases where no effect was recorded, one couple had a child after they had been accepted but before any placements were made so no comparison with foster children before the birth of their child could be made. One of their 4 placements had some difficulties but this did not seem to be related to their own child. The second couple adopted a 2 year old child who had been placed from a London Borough. They subsequently fostered babies and continued to give very warm and tolerant care to both the babies, and, where necessary, their mothers.

One case had a positive effect. However, this was where a childless couple adopted a 3 year old who was placed initially short-term and who then became available for long-term fostering and then adoption. 2 years after his placement they were able to adopt a baby. This was carefully planned and the first child fully involved and his adoption went through first and the placement had a positive effect upon him. However, by mutual agreement, no further fostering placements were made.

The case which had a combined effect was of a child placed by a third party for adoption weeks after a family started privately fostering a child later received into Care, but remaining with them. The 2 girls related quite well together but the child placed for adoption was seen as much more acceptable in the family and she showed up the other girl's 'bad' behaviour. After her adoption the second child was even less

acceptable and finally removed to a children's home.

The 7 cases where the new child had a detrimental effect show a variety of problems - these seem to combine the practical effect of the pregnancy and care of an additional child which could make the foster mother ill or less able to give the required time and attention to the foster children, with a change in the attitude of the foster parents towards the foster children and their parents. This latter was especially true of couples who had previously been childless - and perhaps links to the earlier research findings that childless couples were the most 'successful'.

One couple had had several short-term placements and then long-term fostered a 5 year old. After her placement a baby was placed in an emergency and stayed longer than was anticipated. After she left the social worker comments that this "seems to have upset the balance in the family", the foster mother became pregnant - 'unplanned' - less than a year after the baby was moved. During the pregnancy the long-term child was described as "too good and adaptable". "Neither side has made a total commitment but N. has made a place for herself in the family". After the birth she became naughty at school and the social worker commented "I feel it is likely she is reacting to the new baby and whether it will displace her". There are a number of other components in this - the family were now short of space; N. was placed between the second and third natural child and very close in age to the third - only 11 months older; it was decided to reintroduce her to a natural brother, and the social worker had a car accident and was off work for 3 months. The placement ultimately broke down.

Very experienced and successful short-term foster parents had a fourth unplanned child after a long-term foster child had been placed. Social worker commented that the child "seemed to effect the balance in the family". The foster mother had health problems leading to a hysterectomy, she became more tired and finances were more of a worry. The long-term foster child eventually left the family.

A childless couple who had done some very effective short-term work had a baby placed for adoption. Their social worker commented, "Mr. and Mrs. N's. attitudes to deprived and perhaps neglected children have changed since they had the baby. Since they have a standard for comparison it seems that other children could be found wanting".

Another previously childless couple worried about the effect the foster children would have on the care and attention they could give to their baby and their family also disapproved. They gave up fostering soon afterwards.

Thus, it does appear that careful attention should be given to the effect an additional child can have upon a foster family and again reinforces the need for regular review and re-appraisal.

Table 185 cross-references 'own child born or adopted' with 'social worker comment on subsequent placements' - column a). This shows that the overall comment on the foster home in 6 out of the 7 cases where an additional child had a detrimental effect, was satisfactory. However, a detailed look has shown that reservations were expressed about 3 of the 7 and a child was removed from a fourth. Again, this seems to reinforce the point that changes in a family's circumstances can alter what were satisfactory experiences to a cause for concern.

g) Was a Foster Child Placed Within 2 Years of Age of Own Children?

Chapter 1, section c) looked at the previous research on the effect of foster parents own children on the placement of foster children. These came to mixed conclusions but felt it was important and should be borne in mind in the assessment. The main areas of concern were possible rivalry and jealousy between the children close in age and the amount of time and attention which could be given to the foster child.

This section looks at the number of occasions on which a foster child was placed within 2 years of age of the foster parents own children, and whether this had any effect upon the placement. Since the majority of placements in this sample were short-term it could be argued that this would have a different effect on children placed close in age than if they had been placed long-term. During a short-term arrangement, children old enough to play together and compatible in interests and personality, may enjoy themselves if the foster child is not too distressed; but in the longer term the own child may be concerned about being displaced and the foster child find it difficult to establish a place in the family and his reactions from separation from his own family may be more difficult to tolerate and absorb.

Table 186 shows that there were 13 occasions in which a foster child was placed within 2 years of age of an own child. On 3 occasions no effect on the fostering was recorded, on one occasion a positive effect was noted, on another 3 times a detrimental effect was seen and on 6 placements there was a combined positive and negative effect. So, although there are not problems on every occasion, it does seem that these can occur quite frequently and care has to be taken.

If we look at the individual cases, more detail emerges about the placements. On the 3 occasions when no effect was recorded, there are indications that there might have been underlying difficulties which were not noticed. In 2 of these there were short-term placements of children made near in age to the foster parents' own children, which seem to have worked satisfactorily but in one a child of same sex less than a year different from the own child and placed on several occasions, is described as all right in the short-term (10 days and 3 weeks) but problems are anticipated in the longer term (4 months). Another is the child N. mentioned in the previous section where the mother had an unplanned baby and she was within a year of an own child. Although no record was made of the effect of this, it could have been a contributory factor to breakdown. In this family an earlier short-term placement of a child within a year of the own child was recorded as good with no comments on the nearness of age.

In the third case a child was placed 1 year younger than one own girl and 2 years younger than own boy, for a few days. The child related well with the older boy. No mention is made of the girl throughout the file. She was in trouble several years later for shoplifting and although this is probably more connected to her parents marital difficulties and later divorce, it is not apparent from the file what her feelings about the fostering experiences were.

The foster parents who had a positive experience of a child close in age to their own had a boy aged 10, the same age as their youngest, for 6 months. Both families knew each other well and the boy had already been spending a lot of time in the household and was a friend of the foster parents' own boy; so when he came into Care the foster mother expected to take him. It worked out very well and it seems that it was the prior familiarity of the boy with the foster home which contributed to this.

There are 3 families where the nearness in age is recorded as detrimental. In one the foster parents only 2 placements were of this kind. In the first the child was the same age as their 5 year old boy which presented some problems and the second of a 2 and 3 year old with the own children aged 3 and 5 was described as 'disastrous'. The foster mother found it quite impossible to cope with 3 children under 5 when the 2 year old girl was showing extreme problems of separation anxiety.

In another case, a deaf girl was placed 23 months younger than the foster mother's own daughter. It was originally intended to be only for a few weeks but her long-term foster home broke down through illness and she remained over 5 months. The social worker says "her behaviour had an effect upon the own child and confirmed the inadvisability of placing a child of an age to be a real competitor to S.".

In the last example, the foster parents generally took babies but had a placement of 20 months of 2 boys, one of whom was 1 year older than their own girl. Again, there were a number of components - the foster parents found the natural parents difficult but it is recorded that their own girls found the older boys hard to accept and were relieved when they left.

There are 6 cases where the effect was though to be a combined one. One experienced couple had a difficulty with the placement of 2 siblings, one of whom was a girl 2 months older than their newly adopted daughter and all 3 were under 5. The foster parents found it hard work with the 3 children and found it difficult to accept the mother whom they thought had neglected the children, especially because of the direct comparison they could make with their own child. A further short-term placement with another pair of siblings, one of whom was a boy a year older than their daughter, apparently went well - perhaps the different sex and slightly bigger age gap made comparison less likely.

Another experienced foster mother had several short-term placements of children near in age to her own - on one occasions she had 4 under 5. She seemed to have the sensitivity and capacity to absorb large number of children and had a very relaxed household. However, there are indications that she may have overstretched herself - her own health suffered and there was later difficulties in her marriage which did affect later fostering.

A foster mother had previously child minded when her older boys were under 5 and they seemed to cope with short-term placements of children near to them in age. However, her younger daughter, aged 3, had not been so used to sharing and found the placement of a 2 year old girl very difficult and became very jealous. Because of this the gradual introduction of this girl to long-term foster parents had to be abruptly speeded up. Her mother may have underestimated her response because the boys had been alright.

Another 2 foster parents experienced jealousy from their child close in age to short-term foster children, but their sensitivity and skill enabled them to handle this - one described it as 'hard work but rewarding'.

The sixth case is foster parents who had several short-term placements of foster children close in age to their own. Two placements, which were very straight-forward and from not too traumatic circumstances, worked quite well. However, an emergency placement of a same age boy who fought with their own son and a baby who cried at night proved to be more than they could cope with and the children had to be moved.

Table 187 looks at whether a foster child was placed within 2 years of an own child against the social worker's comment on subsequent placements, column a). This shows that in almost all the cases where there was a combined positive/negative effect or a detrimental effect - 7 - the overall comment on the foster home was satisfactory. There are 2 occasions when the effect was detrimental and the social worker comment was unsatisfactory or had some reservations. This seems to confirm the impression that care is needed to make appropriate placements and foster homes who can cope well generally cannot be expected to take on all and everything and the family system and circumstances have to be given careful consideration.

When the difficulties have arisen it appears to be because a combination of circumstances have come together and the child has been placed longer term so producing more of an impact and 'threat' to the existing family system. This does seem to confirm the earlier conclusions that social workers have to be very careful if they place children close in age to own children and be sure that other influences will not combine to produce problems for the child and family. Cautley & Aldridge (1975) were quoted (Part III (Chapter 1, section c), page 209) as finding that no single characteristic of either foster parent was found to be indicative of

success and that only as a group can items have predictive value to the ratings of success. One of the 4 items they selected was the constellation of the foster home and they noted the desirability of the foster child being the youngest child and the presence of pre-school children in the home as being a negative factor.

Factors to take into account appear to be the familiarity of the own children with the others staying, the length of the placements and the difficulty of the circumstances which led to the child coming into Care together with the skill and sensitivity of the foster parents in understanding and handling child related problems. If the circumstances of the admission are straight-forward and the placement very short-term, the placement may well work, if the child is very distressed and/or disturbed and needs individual attention it may well not.

## h) SUMMARY

### FINDINGS

a) Delay Before First Placement.

| | | |
|---|---|---|
| 1 - 6 months | 13 | (40.2%) |
| 1 - 4 weeks | 5 | (16.5%) |
| 7 months + | 5 | (16.5%) |

b) Nature of First Placement.

| | | |
|---|---|---|
| Short-term 0-5 | 22 | (66.6%) |
| More than one child | 14 | (42.4%) |
| Complicated placement | 21 | (63.6%) |

c) Social Worker Comment on First Placement.

| | | |
|---|---|---|
| Satisfactory | 19 | (57.6%) |
| Some reservations | 7 | (21.2%) |
| Child removed at FP request | 2 | ( 6.1%) |

d) Subsequent Placements.

| | | |
|---|---|---|
| More than one as accepted | 11 | (33.3%) |
| Combination as accepted and different | 11 | (33.3%) |
| None | 9 | (27.3%) |

e) Social Worker's Comment on Subsequent Placements.

| | | | |
|---|---|---|---|
| Not used | 9 | (27.3%) | |
| Satisfactory | 18 | (54.5%) | of total (75.0% of 24 still fostering.) |
| Column b) Child removed | 10 | (30.3%) | of total (41.7% of 24 still fostering.) |

f) Own Child Born or Adopted After Commencement of Fostering.

| | | | |
|---|---|---|---|
| No | 22 | (66.6%) | |
| Yes, detrimental effect on fostering | 7 | (21.2%) | of total (63.6% of 11 times it occurred.) |

g) Was a Foster Child Placed Within 2 Years of Age of Own Children?

| | | |
|---|---|---|
| No | 20 | (60.6%) |
| Yes, combined Positive and Negative effect | 6 | (18.2%) |
| Yes, detrimental effect | 3 | ( 9.1%) |
| Yes, no effect recorded | 3 | ( 9.1%) |

## CONCLUSIONS/RECOMMENDATIONS

### a) Delay Before First Placement.

The delay varied considerably from within a week of acceptance to more than a year afterwards. It is likely to have been related to a combination of the fluctuating number of children admitted to Care and the flexibility and availability of the foster home. Too long a delay before and between use can lead to frustration and a lessening of interest or a tendency to accept unsuitable placements. It is a difficult area to predict, because the Department may have no children admitted for some months and then several within a week. As has been seem, despite the fact that some foster parents were not used for a long period of time, several times in an emergency the Division had to 'borrow' foster parents from other parts of the county or even out of county.

In order to keep foster parents' interest alive, even when not used, a continuing programme of support is needed from social workers and the Division to prevent them leaving fostering altogether.

### b) Nature of First Placement.

Most of the first placements were for short-term children aged 5 and under - in line with what most foster parents had asked to do. However, nearly half of the placements were for more than one child and about two-thirds of them could be described as 'complicated'. Since almost a third of the foster parents had been accepted on the basis that they had straight-forward initial experiences and social workers had expressed reservations on just over a third of the foster homes, this does raise questions about whether the Division was finding the type of foster home it needed for the task in hand, even given that some of the reservations were expressed about foster homes accepted for specific children already known to them.

### c) Social Worker Comment on First Placement.

In the majority of cases the social worker considered the first placement to be satisfactory. However, in over a quarter of the placements some reservation was expressed or the foster parents

requested removal of the child because they could not cope. This appears to have been associated with difficulties from the child or his parents often expressed by caretakers who were accepted because they had an existing relationship with the child. These seem less likely to occur from short-term foster parents with no previous connection to the child and who were motivated by a feeling that their family had something to spare to offer to children and families in need. This seems to reinforce the importance of the assessment and preparation period.

d) Subsequent Placements.

Just over a quarter of the foster parents had no further placements after their first one but most of these had only been accepted to take a specific child. A third of the foster parents had more than one further placement in line with their terms of acceptance and a third had a combination of placements in line with and different from their acceptance. Care has to be taken to ensure that an extension of the foster parents use is based on their wish because of their developing capacity rather than the Department's lack of resources in an emergency.

e) Social Worker's Comment on Subsequent Placements.

Generally speaking, comment on subsequent placements was satisfactory but 10 of the 24 foster parents going on to take more children had a child removed prematurely, and some reservations were expressed at times. It does seem very important to be very aware of what foster parents are able to cope with and what their changing capabilities are and not to push them too far as can be done in emergencies. Attention is again drawn to the Department's need for a wider range and choice of available resources to meet emergencies, and for someone detached from the pressures of the case to be in control of the use of foster homes.

f) Own Child Born or Adopted After Commencement of Fostering.

In 7 of the 11 cases where this occurred it did seem to change and have a detrimental effect upon subsequent fostering. This reinforces

the need to continually re-evaluate a foster family's capacity according to their changing circumstances.

g) Was A Foster Child Placed Within 2 Years of Age of Own Children?

This occurred in 13 foster homes and created at least some problems in 9. This seems to bear out the literature that problems are likely to occur when there are a combination of negative indicators of which this is one and is especially likely if the placement is to be more than a few weeks and the child disturbed or distressed. There seems to be enough evidence of concern to need to be very cautious about such placements and to examine all the circumstances carefully.

PART III - CHAPTER 6

## SUPPORT OFFERED TO FOSTER PARENTS
## and
## REASONS FOR LEAVING FOSTERING

This Chapter attempts to examine some of the areas of support which could be offered to foster parents by looking at whether their capacity and performance was reviewed by the Department and whether they were offered and attended fostering meetings. It goes on to try to identify the length of time foster parents carried out their task by looking at the year they were accepted and ceased fostering, where this is applicable. Lastly, it picks out those foster parents who did cease to foster within this survey and tries to identify the reasons given and looks at the underlying influences upon this and the possible implications and lessons for the future.

Part II, Chapter 3, section b), which looks at the number of visits from the social worker to the caretaker during placement, has already raised the difficulty in defining and measuring 'support' and suggested that this is often a mixture of practical assistance, involvement and information.

Christine S. Reeves, the Director of NFCA, writes in 'New Developments in Foster Care and Adoption ' (1980) to press for the need to involve foster parents with the Child Care Service as a whole and makes demands for specific knowledge, better understanding and more skills for foster parents and social workers. She says on page 126:-

"Support means sharing the care and planning for the child",

and urges better channels of communication and more responsibility for foster parents whose task is often extremely isolated. She sees local foster parent associations as playing a key role in this by providing a point at local level where real partnership can exist and where social workers and foster parents alike can learn from each other and corporately can assist in the organising of recruitment, the introduction of potential foster parents and the formulation of policy on foster care service.

Cooper (1978) also comments on the importance of support at the pre-placement stage. She recognised that potential foster parents could be lost during the waiting period when they were keyed up to receive a child, and acknowledged that several agencies had introduced a service for

waiting families, from the occasional postal communication to the provision of a programme of preparation. She also commented on the importance of local foster care associations.

Parker (1980) acknowledged the conflicts and ambiguities present in fostering and made some suggestions for easing the position. He felt that foster parents should always be provided with a clear written statement of their rights and duties and considered whether there should be a detailed contractual basis to the fostering placement. Foster parents should be protected from unrealistic expectations made upon them. Social workers should share full relevant information, generate confidence in their help and advice and provide skilled and sympathetic support for foster parents, especially at certain times and with certain children. Infrequent visiting from social workers was noted at times. He pointed out that where the child was placed from a residential home, the residential social worker should support the child and foster parents more. He also reminded social workers to remember the rest of the foster family, especially the foster parents' own children. The roles of all members of families are altered and complicated by the presence of a foster child. In recent years in Hertfordshire, a social worker and foster parent trained to co-lead the Parenting Plus Course, have run an adapted day for the children of foster families to enable them to express their feelings and come to a better understanding of the effect of fostering and this has proved very successful.

The DHSS Foster Care: A Guide to Practice (HMSO 1976) has a section on supporting foster families in the chapter on Foster Homes. This says that the relationship between foster parents and social workers is a key one in promoting the welfare of the child and that the roles of all must be clear, and the social worker clear about her role as the representative of the agency, and ensure that the foster parents understand the agency functions and responsibilities and the administrative provision. The development of large multi-functioned social services departments had made this more difficult and foster parents can feel confused and isolated and lacking in support, which can adversely affect the child, alienate foster parents, hinder recruitment and lose valuable resources. The DHSS acknowledged that the need for a consistent link between the foster parent and agency and for training has led to the appointment of specialist fostering workers in many agencies, and that information handbooks for

foster parents giving detailed information were increasingly recognised and available. It also suggested that an administrative or clerical officer could usefully be a readily available telephone link between foster parent and social worker and could deal quickly with practical matters. The DHSS also comments on the development of foster care associations and their value in promoting communications, overcoming isolation and frustration and providing mutual support and opportunities for training, though it does recognise that not all foster parents are interested in joining groups or participating in training but can still offer a valuable service.

In Hertfordshire, the Department's practice is to provide each foster parent with a 'link' social worker who will keep in contact with the foster parents and offer support to them in their fostering tasks. As described earlier, each Division in Hertfordshire has a Fostering and Adoption representative, and co-ordinator, all of whom meet together monthly. In some Divisions this is a specialist Senior Caseworker post and, in others, with less children in Care and less foster parents to support, the role is combined with another and this is the case in Broxbourne. In some Divisions the link social worker for short-term foster parents is the Senior Caseworker but in Broxbourne this role was undertaken by social workers in the team covering the area - often the social worker who had completed the assessment.

This Chapter is divided into the following sections:-

a) Review of Foster Parents.

b) Fostering Meetings.

c) Year Accepted for HCC.

d) Year ceased for HCC.

e) Reason Ceased Fostering for Hertfordshire.

f) Summary - Findings and Conclusions/Recommendations.

a) Review of Foster Parents.

Comment has already been made several times on the importance of not over-stretching foster parents and of being aware of the changing nature of their capacity according to their own changing circumstances. There have been several examples of problems experienced by foster parents, who generally cope very well, because of a specific set of difficulties coming together - both within their own family - and because of the nature of the placement. Conversely, foster parents can also develop and extend their abilities and all change ought to be known and its effect borne in mind for future use, otherwise the Department is not using its foster parents properly. How is this to be done? Some Divisions had a definite policy of formally reviewing its foster homes as regular intervals - 6 monthly or yearly. However, within the County there tended to be general expectation of knowing what one's foster parents could do rather than a structured policy and such was the case in Broxbourne at this time. This would be seen as the responsibility of the link social worker, but would depend on them keeping in regular contact and taking the time to sit down with the foster family and carefully consider their current position in relation to fostering. The foster parents themselves might initiate a re-assessment because of a request to reconsider their terms of acceptance. For example, a family approved to short-term foster might ask to be considered for long-term fostering or adoption and this would require a careful up-dating of their changed circumstances and ability for the new task by their social worker who would make a recommendation to the DSSO or Adoption Panel.

Table 188 looks at the evidence of review or re-assessment of the foster parents. 'Visits by the link social worker' is used when there is evidence that the link social worker visited the family and generally discussed how they were doing and recorded this on the file. 'Formal re-assessment' is used when there was evidence that the social worker had had a specific and full discussion with them on their circumstances and their experience and performance as foster parents and came to a recommendation on what they should do in the future.

Table 188 shows that there are 9 (27.3%) instances when neither of these was done. These include all the relatives, private foster parents and childminders approved to look after a specific child known to them - 7 in all. It also includes a couple who gave up fostering after their second,

and unhappy, experience and one couple who did have several quite successful placements before moving out of the area but there was no evidence of formal review or link social worker discussion with them about their development as foster parents. This may have taken place and not been recorded.

The one 'not known' foster parent was borrowed from Enfield for one placement, so this information was not readily available.

There are 10 (30.3%) instances recorded as 'formal re-assessments'. 3 of these foster parents came from other Divisions. One had a policy of 6 monthly reviews and this foster parent's offer was changed in the light of experience to fostering babies. The other 2 were reviewd in response to difficulties; the division and foster parents agreed a change for one and was apprehensive about future use of the other when she privately fostered a child and it was agreed that she should come off their list.

6 of the 7 remaining foster parents from Broxbourne were mostly re-assessed in response to a request to be considered for long-term fostering or adoption, so this was mostly at the initiative of the foster parents. 2 of them asked to be considered as long-term foster parents for the child they were, initially, fostering short-term and this was agreed after re-appraisal. In another 2 cases, the foster parents were re-assessed to long-term foster and had placed with them children who had previously been placed short-term on earlier occasions.

The 7th foster parents had a more formal reconsideration of their experiences with their link social worker. This may have been because reservations had originally been expressed about their ability to cope with difficulties but experience had shown that they had done much better than expected, and this needed to be acknowledged.

13 foster parents (39.4%) were generally reviewed in visits by their link social worker. This is where the link social worker kept in touch with the foster parents through and after placements and made a note of the views the foster parents and the placing social worker had of these experiences and any requests of recommendations made for future use. This would usually build up a useful picture of the foster homes strengths and weaknesses and could be referred to by the Divisional Fostering Co-ordinator when recommending a foster parent suitable for a future placement.

10 of these foster parents were on the short-term foster parent register for Broxbourne and the other 3 were short-term foster parents for other Divisions in Hertfordshire.

Table 189 cross-references the evidence of review with subsequent placements. This shows, as indicated above, that most of those who continued fostering were subject to some kind of formal or informal review. The 9 who did not experience this were 7 who had no further children, one who gave up fostering after their second placement and the one who moved out of the area. The difference between formal re-assessment and general review does not appear to have affected the ability of foster parents to extend their capacity beyond their terms of acceptance. Of the 11 who had a combination of further placements different from and as they were accepted, 6 had general discussions with their link social worker and 5 had a formal re-assessment.

Table 190 looks at the evidence of review against the social worker comment on subsequent placements, column a). 18 foster homes were considered satisfactory overall, 10 had been generally reviewed by their link social worker, 6 had had a formal re-assessment, one had had no review of any kind and one was not known. Some reservations were expressed about 4 foster homes; one had been generally reviewed and 3 had had a formal re-assessment. 2 of these latter were from other Divisions where the re-assessment had been done in response to difficulties and the third was where it had been agreed that the foster parents could long-term foster the child they had been caring for short-term.

It does not appear from this that it can be said that foster parents were more helped to develop and extend their abilities by a system of formal re-appraisal rather than a continuing general link with their social worker. This is probably not a totally fair comment since most of the formal reviewing which took place was either in response to problems or at the initiative of the foster parent wanting to long-term foster or adopt. It has been said that foster parents find support from consistent contact and a good relationship with their social worker, and a link social worker for themselves rather than changing according to who is the social worker for the child in placement - who could have conflicting objectives - seems a good idea. However, the importance of ensuring that the Department really is aware of the changing needs and capacities of its foster parents has been repeatedly emphasised and should not be left to chance and the

conscientious memory of a link social worker. It seems that a system to ensure this takes place should be introduced and an established regular review between foster home and social worker to do this would seem sensible practice.

b) Fostering Meetings.

Most of the writers quoted earlier have commented on the importance of local foster care organisations as a form of mutual support and corporate action and a meeting point between social workers and foster parents. They are certainly advocated by the NFCA. During this period in Broxbourne the meetings held were organised and run by the Department - mostly by the Divisional Fostering Co-ordinator. They tended to be held at the office and to centre round a theme connected with fostering or child care generally. Their frequency varied, though efforts were made to hold at least one or two a year and, at times, a series of meeting on related themes were held. A short introductory talk would be given - usually by a social worker - but occasionally by a foster parent, followed by general discussion and time allowed for coffee and socialising. Invitations would be extended to all approved foster parents for Hertfordshire living in the Broxbourne area whether they were fostering short or long-term and had a child or not. In general, there were some foster parents who never came, others who always tried to come and the rest who came if the subject interested them. Foster parents did not run any meetings themselves at this time, though there would have been no opposition had they wished to do so. Several foster parents in the County tried to start a county group with representatives from each Division who could speak for the local foster parents in their area and form a group which could make representation to Senior Staff at County Hall and the Social Services Committee. This had difficulty forming because although there were interested individuals, they could not be said to speak for the majority in a cohesive group. Since it has been recognised that foster parents are a very varied group of people undertaking very different tasks, it is perhaps not surprising the DHSS guide (HMSO 1976) is correct in saying that not all foster parents want to be part of a group. Speaking very generally it seems more likely to be the short-term foster parents who have placements of different children and work with different social workers who are most interested in attending meetings and consider themselves as part of a team, than the foster parents who have one long-term child who becomes

integrated into their family. These foster parents were more likely to attend if a subject was being discussed which they could relate to, e.g. adoption of the long-term foster child.

When the Parenting Plus Training Programmes for foster parents and social workers, initiated by NFCA and co-led by a social worker and foster parent, began to be run in Hertfordshire from 1982, this seemed to accustom foster parents to meeting together and with social workers and gave individuals confidence to run some of the meetings for themselves. This has happened in Broxbourne in recent years, some in foster parents' own homes, and the County Federation has been a more lively and effective group. However, attendance at meetings, even purely social ones, has still varied and often not been much more than pre 1981 and seems to depend upon the enthusiasm and attention to detail of the organiser.

Table 191 looks at the Attendance at Fostering Meetings during the period surveyed. This showed that 9 foster parents (27.3%) attended no meetings. 7 of these were the relatives, childminders and private foster parents caring for a particular child, who presumably felt the meetings were of no relevance to them. Perhaps if meetings had been held which were related to their task they might have attended. One of the other 2 foster parents gave up fostering quite quickly after an unhappy experience.

This information was not on the file for 6 foster parents (18.2%), 1 of these was borrowed from Enfield and 2 from neighbouring Divisions and although it is thought that the other 3 may have attended occasionally the memory of the writer is not certain on this point!

Three foster parents (9.1%) attended regularly, i.e. to nearly every meeting. One of these was borrowed from a neighbouring Division, but was recorded as being a regular attender at their group. The other 2 were short-term foster parents who were used frequently and both couples were quite active in assisting in the organisation of meetings. One of the foster mothers later became the co-leader in the Parenting Plus Training Programme.

This left 15 foster parents (45.4%) who were occasional attenders at meetings. All of these had at least some short-term fostering experience, although some later went on to long-term foster children only.

This seems to indicate that few foster parents will continue to come

regularly but that most short-term foster parents will come at least occasionally. Again, we need to bear in mind the DHSS (HMSO 1976) comment on page 153 that not all foster parents are interested in joining groups or participating in any form of training; -

> "some find it difficult to talk about their feelings and it would be counter-productive for them to discuss problems in a group situation. These foster parents provide an equally valuable service."

However, it would seem to be appropriate to reflect the varying types, interests and tasks of foster parents by providing a variety of types of meeting from the purely social, which at least gives foster parents a chance to meet others undergoing similar experiences, together with social workers in a more informal setting, and to feel less isolated, to stimulating group discussions on controversial subjects and for these to be run by both social workers and foster parents. Meetings these days are including local residential social workers (RSW) which seems to be appreciated by all. Certainly RSW's are providing a more key role in the support of foster parents and children placed from their establishments.

Perhaps care does have to be taken in seeing representatives at County and National meetings as the spokespersons for <u>all</u> foster parents, since they do seem more likely to reflect the views of those who are comfortable in and attend meetings regularly and these are not necessarily the majority of foster parents, especially those fostering children long-term.

Table 192 cross-references the attendance at fostering meetings with subsequent placements. As has already been noted, 7 of the 9 who only had one placement, did not attend meetings, although 2 who were not approved for specific children did attend occasionally. There seems to be a similar pattern between the 11 foster parents who had several more placements in line with their acceptance and the 11 who had a combination of placements different from and as accepted. Of the former 6 attended meetings occasionally, for 3 it was not known, 1 came regularly and 1 not at all. Of the latter, 6 also came occasionally, 2 came regularly and for 3 it was not known.

Table 193 looks at the attendance at fostering meetings against the social worker's comment on subsequent placements, column a). The 3 regular attenders at meetings were all described as 'satisfactory' overall and the 1 couple whose placements were described as 'unsatisfactory' did not attend any meetings. Apart from that, 10 of the 18 foster parents described

overall as 'satisfactory' and 3 of the 4 about whom some reservations were expressed, were all occasional attenders at meetings. It might be said that the foster parents who felt in tune with the Department and so were more likely to be seen favourably were also more likely to feel comfortable in attending meetings run by social workers regularly, whereas those who had difficulties might stay away.

Meetings do fulfill a valuable function so long as they are careful to reflect the needs of all foster parents and not be seen as the only means of providing support, since not all will wish to attend.

c) Year Accepted.

In this section, the year in which the foster parents used in this survey were first accepted to foster is identified and will show whether they had been 'on the books' for years, with little new input, or whether recruitment was continuing during this time. It may also raise the question of whether the experience of and attitude towards fostering was changing and would be different for someone entering it towards the end of this period. There have been a number of developments through the late 1970's and 80's which are having an influence on the whole scene of child care and fostering, both in legislation and practice, and these have been described in greater detail elsewhere (Part I, Chapter 2). The 1975 Children Act, the concept of 'permanence' and planning for children, the influences on admissions to Care and the inauguration of the NFCA in 1974 and BAAF in 1980, have all served to sharpen awareness of the importance of proper planning and the need to clearly identify each person's role and task and foster parents have quite rightly demanded a proper place in this.

Table 194 shows that new applicants were entering fostering throughout this 5 year period. 11 (33.3%) of the foster parents used were already on the register in 1976; 6 entered in 1977 and another 6 in 1979, with an additional 4 in 1978, 3 in 1980 and 3 in 1981. This appears to be a reasonably high recruitment rate, though some, of course, (7 in all) had been recruited in response to a specific need to Care for a relative or child known to them. The numbers recruited excluding these 7 are given in Table 194 a). This still leaves 1977 as the year with the largest number accepted for fostering, followed by 1979 and a further 2 foster

parents recruited in each of the other 3 years. It is not clear whether any significance can be attached to the year 1977, 2 of the 5 responded to an advertisement and 2 had been thinking and reading about it for some time, so may have been subconsciously triggered by the advert. The fifth had "heard about it from a relative" but had only a general idea of what it meant.

d) Year Ceased.

This section establishes the number and proportion of the whole which withdrew from fostering, the year in which they did so and how long they had been fostering.

The Portsmouth Fostering Study (1973) compared 83 ex-foster parents with a group of 90 current foster parents. It found that 40% of ex-foster parents had ceased after less than 1 year of service, while current foster parents had fostered for considerably longer with 23% fostering for over 10 years.

Soothill and Derbyshire (1982) conducted a longitudinal study of 64 foster parents recruited in Lancashire between 1974 and 1976 and examined, among other things, their survival rate by 1982. They found that at the end of the 4th year after contacting the Department, only 24 (or 37.5%) of the original cohort were still on the books in the Division. They found that 22% withdrew during the first year, 27% in the 2nd year, 13% during the 3rd year and 27% during the 4th year. They concluded that these figures strongly militate against any prevailing view that the greatest 'risk period' for withdrawing is necessarily during the first year. The percentages were taken of the number surviving so that although in gross numbers more withdrawals took place in the 1st and 2nd years, the proportion withdrawing from those remaining during a particular year was very similar. They go on to consider the reasons for withdrawing and these will be looked at in the next section.

In this survey the sample being considered is those foster parents used for children aged 0-9 so does not take in those approved but not used in this period, nor those used for older children.

Table 195 looks at those foster parents in the sample who ceased fostering during this period. This shows that only 10 (30.3%) of the total sample

were still fostering at the end of the period - September 1981. The largest number to withdraw was in 1981 - 10 (30.3%) followed by 7 (21.2%) in 1979, 3 in 1980, 2 in 1978 and 1 in 1977. Table 195 a) looks at the numbers excluding the relatives, childminders and private foster parents. The proportions are much the same, with the greatest number withdrawing in 1981, although 3 of the 7 withdrawing in 1979 were the 2 private foster parents and a relative.

Again, the significance of these years is not clear. After a stable period of several years the Division did lose a very large proportion of its staff around the end of 1979 and 1980 and for nearly a year remained very short of permanent staff, with new entrants beginning to arrive in 1981. Although this was not looked for in the reasons for withdrawing, the instability in the social workers might have been an additional influence. This may become clearer when the reasons are looked at in more detail in the next section.

If the numbers withdrawing each year are looked at against the numbers being accepted, the importance of continuous recruitment is very clear. About a third of the sample were already fostering at the beginning of the survey, the other two thirds were recruited during the period and, conversely, about two thirds withdrew during the period, leaving about a third still fostering at the end. In 1980 and 1981 6 foster parents were accepted but 13 withdrew so the need for renewed recruitment at this time could have been critical.

Table 196 cross-references the year accepted with the year ceased to try to pick up the length of time foster parents survived. Although it is not certain whether those accepted to foster in 1976 or before had already been fostering for a period of time, it does seem that a similar pattern to that disclosed by Soothill & Derbyshire is shown in that the first year of fostering does not appear to be any more significant than the rest.

If we describe the foster parents who withdrew from fostering in the same year that they started as ceasing in the first year, and those who withdrew in the year after they started as ceasing in the 2nd year, the picture is as follows:-

| | First | Second | Third | Fourth | Fifth + |
|---|---|---|---|---|---|
| Withdrawals during each year. | 6 | 3 | 4 | 5 | 5 |

The picture is even more interesting when one realises that the 6 who withdrew in the first year consist of the 2 childminders, 1 relative, 1 private foster parent - all approved for specific children and the foster parent borrowed from Enfield, who withdrew from Hertfordshire, but whose future in fostering generally was not really known and who had been fostering before. This leaves one couple approved to short-term foster who withdrew in their first year after an unhappy experience.

It seems then that vulnerability grows with the years, not lessens, and that the life of many foster parents may not be expected to last more than 4 or 5 years. The reasons which led to the withdrawal will be examined in the next section.

Looking at the 10 foster parents who were still fostering at the end of this survey, 4 had been fostering 5 years or more, 1 for 4 years, 2 for 3 years and 1 had started that year. The other 2 were relatives long-term fostering a niece or grandson and had been doing so for 4 years and 2 years respectively. So, despite the earlier comment, there is still a small nucleus of foster parents who had been fostering for several years.

e) Reasons Ceased Fostering for Hertfordshire.

This section tries to analyse the reasons for foster parents' withdrawing from fostering and whether they had any relationship to any earlier findings. It will try to see whether there is any link to family circumstances, unsatisfactory experiences or poor support from the Department and how often it arose because foster parents were 'disappointed' in some way. It will question whether it could have been avoided, and, if so, how - whether by a more accurate understanding of foster parents and/or their motivation, a better matching of child and family, more thorough preparation and support or the avoidance of misuse by the Department, or any other factors. Since the previous section identified the steady drift of foster parents away from fostering each year an analysis of the reasons for this and the identification of any means that could prevent it seems to be important.

The Portsmouth Fostering Study (1973) divided the reasons for not continuing to foster into 2 main groups:-

a) 'External' - i.e., reasons which were beyond the control of social workers and Social Services Departments such as 'change in own family circumstances' and found about a quarter of the responses in this category.

b) 'Internal' - i.e., reasons which might have been amenable to Social Services Department solution such as 'insufficient support from the social worker' and 'didn't get type of child requested' and found about half of the responses in this category.

Owen Jones, writing on this survey (1975), felt that there was a relationship between the reasons for starting to foster and the reasons for ceasing. 39% of the ex-foster parents had been motivated by the expression of a wish to help children and 52% by own family orientated reasons, i.e., because they saw it as a way of satisfying their own family's needs. Most described the role of a foster parent as similar to a 'close blood relationship' and few felt they had accurately anticipated the difficulties involved in fostering, although some found it easier than expected. Jones felt these overall motivations and expectations of ex-foster parents gave cause for concern since they indicated false expectations of the role they would have to play and raised questions about the preparation foster parents receive before starting to foster.

Foster parents seemed to want moral support and advice from social workers and one third of ex-foster mothers thought social workers had not been helpful, although there was no concensus as to why not. Almost 60% of ex-foster mothers said they received no preparation for becoming foster parents and did not count visits from social workers as adequate preparation. There were some grievances over finances.

The study concludes that the high rate of turnover of foster parents could be reduced by increased social services support to current foster homes. There should be critical examination of the assessment, preparation and support given to foster parents after recruitment. Foster parents need better information, speedy professional assistance in a crisis and a sense of being appreciated. An improved basic allowance to foster homes would still cost less than the maintenance of places in local authority

children's homes. Jones reminds us that social networks within the community can, by transmitting experiences of fostering, be significant in recruitment and bad experiences can have negative effects.

Soothill & Derbyshire (1982) examine the reasons for withdrawing as given on the casefile and point out that even the official version may be multi-faceted. They give an example where the apparent reason after 4 years of fostering was disagreements about the method of payment but in their last placement the foster parents had found it difficult to cope with the foster child's rejection of their affection and his eventual return to his natural home.

7 of the 42 couples who withdrew over the 4 year period had moved out of the area. Putting these aside, Soothill & Derbyshire found that about half of those who withdrew in the first and second years found that the reality of fostering did not measure up to their dreams, for about a quarter the Department was unhappy about the foster parents' performance and eased them out and about a quarter of the foster mothers became pregnant. In the third and fourth years there was no obvious evidence of the Department being seriously concerned about the foster parents' performance but 2 new reasons began to emerge. In one the couples either adopted the child they had been fostering or wished to apply for adoption. In the other family pressures began to be used for withdrawing, e.g. family illness or care of elderly relatives.

However, Soothill & Derbyshire feel that the explicit reasons given can be an excuse to retire from the fostering scene after fostering experience in the previous year which had proved very upsetting. They found this in several cases and were distressed to record that experienced foster parents could not cope with an apparently familiar situation. They point out the lesson that every short-term placement should be treated on its merits despite the apparent experience of the foster parents. This seems to relate to the previous sections in this study on the comments on subsequent placements to foster parents where several experienced and able foster parents had difficulty in coping with certain sets of circumstances.

This survey also takes the reasons for withdrawing from the casefile of the foster parents and recognises that, in general, these are only the reasons recorded by the social worker. Occasionally there may be a letter

from a foster parent and the social worker quite often records the statements given to her by the foster parents. The fact that the reasons are often complex is fully appreciated and the social worker may attempt to analyse these on the file.

Three columns are given in the Table to allow for a combined response. The categories given were devised from the pilot study, literature (Jones, 1975; Portsmouth Study, 1973; Soothill & Derbyshire, 1982) and personal experience, and were modified during the collection of data.

Table 197, columns a), b) and c), looks at the reasons foster parents ceased fostering for Hertfordshire. 23 of the total sample of 33 had ceased fostering by 1981 and, as can be seen, a variety of reasons were given.

If one follows the Portsmouth model and groups the reasons into 'internal' i.e. personal to the family, and 'external', i.e. within control of the Social Services Department, one might group the reasons as follows:-

| | |
|---|---|
| 'Internal'<br>(i.e. moved; marital/family; own children born or adopted) | 8 |
| 'External'<br>(i.e. child(ren) removed; different from expectations,etc.) | 11 |
| Other | 4 |

Even with the 'internal' reasons, it might be suggested that some of these difficulties should have been recognised during the assessment process or in subsequent reviews, e.g. marital/family problems and some of the reasons given are in combination with other factors.

The 2 foster parents who moved had originally been childless and both fairly recently had children by birth or adoption which had had some effect upon subsequent fostering. One couple wished to have a break from fostering, although the other re-applied to their new local authority to do occasional short-term fostering.

4 foster parents withdrew because of marital/family problems. One couple had been fostering for 4 years and the foster mother was angry that she was not being used more. She applied to a local London Borough and when

the social worker visited her husband indicated that he was not keen on fostering. Mrs. B. became very angry and said she would withdraw altogether. It became clear that there had been difficulties between them and this caused a serious marital conflict with Mrs. B. refusing to allow the social worker to intervene. There had been earlier indications of marital problems, Mrs. B.'s expressed motivation was to look after young children and although Mrs. B. had given good care to the children, there were difficulties over her rather negative feelings towards natural parents.

Another couple had been fostering very successfully for 6 years with a series of short-term and one long-term placement. There developed health, marital and financial problems. The foster mother had had an unplanned fourth child a few years earlier and this had had an impact on the family. They decided to withdraw from fostering and try to resolve their own problems. The foster mother's original motivation had been an enjoyment of children and a wish to have more in the house.

A third couple had been fostering for several years for a London Borough and for 3 years for Hertfordshire. The foster mother told her social worker she had decided to give up fostering and "make a life for herself". She had been feeling dissatisfied for a while and hinted at marital problems. She did subsequently leave home and divorce her husband. Her original motivation had been to look after babies "to occupy her and as company". She gave good care to babies and was able to accept parental visiting, but was less able to provide a stimulating environment for toddlers.

The last couple had also been fostering for several years, mostly successfully, although there were some difficulties over the placement of a long stay child which did not take place in the end. The couple had not been used for 2 years, when it was found they had split up and one of the own children was charged with shoplifting, and the foster mother decided to "sort out her own life" and withdraw from fostering. Their motivation had been a "strong feeling of wanting to do something" and a liking of large families.

With an increasing divorce rate it is perhaps not surprising that this should have happened to a few of the foster families (see Parker, 1978).

Two couples withdrew because they had adopted or given birth to a child since they began fostering and this had an impact. One couple were childless when they were accepted and some reservations were expressed about them, "we should make sure they are introduced to fostering gradually and with much support and that the given tasks are straightforward". They had their first child 5 months before their first placement - 2 boys from a disturbed background. They gave the children excellent care but fluctuated in their feelings about it and their own family disapproved of the effect fostering might have on the baby. They had additional health problems and decided to withdraw from fostering in order to concentrate on their own children - their second was born 9 months after giving up fostering.

The second couple were also childless. They short-term fostered a boy whom they went on to long-term foster and then adopt and subsequently adopted a baby. They gave excellent care to both children and decided to withdraw from fostering in order to concentrate on the needs of their 2 adopted children.

These examples seem to emphasise the need to be constantly alert to the changing family and personal circumstances of foster parents and the effect this can have on their capacity to continue. It reinforced the importance of foster parents having a link social worker who can give close attention to their needs.

The 'external' reasons for leaving fostering - those which were influenced, at least in part, by the actions of the Social Services Department, bear examination to see if they could have been prevented, either by social work judgement at the time of initial assessment or by later actions of the Department. 11 foster homes could be said to come within this category. The largest group in all the categories is the one in which 5 foster parents ceased after a child had been removed. The 2 private foster parents were among this number - both asking the Department to remove the child some time after the existing arrangement had been legally formalised. In one a combination of difficulties came together to make the placement untenable - natural father's anger at the Matrimonial Care Order and his increased and more disruptive contact with the foster home, the child's behaviour, perhaps reacting to this and the foster parents' own marital problems - no doubt not helped by the fact that the foster

child was sleeping in their bedroom. The file comments that the foster parents became out of their depth and perhaps they had not been given, or allowed themselves to receive, adequate preparation for the potential difficulties - a danger which can happen with confirming an existing arrangement. The couple's marriage did eventually break up.

The other couple had been approved by a voluntary adoption agency to adopt and had had a 9 year old girl placed for adoption following a previous adoption breakdown, had withdrawn their application to adopt and the child had been received into Care and remained with them. Shortly after her placement another girl 3 years younger was placed for adoption by a third party and presented no problems - initially the first girl seemed to settle down but she was described as a deeply disturbed child and 2½ years after her initial placement she began to throw up unacceptable problems to the foster parents such as lying, swearing and stealing. They found this difficult to understand, their own expectations were high and they eventually asked for her to be removed. An additional contributory factor was that the foster parents had had a Downs Syndrome daughter aged 5 who had died just over a year before the two girls were placed and whom they had idolised. When the foster child was removed to a children's home she was initially very spiteful to a Downs Syndrome girl there and seemed to see her as representing the dead daughter of her foster parents.

The third couple were accepted as short-term foster parents for another Division for 1 or 2 children up to 10 years. They had 7 placements, 4 of 2 children and 1 of 3 and only the latter placement invited some cause for concern. 3 years after acceptance they became available to take a long-term child - there was no record of re-assessment or discussion on this. A 5 year old boy with severe eczema was placed but the relationship with the foster mother did not 'gel'. The Reviewing Officer commented "I am concerned that the foster parents seem surprised at the boy's retardation and degree of disturbance - did they not listen or did we not say?". He was eventually returned to the children's home and this proved to be a very traumatic time for the foster parents. They decided to 'retire' from fostering for the foreseeable future.

The fourth couple were those previously described whose 2 placements proved to be problematical and who asked for the second 2 children to removed and they withdrew from fostering at that point. Again, there were

a number of components to this; the foster mother said she did not think she could have understood what it would be like without experiencing it, and the foster father said he did not realise how much impact it would make on them. He supposed their expectations of what they could achieve had been too great. They were shocked and subdued by the experience.

The last couple were the ones who had had a child, aged 9 months, removed by the Department after bruising, which could not adequately be explained, was found on him. The foster mother was very hurt and upset and her husband very angry. He made the decision they should no longer foster, but she accepted that and the Department agreed. The family had experienced problems of their own and the foster mother had really wanted to foster pre-adoption babies of 0-6 weeks but she was never able to be used for that. She had been a successful childminder and had successfully fostered a 10 year old boy already known to the family for 6 months.

In all of these cases the trigger point leading to the decision to cease fostering was the removal of a child but there were also a number of additional factors combining to influence this action. It has already been noted that the total number of foster homes which had a child removed at some time was 12 and of the 23 foster parents who went on to foster after their first placement, 10 had a child removed. Not all of them decided to give up fostering, but the point was made that it is a situation which can happen to any foster home if the wrong set of circumstances combine and since it can also lead to losing foster homes, careful and constant attention has to be given to using them appropriately.

One foster home was placed in the category "unsatisfactory fostering experience, fostering different from expectation or foster child presented problems". Again, these are a complicated set of factors. This is the family who coped well the a series of short-term toddlers - some in an emergency. They then had a girl of almost 5 who had been there for 6 months previously, placed on a long-term basis between 2nd and 3rd natural children and only 11 months older than the youngest. This was followed by a baby placed in an emergency, the foster mother's own unplanned pregnancy and the gradual deterioration in the behaviour of and relationship with the foster child. It may also have been compounded by the introduction of the foster child to her natural brother and the social

worker being off sick for 3 months at a crucial time. This child was removed eventually and the foster parents did not foster again afterwards, it seems because of the combination of these circumstances together with their own new baby.

3 foster homes came into the category "lack of support from the Department e.g. social worker or financial". Finance played a part in all of these. One foster mother who lived in the area was actually registered with Enfield but 'borrowed' for 2 short-term placements of 2 young children while mother was in hospital. Again, there were a number of contributory factors to giving up fostering. On the second occasion one of the children had an accident which unsettled the foster mother, she found looking after 2 toddlers rather trying and there were difficulties over the payment. She did not receive the amount she had expected - at London Borough rates rather than Hertfordshire - and she daily minded the children for 2 days after they had been discharged from Care and had expected the Department to pay, whereas it had expected the parents to be responsible for this. The social worker recorded "she sounded very cool and distant on the 'phone and said she feels she has been taken for granted". Although she might have continued fostering for both Enfield and Hertfordshire, she did not wish to foster for Hertfordshire again.

The other 2 foster homes in this category were both childminders approved to foster children they had previously been minding. Although both might have been encouraged to be considered for further fostering, neither wished to do so. There are indications in both that the low rate of fostering payments compared with that for childminding, coupled with the more demanding task, and in one case delay in receiving payment and insufficient social work support, influenced this decision. In April 1981 the fostering allowance for children 0-4 years, including a weekly clothing allowance, was £14.56 with a supplement of £2.20 a week for short-term placements. The childminding allowance would have been about 50p - 75p an hour. At 50p an hour from 9-5 p.m. for 5 days a week this would have equalled £20 - with all clothes provided by the parents. It may have been thought that experienced childminders would be a good source from which to recruit short-term foster mothers for the under 5's. There would have to be real dedication, job satisfaction and Departmental support to compensate for the disparity in financial allowance. This disparity continues to date.

2 foster homes ceased fostering for Hertfordshire because they were fostering a long-term child for another local authority. This is always a possibility when a family becomes available to long-term foster and it is more important that the 'right' child is placed who will be helped by that family than that territorial boundaries are preserved. Nonetheless, it is also important that a Department does know its own resources sufficiently to ensure that it does not overlook a potential home for its children requiring families.

In fact, Hertfordshire was already concerned about one of these families from whom 2 children had been removed following dissatisfaction with the chaotic state of the house and problems with one of the foster parents own children, so would have been unlikely to have used them themselves at this time. It is not clear from the record why the other local authority felt sufficiently confident to use them themselves.

4 foster homes came into the 'other' category. One was the grandparents who looked after their grandchildren in an emergency - the Police had taken a Place of Safety Order because the children had been left alone at night. The children were returned home on trial and it had never been intended that they should foster generally. Indeed, there would have been some concerns about their caring for their grandchildren long-term. They gave good physical care but had a poor relationship with their daughter-in-law (the children's mother) who was divorced from their son, and they were not very understanding of the children's reactions.

A second foster home did not continue after their first placement - which lasted considerably longer than expected and the foster parents found the child very demanding, though they gave him good care. Their only son had a recurrence of asthma and they became very involved with their 19 year old niece, who had considerable problems herself. They decided to withdraw from fostering to concentrate on their own family.

A third foster mother gave up because of her ill-health. She had a recurrence of heart palpitations and the medication made her sleepy and unsteady and she and the family decided, sadly, that it would not be safe to foster - 2 children had already had to be removed for this reason. She had given very good care to pre-adoptive babies, though did find parental contact stressful if it was ill-defined or upset the

children. The Department were sad to lose her, recording, "Mrs. S., is a very warm and caring person who gives excellent physical care to the babies in her charge. She is very observant of them and flexible in her approach to their needs".

The last foster home in this group withdrew, ostensibly because the foster mother started employment. The foster parents had had several short-term placements, mostly very successful, although there were some difficulties in a longer term, more complicated placement of 2 children.

These case examples have been given in some detail to illustrate the complicated set of factors which lead to a decision to cease fostering. There may be a specific trigger point but like Soothill & Derbyshire (1982) I found the reasons to be multi-faceted. Nearly all of the foster parents had had 'complicated' placements presenting them with difficulties and several had found the involvement of natural parents stressful and hard to deal with. In many of the cases the families personal circumstances had changed and affected their ability to foster. Throughout, the importance of the Department establishing a relationship in which the foster parents have trust and confidence enough to share these changes in their lives and attitudes is very clear.

Cross-tabulations were made to see if any correlations could be found with specific factors affecting withdrawal from fostering.

Tables 198-201 look at the foster families' circumstances. Table 198 cross references reason ceased with the number of children. No obvious patterns emerge here. Despite the earlier assertions by some (see Part III, Chapter 1, section c), Parker, 1966; George, 1970; Napier, 1972) that childless couples were more 'successful', the 5 childless couples had withdrawn, 2 because they had had their own children by birth or adoption and 1 because a foster child had been removed.

Table 199 cross-tabulates reasons for ceasing by the number of pre-school children. 9 families had one and 7 of these had ceased fostering, 2 because they had had a child removed, 2 because they preferred fostering for another local authority and 1 each because they lacked support, fostering was different from expectations, or for 'other' reasons. 4 families had 2 pre-school children and 3 were still fostering, the fourth

ceasing for marital and family problems. 15 of the 20 families who had no pre-school children had ceased fostering, 3 because they had a child removed and the rest for a number of other reasons. It seems, therefore, that having pre-school age children is no more likely to lead to ceasing fostering if placements are made with care.

Table 200 examines the effect of school-age children on reasons for ceasing. 12 families had no school age children and 5 were still fostering. If these were the same 5 in the preceding Table, then it appears that these families had children who were grown up and therefore able to devote more time to fostering. 2 moved away and 2 ceased because they subsequently had children of their own. 12 families had 2 school-age children and 10 of these ceased fostering. 3 felt they lacked support, 2 had marital or family problems and 2 had other reasons. One had a child removed, one found fostering different from expectations and one preferred fostering for another local authority. One of the two families with 3 school-age children also had a child removed. Could it be that the pressure of school-age children was, if anything, greater and made fostering more difficult to cope with than pre-school children? However, the one family with 5 school-age children was still fostering though this was a child related to them.

Table 201 looks at the length of the marriage against the reason ceased. All the 10 foster parents still fostering had been married for 6 years or more. The 5 foster parents married for 5 years or less had withdrawn from fostering because they had moved (1), a foster child had been removed (1), they had a child by birth or adoption (2) or they had marital or family problems (1).

20 foster parents had been married 11 years or more; 7 were still fostering but 13 had withdrawn. 3 had had a foster child removed, 3 had marital or family problems, 2 felt they lacked Departmental support, 1 had an unsatisfactory experience, 1 preferred fostering for another local authority and 3 had 'other' reasons as given above.

So, although childless couples married a shorter time may be more likely to withdraw because they moved and/or start their own family and those who continue fostering are more likely to have been married longer: those who have been married longer may be as much or more likely to experience difficulties within their own family relationships or with the fostering

experience.

Tables 202 and 203 look at the reasons for ceasing against the original motivation and the original request.

Table 202 looks at the original motivation. 13 foster parents had expressed altruistic motives. 2 were still fostering for Hertfordshire, but 11 had withdrawn, though 2 of these were fostering for another local authority. Of the 9 remaining, 3 felt they lacked support, 2 had had a child removed, 1 had marital/family problems, 1 had had their own child, 1 had moved and there was 1 'other'. Perhaps some of these foster parents had had unrealistic expectations of what fostering would mean when they offered their services.

10 foster mothers had wanted to look after young children and 5 were still fostering. 2 had had a child removed, 2 had marital/family problems and there was 1 'other'.

Apart from 2 of the 3 with 'other' motives, this was the largest group to continue fostering. Maybe successful fulfilment of this motive depends on the type of placements they receive, the extent to which their expectations were realistic, and the complications within their own family relationships and set of circumstances.

Table 203 looks at the reasons for ceasing against the original request. Of the 10 foster parents still fostering, 5 had wanted to short-term foster the under 5's and 1 babies, 1 wanted to short-term foster any age, 1 short-term foster now and long-term foster later, and 2 had asked to foster long-term.

12 applicants had asked to short-term foster children under 5 and although 5 were still fostering, 7 had withdrawn, 2 because a child had been removed and the rest for a variety of reasons.

1 of the 5 foster parents who had wanted to look after babies short-term was still fostering for Hertfordshire, 1 was fostering for another local authority and the other 3 had withdrawn.

5 foster parents had wanted to foster long-term and 3 to foster long-term with a view to adoption. 2 of these 8 were still fostering, 1 was fostering for another local authority and the rest had withdrawn for

several reasons.

It seems that the foster parents who wanted to foster babies short-term or long-term foster or adopt were slightly less likely to still be fostering than those who wanted to short-term foster children under 5.

Tables 204, 205 and 206 look at the period of assessment - the areas of preparation and whether reservations were expressed.

Table 204 examines the connection between withdrawal from fostering and the social worker having reservations during assessment. The social worker had reservations about 12 foster parents and 4 were still fostering for Hertfordshire and 1 for another local authority but 7 had withdrawn. 3 had had a child removed, 2 had family/marital problems and 2 had 'other' reasons.

No reservations had been expressed about 19 foster parents: 6 were still fostering for Hertfordshire, 1 for another local authority and 12 had withdrawn. 2 had had a child removed, 2 had family/marital problems, 1 found the foster child presented problems, 1 felt they lacked support, 2 had moved, 2 had had an own child and 2 had 'other' reasons.

The proportions here seem similar. The foster parents who withdrew and about whom reservations had been expressed were perhaps most likely to have had relationship problems within their family or with the foster child, whereas those where no reservations were noted were as likely to have withdrawn for circumstantial reasons - e.g. moving or own child born, as for reasons of difficulty. However, the social worker cannot be said to be predicting all that accurately.

Table 205 looks at the reason ceased by areas of preparation. 8 of the 10 foster parents still fostering had had some additional preparation, 3 of them from previous experience related to fostering; however, so had 3 of the 5 foster parents who withdrew because they had had a child removed, and the other 2 had attended fostering meetings. Again, no clear pattern emerges. Perhaps the preparation was inadequate or not sufficiently related to the tasks they later came to undertake.

Table 206 looks for any connection between withdrawing and the decision at the time of acceptance to only give the foster parents uncomplicated

placements. Of the 10 foster parents still fostering, 2 had been accepted for uncomplicated placements and 8 had no such recommendation.

10 foster parents were accepted for uncomplicated placements only, as stated, 2 were still fostering, 3 had had a child removed, 1 had problems with a foster child, 2 had had their own children and 2 had 'other' reasons.

23 foster parents had no recommendation about the type of placements they should have. 8 were still fostering for Hertfordshire and 2 for another local authority. 2 had had a child removed, 4 had marital/ family problems, 3 felt they lacked support, 2 had moved and 2 had 'other' reasons.

So, although foster parents were more likely to continue where no comments about complicated placements had been made, where they did withdraw this was just as likely to have been because of areas of difficulty whatever the recommendation made. As was noted earlier, where this recommendation was made it did not always follow that the placements the foster parents received were uncomplicated. Table 171 showed that 7 of the 10 foster parents accepted for uncomplicated placement, received complications in their first placement, so perhaps it is noteworthy that only 4 withdrew for reasons ostensibly connected with difficulties in the fostering experience. Again, the difficulty in predicting foster parents' capacity at the time of assessment is apparent.

Tables 207 and 208 examine the social worker comment on the first and subsequent placements against the reasons for withdrawing. 3 columns of reasons for ceasing are given here.

Table 207 looks at the reason ceased against the comments on the first placements. Comments on the first placement of 19 foster homes was satisfactory; 6 were still fostering for Hertfordshire, 2 for another local authority and 11 had withdrawn. 2 had later had a child removed, 3 had marital/family problems and the rest had a variety of other reasons. Reservations had been expressed about 7 first placements but 3 were still fostering. 2 foster parents had asked for a child to be removed and had withdrawn from fostering for this reason.

Table 208 looks at the reason ceased against the comment on subsequent placements, columns a) and b) which were made to 23 foster parents. 18 of these were generally satisfactory and 6 of these foster parents were still fostering for Hertfordshire and 1 for another local authority. 11 withdrew from fostering, 2 because a child was removed, 4 for marital/ family problems, 1 because a foster child presented problems, 1 from lack of support, 2 because they moved and 1 for 'other' reasons.

Some reservations were expressed about 4 foster homes: 2 were still fostering for Hertfordshire and 1 for another local authority and 1 withdrew for other reasons.

The foster home described as 'unsatisfactory' withdrew after requesting a child to be removed.

Additional comments on the placements are given in column b) and this shows that some reservations were expressed about 2 of the foster homes who subsequently withdrew for family/marital reasons: 7 foster parents had requested a child to be removed - 2 were still fostering, 2 withdrew for this reason, 1 because a foster child presented problems and 2 for other reasons.

2 of the 3 foster parents who had a child removed following a court decision or by the Department were both fostering for another local authority and the third had withdrawn because of the removal of the child.

On the whole, these two Tables appear to show little relation between the social worker comments and the foster home continuing or withdrawing from fostering. Perhaps it shows, again, that foster parents who can give mostly satisfactory service, can withdraw after changes in their circumstances or an unsatisfactory fostering experience or a combination of both.

Tables 209 and 210 examine whether there is any connection between reasons for withdrawing and own children being born or adopted or placements within 2 years of age of own children.

Table 209 looks at own children born or adopted after the couple started fostering. Table 197 had shown that this was a factor in the decision to withdraw in 4 cases and the primary reason in 2. (6 in all). Table 209 shows that 11 children were born or adopted after fostering commenced. In the 2 cases in which it had resulted in the foster parents withdrawing,

it had had a detrimental effect upon fostering in 1 case and a positive effect in the other. In the latter the foster parents had withdrawn to concentrate on their adopted children.

For 2 foster homes it had been felt to have no effect upon the fostering, 1 foster parent was continuing and the other withdrew for 'other' reasons. It had had a detrimental effect for 7 foster homes, 2 were continuing, 1 had withdrawn for this reason, 2 had moved, 1 found problems with foster child and 1 had family/marital problems. More detailed examination of the families individual reasons had shown that the new child had influenced the decision to withdraw in 3 of these cases. For 1 foster home the child had had a combined effect, but they withdrew from fostering after requesting their foster child to be removed and the placement of the adopted child had had an influence on the reasons for this.

So, 8 of the 11 foster homes who had had additional children after starting fostering had withdrawn and the new child had influenced this decision in 6 of these cases - 3 of whom were caring for long term children who were subsequently removed. This is a change in the foster parents circumstances to which social workers need to be especially alert but which it is difficult to predict ahead of time.

Table 210 looks at whether the placement of a foster child within 2 years of age of the own child influenced the foster parents' reasons for withdrawing. Such placements were made on 13 occasions, 4 of the foster parents were still fostering for Hertfordshire, 1 for another local authority and 9 had withdrawn. Chapter 5, section g) looked at this in some detail and came to the conclusions that care had to be taken, especially with longer term placements. In 3 foster homes no effect from the placement had been recorded. All 3 foster parents had withdrawn from fostering, 1 found difficulties with a foster child, 1 had family/marital problems and 1 had other reasons. On 3 occasions the placement had a detrimental effect; 1 foster parent withdrew after a child was removed and 1 from family and marital problems. 1 placement had a positive effect but the foster parents withdrew after another child was removed.

6 foster parents found the placements had combined effects; 3 were still fostering for Hertfordshire, 1 for another local authority, 1

had moved and 1 had family/marital problems.

Earlier examination showed that in some of these cases it was clear that the placements did have a contributory effect on other problems and it is one of the factors on which care has to be taken, even if it is not a direct or primary cause for withdrawal.

Tables 211 and 212 look at the influence of reviews and attendance at fostering meetings.

Table 211 looks at the influence of reviews. 13 foster homes had been reviewed by the link social worker. 4 were still fostering for Hertfordshire, 1 for another local authority and 8 had withdrawn. 2 had had a foster child removed, 3 had marital/family problems, 1 had their own child and 2 had other reasons.

10 foster homes went through a formal reassessment. 4 were still fostering for Hertfordshire, 1 for another local authority and 5 had ceased fostering. 1 found fostering different from expectations, 1 had marital/family problems, 1 had their own child, 1 moved and 1 had other reasons.

For 9 foster homes there was no evidence on the record of any review or reassessment. (7 of these were relatives, private foster parents and childminders all approved to look after specific child known to them). 2 were still fostering and 7 had withdrawn. 3 had had a child removed, 2 felt they lacked support, 1 moved and 1 had other reasons.

There are slight indicators that the foster homes who had a formal reassessment were more likely to continue fostering or withdraw for reasons less to do with problems associated with fostering or personal difficulties and those who had no review were more likely to cease fostering for reasons associated with difficulties in the fostering experience.

Table 212 examines the attendance at fostering meetings. 9 never attended meetings, 2 were still fostering for Hertfordshire, 1 for another local authority and 6 had withdrawn. 3 had had a child removed, 2 felt they lacked support and 1 had other reasons.

3 foster parents came regularly to meetings; 1 was still fostering but 2 had ceased, 1 because they had a child removed and 1 had marital/family problems.

15 foster parents came occasionally to meetings; 7 were still fostering and 8 had withdrawn. 3 had martial/family problems, 1 found fostering different from expectations, 1 had their own child, 1 moved and 2 had other reasons.

For 6 foster parents this information was not known; 1 was fostering for another local authority but 5 had withdrawn. 1 had had a child removed, 1 felt they lacked support, 1 moved, 1 had their own child and 1 had other reasons.

Again, although the indicators are slight, there are some suggestions that foster parents who came occasionally to meetings would be more likely to continue whereas those who did not feel involved enough to attend would be more likely to withdraw for reasons associated with difficulties in fostering.

Tables 213 looks at the reason ceased against the year ceased. It is difficult to see any real pattern here. The 5 foster parents who withdrew following the removal of a foster child all did so in 1979 or later and 3 were in 1979. The largest number (10) withdrew in 1981 and 5 of those were for reasons associated with own family or fostering difficulties. It has already been noted that the Division had a number of staffing changes from the end of 1979 onwards, but it is not clear if this was related.

## PART III - CHAPTER 6 - SUPPORT OFFERED TO FOSTER PARENTS AND REASONS FOR LEAVING FOSTERING.

### f) SUMMARY

FINDINGS:

a) Evidence of Review or Re-assessment of Foster Parents.

| | | |
|---|---|---|
| Yes - in visits by link social worker | 13 | (39.4%) |
| Yes - formal reassessment | 10 | (30.3%) |
| No | 9 | (27.3%) |

b) Attendance at Fostering Meetings.

| | | |
|---|---|---|
| Occasional | 15 | (45.4%) |
| Regular | 3 | ( 9.1%) |
| None | 9 | (27.3%) |

c) Year Accepted.

| | | |
|---|---|---|
| 1976 or before | 11 | (33.3%) |
| 1977 | 6 | (18.2%) |
| 1979 | 6 | (18.2%) |

d) Year Ceased for HCC.

| | | |
|---|---|---|
| Still fostering | 10 | (30.3%) |
| 1981 | 10 | (30.3%) |
| 1979 | 7 | (21.2%) |

e) Reason Ceased Fostering for HCC.

| | | |
|---|---|---|
| Child removed | 5 | (15.6%) of total (21.7% of 23 who left fostering). |
| Marital/family problems | 4 | (12.1%) |
| Other | 4 | (12.1%) |

CONCLUSIONS/RECOMMENDATIONS

a) Evidence of Review or Reassessment of Foster Parents.

Generally speaking most of the foster parents who continued fostering participated in some kind of review, but this was more likely to be informally through discussion with their link social worker than by a formal reappraisal. The latter was usually in response to difficulties or at the foster parents' initiative because they wanted to be considered for long-term fostering or adoption. Since the importance of being aware of the changing circumstances and abilities of foster parents has been repeatedly emphasised, together with their wish to be properly involved and have their views formally stated, a system for ensuring that a regular review takes place seems to be needed. The role of the link social worker available for the foster parents rather than the child and either undertaken by or reporting to the Divisional Fostering Co-ordinator, seems to be a good one to ensure that foster parents have someone they can turn to for advice and discussion.

b) Attendance at Fostering Meetings.

Most foster parents, except for those approved for specific children known to them, came to meetings occasionally according to the topic or type of meeting, although few came regularly. There seems to be little difference in attendance whatever the venue or whether social workers or foster parents are running it and so there appears to be a need for a variety of types of meeting to reflect the varying requirements of foster parents. This calls for a fair degree of commitment and imagination from those organising the meetings and requires them to be in tune with the needs of their foster parents.

c) Year Accepted.

This period, 1976-1981, was to see a number of new developments which could influence the scene of child care and fostering. About a third (11) of the foster parents used in the survey were on the

register of available foster parents at the beginning in 1976. The rest (22) were recruited during this period, 7 of them to look after specific children with whom they were already acquainted.

d) Year Ceased.

At the end of the period surveyed - 1981 - just under a third (10) of the foster parents were still fostering and the rest (23), including 5 of those approved to look after specific children, had withdrawn. There appears to be no particular significance about the first year for new foster parents, if anything, vulnerability increases as the years passed, perhaps as family circumstances changed or difficulties were experienced. The details of this will be looked at in the next section.

This certainly emphasises the need for continuous recruitment to continually replace the resources lost and points up the need for staff in a position to do this. It also asks questions about whether the reasons for this continuous loss could have been identified and so prevented.

e) Reason Ceased Fostering for HCC.

23 of the 33 foster parents withdrew from fostering; 8 for personal or family reasons and 11 for reasons connected with the fostering experience. The 4 'others' when examined in detail are also all to do with personal circumstances.

Detailed examination has shown that in nearly all of the cases a number of contributory factors have come together and cross-tabulation cannot show any obvious single correlation between one related cause and the decision to withdraw from fostering.

There are several themes such as the level of disturbance of the foster child, placements which presented unexpected difficulties or go on for longer than anticipated or involve difficulties in coping with natural parents.

The largest single category is 'child removed' and it has been shown that this can happen even in apparently experienced and

able foster homes, if the wrong set of circumstances combine - it occurred in 12 foster homes in all, 10 after the first placement.

The majority of foster parents withdrew following changes in their personal circumstances and repeated emphasis has been made on the need for social workers to be alert to this - especially to the effect of own children born or adopted after the commencement of fostering. The difficulty in social workers predicting the future abilities of foster parents at assessment or after the initial placement has been noted and the importance of continuing review and good communication is vital.

The comment of Soothill & Derbyshire's - that every short-term placement should be treated on its merits despite the apparent experience of the foster parents - seems relevant.

## PART IV - CONCLUSION.

### EVALUATION & RECOMMENDATIONS

### Introduction.

I embarked on this survey with a sense, based on experience, that all was not going well with fostering placements of young children. I wanted to obtain a better understanding of the needs and planning for young children at the initial period in Care, and to ensure that the roles and tasks of the short-term foster parents were in line with this, and where they were not to try to identify the reasons and make recommendations to put this right. I suspected - partly based on experience and partly on the research into the expectations of long-term foster parents - that short-term foster parents might be coming into the work with an unrealistic expectation of what would be involved and be focussed too much on looking after a child who would be little different from their own. In order to achieve this better understanding I set out to describe what was taking place, through the admission of children to Care, placement in residential or family care and the assessment and experience of short-term foster parents. I hoped to be able to draw recommendations on the basis of these findings. I am conscious that, at times, the study has raised as many questions as it answers, but this is partly because it has taken a broad overview of the subject and identified areas which require more detailed examination, and partly because it has revealed the complexity of the problem made up, as it is, of several human components and to which there is no simple or easily measurable answer. The research and the detailed look at the foster families used in the survey remind us of the highly varied nature of families who foster and cautions us not to treat them all the same way. Perhaps this is important in itself - to raise the awareness of the changing network of components that we have to be constantly alert to in this work, and to keep all of our skills and knowledge up to date.

I propose to examine the main findings which have been discovered from the data surveyed in Parts II and III, and to draw up a list of recommendations based on these at the end.

Admission to Care.

What then is the typical profile of a child aged 0-9 admitted to Care in this area of Hertfordshire during this period? 74.1% of the children were aged 0-5, 75.9% came into Care with one sibling or more (60.9% of the 69 family admissions were of siblings pairs or sets), 49% came from a single parent family and 88.9% were known to the Social Services before the admission to Care. I had not identified the social class but other studies (Packman 1968; Thorpe, 1974; Aldgate, 1977) found that the poor are particularly at risk of coming into Care and Thoburn (1980) found that of her 25 families with a child on a Care Order home on trial, 23 were from social classes 4 and 5.

Reasons for admission varied from the child being at risk or parents unable to cope (43.4%), the parents being incapacitated through pregnancy or illness (27.6%) or one partner having deserted leaving the other unable to cope (15.7%). In 32.3% of the admissions, a secondary reason of the child being at risk or the parent unable to cope was also given. The placement was to last 8 weeks or less in 78.6% of the admissions and only 7 days or less in 25%.

The child was admitted under a voluntary arrangements in 78.7% cases with a Place of Safety Order being taken in 19.4%.

In 42.6% of the admissions the child had previously been in Care. The next placement for 66.7% of the children was home, but for only 41.7% of all admissions was the next placement permanent and 28.7% experienced further periods of short-term Care.

71.3% of the children were placed in a foster home, 53.7% in a foster home for all siblings.

A typical admission then could be of two or more children aged under 5 from a single parent where the main or secondary reason for admission would be associated with risk to the child. The children would be admitted to Care under a voluntary arrangement with the parents, placed in a foster home, could be in Care for 8 weeks or less and then return home. They could either have been in Care before or might well come into Care again.

Questions have been raised from these data around a number of areas,

in particular resources, the planning by the social worker and the role and tasks of the caretaker.

Resources.

The first resource gap identified is in the area of prevention. Research advised us to avoid separating young children from their parents if at all possible. The extreme youth of many of the children admitted to Care, together with the fact that most were already known to the Department, many from single parents families, and a large minority admitted for reasons of practical difficulty (i.e. illness or desertion of parent) rather than risk to the child, leads one to try to be more imaginative about findings ways to prevent, or at least minimise this separation. This is especially true when one bears in mind the fact that many of the children have several short-term admissions to Care and were then rarely placed again with the same caretaker as on a previous occasion.

If a single parent has to go into hospital, perhaps a peripatetic house-mother could move in with the children to preserve some continuity or a local family could be recruited to befriend the family and be a regular and consistent support at times of crisis. More effort may need to be made to explore members of the extended family who live at a distance but who could be persuaded to move in for a while, especially if their fares and expenses were reimbursed.

Day care and/or staff working at key but unsocial hours (e.g. getting up and going to bed times) may be needed to support a working father whose wife is temporarily incapacitated.

More intensive practical help may be required to help single fathers left alone to carry on coping, e.g. day care, practical help and instruction in the house, supportive families living nearby.

In all the above cases more easily available financial help (under Section 1 of the 1980 CCA) may be helpful. If resources were more available, it may be easier for the social workers to resist a request to receive the children into Care if they have a practical alternative to offer.

It has been seen that resources of a similar nature are also required to help children in Care to be rehabilitated home, and it was noted that there were some instances when only some of the resources assessed as being needed were available, e.g. financial help with outstanding debts, transport to day care facilities, adequate housing. In several cases, however, it was found that the parents were reluctant or unable to use the help which was available. There may have been some occasions when increased therapeutic skills - and the time to use them! - from the social worker might have achieved more change and the training (and time) to acquire these skills should be provided.

If admission to Care cannot be avoided then adequate resources to make the placement an appropriate form of help - and to minimise the harm from the separation - are required. There were clear gaps identified in the provision of foster homes - especially to accommodate siblings. Although the availability of a choice of resource was rarely recorded (not recorded in 67.6% of admissions), it was rarely available when a record was made (in only 15 out of 35 admissions). As already noted, children who were re-admitted to Care were frequently not placed in the same resource as on previous admissions (65.2% of those admitted to Care more than once). 20% of childred aged 5 and under were placed in a children's home despite the fact that this was against County policy. The examples suggested that this was because these children were at risk and had difficult, demanding or hostile parents and it was not felt foster parents could cope. 17.6% of the children admitted had to move to another interim placement following their initial one and all but one of these (16.7%) were because they had been initial stop-gap arrangements made in an emergency or the initial fostering arrangement had broken down. All these admissions were emergencies, most were siblings and in Care because they were at risk and their parents were unable to cope. 18.2% of children in foster homes were prematurely removed from this placement. These children were mostly admitted because one parent had deserted, was unable to cope or the child was at risk, and again the placements seemed more likely to break down if they were made in an emergency.

To summarise, more foster homes are needed who can accommodate siblings and cope with children admitted in an emergency because there is some element of risk and who may have parents who will present difficulties.

It is important that the foster parents can go on coping through the assessment and preparation stage to the next planned placement. Since such families are obviously not easy to find, a specific recruitment campaign with appropriate training, support, rates of pay and retainers are likely to be required. It may be that these families would also have a role to play supporting single parent families finding it difficult to cope.

Another placement resource identified as being difficult to find - and sustain once found - were long-term foster homes with the child retaining some contact with his natural parents. The question was asked as to whether this plan was realistic since it failed to materialise so often. There may have been occasions when this was so, but there must be times when a child cannot return to his natural parents (perhaps through the ill-health or life-style of the parent) and therefore needs a permanent stable family with whom to live, but still retains a relationship with one or both parents and wishes to have some contact. We should make more effort specifically to recruit people who can understand and respond to this need, but also to help natural parents to behave appropriately in this complicated set of relationships and not to undermine the day to day relationship between foster parent and child.

Planning.

Despite my initial assertions that the quality of recording would be reasonable in the Division and the fact that most of the social workers were qualified and the majority had three years or more experience, there are a number of instances of ill-defined plans and absence of recording in key areas. This is especially so with regard to social work visits to caretaker and child (which would be a failure of the Boarding Out Regulations 1955), problems that the children might have been displaying, and access from natural parents.

The social worker was unable to predict the length of the period in Care in 29.6% of the cases - which may be unavoidable when children at risk come into Care - but was also unable to predict the length of the initial placement in 19.4% of the admissions, which could have created anxiety for the caretaker and could lead to drift for the child. Children were not taken on an introductory visit to the caretaker in

49% of the admissions. In 32.3% of the cases the task of the caretaker was ill-defined in that they were asked to care for the child for a limited period without contributing to the assessment and with the outcome unknown (22.2%) or care for the child for an undefined period (10.1%). This was more likely to occur with foster parents since of the 18 children in care in foster homes for a limited period with the outcome unknown, only one foster parent was asked to contribute to the assessment, whereas for 9 of the 12 children in residential care for a similar period, the residential social workers were expected to participate in the assessment (see Table 30).

Similarly, 2 of the 11 children in care for an undefined period were in residential care and 7 in foster homes - with 2 in an 'other' placement. It was suggested in Part II, Chapter 5, section c), Table 109, that where the task of the caretaker was not specifically defined, the children were more likely to have further disrupted placements.

In 17.6% of the admissions it was not recorded whether or not the social worker had discussed with the caretaker the task expected of her and in 67.6% it was only recorded in a general and not a specific way. In 63.9% of admissions there was no formal case conference or discussion recorded about the plans for the child.

Parental access is another area which was not often enough specifically defined, despite the fact that it is considered crucial to the prospects of rehabilitation of the child and would be especially important in preserving the relationship with young children returning home. In 37% of admissions it was not recorded whether the caretakers expected access from parents. The Department are only recorded as refusing it in 1.8% of cases, but it was "encouraged but not defined" in 33.3% and there were "no specific expectations" in 25.9% of admissions. In the first two weeks of placement it was not recorded whether or not it took place in 25% of cases and none occurred in 19.4%; after the first two weeks there was no record for 23.3% of the 60 admissions lasting more than two weeks and no access for 18.3% of the 60 admissions. The importance of keeping the natural parent involved is further reinforced by the fact that there were several instances (13 or 12% of the total) when the natural parent was reluctant to discharge the child from care, despite the fact that the Department felt this to be in the child's interests.

I asked the question earlier about what prevents proper planning and recording, and the answer cannot be found in the data. I can speculate from experience that this could be due to too many demands on a generic social worker and insufficient priority given to this area of work; it could also be due to lack of knowledge on the part of the social worker and/or senior social worker, and perhaps insufficient specific monitoring by the senior of the work done.

If admission to Care cannot be prevented, the social worker should have an overall aim and set at least short-term goals and expectations of the natural parent and involve them throughout to keep the objectives to the forefront and prevent the child drifting in Care. The social worker should record these aims and objectives - with review dates - on the file and confirm the tasks and expectations of all in writing to the natural parents and caretaker.

The Department should ensure that social workers and senior social workers know what is required of them and provide in-service training and accessible and up to date guidelines to supply the knowledge and skills required. A system to monitor and review the standard of work expected should be established and maintained.

The question was also asked about the appropriate legal status of children admitted to Care. Although some of the research suggests an increased use of court orders, this data indicated that voluntary care was used in the majority of admissions, but that statutory orders could lead to a greater likelihood of permanence for the child. The social worker should always consider carefully the pros and cons of voluntary care against use of court. It must be better to be able to work co-operatively with the natural parents and more specific planning and objectives might enable that, but if this has been tried and failed the case for going to court may be clearer and it is important to protect the child by legal means if there is a case to do so.

Role and Tasks of the Caretaker.

The conclusions drawn so far indicate that caretakers were not often given specific tasks nor fully involved in the work of assessing children admitted to Care and this was far more likely to be so for foster parents than for residential social workers.

In 52 or 48.1% of cases the caretaker was asked to offer a defined period of relief and return the child to the natural parents. 46 of the 52 children for whom this was the plan were in foster homes. However, as already noted 24 or 22.2% of children were placed for a limited period with the outcome unknown and their caretaker not asked to contribute to the assessment and 17 of these 24 were in foster homes (4 in 'other' placements). The caretakers of 11 or 10.1% were asked to look after the children for an undefined period and 7 of these 11 were in foster homes. Social workers discussed the task with caretakers in a general way in 67.6% of cases or it was not recorded in 17.6%. Caretakers expected access from parents in 56.4% of cases but their expectation was not recorded in 37%.

Children are recorded as having one or more problems during the placement in 63% of the admissions - and in 59.7% of the children in foster homes. Despite this, only 11.7% of the foster parents received an enhanced fostering rate. Whether problems occurred is not recorded in 23.1% of the admissions. Where they are recorded, 18.4% of total are in 'other' category (e.g. illness, accidents, restlessness, anxiety) and 14.8% of total are aggression or hostility.

Social work contact with caretakers was not recorded in 21.3% of cases and given as 2 or 3 a week for 25.9%. For those remaining in Care after two weeks the social work visits are not recorded for 28.3% (of those still in Care) and about fortnightly for 25% (of those still in Care).

Parental visiting was weekly or more for 26.8% of admissions in the first two weeks and for 31.7% of those remaining in Care longer than two weeks. There was no formal case conference or discussion concerning plans for the child in 63.9% of admissions and a case conference took place without the caretaker in 22.2%. There are no examples of foster parents being involved in case conferences.

In 18.2% of the children placed in foster homes the child had to be removed prematurely and these had mostly been admitted in an emergency. The next placement for 66.7% of the children admitted was home to natural parents, mostly with continuing social services help.

So, foster parents were most likely to be asked to care for a child for

a period of a few weeks before his return home, though nearly a third were looking after the child with the outcome unknown, though not being asked to contribute to the assessment. They could expect to experience some 'problems' from the children in care and parental access was likely to be taking place although this was generally unspecified.

Research has acknowledged this to be an area of difficulty for foster parents. They were rarely given specific tasks and were never recorded as attending case conferences. It is not clear what level of social work support they received and it was unusual for them to be given an enhanced fostering rate. It would not be surprising if they felt undervalued and it does not seem that they were enabled to be used to full effect.

Foster parents should be helped tp play more of a key role in the assessment and preparation of children in Care. The data does not explain if they were not involved because they were not capable or because the Department did not give them the opportunity. However, it is reasonable to suppose that such expectations should be made clear to foster parents when recruited so that those unwilling could withdraw and the rest could be given proper training and support. This is likely to involve more staff time from someone knowledgeable in this area and skilled at teaching adults. It could be done in conjunction with residential social workers and family centre staff.

The Department should be enabling foster parents to understand that 'problems' are likely to be unavoidable from children separated from their parents, and often after traumatic experiences, and to be able to help the children with these. They should expect access from natural parents and be able to work closely with them to help the child return home and assist them with overcoming any problems that may have led to Care, and if possible continue supporting them once the children are home. Where necessary they should be able to work with the child to help to prepare him for an alternative substitute family, if appropriate with continuing parental contact.

Foster parents should be involved in the initial planning before the child enters Care and take part in initial introductions to the child and natural parent wherever possible. They should be given specific tasks appropriate to the reason for the Care episode and the plan and

should have a written programme for parental access. They should take their part in planning meetings and be helped to contribute appropriately. In order to do the above, care will need to be given to the recruitment of foster parents and proper training and support provided, and review of the foster parents' progress maintained. In the light of this renewed understanding of the tasks foster parents should be undertaking, the whole basis of foster parents' rates should be reconsidered so that they are appropriately remunerated.

## Foster Parents.

How, then, do these findings compare with the findings from the data on the foster parents who were used? Were there indicators that they would have expected or welcomed this level of participation if it had been invited? One of the difficulties in making comparisons was the lack of statistics held on foster parents, and the Department should keep a separate record of enquiries, those who withdraw, applications and assessments made, the drop-out at this stage, refusal of applications after assessment, those accepted and for what age, etc., the use made of foster parents for all ages, together with those who are unused and reasons for this, and the number who cease fostering - with reasons. I am aware that this is a small sample, but it has at least enabled a detailed look at examples from the files which has been useful since complex and multi-faceted components to each area of question have emerged. It has included all the families used for children in this age group during this period.

One of the original questions was were foster parents meeting the needs of the Department? There have already been a number of areas highlighted where there are gaps in the type of foster home, sufficient numbers, availability in emergencies and the role the foster parent could or was asked to play. Are the gaps reinforced by the examination of the individual foster parents?

## Profile of Foster Parents.

Over 40% of foster parents were in their 30's, 60.6% of them had been married for 11 years or more and 42.4% were in social class II. 78,8% had children at home - 72.7% had more than one child and 39.4% had one or two pre-school children. 60.6% of foster mothers were not in any form of employment, though 59.1% of married women aged 16-59 in

Broxbourne were economically active.

Given that houses these days are not over large, the presence of children in the family could make it more difficult to accommodate sibling groups - one of the gaps in provision. The admission of young children to Care could mean they would be close in age to the foster parents' own children and therefore competition could arise, especially if the foster child was disturbed and needing individual attention. It has been seen that most children showed some problems and many were admitted from experiences of breakdown in family relationships without being sure what the length or the outcome of the initial period in Care would be. It has also been noted that it is under these circumstances - where the child is disturbed and the placement indefinite - that difficulties can arise when foster children and own children are close in age. In addition, the foster parents have to be conscious of the effect upon their own children of the contact with foster children and natural parents if they are at an impressionable age and are exposed to distress, conflict, uncertainty and hostility.

If children from social class IV and V are admitted to Care and placed with families from social class II, they could be experiencing a different lifestyle, which might only be a matter of detail but could be yet another change for them to adjust to, especially if they are returning home again. It could also be uncomfortable for their parents when visiting.

When recruiting, attention has to be given to demographic trends. It may be that it is only women at home with young children who are free to foster now. An increasing number of women are working outside the home, but most pre-school children still have non-working mothers. Women are more and more working between marriage and the birth of their first child and returning to work once the children are at school (Rimmer, 1980). If this is the case, and the Department wishes to have at least some foster parents without pre-school children of their own, then fostering will need to be seen as an alternative to work - by making the fostering rate more competitive, or consideration given to recruiting foster mothers who do work and accepting that some form of supplementary day care will need to be arranged. This might also recruit more foster parents in social classes III, IV and V if income is a factor for them.

This may not deal with the difficulty of finding enough foster homes who can accommodate sibling groups and here the focus could be on recruiting couples who have retired from work and whose children have left home, leaving enough space for several children. Efforts to gain the co-operation of the housing department in making a few larger houses available for foster parents may also be worthwhile.

Expectations, Assessment & Experience.

It is always difficult to know what foster parents true motivations for entering fostering are. Sometimes this does not emerge until later through experience, and the foster parents may not have been fully aware of it themselves. 51.5% of the applicants had been interested in fostering babies or children up to 5 years for a short-term period. The age of the child is right, but did it include the realisation of the additional factors, now known, of the level of disturbance of some children, the involvement of the natural parents and the fact that some placements began with an undefined period, even if they ended within 8 weeks?

The motivation originally expressed by 39.4% was altruism or compassion for a child in need and by 30.3% the foster mother's wish to look after young children. The former were more likely to discontinue fostering after a period than the latter. Again, it would be important to establish that foster parents really did understand the task involved and were not just looking for a child focussed 'in loco parentis' role. In fact, 24.2% of the applicants had originally wanted to long-term foster or adopt a child, even though 6.2% of these were specifically applying to long-term foster a relative already placed with them short-term. These doubts about the understanding of the foster parents for their task are further reinforced by the fact that social workers had reservations following assessment in 36.4% of the applicants and the decision for 30.3% of them was that they should be accepted for uncomplicated placements only. 45.5% were accepted for more than one child (though 75.9% of the children admitted were with one or more siblings).

The social worker's reservations tended to be linked to difficulty in helping applicants envisage the problems fostering would involve, and concern about their ability to work with natural parents, e.g.:-

"They had a simplistic view of what fostering involves and tended to gloss over possible areas of difficulty in discussion."

"Unsure about how they would cope with very disturbed children who don't respond and difficult, disruptive parents."

"I wonder how she will be able to cope with really difficult children or, even more so, with difficult relationships with natural parents. I do not feel, until she comes face to face with them, she will understand any difficulties involved."

They were "very child centred; rather detached about natural parents ... they realise the ultimate goal is for the child to be returned to his home" ... but ... "she may find it annoying if a parent visited and constantly distressed any foster child in her care."

These quotes illustrate the doubts social workers had about the capacity of some foster parents to undertake the full task suggested as necessary in Part II.

The availability of foster homes in an emergency has been questioned. 21.2% of the foster homes in this sample had to be borrowed from outside the Division because there was no other foster home available. It has been seen that 17.6% of the children admitted had to be moved on to another interim placement because all but one was a 'stop-gap' (sometimes a children's home) arranged in an emergency or the foster home could not go on coping. Yet, despite this problem of foster home placements in emergencies, there was a delay of 5 months or more before 18.2% of the foster homes were used and 3-4 months before another 24.2% were used. This seems to indicate that some of these foster homes were not suitable to be used in the emergencies which arose.

66.6% of foster parents had a short-term placement of a child aged 0-5 for their first experience; 42.4% had more than one child placed and 63.6% of the placements were described as 'complicated' - cross-tabulation showed that some of these were foster parents accepted for 'uncomplicated' placements only.

The social workers described 57.6% of these placements as satisfactory,

had some reservations about 21.2% and the foster parents requested that the children be removed from 6.1%. It was the 'additional factors' associated with fostering problems from the children or natural parents which caused the concerns, and this seems to be especially so with caretakers recruited to look after specific children known to them.

27.3% of the foster parents did not continue to foster after their first placement.

6.1% of the foster parents had one and 33.3% more than one further placement in line with their acceptance to foster. 33.3% had a combination of further placements the same and different from what they were accepted to do. The social worker's comments on these placements were that 75% of those still fostering were satisfactory overall but a child had to be removed from 41.7% of those continuing to foster. This brought home the fact that all foster parents have personal limits and should not be pushed beyond these in emergencies. A further indicator that foster homes can change and need continual re-evaluation, was the effect a child born or adopted after commencement of fostering could have,- a detrimental effect on 63.6% of the occasions when it occurred.

23 (69.7%) of the 33 foster parents in the sample withdrew from fostering and this took place continually over the years regardless of their length of experience. 12 could be said to have withdrawn for personal reasons and 11 for factors associated with the fostering experience.

12 (36.4%) of the 33 foster parents had had a child removed at some stage, though not all withdrew for that reason. There seems to have been a number of contributory factors which came together rather than one related cause, but a number of influential themes are the disturbance of the foster child, unexpected difficulties in the placements and placements which go on longer than anticipated, and problems in working with natural parents.

The question was raised as to whether this continual turnover could be avoided. One could probably not avoid the withdrawal from those whose personal circumstances change but social workers need to keep alert to this to ensure these changes are known and foster homes are not continued to be used as though there is no change. When breakdowns occur because the Department has not properly evaluated the foster home

or assessed the change in it, or has misused it in an emergency, this could have been avoided and it is important that social workers do know what foster parents are capable of doing and do not push them beyond that. Nonetheless, it seems likely that there will still be a continuous loss and sustained recruitment needs to take place.

This summary of the experience of the individual foster parents used, though it can by no means answer all the questions raised, does seem to reinforce the gaps and doubts raised in the description of children admitted to Care. It seems clear that not all foster parents were meeting the needs of the Department, nor fully understanding - nor perhaps wanting - the task they should be being asked to undertake. What then are the implications for the Department from this and how can foster parents be found and retained who will meet the needs described?

Implications for Department.

The most common method by which these foster parents were recruited (apart from a relationship with a specific child) was "general awareness of fostering" - applicable for 24.2% of foster parents. The Department needs to keep a sustained programme going because of the continual loss, but this should be focussed more on the specific needs of children coming into Care. This need to be specific has been a recurring theme throughout this work. It applies to the reasons for decisions, the goals set, the plans made, and the communication made with and tasks asked of natural parents and caretakers.

The Department should clarify what it is looking for from foster parents, identify which groups of the population are more likely to respond to this, and find the most efficient way of approaching that group. What was the Department looking for? Here the identified resource gap has been foster homes who can care for sibling groups, cope in an emergency and on until the next planned placement, participate in the assessment of children admitted to Care from relationship breakdowns and work with natural parents and disturbed children to help them overcome their problems. However, we must remember that needs may change and we must keep up to date with the trends of children coming into Care and adapt accordingly. The Department should also keep in mind the resources required to prevent children being admitted to Care - especially with

regard to local support families - and incorporate these in recruitment campaigns. It is necessary to bear in mind the demographic trends and to be realistic and to find ways of compensating for these - as suggested earlier.

Which groups of people are likely to respond to these needs? Foster mothers who enjoy looking after dependent children often respond to requests for foster homes for handicapped children. But for the tasks identified here, one is likely to be looking for people who are interested in a challenge, like working as part of a professional team, find fulfillment in working with adults and children in difficulties and are adaptable and can cope with the impact all this will make on their homes and families.

Once the needs and the target groups have been identified, consideration should then be given to the methods required to convey this to the public, and knowledge and skills in the effective use of publicity is vital together with an efficient back up response to people who enquire. Only 12.1% of the applicants were visited within 2 weeks of their first enquiry. There needs to be a quick response from people with experience in the work who can talk to the applicants about what fostering entails. At this stage one also has to think about what the Department is offering applicants in return for this offer of their services. Since 19 families living in the Division were found to be fostering for London Boroughs, there may be an element of competition in this - especially remembering that more married women are working and that the rate childminders can ask is higher than the fostering rate. If we are going to ask more of foster parents than before, then it seems reasonable that we should offer them a commensurate reward for their services. The selection process could then be more stringent. Social workers need to have the skills in evaluating applicants' abilities, to be able to convey the task required fully and gain the confidence of applicants to share their real needs and expectations so that those who would not be suitable can be diverted to more appropriate occupations.

This work should be shared with experienced foster parents and residential social workers so that the reality of fostering, the skills required and the impact it will make on foster parents own families can be properly communicated. The foster parents in this sample had received various

areas of preparation - 30.3% had attended fostering meetings, 27.3% had had contact with other foster parents and 51.5% had some previous experience of looking after someone else's child, but this had not seemed to be sufficient in several cases. Very careful thought needs to be given to how to fully prepare foster parents for the work required of them.

In addition to the initial preparation, a proper group training programme is required for those foster parents taking on the more difficult tasks in relation to working with disturbed children and natural parents, led by those experienced in the work and skilled at teaching adults. This would develop and enhance the skills for which foster parents show potential, and could also serve as a continuing support group. The work pioneered by the NFCA in their 'Parenting Plus' course is relevant, but more input is probably required on understanding and working with disturbed children and adults, assessment skills, contribution to case conferences, etc.

Other forms of support are equally necessary and the importance of maintaining a regular and mutually trusting communication with each individual foster family has been emphasised in order to maintain their interest through times when they are not being used, and to keep alert to their personal changing circumstances which may alter what they have to offer to fostering at varying times. Each family will respond to different methods of support and development - some prefer individual attention, others like the mutual support of other foster parents and many enjoy the stimulus of multi-disciplinary groups and meetings. A variety of opportunities and techniques are required to service the mixture of families who will be needed. Social workers need to keep in tune with what is helpful and provide accordingly.

A regular and proper system to review how each family is progressing, what their individual needs in relation to the work are and what they are currently able and available to do, should be introduced and each foster family should have access to a social worker with specialist knowledge who is 'their' worker. This person could also be the one to ensure that foster parents interests are safeguarded and they are not misused in emergencies. The worker will need sufficient seniority and status to ensure this does not happen.

It is recognised that money is required to meet these suggestions - to pay appropriate rates, for publicity and response to recruitment, for training and support groups. However, the group of foster parents involved will probably not be large but the quality is important and the Department has to develop and sustain that. A child's future is a precious thing and all those involved in the responsibility for this must take it seriously. (Reeves 1980 page 124) :

> "We seem to be asking more of foster parents whilst giving less, and thus showing a basic ignorance of the complexity of the task".

Foster parents have an important part to play and must be given due regard in future.

## SUMMARY OF RECOMMENDATIONS

### 1. Prevention & Rehabilitation.

Resources are required -

a) To prevent need for admission to care e.g. peripatetic housemothers; local support families; day care; support staff working flexible hours at unsocial times; more imaginative use of 1980 Child Care Act, Section 1 money including financial support to the extended family.

b) To aid lasting rehabilitation of children from Care e.g. transport to day care; housing; financial support; therapeutic skills from social workers.

### 2. Planning for Children in Care.

a) Social workers should set the overall aim of the admission to care; the short term goals; the access and expectations of the natural parent and the tasks of the caretaker (both confirmed in writing).

b) These should be properly recorded and a review date set.

c) In-service training should be provided for social workers and senior social workers, backed up by guidelines on planning and recording, to ensure knowledge and skills related to children in Care are being taught and kept up to date.

d) The Department should introduce a system to monitor and review this work.

### 3. Legal Status.

The social worker should work co-operatively with the natural parent with more specific planning and objectives but, where this fails, children should be protected by legal means if necessary.

### 4. The Role of the Foster Parent.

Foster parents should play a more key role in the assessment and preparation of children in Care as follows:-

a) They should be involved in the initial planning for admission to Care and introduced to the child and natural parent ahead of time wherever possible.

b) They should be given specific tasks and a written programme for parental access.

c) They should expect contact with natural parents and should be enabled to work with them towards rehabilitation where appropriate, and support them once the children are home, if possible.

d) They should be enabled to understand the behaviour of children in Care and how to help them.

e) They should be able to prepare children for alternative substitute families, including long-term foster homes with natural parent contact, where appropriate.

f) They should be able to participate in planning meetings.

5. Types of Foster Homes Needed.

a) Sufficient numbers so there is a choice available for an appropriate match to be made to children and natural parents and so they can be available for after care and if the child is re-admitted to Care.

b) For sibling groups.

c) For children admitted in emergencies, especially if they are at risk, and from demanding or hostile parents, and able to go on coping to the next planned placement.

d) Able to work with disturbed children and with natural parents as part of a professional team.

e) To act as support families in prevention and rehabilitation.

f) Long-term foster homes with continuing contact from natural parents.

6. Recruitment of Foster Parents.

a) The Department should clarify what it is looking for from foster parents, keep up to date as needs change, and recruit specifically for its needs.

b) It should attend to demographic trends and incorporate the knowledge in campaigns - e.g. recruit for working mothers with suitable day care arrangements; unemployed; families in social classes III, IV and V; retired adults, whose children have left home, for siblings; co-operate with the housing department for larger houses for siblings.

c) Identify groups likely to be motivated to respond to needs.

d) Use up to date knowledge and skills in publicity.

7. Response.

a) Effective and speedy back-up response to enquiries from experienced staff and foster parents.

b) Offer a realistic fostering rate - which will compete with London Boroughs, as an alternative to employment, childminding rates, and to compensate foster parents for the complex tasks required of them.

8. Selection.

a) A skilled evaluation of applicants' real needs and expectations should be made.

b) Convey the task fully to applicants in conjunction with experienced foster parents and residential social workers - especially the impact fostering will have on the applicants' family.

c) Be more prepared to say "no" to unsuitable applicants and direct them to more appropriate tasks.

9. Training.

a) Provide a continuing programme, with experienced and specialist staff skilled in teaching adults, to introduce the skills and knowledge needed for the tasks foster parents will be required to undertake.

10. Support.

a) A specialist social worker should link with individual families to keep up to date with their personal circumstances and safeguard them against misuse.

b) Offer varied means of support to suit individual needs.

c) Consider a retainer for some foster homes.

d) Introduce a formal review system of each foster home.

11. Statistics.

a) The Department should keep a separate record of initial enquiries, those who withdraw, applications and assessments made, the drop-out rate, refusals after assessment, the number accepted and for what, use and non-use of foster homes, those who cease fostering and the reasons.

## INTRODUCTION TO THE TABLES.

N = 108 for Tables 1-118 unless otherwise stated.

N = 33 for Tables 119-213 unless otherwise stated.

Totals will be given where they are referred to in the text.

Where additional columns have been given to allow for more than one response to a question, these have been labelled a, b, c and d, as relevant, and are occasionally included in the cross-tabulations.

Abbreviations for Tables.

Accom. - Accompany.

Ad. - Adoption.

Applic. - Application.

Assess. & Prep. - Assessment and preparation.

Bet. sib. - Between siblings.

C.C. - Children's Centre.

C.H. - Children's Home.

Ch. - Child or children.

Conf. - Conference.

Contr. - Contract.

C.P.F.P. - Private Foster Parents (under Child Protection Regulations).

Exp. - Experience.

F.H. - Foster Home

F/Nightly - Fortnightly.

F.P. - Foster Parent.

Intro. - Introductory.

L/T - Long-term.

N.A. - Not applicable.

N. K. - Not known.

N.P. - Natural Parents.

Perm. - Permanent.

Prel. Cont. - Preliminary contact.

Prem. - Premature.

Prep. - Preparation.

Puerp. - Puerperal.

Rel. - Relative.

Req. - Request.

S/C - Social class.

S.E.C. - Someone else's child.

S.P. - Single Parent.

SSD - Social Services Department.

S/T Pl. - Short-term placement.

Subst. - Substitute.

S.W. - Social Worker.

Unsatis. - Unsatisfactory.

## TABLES - PART II CHAPTER 1. (TABLES 1-15).

(1) Age of Child.

| Age | Number | % |
|---|---|---|
| 0 - 1 | 31 | (28.7) |
| 2 - 3 | 27 | (25.0) |
| 4 - 5 | 22 | (20.4) |
| 6 - 7 | 18 | (16.6) |
| 8 - 9 | 10 | (9.2) |

(2) Sibling in Care.

| | a) | % |
|---|---|---|
| Not used | - | - |
| No | 21 | (19.4) |
| Yes - Full sibling same time | 71 | (65.7) |
| Yes - Half sibling same time | 11 | (10.2) |
| Yes - Full sibling different time | 1 | (0.9) |
| Yes - Half sibling different time | 4 | (3.7) |
| Not known | - | - |
| Total | 108 | |

(3) Other Siblings in This Sample. (Full & Half)

| | | % |
|---|---|---|
| No | 29 | (26.8) |
| Yes - 1 | 50 | (42.2) |
| Yes - 2 | 29 | (26.8) |

(4) Family Composition from which child admitted.

| | No. | % |
|---|---|---|
| Original natural parents | 38 | (35.2) |
| Own parent & step-parent/co-habitie | 12 | (11.1) |
| Single parent - Mother | 40 | (37.0) |
| Single parent - Father | 13 | (12.0) |
| Other relatives | 2 | (1.8) |
| Non-related adults | 2 | (1.8) |
| Other | 1 | (0.9) |

(5) Previous Knowledge in Division.

| | | % |
|---|---|---|
| Yes - open case | 96 | (88.9) |
| Yes - closed case | 6 | (5.5) |
| No | 5 | (4.6) |
| Other | 1 | (0.9) |

(6) Reason for Admission.

| | a) | % | b) | % | c) | % |
|---|---|---|---|---|---|---|
| Post puerperal depression. | 1 | ( 0.9) | - | - | - | - |
| Mother unwell or in hospital through pregnancy. | 12 | (11.0) | - | - | 1 | (0.9) |
| Parent ill or in hospital, other parent unable to cope or single parent. | 18 | (16.6) | 2 | (1.8) | - | - |
| Single parent - other problems. | 8 | (7.4) | 3 | (2.8) | 3 | (2.7) |
| Deserted by parent - other unable to cope or marital breakdown. | 17 | (15.7) | 4 | (3.7) | 2 | (1.8) |
| Parents unable to cope with child. | 24 | (22.2) | 14 | (12.9) | 3 | (2.7) |
| Child at risk from injury or neglect from parents. | 23 | (21.2) | 21 | (19.4) | 4 | (3.7) |
| Child handicapped - rejected by parents. | 1 | (0.9) | - | - | - | - |
| Other. | 4 | (3.7) | 20 | (18.5) | 17 | (15.7) |
| Not used. | - | - | 44 | (40.7) | 78 | (72.2) |

Family Composition.

| Reason for Admission (a & b) | Natural Parents | | Parents & step-parent | | Single mother | | Single father | | Other relatives | | Non related | | Other | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| Not used. | - | 18 | - | - | - | - | - | - | - | - | - | - | - | - |
| Post-peurp. depression. | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Pregnancy - mother unwell or ill in hospital. | - | - | 2 | - | 10 | - | - | - | - | - | - | - | - | - |
| Parent ill/in hospital. | 14 | 2 | - | - | 2 | - | 1 | - | 1 | - | - | - | - | - |
| S.P. other problems. | - | - | - | - | 5 | - | 2 | 2 | 1 | - | - | - | - | 1 |
| Parent deserts - other unable to cope. | - | - | 1 | - | 6 | 4 | 10 | - | - | - | - | - | - | - |
| Parent(s) unable to cope. | 11 | 2 | 2 | 4 | 8 | 6 | - | 2 | - | - | 2 | - | 1 | - |
| Child at risk of injury/neglect | 9 | 10 | 7 | 1 | 7 | 9 | - | - | - | 1 | - | - | - | - |
| Child handicapped - rejected by parents. | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other. | 2 | 6 | - | 3 | 2 | 5 | - | 3 | - | 1 | - | 2 | - | - |

(8) Cross-Tabulation of Sibling in Care by Reason for Admission.

Reason for Admission.

| Sibling in Care. | Post-puerp. depress-ion. | Pregnancy | Illness. | Single parent-other. | Desert-ion/ marital. | Parent unable to cope. | Child at risk. | Child handi-capped. | Other. | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| Not used. | - | - | - | 1 | - | - | 1 | - | - | 2 |
| No. | 1 | 2 | 1 | 1 | 2 | 7 | 4 | 1 | - | 19 |
| Yes - full sibling same time. | - | 8 | 15 | 5 | 13 | 14 | 12 | - | 4 | 71 |
| Yes - half sibling same time. | - | 1 | 2 | 1 | 2 | 1 | 4 | - | - | 11 |
| Yes - full sibling different time. | - | - | - | - | - | 1 | - | - | - | 1 |
| Yes - half sibling different time. | - | 1 | - | - | - | 1 | 2 | - | - | 4 |
| Not known. | - | - | - | - | - | - | - | - | - | - |
| Total | 1 | 12 | 18 | 8 | 17 | 24 | 23 | 1 | 4 | |

(9) Cross-Tabulation of Other Siblings in This Sample by Reason for Admission.

Reason for Admission.

| Other Siblings in this sample. | Post-puerp. depression. | Pregnancy | Illness | Single parent other | Desertion /marital | Parent unable to cope | Child at risk. | Child handi-capped. | Other. | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| No. | 1 | 4 | 3 | 3 | 3 | 8 | 6 | 1 | - | 29 |
| Yes - 1. | - | 4 | 12 | 5 | 5 | 7 | 15 | - | 2 | 50 |
| Yes - 2. | - | 4 | 3 | - | 9 | 9 | 2 | - | 2 | 29 |
| Yes - 3+. | - | - | - | - | - | - | - | - | - | - |
| Total | 1 | 12 | 18 | 8 | 17 | 24 | 23 | 1 | 4 | |

(10) Children 0-9 who came into care during 12 months ended 31st March 1981.

Reason for entering care episodes by age band.

| Reason for entering care. S.2. C.C. Act 1980. | Age. England Total 0-9 | England Under 1 | England 1-4 | England 5-9 | H.C.C. Total 0-9 | H.C.C. Under 1 | H.C.C. 1-4 | H.C.C. 5-9 |
|---|---|---|---|---|---|---|---|---|
| Short-term illness parent/guardian. | 5,744 | 827 | 2,632 | 2,285 | 94 | 9 | 43 | 42 |
| Long-term illness or incapacity. | 359 | 88 | 111 | 160 | 6 | - | 2 | 4 |
| Confinement of Mother. | 1,142 | 51 | 710 | 381 | 19 | 2 | 10 | 7 |
| Family homeless. | 368 | 84 | 163 | 121 | 2 | - | 1 | 1 |
| Parents dead, no guardian. | 48 | 8 | 9 | 31 | - | - | - | - |
| Abandoned or lost. | 439 | 101 | 201 | 137 | 1 | 1 | - | - |
| Death of parent. | 134 | 17 | 48 | 69 | - | - | - | - |
| Deserted by parent. | 2,321 | 990 | 784 | 547 | 34 | 15 | 8 | 11 |
| Parent/guardian in prison. | 518 | 64 | 231 | 223 | 1 | - | - | 1 |
| Unsatisfactory home conditions. | 2,383 | 462 | 978 | 943 | 1 | - | 3 | 8 |
| Other. | 3,522 | 911 | 1,158 | 1,453 | 85 | 21 | 20 | 44 |
| Total | 16,978 | 3,603 | 7,025 | 6,350 | 253 | 48 | 87 | 118 |
| In care under orders. | 4,474 | 1,057 | 1,679 | 1,738 | 60 | 11 | 33 | 16 |
| Total | 21,452 | 4,660 | 8,704 | 8,088 | 313 | 59 | 120 | 134 |

D.H.S.S. National figures for England and Wales.

D.H.S.S. figures for H.C.C.

D.H.S.S. Personal Social Services Local Authority Statistics. Children in the care of the Local Authority year ending 31.3.81 for Hertfordshire and England. (A/F81/12).

(11) Legal Status.

| | | |
|---|---|---|
| Voluntary | 85 | (78.7%) |
| Place of Safety | 21 | (19.4%) |
| Care Order | - | - |
| Other Court Orders | 2 | (1.8%) |

(12) Cross-Tabulation of Reason for Admission (a,b, & c,) by Legal Status.

| | Legal Status. | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Voluntary | | | Place of Safety | | | Care Order | | | Other Court Orders | | |
| | a. | b. | c. | a. | b. | c. | a. | b. | c. | a. | b. | c. |
| Reason for Admission. | | | | | | | | | | | | |
| Post puerperal depression | 1 | - | - | - | - | - | - | - | - | - | - | - |
| Pregnancy | 12 | - | 1 | - | - | - | - | - | - | - | - | - |
| Illness | 18 | 2 | - | - | - | - | - | - | - | - | - | - |
| Single parent - other | 8 | 3 | - | - | - | 3 | - | - | - | - | - | - |
| Desertion/marital problems | 15 | - | 2 | - | 4 | - | 2 | - | - | 2 | - | - |
| Parent unable to cope with child | 20 | 8 | 1 | 4 | 4 | 2 | - | - | - | - | 2 | - |
| Child at risk | 6 | 17 | 4 | 17 | 4 | - | - | - | - | - | - | - |
| Child handicapped - rejected | 1 | - | - | - | - | - | - | - | - | - | - | - |
| Other | 4 | 15 | 12 | - | 5 | 3 | - | - | - | - | - | 2 |
| Not used | - | 40 | 65 | - | 4 | 13 | - | - | - | - | - | - |
| Total col. a) | 85 | - | - | 21 | - | - | 2 | - | - | 2 | - | - |

(13) Previously in Care.

| | | |
|---|---|---|
| Yes | 46 | (42.6%) |
| No | 61 | (56.5%) |
| Not Known | 1 | (0.9%) |

(14) Number of Previous Admissions to Care.

| | | |
|---|---|---|
| 0 or not known | 62 | (57.4%) |
| 1 | 20 | (18.5%) |
| 2 | 16 | (14.8%) |
| 3 | 5 | (4.6%) |
| 4 | 2 | (1.8%) |
| 5 | 2 | (1.8%) |
| 6 | 1 | (0.9%) |

(15) Number of Admissions to Care in This Sample per child.

| | Children | % | Admission |
|---|---|---|---|
| One | 52 | (68.4) | 52 |
| Two | 18 | (23.7) | 36 |
| Three | 4 | (5.3) | 12 |
| Four | 2 | (2.6) | 8 |
| | 76 | (100) | 108 |

## PART II - CHAPTER 2: TABLES 16-39.

(16) Experience of Social Worker at Admission.

| | | |
|---|---|---|
| Untrained - less than 2 years experience | 4 | (3.7%) |
| Untrained - more than 2 years experience | 2 | (1.8%) |
| Trained - 0-12 months experience | 5 | (4.6%) |
| Trained - 1-2 years experience | 35 | (32.4%) |
| Trained - 3 years+ experience | 62 | (57.4%) |

(17) Expected Length of Period in Care.

| | | | | |
|---|---|---|---|---|
| 7 days or less | 11 | ] | (10.1%) | ] |
| 1-2 weeks (14 days) | 19 | ] 58 | (17.6%) | ] 53.5% |
| 2-8 weeks | 28 | ] | (25.9%) | ] |
| 2-6 months | 7 | | (6.5%) | |
| 7-12 months | - | | - | |
| Longer than 1 year | 2 | | (1.8%) | |
| Long term | 5 | | (4.6%) | |
| Permanent | 4 | | (3.7%) | |
| Not known | 32 | | (29.6%) | |

(18) Expected Length of Initial Placement.

| | | | | |
|---|---|---|---|---|
| 7 days or less | 17 | ] | (15.7%) | ] |
| 1-2 weeks (14 days) | 19 | ] 76 | (17.6%) | ] 70.3% |
| 2-8 weeks | 40 | ] | (37.0%) | ] |
| 2-6 months | 9 | | (8.3%) | |
| 7-12 months | - | | - | |
| Longer than 1 year | - | | - | |
| Long term | 2 | | (1.8%) | |
| Permanent | - | | - | |
| Not known | 21 | | (19.4%) | |

(19) Cross-Tabulation of Initial Placement by Expected Length of Period in Care.

| Expectation Initial Placement. | Expectation Period in Care. | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 7 days or less | 8-14 days | 2 - 8 weeks | 2 - 6 months | 1 year + | Long term | Permanent | Not known |
| 7 days or less | 11 | - | 2 | - | 1 | - | - | 3 |
| 8-14 days | - | 19 | - | - | - | - | - | - |
| 2-8 weeks | - | - | 26 | - | - | - | - | 14 |
| 2-6 months | - | - | - | 7 | - | 1 | 1 | - |
| 1 year+ | - | - | - | - | - | - | - | - |
| Long term | - | - | - | - | - | - | 2 | - |
| Permanent | - | - | - | - | - | - | - | - |
| Not known | - | - | - | - | 1 | 4 | 1 | 15 |

(20) Cross-Tabulation of Length of Placement by Expected Length of Initial Placement.

Expected Length of Initial Placement.

| Length of Placement. | 7 days or less | 8 - 14 days | 2 - 8 weeks | 2 - 6 months | 7 - 12 months | 1 year plus | Long term | Permanent | Not known |
|---|---|---|---|---|---|---|---|---|---|
| 7 days or less | 13 | 3 | 2 | - | - | - | 1 | - | 8 |
| 8-14 days | 2 | 9 | 9 | 1 | - | - | - | - | - |
| 2-8 weeks | - | 7 | 29 | - | - | - | - | - | 1 |
| 2-6 months | - | - | - | 7 | - | - | - | - | 4 |
| 7-12 months | 2 | - | - | 1 | - | - | - | - | 2 |
| 1 year+ outcome uncertain | - | - | - | - | - | - | 1 | - | 2 |
| 1 year+ outcome expected to be permanent | - | - | - | - | - | - | - | - | 4 |
| Unknown | - | - | - | - | - | - | - | - | - |

(21) Cross-Tabulation of Expectation Task of Caretaker by Expected Length of Initial Placement.

| Expectation Task of Caretaker. | Expected Length of Initial Placement. | | | | | |
|---|---|---|---|---|---|---|
| | 7 days or less | 8 - 14 days | 2 - 8 weeks | 2 - 6 months | Long term | Not known |
| Defined relief and return to parents. | 9 | 18 | 23 | 2 | - | - |
| Care for limited period - outcome unknown. | 5 | - | 14 | - | - | 5 |
| Assessment limited period - outcome unknown. | 1 | - | 3 | 2 | - | 4 |
| Assessment and preparation for long term substitute care. | 1 | - | - | 2 | - | 4 |
| Care for undefined period. | - | - | - | 3 | - | 8 |
| Care long-term or permanent. | - | - | - | - | 2 | - |
| Other. | 1 | 1 | - | - | - | - |
| Not known. | - | - | - | - | - | - |

(22) Preferred Resource for Initial Placement.

| | a) | | b) | |
|---|---|---|---|---|
| Day Care | 3 | (2.7%) | 6 | (5.5%) |
| Foster Home - all siblings | 58 | (53.7%) | - | - |
| Foster Home - contact between siblings | 3 | (2.7%) | - | - |
| Foster Home | 17 | (15.7%) | 1 | (0.9%) |
| Children's Home - all siblings | 6 | (5.5%) | 3 | (2.7%) |
| Children's Home | 4 | (3.7%) | - | - |
| Long-term substitute family | 3 | (2.7%) | - | - |
| Other | 8 | (7.4%) | 24 | (22.2%) |
| Not recorded | 6 | (5.5%) | - | - |
| Not used | - | - | 74 | (68.5%) |

(23) Was a Choice Available?

| | | |
|---|---|---|
| Yes | 6 | (5.5%) |
| No | 20 | (18.5%) |
| Partial choice | 4 | (3.7%) |
| Not needed | 5 | (4.6%) |
| Not recorded | 73 | (67.6%) |

(24) Resource Used.

| | a) | | b) | |
|---|---|---|---|---|
| Day Care | - | - | | - |
| Foster Home - all siblings | 46 | (42.6%) | - | - |
| Foster Home - contact between siblings | 3 | (2.7%) | - | - |
| Foster Home | 26 | (24.0%) | - | - |
| Children's Home - all siblings | 15 | (13.8%) | - | - |
| Children's Home | 9 | (8.3%) | 1 | (0.9%) |
| Long-term substitute family | 2 | (1.8%) | - | - |
| Other | 7 | (6.4%) | 15 | (13.8%) |
| Not recorded | - | - | - | - |
| Not used | - | - | 83 | (76.8%) |

(25) Cross-Tabulation of Resource Used by Preferred Resource.

Preferred Resource.

| Resource Used. | Day Care | FH. all siblings | FH. cont. bet.sibs. | F.H. | CH. all siblings | C.H. | L/T sub. family | Other | Not recorded |
|---|---|---|---|---|---|---|---|---|---|
| Day Care | - | - | - | - | - | - | - | - | - |
| F.H. - all siblings | - | 46 | - | - | - | - | - | - | - |
| F.H. - contact between siblings | - | 1 | 2 | - | - | - | - | - | - |
| F.H. | 1 | 4 | 1 | 16 | - | 1 | 1 | 2 | - |
| C.H. - all siblings | - | 6 | - | - | 6 | - | - | - | 3 |
| C.H. | 2 | 1 | - | 1 | - | 3 | - | - | 2 |
| L/T substitute family | - | - | - | - | - | - | 2 | - | - |
| Other | - | - | - | - | - | - | - | 6 | 1 |

(26) Was the same resource used as last time if not first placement in Care?

| | | |
|---|---|---|
| Not applicable | 61 | (56.4%) |
| Yes | 16 | (14.8%) |
| No | 28 | (25.9%) |
| No but used previously | 2 | (1.8%) |
| Not known | 1 | (0.9%) |

(27) Cross Tabulation of Resource Used by Age of Child.

| Resource Used. | Age of Child. 0 - 1 | 2 - 3 | 4 - 5 | 6 - 7 | 8 - 9 |
|---|---|---|---|---|---|
| F.H. - all siblings | 10 | 16 | 6 | 12 | 2 |
| F.H. - contact between siblings | 1 | - | 1 | 1 | - |
| F.H. | 13 | 6 | 7 | - | - |
| C.H. - all siblings | 2 | 3 | 4 | 2 | 4 |
| C.H. | 3 | 1 | 3 | 1 | 1 |
| L/T substitute family | - | - | - | - | 2 |
| Other | 2 | 1 | 1 | 2 | 1 |

(28) Expectation of Task of Caretaker.

| | | |
|---|---|---|
| 1) Defined period of relief and return to natural parents. | 52 | (48.1%) |
| 2) Care for child for limited period - outcome unknown. | 24 | (22.2%) |
| 3) Assessment for limited period - outcome unknown. | 10 | (9.2%) |
| 4) Assessment of child and preparation for appropriate form of long-term substitute care. | 7 | (6.4%) |
| 5) Care for child for undefined period. | 11 | (10.1%) |
| 6) Care for child long-term or permanently. | 2 | (1.8%) |
| 7) Other. | 2 | (1.8%) |
| 8) Not known. | - | - |

(29) Did Social Worker discuss task with Caretaker?

| | | |
|---|---|---|
| Yes - in a general way | 73 | (67.6%) |
| Yes - specifically | 16 | (14.8%) |
| No | - | - |
| Not known | 19 | (17.6%) |

(30) Cross-Tabulation of Resource Used by Expectation of Task of Caretaker.

Expectation of Task of Caretaker.

| Resource Used. | Defined relief return NP | Care - outcome unknown | Assess- outcome unknown | Assess & prep. L/T care. | Care - undefined period. | Care - L/T or permanent | Other | Not known | |
|---|---|---|---|---|---|---|---|---|---|
| F.H. - all siblings | 32 | 10 | - | - | 4 | - | - | - | 46 |
| F.H. - contact between siblings | - | 3 | - | - | - | - | - | - | 3 |
| F.H. | 14 | 4 | 1 | 3 | 3 | - | 1 | - | 26 |
| C.H. - all siblings | 4 | 2 | 6 | 3 | - | - | - | - | 15 |
| C.H. | 2 | 1 | 3 | - | 2 | - | 1 | - | 9 |
| L/T substitute family | - | - | - | - | - | 2 | - | - | 2 |
| Other | - | 4 | - | 1 | 2 | - | - | - | 7 |
| Total | 52 | 24 | 10 | 7 | 11 | 2 | 2 | - | |

(31) Did Caretaker expect access from & contact with Natural Parent?

| | | |
|---|---|---|
| Yes | 61 | (56.4%) |
| No | 7 | (6.4%) |
| Not known | 40 | (37.0%) |

(32) Cross-Tabulation: Did Caretaker expect access from Natural Parent by Department's expectations of parental contact with child.

Department's expectations of access.

| Did Caretaker expect access? | Controlled Contact | Planned part of contract for care | Initial planned cont.later refused | Refused before contacts made | No specific expectations | Contact encouraged but not defined | Initially refused - later allowed | Other | Not recorded |
|---|---|---|---|---|---|---|---|---|---|
| Yes | 13 | 11 | 1 | - | 2 | 31 | - | 3 | - |
| No | - | - | - | 1 | 2 | - | 1 | 3 | - |
| Not known | 6 | - | - | - | 24 | 5 | 2 | 2 | 1 |

(33) Cross-Tabulation: Did Caretaker expect access by Expectation of Task of Caretaker.

Expectation of Task of Caretaker.

| Did Caretaker expect access? | Defined relief & return N.P. | Care - outcome unknown. | Assess. - outcome unknown. | Assess. & prep. L/T care. | Care - undefined period. | Care - L/T or permanent. | Other. |
|---|---|---|---|---|---|---|---|
| Yes | 26 | 13 | 6 | 5 | 10 | - | 1 |
| No | 2 | - | - | 1 | 1 | 2 | 1 |
| Not known | 24 | 11 | 4 | 1 | - | - | - |

(34) Was Child Taken on Introductory Visit?

| | | |
|---|---|---|
| Yes | 21 | (19.4%) |
| No | 53 | (49.0%) |
| No but familiar placement | 25 | (23.1%) |
| No but some preliminary contact made | 2 | (1.8%) |
| Not known | 7 | (6.4%) |

(35) Were Natural Parents Taken on an Introductory Visit?

| | | |
|---|---|---|
| Yes | 23 | (21.3%) |
| No | 40 | (37.0%) |
| No but some preliminary contact made | 17 | (15.7%) |
| Accompanied Social Worker on placement | 15 | (13.8%) |
| Other | 5 | (4.6%) |
| Not known | 8 | (7.4%) |

(36) Cross- Tabulation: Reason for Admission (a & b) by Was Child Taken On An Introductory Visit?

| Reason for Admission. | Was Child Taken on an Introductory Visit? | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Yes | | No | | Familiar placement | | No but some prel.cont. | | Not known | |
| | a | b | a | b | a | b | a | b | a | b |
| Post puerperal depression. | - | - | 1 | - | - | - | - | - | - | - |
| Pregnancy. | 6 | - | 4 | - | 2 | - | - | - | - | - |
| Illness. | 2 | - | 5 | 2 | 7 | - | - | - | 4 | - |
| Single parent - other reason. | 2 | 2 | 4 | 1 | 2 | - | - | - | - | - |
| Desertion/marital. | 8 | - | 7 | 2 | 2 | 2 | - | - | - | - |
| Parents unable to cope. | 3 | 1 | 12 | 11 | 8 | 1 | - | - | 1 | - |
| Child at risk. | - | 2 | 18 | 12 | 4 | 6 | 1 | - | - | 1 |
| Child handicapped. | - | - | - | - | - | - | 1 | - | - | - |
| Other. | - | 5 | 2 | 8 | - | 7 | - | - | 2 | - |
| Not used. | - | 11 | - | 17 | - | 9 | - | - | - | 6 |

(37) Cross Tabulation: Reason for Admission (a & b) by Were Natural Parents Taken on an Introductory Visit?

Were Natural Parents Taken on an Introductory Visit?

| Reason for Admission. | Yes | | No | | No - some prel.cont. | | Accom.S.W. on place-ment. | | Other. | | Not Known. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) |
| Post puerperal depression. | - | - | 1 | - | - | - | - | - | - | - | - | - |
| Pregnancy. | 6 | - | 2 | - | 2 | - | 1 | - | 1 | - | - | - |
| Illness. | 3 | - | 6 | 2 | 3 | - | 1 | - | - | - | 5 | - |
| Single parent - other reasons. | 2 | 2 | 4 | 1 | 2 | - | - | - | - | - | - | - |
| Desertion/marital. | 7 | - | 2 | 2 | 1 | - | 5 | - | 1 | 2 | 1 | - |
| Parents unable to cope. | 3 | - | 9 | 6 | 6 | 1 | 3 | 5 | 1 | 1 | 2 | 1 |
| Child at risk. | - | 3 | 13 | 6 | 3 | 6 | 5 | 5 | 2 | - | - | 1 |
| Child handicapped. | - | - | 1 | - | - | - | - | - | - | - | - | - |
| Other. | 2 | 4 | 2 | 8 | - | 3 | - | 2 | - | 2 | - | 1 |
| Not used. | - | 14 | - | 15 | - | 7 | - | 3 | - | - | - | 5 |

(38) Cross Tabulation: Were Natural Parents Taken on an Introductory Visit by Legal Status.

| Were Natural Parents Taken on an Introductory Visit? | Legal Status. Voluntary | Place of Safety | Other Court Orders |
|---|---|---|---|
| Yes. | 23 | - | - |
| No. | 24 | 15 | 1 |
| No - but some preliminary contact. | 14 | 3 | - |
| Accompanied Social Worker on placement. | 14 | 1 | - |
| Other. | 2 | 2 | 1 |
| Not known. | 8 | - | - |

(39) Cross Tabulation: Were Natural Parents Taken on an Introductory Visit by Experience of Social Worker.

Experience of Social Worker.

| N.P. Taken on Introd. Visit? | Untrained less than 2 yrs. exp. | Untrained 2 yrs. plus exp. | Trained 0 - 1 yrs. exp. | Trained 2 - 3 yrs. exp. | Trained 3 yrs. plus exp. | Other | Total |
|---|---|---|---|---|---|---|---|
| Yes | 2 | - | 2 | 10 | 9 | - | 23 |
| No | - | 2 | 3 | 9 | 26 | - | 40 |
| No but some prel.contact | 2 | - | - | 8 | 7 | - | 17 |
| Accom. S.W. on placement | - | - | - | 6 | 9 | - | 15 |
| Other | - | - | - | 1 | 4 | - | 5 |
| Not known | - | - | - | 1 | 7 | - | 8 |
| Total | 4 | 2 | 5 | 35 | 62 | - | 108 |

(40) Length of Placement.

| | | | | |
|---|---|---|---|---|
| 7 days or less | 27 ] | | (25.0%) ] | |
| 8-14 days | 21 ] 85 | | (19.4%) ] | 78.6% |
| 2-8 weeks | 37 ] | | (34.2%) ] | |
| 2-6 months | 11 | | (10.1%) | |
| 7-12 months | 5 | | (4.6%) | |
| 1 year + outcome uncertain | 3 | | (2.7%) | |
| 1 year + outcome expected to be permanent. | 4 | | (3.7%) | |
| Unknown. | - | | - | |

(41) Cross-Tabulation: Length of Placement by Expectation of Task of Caretaker.

Expectation of Task of Caretaker.

| Length of Placement. | Defined relief -> to N.P. | Care - outcome unknown. | Assess - outcome unknown. | Assess. & prep. for L/T care. | Care - undefined period. | Care - L/T or perm. | Other. | |
|---|---|---|---|---|---|---|---|---|
| 7 days or less. | 10 | 8 | 5 | - | 3 | 1 | - | 27 |
| 8-14 days. | 18 | 1 | 1 | - | - | - | 1 | 21 |
| 2-8 weeks. | 22 | 13 | 1 | - | 1 | - | - | 37 |
| 2-6 months. | 2 | - | 1 | 2 | 6 | - | - | 11 |
| 7-12 months. | - | - | - | 4 | - | - | 1 | 5 |
| 1 yr. plus outcome unknown. | - | - | 1 | 1 | - | 1 | - | 3 |
| 1 yr. plus outcome permanent. | - | 2 | 1 | - | 1 | - | - | 4 |
| Total | 52 | 24 | 10 | 7 | 11 | 2 | 2 | 108 |

(42) Cross-Tabulation: Reason for Admission by Length of Placement.

Length of Placement.

| Reason for Admission. | 7 days or less. | 8 - 14 days. | 2 - 8 weeks. | 2 - 6 months. | 7 - 12 months. | 1 yr. + outcome unknown. | 1 yr. + outcome permanent. | Total |
|---|---|---|---|---|---|---|---|---|
| Post-puerperal depression. | - | 1 | - | - | - | - | - | 1 |
| Pregnancy. | 4 | 3 | 5 | - | - | - | - | 12 |
| Illness. | 5 | 7 | 6 | - | - | - | - | 18 |
| Single parent - other reasons. | - | 3 | 4 | - | - | - | 1 | 8 |
| Desertion/marital. | 4 | 4 | 2 | 6 | - | 1 | - | 17 |
| Parents unable to cope. | 4 | 1 | 9 | 4 | 1 | 2 | 3 | 24 |
| Child at risk. | 8 | - | 11 | - | 4 | - | - | 23 |
| Child handicapped. | - | - | - | 1 | - | - | - | 1 |
| Other. | 2 | 2 | - | - | - | - | - | 4 |
| Not used. | - | - | - | - | - | - | - | - |
| Total | 27 | 21 | 37 | 11 | 5 | 3 | 4 | |

(43) Cross Tabulation: Resource Used by Length of Placement.

Length of Placement.

| Resource Used. | 7 days or less. | 8 - 14 days. | 2 - 8 weeks. | 2 - 6 months. | 7 - 12 months. | 1 yr. + outcome unknown. | 1 yr. + outcome permanent. |
|---|---|---|---|---|---|---|---|
| F.H. - all siblings. | 11 | 15 | 16 | 4 | - | - | - |
| F.H. - contact between siblings. | - | 1 | 2 | - | - | - | - |
| F.H. | 6 | 3 | 11 | 3 | 1 | - | 2 |
| C.H. - all siblings. | 6 | 1 | 5 | - | 2 | 1 | - |
| C.H. | 2 | 1 | 1 | 3 | 1 | 1 | - |
| L/T substitute family. | 1 | - | - | - | - | 1 | - |
| Other. | 1 | - | 2 | 1 | 1 | - | 2 |
| Total. | 27 | 21 | 37 | 11 | 5 | 3 | 4 |

(44) Cross-Tabulation of Length of Placement by Age of Child.

| Length of Placement. | Age of Child. 0 - 1 | 2 - 3 | 4 - 5 | 6 - 7 | 8 - 9 |
|---|---|---|---|---|---|
| 7 days or less. | 10 | 5 | 7 | 4 | 1 |
| 8 - 14 days. | 7 | 7 | 3 | 2 | 2 |
| 2 - 8 weeks. | 8 | 11 | 7 | 8 | 3 |
| 2 - 6 months. | 3 | 1 | 2 | 3 | 2 |
| 7 - 12 months. | 2 | 2 | 1 | - | - |
| 1 yr. + outcome unknown. | - | - | 1 | - | 2 |
| 1 yr. + outcome expected to be permanent. | 1 | 1 | 1 | 1 | - |
| Unknown. | - | - | - | - | - |

(45) How quickly did Social Worker contact Caretaker after placement?

| | | |
|---|---|---|
| Within 2 days | 56 | (51.8%) |
| 3 - 7 days | 23 | (21.3%) |
| 1 - 2 weeks. | 4 | (3.7%) |
| Not within 2 weeks | 2 | (1.8%) |
| Other. | 3 | (2.7%) |
| Not known. | 20 | (18.5%) |

(46) Cross-Tabulation of Resource Used by Speed of Social Worker's contact after placement.

Speed of Social Worker's contact after placement.

| Resource Used. | Within 2 days. | 3-7 days. | 1-2 weeks. | Not within 2 weeks. | Other. | Not known. |
|---|---|---|---|---|---|---|
| F.H. - all siblings | 24 | 9 | 2 | - | - | 11 |
| F.H. - contact between siblings | - | 3 | - | - | - | - |
| F.H. | 12 | 6 | 1 | 2 | 1 | 4 |
| C.H. - all siblings | 12 | - | - | - | - | 3 |
| C.H. | 5 | 3 | - | - | - | 1 |
| L/T substitute family | - | - | - | - | 1 | 1 |
| Other | 3 | 2 | 1 | - | 1 | - |

(47) Cross-Tabulation: Problems on Placement (a,b, & c) by Speed of Social Worker's contact after placement.

Speed of Social Worker's contact after placement.

| Problems on Placement. | Within 2 days. | | | 3-7 days. | | | 1-2 weeks. | | | Not within 2 weeks | | | Other. | | | Not known. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| No. | 8 | - | - | 4 | - | - | - | - | - | - | - | - | 1 | - | - | 2 | - | - |
| Dependency. | 5 | 1 | - | 3 | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - |
| Regression/Introversion. | 3 | 4 | 4 | - | 3 | - | - | - | - | - | - | - | - | - | - | - | - | 2 |
| Aggression/Destruction. | 7 | 1 | 1 | 6 | - | - | - | - | - | - | - | - | 2 | - | 1 | 1 | - | - |
| After N.P. visits. | 2 | 5 | 2 | - | - | - | - | - | - | - | - | - | - | 1 | - | 3 | - | - |
| At night (e.g. wet beds). | 5 | 6 | 3 | 2 | 1 | 1 | 1 | - | - | - | - | - | - | 1 | - | 4 | 1 | - |
| Distress. | 3 | 1 | - | - | 1 | 1 | - | - | - | - | - | - | - | - | - | 1 | 1 | - |
| Other. | 13 | 6 | 7 | 4 | 6 | 2 | 2 | - | 1 | 1 | - | - | - | - | 1 | - | 4 | 1 |
| Not recorded. | 10 | 1 | - | 4 | - | - | 1 | - | - | 1 | - | - | - | - | - | 9 | - | - |
| Not used. | - | 31 | 39 | - | 12 | 19 | - | 3 | 3 | - | 2 | 2 | - | 1 | 1 | - | 14 | 17 |
| Total | 56 | | | 23 | | | 4 | | | 2 | | | 2 | | | 20 | | |

(48) Frequency of Social Worker's contact with Caretaker during first 2 weeks.

| | | |
|---|---|---|
| None | 1 | (0.9%) |
| Almost daily | 6 | (5.5%) |
| 2-3 times a week | 28 | (25.9%) |
| Once a week | 27 | (25.0%) |
| Once in the 2 weeks | 8 | (7.4%) |
| Other | 15 | (13.8%) |
| Not known | 23 | (21.3%) |

(49) Method of Social Worker's contact in first 2 weeks.

| | | |
|---|---|---|
| Not applicable | 2 | (1.8%) |
| Telephone only | 13 | (12.0%) |
| Visits only | 20 | (18.5%) |
| Combination visits/tele. | 45 | (41.6%) |
| Method unknown | 28 | (25.9%) |

(50) Cross-Tabulation of Reason for Admission (a & b) by Frequency of Social Worker's contact in the first 2 weeks.

Frequency of Social Worker's contact in the first 2 weeks.

| Reason for Admission. | None | | Almost daily | | More than weekly | | About weekly | | Once in 2 weeks | | Other | | Not known | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) |
| Post puerperal depression. | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - |
| Pregnancy. | 1 | - | 2 | - | 4 | - | 2 | - | - | - | - | - | 3 | - |
| Illness. | - | - | 2 | - | 1 | 2 | 4 | - | 2 | - | 3 | - | 6 | - |
| Single parent - other reasons. | - | - | - | - | 2 | 1 | 1 | - | 1 | - | - | - | 4 | 2 |
| Desertion/marital. | - | - | - | 2 | 1 | - | 6 | - | 2 | - | 5 | - | 3 | 2 |
| Parents unable to cope. | - | - | - | - | 8 | 2 | 9 | 5 | 3 | - | 2 | 5 | 2 | 2 |
| Child at risk. | - | - | 2 | - | 9 | 6 | 5 | 7 | - | 3 | 3 | 4 | 4 | 1 |
| Child handicapped. | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - |
| Other. | - | - | - | - | 2 | 8 | - | 5 | - | 3 | 2 | - | - | 4 |
| Not used. | - | 1 | - | 4 | - | 9 | - | 10 | - | 2 | - | 6 | - | 12 |

(51) Cross-Tabulation of Problems on Placement (a, b & c) by Frequency of Social Worker's contact in the first 2 weeks.

Frequency of Social Worker's contact in the first 2 weeks.

| Problems on Placement. | None | | | Almost daily | | | More than weekly | | | About weekly | | | Once in 2 weeks | | | Other | | | Not known | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) |
| No. | 1 | -- | - | -- | -- | - | 3 | - | - | 6 | - | - | - | - | - | 4 | - | - | 1 | - | - |
| Dependency. | - | - | - | - | - | - | 4 | - | - | 4 | 1 | - | - | 1 | - | - | - | - | - | - | - |
| Regression. | - | - | - | - | - | 2 | 1 | 2 | - | 1 | 2 | 1 | - | 1 | 1 | - | 2 | 1 | 1 | - | 2 |
| Aggression. | - | - | - | - | - | - | 4 | 1 | 1 | 4 | - | - | 3 | - | - | 3 | - | - | 2 | - | - |
| After N.P. visits | - | - | - | - | - | - | - | 2 | 2 | 1 | 3 | - | 1 | - | - | - | 1 | - | 3 | - | - |
| At night. | - | - | - | 1 | 2 | 1 | 4 | 4 | - | 2 | - | 1 | 1 | 2 | - | - | - | 2 | 4 | 1 | - |
| Distress. | - | - | - | - | 1 | - | 3 | - | 1 | - | 1 | - | - | - | - | - | - | - | 1 | 1 | - |
| Other. | - | - | - | 5 | 1 | - | 5 | 4 | 4 | 4 | 4 | 4 | 2 | 1 | 3 | 3 | - | - | 1 | 6 | 1 |
| Not recorded. | - | - | - | - | 1 | - | 4 | - | - | 5 | - | - | 1 | - | - | 5 | - | - | 10 | - | 2 |
| Not used. | - | 1 | 1 | - | 1 | 3 | - | 15 | 20 | - | 16 | 21 | - | 3 | 4 | - | 12 | 12 | - | 15 | 20 |
| Total | 1 | | | 6 | | | 28 | | | 27 | | | 8 | | | 15 | | | 23 | | |

(52) Cross-Tabulation of Problems on Placement (a, b & c) by Method of Social Worker's contact in the first 2 weeks.

Method of Social Worker's contact in the first 2 weeks.

| Problems on Placement. | Not applicable. | | | Telephone only. | | | Visits only. | | | Combination visits/tele. | | | Not known. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) |
| No. | 1 | - | - | 4 | - | - | 4 | - | - | 5 | - | - | 1 | - | - |
| Dependency. | - | - | - | - | 1 | - | 3 | - | - | 5 | 1 | - | - | - | - |
| Regression. | - | - | - | - | 2 | - | - | 1 | 3 | 2 | 4 | 2 | 1 | - | 2 |
| Aggression. | - | - | - | 3 | - | - | 3 | - | - | 7 | 1 | 1 | 3 | - | - |
| After N.P. visits. | - | - | - | - | - | - | 1 | 2 | - | 1 | 4 | 2 | 3 | - | - |
| At night. | - | - | - | 1 | - | 2 | - | 4 | - | 7 | 4 | 2 | 4 | 1 | - |
| Distress. | - | - | - | - | - | - | - | - | - | 3 | 2 | 1 | 1 | 1 | - |
| Other. | - | - | - | 2 | 1 | 1 | 7 | - | 4 | 11 | 8 | 6 | - | 7 | 1 |
| Not recorded. | 1 | - | - | 3 | - | - | 2 | - | - | 4 | 1 | - | 15 | - | - |
| Not used. | - | 2 | 2 | - | 9 | 10 | - | 13 | 13 | - | 20 | 31 | - | 19 | 25 |
| Total | 2 | | | 13 | | | 20 | | | 45 | | | 28 | | |

(53) Cross-Tabulation of Resource Used by Frequency of Social Worker's contact with Caretaker in the first 2 weeks.

Frequency of Social Worker's contact with Caretaker in first 2 weeks.

| Resource Used. | None | Almost daily | More than weekly | About weekly | Once in 2 weeks | Other | Not known |
|---|---|---|---|---|---|---|---|
| F.H. - all siblings | - | 4 | 10 | 11 | 2 | 6 | 13 |
| F.H. - contact between siblings | - | - | 2 | 1 | - | - | - |
| F.H. | 1 | - | 6 | 10 | 1 | 4 | 4 |
| C.H. - all siblings | - | - | 6 | 2 | - | 4 | 3 |
| C.H. | - | - | 2 | 3 | 3 | - | 1 |
| L/T substitute family | - | - | - | - | 1 | - | 1 |
| Other. | - | 2 | 2 | - | 1 | 1 | 1 |

(54) Cross-Tabulation of Resource Used by Method of Social Worker's contact with Caretaker in the first 2 weeks.

| Resource Used. | Method of Social Worker's contact with Caretaker in the first 2 weeks. | | | | |
|---|---|---|---|---|---|
| | Not applicable | Telephone only | Visits only | Combination visits/tele. | Unknown |
| F.H. - all siblings | - | 5 | 6 | 17 | 18 |
| F.H. - contact betweeb siblings | - | - | - | 3 | - |
| F.H. | 2 | 7 | 3 | 11 | 3 |
| C.H. - all siblings | - | - | 6 | 6 | 3 |
| C.H. | - | 1 | 2 | 4 | 2 |
| L/T substitute family | - | - | 1 | - | 1 |
| Other | - | - | 2 | 4 | 1 |

(55) Frequency of Social Worker's visits to Caretaker - rest of placement.

| | | |
|---|---|---|
| Not applicable or not known | 65 | (60.1%) |
| None | 4 | (3.7%) |
| More than weekly | 2 | (1.8%) |
| About once a week (- 2/3 a fortnight) | 8 | (7.4%) |
| About fortnightly (- 2 a month) | 15 | (13.8%) |
| About monthly (1-2 a month) | 10 | (9.2%) |
| 6-8 weekly | - | - |
| 2-3 monthly | 1 | (0.9%) |
| Less than 3 monthly | - | - |
| Other | 3 | (2.7%) |

(56) Cross-Tabulation of Resource Used by Frequency of Social Worker's visits - rest of placement.

Frequency of Social Worker's visits - rest of placement.

| Resource Used. | Not applicable or not known. | None | More than weekly. | About weekly. | About fort-nightly. | About monthly. | 2 - 3 monthly. | Other. |
|---|---|---|---|---|---|---|---|---|
| F.H. - all siblings | 39 | - | - | 5 | 2 | - | - | - |
| F.H. - contact between siblings | 1 | 2 | - | - | - | - | - | - |
| F.H. | 11 | 1 | - | 3 | 3 | 4 | 1 | 3 |
| C.H. - all siblings | 9 | 1 | 2 | - | 2 | 1 | - | - |
| C.H. | 3 | - | - | - | 4 | 2 | - | - |
| L/T substitute family | 1 | - | - | - | - | 1 | - | - |
| Other | 1 | - | - | - | 4 | 2 | - | - |

(57) Cross-Tabulation of Problems on Placement (a, b & c) by Social Worker's visits - rest of placement.

Social Worker's visits for rest of placement.

| Problems on Placement. | Not applicable or not known. | | | None. | | | More than weekly. | | | About weekly. | | | About fort-nightly. | | | About monthly. | | | 2 - 3 monthly. | | | Other. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) |
| No. | 13 | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - |
| Dependency. | 1 | - | - | - | 1 | - | 2 | - | - | 1 | - | - | 3 | - | - | 1 | 1 | - | - | - | - | - | - | - |
| Regression. | 1 | 3 | 5 | - | - | - | - | - | - | 1 | 1 | - | - | 1 | 2 | 1 | 2 | - | - | - | - | - | - | - |
| Aggression. | 4 | - | - | 1 | - | 1 | - | - | - | 2 | - | - | 5 | - | - | 3 | 1 | - | - | - | - | 1 | - | - |
| After N.P. visits. | 4 | - | - | - | 1 | - | - | - | - | - | - | 1 | 1 | 4 | - | - | 1 | 1 | - | - | - | - | - | - |
| At night. | 6 | 5 | 3 | 1 | - | - | - | 2 | - | 1 | 1 | 1 | 2 | - | - | 2 | 1 | - | - | - | - | - | - | - |
| Distress. | 3 | 2 | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - |
| Other. | 11 | 6 | 2 | 1 | 1 | 1 | - | - | 2 | 2 | 4 | - | 2 | 4 | 2 | 3 | - | 5 | 1 | - | - | - | 1 | - |
| Not recorded. | 22 | 1 | - | - | - | - | - | - | - | - | - | - | 2 | - | - | - | - | - | - | - | - | 1 | - | - |
| Not used. | - | 48 | 54 | - | 1 | 2 | - | - | - | - | 2 | 6 | - | 6 | 11 | - | 3 | 4 | - | 1 | 1 | - | 2 | 3 |

(58) Department's expectation of parental contact with child.

| | | |
|---|---|---|
| Controlled contact. | 19 | (17.6%) |
| Department made plan as part of contract for care. | 11 | (10.1%) |
| Initial planned contact - later refused. | 1 | (0.9%) |
| Access refused after some contact. | - | - |
| Access refused before contact made. | 1 | (0.9%) |
| No specific expectations. | 28 | (25.9%) |
| Contact encouraged but not defined. | 36 | (33.3%) |
| Access first refused - then allowed. | 3 | (2.7%) |
| Other. | 8 | (7.4%) |
| Not recorded. | 1 | (0.9%) |

(59) Cross-Tabulation of department's expectations of parental contact by Resource Used.

Resource Used.

| Department's expectations of parental contact. | F.H. all siblings. | F.H. cont.between siblings. | F.H. | C.H. all siblings. | C.H. | L/T substitute family. | Other. |
|---|---|---|---|---|---|---|---|
| Controlled. | 8 | - | 3 | 3 | 3 | - | 2 |
| Plan/part of contract. | 9 | - | 1 | - | - | - | 1 |
| Planned/then refused. | - | - | 1 | - | - | - | - |
| Refused after contact. | - | - | - | - | - | - | - |
| Refused before contact. | - | - | 1 | - | - | - | - |
| No specific expectation. | 14 | - | 8 | 4 | 2 | - | - |
| Encouraged not defined. | 15 | 3 | 8 | 5 | 3 | - | 2 |
| Refused then allowed. | - | - | - | 2 | - | 1 | - |
| Other. | - | - | 4 | - | 1 | 1 | 2 |
| Not recorded. | - | - | - | 1 | - | - | - |

(60) Cross-Tabulation of department's expectation of parental contact by expectations of task of caretaker.

Expectations of task of Caretaker.

| Department's expectations of parental contact. | Defined relief & return NP. | Care - outcome unknown. | Assess. outcome unknown. | Asses. & prep.long term care. | Care - undefined period. | Care - L/T or permanent. | Other. | |
|---|---|---|---|---|---|---|---|---|
| Controlled. | 2 | 8 | 2 | 4 | 2 | - | 1 | 19 |
| Plan as part of contract. | 8 | - | - | - | 3 | - | - | 11 |
| Planned then refused. | - | - | 1 | - | - | - | - | 1 |
| Refused after contact. | - | - | - | - | - | - | - | - |
| Refused before contact. | - | - | - | - | 1 | - | - | 1 |
| No specific expectations. | 26 | 1 | 1 | - | - | - | - | 28 |
| Encouraged not defined. | 15 | 12 | 5 | - | 4 | - | - | 36 |
| Refused then allowed. | - | 2 | - | - | - | 1 | - | 3 |
| Other. | 1 | 1 | - | 3 | 1 | 1 | 1 | 8 |
| Not recorded. | - | - | 1 | - | - | - | - | 1 |
| Total | 52 | 24 | 10 | 7 | 11 | 2 | 2 | 108 |

(61) Frequency of Natural Parents' contact with child in first 2 weeks.

| | | |
|---|---|---|
| None | 22 | (20.3%) |
| Almost daily (4+ a week) | 8 | (7.4%) |
| More than weekly (2-3 a week) | 10 | (9.2%) |
| About weekly (2-3 a fortnight) | 19 | (17.6%) |
| Once in the 2 weeks | 9 | (8.3%) |
| Other | 13 | (12.0%) |
| Not known | 27 | (25.0%) |

(62) Method of Natural Parents' contact with child in first 2 weeks.

| | | |
|---|---|---|
| None | 24 | (22.2%) |
| Telephone only | - | - |
| Visits only | 16 | (14.8%) |
| Combination of telephone/ visits | 21 | (19.4%) |
| Method not known | 4 | (3.7%) |
| Other | 20 | (18.5%) |
| Not known | 23 | (21.2%) |

(63) Frequency of Natural Parents' visits to child rest of placement.

| | | |
|---|---|---|
| Not known or not applicable | 62 | (57.4%) |
| None | 11 | (10.1%) |
| More than weekly | 9 | (8.3%) |
| About weekly (2-3 a fortnight) | 10 | (9.2%) |
| About fortnightly (3-4 a month) | 2 | (1.8%) |
| About monthly (1-2 a month) | 4 | (3.7%) |
| 1-2 monthly | 1 | (0.9%) |
| More than 2-3 monthly | 1 | (0.9%) |
| Less than 3 monthly | - | - |
| Other | 8 | (7.4%) |

(64) Method of Natural Parents' contact for rest of placement.

| | | |
|---|---|---|
| Not used. | 64 | (59.2%) |
| Visits. | 20 | (18.5%) |
| Telephone. | 2 | (1.8%) |
| Correspondence. | - | - |
| Child taken to parents. | 2 | (1.8%) |
| Parents had contact with Caretaker not child. | - | - |
| Parents had contact with child not Caretaker. | 4 | (3.7%) |
| Other. | 6 | (5.5%) |
| Not known. | 10 | (9.2%) |

(65) Cross-Tabulation of Reason for Admission (a & b) by Frequency of Parents' contact in the first 2 weeks.

Frequency of Parents' contact in the first 2 weeks.

| Reason for Admission. | None | | Almost daily | | More than weekly | | About weekly | | Once in 2 weeks | | Other | | Not known | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) |
| Post puerperal depression | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - |
| Pregnancy | - | - | - | - | - | - | - | - | 1 | - | - | - | 11 | - |
| Illness | 1 | - | 4 | - | 4 | - | - | 2 | 1 | - | 4 | - | 4 | - |
| Single parent - other | 4 | 1 | - | - | - | - | - | - | - | - | - | - | 4 | 2 |
| Desertion/marital | 3 | 2 | 1 | - | - | 2 | 8 | - | - | - | 2 | - | 3 | - |
| Parent unable to cope with child | 5 | 6 | 1 | 1 | 2 | - | 4 | 3 | 4 | 2 | 4 | - | 4 | 2 |
| Child at risk | 6 | 2 | 2 | 1 | 4 | 2 | 7 | 3 | 3 | 2 | - | 7 | 1 | 4 |
| Child handicapped | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | 2 | 3 | - | 1 | - | 2 | - | 6 | - | 4 | 2 | - | - | 4 |
| Not used | - | 8 | - | 5 | - | 4 | - | 5 | - | 1 | - | 6 | - | 15 |

(66) Cross-Tabulation of Reason for Admission (a & b) by Frequency of Parent contact for rest of placement.

Frequency of Parent contact for rest of placement.

| Reason for Admission. | Not applic. | | None | | More than weekly | | About weekly | | About f/nightly | | About monthly | | 1 - 2 monthly | | 2 - 3 monthly | | Less than 3 monthly | | Other | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) | a) | b) |
| Post Puerperal depression. | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Pregnancy. | 12 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Illness. | 18 | - | - | - | - | 2 | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| S.P. - other. | 5 | 2 | 2 | 1 | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - |
| Desertion/marit. | 10 | - | 1 | - | 3 | - | 2 | 2 | - | - | 1 | - | - | - | - | - | - | - | - | 2 |
| Parent unable to cope. | 5 | 8 | 6 | 2 | 3 | 1 | - | 1 | 2 | - | 2 | 2 | 1 | - | - | - | - | - | 5 | - |
| Child at risk. | 7 | 8 | 1 | 2 | 3 | 1 | 8 | 1 | - | - | 1 | 2 | - | 1 | - | 1 | - | - | 3 | 5 |
| Child handicap. | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other. | 4 | 7 | - | 3 | - | 2 | - | 6 | - | 2 | - | - | - | - | - | - | - | - | - | - |
| Not used. | - | 37 | - | 3 | - | 3 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |

(67) Cross-Tabulation of Resource Used by Frequency of Natural Parent contact in the first 2 weeks.

Frequency of Natural Parent contact in the first 2 weeks.

| Resource Used. | None | Almost daily | More than weekly | About weekly | Once in 2 weeks | Other | Not known |
|---|---|---|---|---|---|---|---|
| F.H. - all sibs. | 4 | 4 | 4 | 7 | 5 | 8 | 14 |
| F.H. - contact between sibs. | - | - | - | - | 3 | - | - |
| F.H. | 9 | 1 | 2 | 4 | - | 3 | 7 |
| C.H. - all sibs. | 4 | - | 2 | 3 | 1 | 2 | 3 |
| C.H. | 2 | 1 | - | 4 | - | - | 2 |
| L/T subst.family | 2 | - | - | - | - | - | - |
| Other | 1 | 2 | 2 | 1 | - | - | 1 |
| Not used. | - | - | - | - | - | - | - |

Frequency of Natural Parent contact for rest of placement.

| Resource Used. | Not known or N/A | None | More than weekly | About weekly | About f/nightly | About monthly | 1 - 2 monthly | 2 - 3 monthly | Less than 3 monthly | Other |
|---|---|---|---|---|---|---|---|---|---|---|
| F.H. - all sibs. | 36 | - | 4 | 2 | 2 | - | - | - | - | 2 |
| F.H. - contact between sibs. | 1 | - | - | - | - | - | - | - | - | 2 |
| F.H. | 13 | 5 | 1 | 3 | - | 2 | - | - | - | 2 |
| C.H. all sibs. | 9 | 2 | - | 2 | - | 2 | - | - | - | - |
| C.H. | 2 | 1 | 2 | 1 | - | - | 1 | - | - | 2 |
| L/T subst. family. | - | 2 | - | - | - | - | - | - | - | - |
| Other. | 1 | 1 | 2 | 2 | - | - | - | 1 | - | - |

(69) Cross Tabulation of Frequency of Natural Parent contact for first 2 weeks by Age of Child.

| Frequency of Contact. | Age of Child. 0-1 | 2-3 | 4-5 | 6-7 | 8-9 | |
|---|---|---|---|---|---|---|
| None. | 9 | 3 | 5 | 2 | 3 | 22 |
| Almost daily. | 1 | 4 | 2 | 1 | - | 8 |
| More than weekly. | 3 | 5 | - | 1 | 1 | 10 |
| About weekly. | 5 | 6 | 4 | 3 | 1 | 19 |
| Once in 2 weeks. | 3 | - | 2 | 4 | - | 9 |
| Other. | 3 | 4 | 5 | 1 | - | 13 |
| Not known. | 7 | 5 | 4 | 6 | 5 | 27 |
| Total | 31 | 27 | 22 | 18 | 10 | 108 |

(70) Cross-Tabulation of Method of Parental contact in first 2 weeks by Age of Child.

| Method of Contact. | Age of Child. 0-1 | 2-3 | 4-5 | 6-7 | 8-9 | |
|---|---|---|---|---|---|---|
| None. | 10 | 3 | 6 | 2 | 3 | |
| Telephone only. | - | - | - | - | - | |
| Visits only. | 6 | 4 | 4 | 2 | - | |
| Combination tel./visits. | 3 | 12 | 2 | 2 | 2 | |
| Method unknown. | 1 | 1 | 1 | 1 | - | |
| Other. | 6 | 3 | 5 | 6 | - | |
| Not known. | 5 | 4 | 4 | 5 | 5 | |
| Total | 31 | 27 | 22 | 18 | 10 | 108 |

(71) Cross-Tabulation of Frequency of Parental contact for rest of placement by Age of Child.

| Frequency of contact. | Age of Child. 0-1 | 2-3 | 4-5 | 6-7 | 8-9 |
|---|---|---|---|---|---|
| Not applicable or not known. | 18 | 19 | 10 | 10 | 5 |
| None. | 3 | 2 | 2 | 1 | 3 |
| More than weekly. | 2 | 1 | 3 | 3 | - |
| About weekly. | 4 | 2 | 1 | 2 | 1 |
| About fortnightly. | 1 | - | - | 1 | - |
| About monthly. | - | 1 | 2 | - | 1 |
| 1-2 monthly. | - | - | 1 | - | - |
| 2-3 monthly. | 1 | - | - | - | - |
| Less than 3 monthly. | - | - | - | - | - |
| Other. | 2 | 2 | 3 | 1 | - |
| Total | 31 | 27 | 22 | 18 | 10 |

(72) Cross-Tabulation of Frequency of parental contact in first 2 weeks by Expectation of Task of Caretaker.

Expectation Task of Caretaker.

| Frequency of contact in the first 2 weeks. | Defined relief & return NP. | Care - outcome unknown. | Assess.- outcome unknown. | Assess. & prep. L/T care. | Care - undefined period. | Care - L/T or permanent. | Other. | |
|---|---|---|---|---|---|---|---|---|
| None. | 8 | 4 | 3 | 2 | 2 | 2 | 1 | 22 |
| Almost daily. | 4 | 2 | 1 | - | 1 | - | - | 8 |
| More than weekly. | 3 | 2 | 3 | - | 2 | - | - | 10 |
| About weekly. | 7 | 3 | 1 | 3 | 4 | - | 1 | 19 |
| Once in 2 weeks. | 1 | 5 | - | 1 | 2 | - | - | 9 |
| Other. | 7 | 6 | - | - | - | - | - | 13 |
| Not known. | 22 | 2 | 2 | 1 | - | - | - | 27 |
| Total | 52 | 24 | 10 | 7 | 11 | 2 | 2 | |

(73) Cross-Tabulation of Expectation of Task of Caretaker by Parental contact for rest of placement.

Parental contact for rest of placement.

| Expectation Task of Caretaker. | N/A or not known. | None. | More than weekly. | About weekly. | About fort-nightly. | About monthly. | 1 - 2 monthly. | 2 - 3 monthly. | Other. | |
|---|---|---|---|---|---|---|---|---|---|---|
| Defined relief & return | 43 | 4 | 2 | 1 | - | - | - | - | 2 | 52 |
| Care - outcome unknown | 9 | 1 | 4 | 4 | - | 1 | - | - | 5 | 24 |
| Asses. - outcome unknown | 6 | 1 | - | 1 | - | - | 1 | - | 1 | 10 |
| Asses. & prep. L/T care | - | 3 | - | 1 | - | 3 | - | - | - | 7 |
| Care - undefined | 3 | - | 3 | 2 | 2 | - | - | 1 | - | 11 |
| Care - L/T or perm. | - | 2 | - | - | - | - | - | - | - | 2 |
| Other. | 1 | - | - | 1 | - | - | - | - | - | 2 |
| Total | 62 | 11 | 9 | 10 | 2 | 4 | 1 | 1 | 8 | |

(74) Problems on Placement.

| | a) | | b) | | c) | | d) | |
|---|---|---|---|---|---|---|---|---|
| None. | 15 | (13.8%) | - | | - | | - | |
| Yes - dependency e.g. clinging. | 8 | (7.4%) | 2 | (1.8%) | - | | 1 | (0.9%) |
| Yes - regression and/or introversion e.g. refusal to eat, speak, etc. | 3 | (2.7%) | 7 | (6.4%) | 7 | (6.4%) | - | |
| Yes - hostility, aggression and/or destruction. | 16 | (14.8%) | 1 | (0.9%) | 1 | (0.9%) | 1 | (0.9%) |
| Yes - problems following parental contact. | 5 | (4.6%) | 6 | (5.5%) | 2 | (1.8%) | - | |
| Yes - sleeplessness or bedtime problems including wet beds. | 12 | (11.1%) | 9 | (8.3%) | 4 | (3.7%) | 1 | (0.9%) |
| Yes - distress, crying. | 4 | (3.7%) | 3 | (2.7%) | 1 | (0.9%) | 3 | (2.7%) |
| Yes - other, specify. | 20 | (18.5%) | 16 | (14.8%) | 12 | (11.1%) | 2 | (1.8%) |
| Not recorded. | 25 | (23.1%) | 1 | (0.9%) | - | | - | |
| Not used. | | | 63 | (58.3%) | 81 | (75.0%) | 100 | (92.6%) |

(75) Cross-Tabulation of Problems on Placement (a, b & c) by Resource Used.

Resource Used.

| Problems on Placement. | F.H. all sibs. | | | F.H. contact between sibs | | | F.H. | | | C.H. all sibs. | | | C.H. | | | L/T subst. family. | | | Other. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) |
| Not used. | - | 27 | 38 | - | 2 | 3 | - | 16 | 18 | - | 9 | 10 | - | 5 | 7 | - | - | - | - | 4 | 5 |
| None. | 7 | - | - | 1 | - | - | 5 | - | - | 2 | - | - | - | - | - | - | - | - | - | - | - |
| Dependency. | 1 | - | - | - | - | - | 3 | 2 | - | 3 | - | - | 1 | - | - | - | - | - | - | - | - |
| Regression. | 2 | 1 | 5 | - | - | - | - | 3 | 1 | 1 | - | - | - | 2 | - | - | - | - | - | 1 | 1 |
| Aggression. | 3 | - | - | 1 | - | - | 4 | 1 | - | 1 | - | 1 | 3 | - | - | 2 | - | - | 2 | - | - |
| After NP. contact. | 4 | - | - | - | - | - | - | 1 | 2 | - | 4 | - | 1 | - | - | - | - | - | - | 1 | - |
| At night. | 8 | 4 | 1 | - | - | - | 3 | 1 | 3 | - | 2 | - | - | - | - | - | 2 | - | 1 | - | - |
| Distress. | 1 | 2 | 1 | - | - | - | - | 1 | - | 2 | - | - | 1 | - | - | - | - | - | - | - | - |
| Other. | 8 | 11 | 1 | 1 | 1 | - | 5 | 1 | 2 | 2 | - | 4 | 1 | 2 | 2 | - | - | 2 | 3 | 1 | 1 |
| Not recorded. | 12 | 1 | - | - | - | - | 6 | - | - | 4 | - | - | 2 | - | - | - | - | - | 1 | - | - |

(76) Cross-Tabulation of Reason for Admission (a, b & c) by Problems on Placement.

Problems on Placement.

| Reason for Admission. | None | | | Dependency | | | Regression | | | Aggression | | | After NP. contact | | | At night | | | Distress | | | Other | | | Not recorded | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) | a) | b) | c) |
| Not used. | - | 6 | 9 | - | 3 | 8 | - | - | 1 | - | 1 | 7 | - | 4 | 5 | - | 3 | 7 | - | 2 | 3 | - | 9 | 15 | - | 16 | 23 |
| Post peurperal depression. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - |
| Pregnancy. | 7 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 | - | 1 | - | - | - | 2 | - | - | 1 | - | - |
| Illness. | 2 | - | - | - | - | - | - | 1 | - | - | - | - | 4 | - | - | - | - | - | 2 | - | - | 5 | 1 | - | 5 | - | - |
| S.P. - other. | 1 | - | - | 2 | - | - | - | - | - | - | - | - | - | - | - | - | 2 | 2 | - | - | - | 1 | 1 | 1 | 4 | - | - |
| Desertion. | 2 | - | - | 1 | - | - | - | 1 | - | 5 | 1 | 1 | - | - | - | 2 | 1 | - | - | - | 1 | 2 | 1 | - | 5 | - | - |
| Unable to cope. | 3 | 2 | - | 1 | 1 | - | 1 | 1 | 1 | 8 | 4 | 1 | 1 | - | - | 5 | - | - | - | - | - | 3 | 3 | 1 | 2 | 3 | - |
| Child at risk. | - | 5 | 1 | 3 | 1 | - | 2 | - | - | 3 | 4 | 2 | - | 1 | - | 2 | 4 | - | 2 | - | - | 5 | 4 | - | 6 | 2 | 1 |
| Child handicapped. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - |
| Other. | - | 2 | 5 | 1 | 3 | - | - | - | 1 | - | 6 | 5 | - | - | - | 1 | 2 | 2 | - | 2 | - | - | 1 | 3 | 2 | 4 | 1 |
| Total | 15 | | | 8 | | | 3 | | | 16 | | | 5 | | | 12 | | | 4 | | | 20 | | | 25 | | |

(77) Cross-Tabulation of Reason for Admission by Problems on Placement (a, b, & c).

Problems on Placement.

| Reason for Admission. | Not Used. | | | None. | | | Depend-ency. | | | Regre-ssion. | | | Aggre-ssion. | | | After NP contact. | | | At night | | | Distress | | | Other | | | Not recorded | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| Not used. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Post puerperal Depression. | - | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - |
| Pregnancy. | - | 9 | 10 | 7 | - | - | - | - | - | - | - | 2 | - | - | - | - | - | - | 2 | 2 | - | - | - | - | 2 | 1 | - | 1 | - | - |
| Illness. | - | 11 | 15 | 2 | - | - | - | - | - | - | 1 | 1 | - | - | - | 4 | - | - | - | 1 | 1 | 2 | 2 | - | 5 | 2 | 1 | 5 | 1 | - |
| S.P. - other. | - | 6 | 6 | 1 | - | - | 2 | - | - | - | - | - | - | - | - | - | - | - | - | 2 | - | - | - | - | 1 | - | 2 | 4 | - | - |
| Desertion. | - | 9 | 10 | 2 | - | - | 1 | - | - | - | 3 | 3 | 5 | - | - | - | 2 | - | 2 | - | 2 | - | 1 | - | 2 | 2 | 2 | 5 | - | - |
| Unable to cope | - | 10 | 16 | 3 | - | - | 1 | 2 | - | 1 | 2 | 1 | 8 | 1 | - | 1 | 1 | 1 | 5 | 2 | - | - | - | - | 3 | 6 | 6 | 2 | - | - |
| Child at risk. | - | 13 | 19 | - | - | - | 3 | - | - | 2 | 1 | - | 3 | - | 1 | - | 3 | 1 | 2 | 1 | 1 | 2 | - | - | 5 | 5 | 1 | 6 | - | - |
| Child handi-capped. | - | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - |
| Other. | - | 3 | 3 | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 | - | - | - | 1 | - | - | - | 2 | - | - |

(78) Cross-Tabulation of Problems from child (a,b & c) by Parental Contact in first 2 weeks.

Parental contact in the first 2 weeks.

| Problems from Child. | None | | | Almost daily | | | More than weekly | | | About weekly | | | Once in 2 weeks | | | Other | | | Not known | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| None. | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | 4 | - | - | 9 | - | - |
| Dependency. | 3 | - | - | - | - | - | - | - | - | 4 | - | - | - | - | 1 | - | - | 1 | 1 | - | - |
| Regression. | 1 | - | - | - | 1 | - | - | 1 | - | 1 | - | - | 1 | - | - | - | - | - | - | 5 | - |
| Aggression. | 6 | - | 1 | 3 | - | - | - | - | - | 2 | 1 | - | 3 | - | - | 1 | - | - | 1 | - | - |
| After NP. visit. | - | - | - | 3 | 1 | - | 1 | - | - | 1 | 1 | - | - | - | - | - | - | - | - | - | - |
| At night. | 2 | 2 | - | - | - | 1 | 2 | 1 | - | 1 | 1 | - | 3 | - | - | - | - | - | 4 | - | - |
| Distress. | - | 1 | 1 | 1 | - | - | 1 | - | - | 1 | - | 1 | - | - | - | - | - | - | 1 | - | - |
| Other. | 5 | 6 | - | - | 1 | - | 3 | 1 | - | 5 | 2 | 2 | 1 | 1 | - | 3 | - | - | 3 | 1 | - |
| Not recorded. | 4 | - | - | 1 | - | - | 3 | - | - | 4 | - | - | - | - | - | 5 | - | - | 8 | - | - |
| Not used. | - | 13 | 19 | - | 5 | 7 | - | 7 | 9 | - | 14 | 16 | - | 8 | 9 | - | - | 13 | - | 21 | 27 |

(79) Cross-Tabulation of Problems from Child (a, b & c) by Parental Contact for Rest of Placement.

Parental contact for rest of placement.

| Problems from Child. | Not known or n/a. | | | None. | | | More than weekly. | | | About weekly. | | | About fort-nightly. | | | About monthly | | | 1-2 monthly. | | | 2-3 monthly. | | | Other. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| None. | 15 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Dependency. | 1 | - | - | 2 | 1 | - | - | - | - | 4 | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - | 1 | - |
| Regression. | - | 3 | 5 | - | - | - | 1 | 2 | 1 | - | 1 | - | - | 1 | - | 1 | - | 1 | - | - | - | - | - | - | 1 | - | - |
| Aggression. | 2 | - | - | 4 | - | - | 4 | - | - | 1 | - | 1 | 1 | - | - | 1 | 1 | - | 1 | - | - | - | - | - | 2 | - | - |
| After NP visit. | 4 | - | - | - | - | - | - | 1 | 1 | - | 2 | - | - | - | - | - | 3 | 1 | - | - | - | - | - | - | 1 | - | - |
| At night. | 6 | 4 | 3 | 1 | 4 | - | - | 1 | - | 2 | - | 1 | 1 | - | - | 1 | - | - | - | - | - | - | - | - | 1 | - | - |
| Distress. | 3 | 2 | 1 | - | - | - | - | - | - | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other. | 10 | 5 | 1 | 3 | 2 | 5 | 3 | 1 | 2 | 2 | 3 | - | - | 1 | 1 | - | - | 2 | - | 1 | - | 1 | - | - | 1 | 3 | 1 |
| Not recorded. | 21 | 1 | - | 1 | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 | - | - |
| Not used. | - | 47 | 52 | - | 4 | 6 | - | 4 | 5 | - | 3 | 8 | - | - | 1 | - | - | - | - | - | 1 | - | 1 | 1 | - | 4 | 7 |

(80) Cross-Tabulation of Was Child taken on Introductory Visit? by Problems on Placement (a, b & c).

Problems on Placement.

| Was Child taken on Introductory Visit? | Not Used | | | None | | | Depen-dency | | | Regre-ssion | | | Aggre-ssion | | | After NP. visit | | | At Night | | | Distress | | | Other | | | Not recorded | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| Yes. | - | 11 | 14 | 3 | - | - | - | - | - | - | 1 | 4 | 3 | - | - | - | - | - | 4 | 3 | 1 | - | 1 | - | 5 | 4 | 2 | 6 | 1 | - |
| No. | - | 32 | 42 | 10 | - | - | 7 | 1 | - | 2 | 4 | 1 | 7 | 1 | - | 3 | 3 | 2 | 4 | 3 | 3 | 2 | 1 | 1 | 7 | 8 | 5 | 11 | - | - |
| Familiar Placement. | - | 14 | 18 | 1 | - | - | - | 1 | - | - | 2 | 2 | 6 | - | 1 | 1 | 2 | - | 3 | 2 | - | 1 | - | - | 6 | 4 | 4 | 7 | - | - |
| No but prel. contact. | - | 1 | 1 | - | - | - | - | - | - | 1 | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | 1 | - | 1 | - | - | - |
| Not known. | - | 5 | 6 | 1 | - | - | 1 | - | - | - | - | - | - | - | - | 1 | - | - | 1 | 1 | - | 1 | 1 | 1 | 1 | - | - | 1 | - | - |

(81) Cross-Tabulation of Was Parent taken on an Introductory Visit? by Problems on Placement(a, b & c).

Problems on Placement.

| Was Parent Taken on an Introductory Visit? | Not used | | | None | | | Depen-dency | | | Regre-ssion | | | Aggre-ssion | | | After NP visit | | | At night | | | Distress | | | Other | | | Not recorded | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| Yes. | - | 13 | 16 | 3 | - | - | 1 | - | - | - | 1 | 4 | 2 | - | - | - | - | - | 5 | 3 | 1 | - | 1 | 1 | 6 | 4 | 1 | 6 | 1 | - |
| No. | - | 23 | 31 | 2 | - | - | 4 | 1 | - | 2 | 1 | 1 | 5 | 1 | - | 3 | 2 | 2 | 4 | 4 | - | 2 | 1 | - | 7 | 7 | 6 | 11 | - | - |
| No but prel. contact. | - | 9 | 11 | 3 | - | - | - | 1 | - | 1 | 2 | 1 | 3 | - | 1 | 1 | 2 | - | 2 | 1 | - | 1 | - | - | 3 | 2 | 4 | 3 | - | - |
| Accompanied SW. | - | 10 | 12 | 6 | - | - | 3 | - | - | - | 3 | - | 3 | - | - | - | 1 | - | - | - | 3 | - | - | - | 1 | 1 | - | 2 | - | - |
| Other. | - | 2 | 4 | - | - | - | - | - | - | - | - | 1 | 2 | - | - | - | 1 | - | 1 | - | - | - | - | - | 1 | 2 | - | 1 | - | - |
| Not known. | - | 6 | 7 | 1 | - | - | - | - | - | - | - | - | 1 | - | - | 1 | - | - | - | - | - | 1 | - | - | 2 | - | 1 | 2 | - | - |

(82) Was a special rate paid to Foster Parents?

| | | |
|---|---|---|
| Not applicable. | 16 | (14.8%) |
| Yes. | 9 | (8.3%) |
| No. | 83 | (76.8%) |

(83) Cross-Tabulation of Problems on Placement (a, b & c) by Was a Special Rate Paid to Foster Parents?

| | Was Special Rate Paid? | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | N/A | | | Yes | | | No | | |
| Problems on Placement | a | b | c | a | b | c | a | b | c |
| Not used. | - | 10 | 13 | - | 4 | 5 | - | 49 | 63 |
| None. | 2 | - | - | 3 | - | - | 10 | - | - |
| Dependency. | 2 | - | - | 1 | - | - | 5 | 2 | - |
| Regression. | 1 | - | - | - | 3 | - | 2 | 4 | 7 |
| Aggression. | 3 | - | 1 | 2 | 1 | - | 11 | - | - |
| After NP contact. | - | 4 | - | - | - | 1 | 5 | 2 | 1 |
| At night. | - | - | - | 2 | - | 1 | 10 | 9 | 3 |
| Distress. | 2 | - | - | - | - | - | 2 | 3 | 1 |
| Other. | 3 | 2 | 2 | 1 | 1 | 2 | 16 | 13 | 8 |
| Not recorded. | 3 | - | - | - | - | - | 22 | 1 | - |

(84) Forum for decision making about future plans.

| | | |
|---|---|---|
| Case conference or discussion involving Caretaker. | 13 | (12.0%) |
| Case conference or discussion not involving Caretaker. | 24 | (22.2%) |
| No formal case conference or discussion. | 69 | (63.9%) |
| Other. | 1 | (0.9%) |
| Not known. | 1 | (0.9%) |

(85) Cross-Tabulation of Forum for decision making by Resource Used.

Resource Used.

| Forum for decision making. | F.H. all siblings | F.H. cont. bet. sibs. | F.H. | C.H. all siblings | C.H. | L/T subst. family. | Other |
|---|---|---|---|---|---|---|---|
| Case conference involving Caretaker. | - | - | - | 5 | 6 | - | 2 |
| Case conference not involving Caretaker. | 8 | - | 10 | - | 1 | 1 | 4 |
| No formal case conference. | 38 | 3 | 15 | 9 | 2 | 1 | 1 |
| Other. | - | - | 1 | - | - | - | - |
| Not known. | - | - | - | 1 | - | - | - |

(86) Discharge from Care if Child in Voluntary Care.

| | a) | | b) | |
|---|---|---|---|---|
| Natural parent(s) discharged child with department's agreement. | 55 | (50.9%) | 3 | (2.8%) |
| Natural parent(s) discharged child against department's advice. | 4 | (3.7%) | - | - |
| Natural parent(s) reluctant to have child home. | 13 | (12.0%) | 5 | (4.6%) |
| Natural parent(s) unhappy about care provided. | 1 | (0.9%) | 5 | (4.6%) |
| Child not in voluntary care. | 26 | (24.1%) | - | - |
| Other. | 5 | (4.6%) | 11 | (10.2%) |
| Not recorded. | 1 | (0.9%) | - | - |
| Not used. | 3 | (2.8%) | 84 | (77.8%) |

(87) Cross-Tabulation of Expectation of Task of Caretaker by Discharge from Care (a & b).

Discharge from Care.

| Expectation of Task of Caretaker. | Not used | | NP. discharge with dept. agreement | | NP. discharge against advice | | NP. reluctant to have child | | NP. unhappy about care | | Child not in voluntary care | | Other | | Not recorded | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| Defined relief and return to N.P. | - | - | 44 | - | - | - | 7 | - | - | - | - | - | - | - | 1 | - |
| Care limited period - outcome unknown. | 2 | - | 7 | - | 2 | - | - | - | - | - | 11 | - | 2 | - | - | - |
| Assess. limited period - outcome unknown. | - | - | 2 | 3 | 1 | - | 1 | - | - | - | 6 | - | - | - | - | - |
| Assess. & prep. L/T care. | - | - | - | - | - | - | 2 | - | - | - | 5 | - | - | - | - | - |
| Care - undefined period. | - | - | 2 | - | - | - | 2 | - | 1 | - | 3 | - | 3 | - | - | - |
| Care - L/T or permanent. | 1 | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - |
| Other. | - | - | - | 1 | - | - | 1 | 1 | - | - | 1 | 2 | - | 2 | - | - |
| Not known. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Not used. | - | 3 | - | 51 | - | 4 | - | 12 | - | 1 | - | 24 | - | 3 | - | 1 |

(88) Reasons for Movement of Child.

| | a) | | b) | |
|---|---|---|---|---|
| NP. not involved in decision to move child. | 12 | (11.1%) | - | - |
| NP. and SSD in agreement over decision to move child. | 64 | (59.3%) | 8 | (7.4%) |
| SSD moved child against NP.'s wishes. | - | - | 3 | (2.8%) |
| Child moved as part of L/T plan for future. | 11 | (10.2%) | 4 | (3.7%) |
| F.P. requested premature removal because could not cope. Child remained in care. | 5 | (4.6%) | 5 | (4.6%) |
| F.P. requested premature removal because could not cope. Child returned home. | - | - | 2 | (1.9%) |
| Child removed prematurely from F.P. because placement unsatisfactory. Child remained in care. | - | - | 1 | (0.9%) |
| Child removed prematurely from F.P. because placement unsatisfactory. Child returned home. | 1 | (0.9%) | - | - |
| Other. | 12 | (11.1%) | 16 | (14.8%) |
| Not used. | 3 | (2.8%) | 69 | (63.9%) |

Reason for Movement.

| Reason for Admiss. | Not used | | N.P. not involved | | NP. & SSD agree | | Part of L/T plan | | FP. req. removal - care | | Child moved from FH. unsatis. - home. | | Against NP. wishes | | FP. req. premature removal - home | | Child removed from FH. - care | | Other | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| Post puerperal depression. | - | 1 | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Pregnancy. | 1 | 11 | - | - | 11 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| Illness. | - | 18 | - | - | 18 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| S.P. - other. | - | 5 | - | - | 6 | - | 1 | 1 | - | - | - | - | - | - | - | - | - | - | 1 | 2 |
| Desertion. | - | 10 | 4 | - | 5 | 1 | 2 | - | 1 | 2 | 1 | - | - | 1 | - | - | - | - | 4 | 3 |
| NP unable to cope. | 2 | 14 | 2 | - | 10 | 2 | 3 | 1 | 2 | 1 | - | - | - | - | - | 2 | - | - | 5 | 4 |
| Child at risk. | - | 8 | 6 | - | 9 | 4 | 4 | 2 | 2 | 2 | - | - | - | 2 | - | - | - | 1 | 2 | 4 |
| Child handicapped. | - | - | - | - | - | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other. | - | 2 | - | - | 4 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 |
| Not used. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |

(90) Cross-Tabulation of Was a Choice of Resource Available? by Reason for Movement.

Reason for Movement.

| Choice Available? | Not used | NP not involved | NP & SSD agree | Part of L/T plan | FP. request. prem.removal - care | Ch. moved FH unsat. - home | Other |
|---|---|---|---|---|---|---|---|
| Yes. | - | 1 | 4 | - | - | - | 1 |
| No. | - | 3 | 12 | 1 | - | - | 4 |
| Partial choice. | - | - | 3 | 1 | - | - | - |
| Not needed. | 1 | 1 | 2 | - | 1 | - | - |
| Not recorded. | 2 | 7 | 43 | 9 | 4 | 1 | 7 |

(91) Cross-Tabulation of Reason for Movement (a & b) by Problems on Placement.

Problems on Placement.

| Reason for Movement. | None | | Depen-dency | | Regre-ssion | | Aggre-ssion | | After NP contact | | At Night | | Distress | | Other | | Not recorded | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| NP. not involved. | 2 | - | - | - | - | - | 5 | - | - | - | 1 | - | - | - | 2 | - | 2 | - |
| Np./SSD agree. | 11 | - | 4 | - | 1 | 2 | 2 | 3 | 5 | - | 8 | - | 3 | - | 12 | 3 | 18 | - |
| Against NP. wishes. | - | - | - | 2 | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - |
| Part of L/T plan. | - | 1 | 3 | - | 1 | - | 2 | 1 | - | 1 | - | - | - | - | 3 | 1 | 2 | - |
| FP. request premature removal - Care | - | - | - | - | 1 | - | 3 | 4 | - | 1 | 1 | - | - | - | - | - | - | - |
| FP. request premature removal - Home | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | 1 | - | - |
| Child moved ∴ unsat. - Care | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| Child moved ∴ unsat. - Home | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - |
| Other. | 2 | 3 | 1 | 2 | - | - | 2 | 1 | - | 3 | 2 | - | 1 | - | 2 | 2 | 2 | 5 |
| Not used. | - | 11 | - | 4 | - | 1 | 2 | 5 | - | 5 | - | 7 | - | 4 | - | 13 | 1 | 19 |
| Total | 15 | | 8 | | 3 | | 16 | | 5 | | 12 | | 4 | | 20 | | 25 | |

(92) Plan of SSD at movement of child.

| | | |
|---|---|---|
| Return home. | 4 | (3.7%) |
| Return home with continued SSD help. | 66 | (61.1%) |
| Move to another short term placement. | 10 | (9.3%) |
| Move to L/T F.H. with parental contact. | 9 | (8.3%) |
| Move to permanent substitute family without parental contact. | - | - |
| Move to Children's Home. | 7 | (6.5%) |
| Move to adoptive home. | 5 | (4.6%) |
| Stay in this placement. | 5 | (4.6%) |
| Other. | 2 | (1.9%) |
| Not known. | - | - |

(93) Cross-Tabulation of Reason for Admission (a & b) by Plan.

Plan.

| Reason for Admission. | Home | | Home + SSD help | | Move - S/T pl. | | L/T F.H.+ NP contact | | Move - C.H. | | Adoption | | Stay in placement | | Other | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| Post puerperal depression. | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Pregnancy. | 2 | - | 10 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Illness. | - | - | 18 | 2 | - | - | - | - | - | - | - | - | - | - | - | - |
| S.P. - other. | - | - | 5 | 2 | - | - | - | - | - | - | 1 | 1 | 1 | - | 1 | - |
| Desertion. | - | - | 8 | 2 | 4 | - | 3 | 2 | 1 | - | - | - | - | - | 1 | - |
| NP unable to cope. | - | - | 11 | 2 | 2 | 2 | 1 | 3 | 4 | 3 | 2 | 2 | 4 | - | - | 2 |
| Child at risk. | - | - | 11 | 10 | 4 | 4 | 5 | 2 | 2 | - | 1 | 1 | - | 4 | - | - |
| Child handicapped. | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - |
| Other. | 2 | 2 | 2 | 9 | - | 2 | - | 2 | - | 4 | - | - | - | 1 | - | - |
| Not used. | - | 2 | - | 39 | - | 2 | - | - | - | - | - | 1 | - | - | - | - |
| Total | 4 | | 66 | | 10 | | 9 | | 7 | | 5 | | 5 | | 2 | |

(94) Cross-Tabulation of Expectation of Task of Caretaker by Plan.

| Expectation of Task. \ Plan. | Home | Home + SSD | Move - S/T pl. | L/T FH. + NP. | C.H. | Adoption | Stay in placement | Other |
|---|---|---|---|---|---|---|---|---|
| Relief & return NP. | 4 | 45 | 2 | - | 1 | - | - | - |
| Care limited period outcome unknown. | - | 12 | 7 | 2 | - | - | 2 | 1 |
| Assess. limited period outcome unknown. | - | 4 | - | 1 | 3 | - | 1 | 1 |
| Assess. & prep. L/T care. | - | - | - | 3 | - | 4 | - | - |
| Care - undefined period. | - | 5 | 1 | 2 | 2 | - | 1 | - |
| Care L/T or perm. | - | - | - | - | 1 | - | 1 | - |
| Other. | - | - | - | 1 | - | 1 | - | - |

Plan.

| Resource Used. | Home | Home + SSD | Move - S/T pl. | L/T FH.+ NP contact | C.H. | Adoption | Stay in placement | Other |
|---|---|---|---|---|---|---|---|---|
| F.H. all siblings | 4 | 34 | 4 | 2 | 2 | - | - | - |
| F.H. contact between siblings | - | 3 | - | - | - | - | - | - |
| F.H. | - | 14 | 3 | 1 | 1 | 4 | 2 | 1 |
| C.H. all siblings | - | 7 | 2 | 3 | 2 | - | - | 1 |
| C.H. | - | 5 | 1 | 2 | 1 | - | - | - |
| L/T subst.family | - | - | - | - | 1 | - | 1 | - |
| Other | - | 3 | - | 1 | - | 1 | 2 | - |

(96) Cross-Tabulation of Forum for Decision Making by Plan.

| Forum for Decision Making. | Home | Home + SSD | Move - S/T pl. | L/T FH.+ NP contact | C.H. | Adoption | Stay in placement | Other |
|---|---|---|---|---|---|---|---|---|
| Case conf. + caretaker | - | 6 | - | 5 | 1 | 1 | - | - |
| Case conf. without caretaker | - | 9 | 3 | 3 | - | 4 | 5 | - |
| No formal case conf. | 4 | 51 | 6 | 1 | 6 | - | - | 1 |
| Other. | - | - | 1 | - | - | - | - | - |
| Not known. | - | - | - | - | - | - | - | 1 |

Plan.

(97) Cross-Tabulation of Discharge of Child in Voluntary Care (a & b) by Plan.

| Discharge of Child. | Plan. | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Home | | Home + SSD | | Move - S/T pl. | | L/T FH. + NP cont | | C.H. | | Adoption | | Stay in placement | | Other | |
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| NP with SSD agreement. | 4 | - | 50 | 3 | - | - | - | - | - | - | - | - | - | - | 1 | - |
| NP against advice. | - | - | 2 | - | - | - | - | - | - | - | - | - | 1 | - | 1 | - |
| NP reluctant to have child. | - | - | 4 | 4 | 2 | - | - | - | 4 | - | 3 | - | - | 1 | - | - |
| NP unhappy about care. | - | - | - | 5 | - | - | 1 | - | - | - | - | - | - | - | - | - |
| Child not in voluntary care. | - | - | 6 | - | 4 | - | 8 | - | 2 | - | 2 | - | 4 | - | - | - |
| Other. | - | - | 3 | 1 | 2 | 2 | - | 2 | - | 4 | - | 3 | - | - | - | - |
| Not used. | - | 4 | - | 53 | 2 | 8 | - | 8 | 1 | 3 | - | 2 | - | 4 | - | 2 |
| Not recorded. | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |

(98) Cross-Tabulation of Reason for Movement (a & b) by Plan.

Plan.

| Reason for Movement. | Home | | Home + SSD | | Move - S/T pl. | | L/T FH.+ NP contact | | C.H. | | Adoption | | Stay in placement | | Other | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| NP not involved. | - | - | - | - | 8 | - | - | - | 4 | - | - | - | - | - | - | - |
| NP + SSD agree. | 4 | - | 59 | - | - | - | - | 5 | - | - | - | 3 | - | - | 1 | - |
| Against NP wishes. | - | - | - | - | - | - | - | 3 | - | - | - | - | - | - | - | - |
| L/T plan. | - | - | - | 2 | - | - | 5 | - | 1 | 1 | 5 | - | - | - | - | 1 |
| FP. request. removal - Care. | - | - | - | - | - | 4 | 3 | - | 2 | 1 | - | - | - | - | - | - |
| FP. request. removal - Home. | - | - | - | 2 | - | - | - | - | - | - | - | - | - | - | - | - |
| FH. unsatis. - Care. | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - |
| FH. unsatis. - Home. | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - |
| Other. | - | - | 5 | 8 | 2 | 3 | - | - | - | 5 | - | - | 4 | - | 1 | - |
| Not used. | - | 4 | 2 | 54 | - | 2 | - | 1 | - | - | - | 2 | 1 | 5 | - | 1 |

(99) Were resources available for the plan?

| | | |
|---|---|---|
| Yes - all needed | 69 | (63.9%) |
| Some but not all | 24 | (22.2%) |
| No | 3 | (2.8%) |
| Other | 10 | (9.3%) |
| Not known | 2 | (1.9%) |

(100) Cross-Tabulation of Were Resources Available for Plan? by Plan.

Plan.

| Were Resources Available? | Home | Home + SSD | Move - S/T pl. | L/T FH. + NP contact | C.H. | Adoption | Stay in placement | Other |
|---|---|---|---|---|---|---|---|---|
| Yes - all. | 4 | 36 | 8 | 5 | 5 | 5 | 5 | 1 |
| Some. | - | 21 | 1 | - | 2 | - | - | - |
| No. | - | - | - | 3 | - | - | - | - |
| Other. | - | 8 | 1 | - | - | - | - | 1 |
| Not known. | - | 1 | - | 1 | - | - | - | - |
| Total | 4 | 66 | 10 | 9 | 7 | 5 | 5 | 2 |

(101) Next Placement.

| | | |
|---|---|---|
| Home | 4 | (3.7%) |
| Home + SSD help | 68 | (62.9%) |
| Another S/T placement | 9 | (8.3%) |
| L/T FH with parental contact | 5 | (4.6%) |
| L/T FH without parental contact | - | - |
| Children's Home | 10 | (9.3%) |
| Adoption | 6 | (5.6%) |
| Did not move | 5 | (4.6%) |
| Other | 1 | (0.9%) |

(102) Cross-Tabulation of Next Placement by Plan.

| Next Placement. | Plan. | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Home | Home + SSD | Move - S/T pl. | L/T FH.+ NP cont. | C.H. | Adoption | Stay | Other |
| Home. | 4 | - | - | - | - | - | - | - |
| Home + SSD. | - | 66 | - | 1 | - | - | - | 1 |
| Move - S/T placement. | - | - | 9 | - | - | - | - | - |
| L/T FH. + NP. contact. | - | - | - | 5 | - | - | - | - |
| L/T FH. without NP contact. | - | - | - | - | - | - | - | - |
| C.H. | - | - | - | 3 | 7 | - | - | - |
| Adoption. | - | - | 1 | - | - | 5 | - | - |
| Did not move. | - | - | - | - | - | - | 5 | - |
| Other. | - | - | - | - | - | - | - | 1 |

(103) Cross-Tabulation of Number of Previous Admissions to Care by Next Placement.

| Number of Previous Admissions. | Next Placement. | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Home | Home + SSD | Move - S/T pl. | L/T FH.+ NP cont. | C.H. | Adoption | Stayed | Other |
| 0 | 4 | 36 | 7 | 5 | 4 | 5 | 1 | 1 |
| 1 | - | 13 | 2 | - | 2 | 1 | 1 | - |
| 2 | - | 9 | - | - | 4 | - | 3 | - |
| 3 | - | 5 | - | - | - | - | - | - |
| 4 | - | 2 | - | - | - | - | - | - |
| 5 | - | 2 | - | - | - | - | - | - |
| 6 | - | 1 | - | - | - | - | - | - |

(104) Cross-Tabulation of Resource Used by Next Placement.

Next Placement.

| Resource Used. | Home | Home + SSD | Move - S/T pl. | L/T FH.+ NP cont. | C.H. | Adoption | Stayed | Other |
|---|---|---|---|---|---|---|---|---|
| FH. all siblings. | 4 | 34 | 4 | - | 4 | - | - | - |
| FH. contact between sibs. | - | 3 | - | - | - | - | - | - |
| F.H. | - | 15 | 2 | - | 1 | 5 | 2 | 1 |
| C.H. all siblings | - | 8 | 2 | 3 | 2 | - | - | - |
| C.H. | - | 5 | 1 | 2 | 1 | - | - | - |
| L/T substitute family. | - | - | - | - | 1 | - | 1 | - |
| Other. | - | 3 | - | - | 1 | 1 | 2 | - |

(105) Cross Tabulation of Next Placement by Parental contact in first 2 weeks.

Parental contact in the first 2 weeks.

| Next Placement. | None | Almost daily | More than weekly | About weekly | Once in 2 weeks | Other | Not known | |
|---|---|---|---|---|---|---|---|---|
| Home. | 2 | - | - | - | - | - | 2 | 4 |
| Home + SSD. | 4 | 6 | 9 | 14 | 4 | 9 | 22 | 68 |
| Move - S/T placement. | 3 | - | - | - | 2 | 4 | - | 9 |
| L/T + parental contact. | - | - | - | 3 | 1 | - | 1 | 5 |
| L/T without parental contact. | - | - | - | - | - | - | - | - |
| C.H. | 7 | 1 | - | - | 2 | - | - | 10 |
| Adoption. | 4 | - | - | 1 | - | - | 1 | 6 |
| Stayed. | 2 | 1 | 1 | 1 | - | - | - | 5 |
| Other. | - | - | - | - | - | - | 1 | 1 |
| Total | 22 | 8 | 10 | 19 | 9 | 13 | 27 | 108 |

(106) Cross-Tabulation of Next Placement by Parental Contact for Rest of Placement.

Parental contact for rest of placement.

| Next Placement. | N/A | None | More than weekly | About weekly | About f/nightly | About monthly | 1 - 2 monthly | 2 - 3 monthly | Other | |
|---|---|---|---|---|---|---|---|---|---|---|
| Home. | 4 | - | - | - | - | - | - | - | - | 4 |
| Home + SSD. | 47 | 4 | 7 | 6 | - | - | - | - | 4 | 68 |
| Move - S/T placement. | 6 | - | - | 2 | - | - | - | - | 1 | 9 |
| L/T + NP contact. | - | - | - | 2 | - | 2 | 1 | - | - | 5 |
| C.H. | 2 | 3 | 1 | - | 2 | - | - | - | 2 | 10 |
| Adoption. | 2 | 3 | - | - | - | 1 | - | - | - | 6 |
| Stayed. | - | 1 | 1 | - | - | 1 | - | 1 | 1 | 5 |
| Other. | 1 | - | - | - | - | - | - | - | - | 1 |
| Total | 62 | 11 | 9 | 10 | 2 | 4 | 1 | 1 | 8 | |

(107) Was Next Placement Permanent?

| | | |
|---|---|---|
| Yes - no further SSD involvement. | 7 | (6.5%) |
| Yes - further SSD involvement. | 38 | (35.2%) |
| No, child returned to care from home. | 9 | (8.3%) |
| No, child did not return to care. | - | - |
| No, child removed to another placement. | 6 | (5.6%) |
| No, child returned home. | 14 | (12.9%) |
| No, further S/T periods of care. | 31 | (28.7%) |
| Other. | 2 | (1.9%) |
| Not known. | 1 | (0.9%) |

(108) Cross-Tabulation of Reason for Admission (a, b & c) by Was Next Placement Permanent.

Was next placement permanent?

| Reason for Admission. | Yes no SSD | | | Yes with SSD | | | No, child returned to care | | | No, child moved to other pl. | | | No, child returned home | | | No, further S/T care | | | Other | | | Not known | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| Not used. | - | 3 | 5 | - | 14 | 27 | - | 5 | 5 | - | - | 3 | - | 3 | 11 | - | 17 | 25 | - | 2 | 2 | - | - | - |
| Post-puerp. depression. | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Pregnancy. | 2 | - | - | 5 | - | - | 2 | - | 1 | - | - | - | - | - | - | 3 | - | - | - | - | - | - | - | - |
| Illness. | - | - | - | 6 | - | - | - | - | - | - | - | - | - | - | - | 10 | 2 | - | 2 | - | - | - | - | - |
| Single parent - other. | 1 | 1 | - | 2 | - | 3 | - | - | - | - | - | - | - | - | - | 5 | 2 | - | - | - | - | - | - | - |
| Desertion. | - | - | - | 9 | 2 | 1 | 1 | - | - | 1 | 1 | - | 2 | 1 | - | 3 | - | 1 | - | - | - | 1 | - | - |
| NP unable to cope. | 1 | 1 | - | 7 | 4 | 1 | 3 | - | - | 4 | 1 | 1 | 2 | 4 | 1 | 7 | 3 | - | - | - | - | - | 1 | - |
| Child at risk. | - | - | - | 8 | 10 | 1 | 3 | 4 | - | 1 | 1 | 1 | 8 | - | 1 | 3 | 6 | 1 | - | - | - | - | - | - |
| Child handicapped. | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other. | 2 | 2 | 2 | - | 8 | 5 | - | - | 3 | - | 3 | 1 | 2 | 6 | 1 | - | 1 | 4 | - | - | - | - | - | - |
| Total | 7 | | | 38 | | | 9 | | | 6 | | | 14 | | | 31 | | | 2 | | | 1 | | |

(109) Cross-Tabulation of Expectation of Task of Caretaker (a & b) by Was Next Placement Permanent?

Was Next Placement Permanent?

| Expectation of Task of Caretaker. | Yes no SSD | | Yes with SSD | | No, child returned to care. | | No, child moved to other pl. | | No, child returned home. | | Further S/T care. | | Other | | Not known | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| Not used. | - | 7 | - | 32 | - | 8 | - | 6 | - | 13 | - | 30 | - | 2 | - | 1 |
| Defined relief - N.P.'s. | 4 | - | 19 | - | 5 | - | 1 | - | 1 | - | 20 | - | 2 | - | - | - |
| Care limited period, outcome unknown. | - | - | 6 | - | 4 | - | 1 | - | 6 | - | 7 | - | - | - | - | - |
| Asses. limited period outcome unknown. | - | - | 5 | 3 | - | - | 2 | - | 2 | - | 1 | - | - | - | - | - |
| Assess. & prep. L/T care. | 2 | - | 3 | - | - | - | - | - | 1 | - | - | - | - | - | 1 | - |
| Care - undefined period. | - | - | 5 | - | - | - | - | - | 3 | - | 3 | - | - | - | - | - |
| Care - L/T or permanent. | - | - | - | - | - | - | 2 | - | - | - | - | - | - | - | - | - |
| Other. | 1 | - | - | 3 | - | 1 | - | - | 1 | 1 | - | 1 | - | - | - | - |
| Not known. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 7 | | 38 | | 9 | | 6 | | 14 | | 31 | | 2 | | 1 | |

Was Next Placement Permanent?

| Resource Used. | Yes no SSD | Yes with SSD | No,child returned care | No,child moved other pl | No,child returned home | Further S/T care | Other | Not known |
|---|---|---|---|---|---|---|---|---|
| F.H. all siblings. | 4 | 10 | 4 | 1 | 7 | 18 | 2 | - |
| F.H. contact between siblings. | - | - | 2 | - | - | 1 | - | - |
| F.H. | 3 | 14 | 1 | 1 | 1 | 6 | - | - |
| C.H. all siblings | - | 6 | 1 | - | 3 | 4 | - | 1 |
| C.H. | - | 3 | - | 2 | 2 | 2 | - | - |
| L/T substitute family. | - | - | - | 2 | - | - | - | - |
| Other. | - | 5 | 1 | - | 1 | - | - | - |

(111) Cross-Tabulation of Was Next Placement Permanent? by Parental Contact in the first 2 weeks.

Parental contact in the first 2 weeks.

| Was Next Placement Permanent? | None | Almost daily | More than weekly | About weekly | Once in 2 weeks | Other | Not known | |
|---|---|---|---|---|---|---|---|---|
| Yes - no SSD. | 5 | - | - | - | - | - | 2 | 7 |
| Yes with SSD. | 4 | 2 | 6 | 10 | 2 | 3 | 11 | 38 |
| No, child returned to care. | - | - | - | 2 | 2 | 1 | 4 | 9 |
| No moved to another placement. | 5 | - | - | - | - | - | 1 | 6 |
| No, child returned home. | 5 | 1 | - | 2 | 4 | 2 | - | 14 |
| No, other. | - | - | 2 | - | - | - | - | 2 |
| No, more S/T care. | 3 | 5 | 2 | 4 | 1 | 7 | 9 | 31 |
| Not known. | - | - | - | 1 | - | - | - | 1 |
| Total | 22 | 8 | 10 | 19 | 9 | 13 | 27 | 108 |

(112) Cross-Tabulation of Was Next Placement Permanent? by Parental contact for rest of placement.

Parental contact for rest of placement.

| Was next placement permanent? | N/A or not known | None | More than weekly | About weekly | About f/night. | About monthly | 1 - 2 monthly | 2 - 3 monthly | Other | |
|---|---|---|---|---|---|---|---|---|---|---|
| Yes - no SSD. | 5 | 2 | - | - | - | - | - | - | - | 7 |
| Yes + SSD. | 22 | 2 | 4 | 5 | - | 3 | - | 1 | 1 | 38 |
| No, child returned care. | 5 | - | 2 | - | - | - | - | - | 2 | 9 |
| Not child not returned care. | - | - | - | - | - | - | - | - | - | - |
| No, another placement. | 1 | 3 | - | - | - | - | 1 | - | 1 | 6 |
| Child returned home. | 4 | 1 | 1 | 4 | 2 | - | - | - | 2 | 14 |
| Other. | 2 | - | - | - | - | - | - | - | - | 2 |
| More S/T care. | 23 | 3 | 2 | 1 | - | - | - | - | 2 | 31 |
| Not known. | - | - | - | - | - | 1 | - | - | - | 1 |
| Total | 62 | 11 | 9 | 10 | 2 | 4 | 1 | 1 | 8 | 108 |

(113) Cross-Tabulation of Plan. by Was Next Placement Permanent?

Was Next Placement Permanent?

| Plan. | Yes no SSD | Yes with SSD | No,child returned to care | No,child moved to other pl. | No,child returned home. | Further S/T care . | Other | Not known | |
|---|---|---|---|---|---|---|---|---|---|
| Home. | 4 | - | - | - | - | - | - | - | 4 |
| Home + SSD. | - | 28 | 8 | - | 2 | 26 | 2 | - | 66 |
| Moved to S/T placement. | - | 1 | 1 | 1 | 3 | 4 | - | - | 10 |
| L/T family + Np contact. | - | 2 | - | 2 | 4 | - | - | 1 | 9 |
| Moved C.H. | - | - | - | 2 | 5 | - | - | - | 7 |
| Adoption. | 3 | 2 | - | - | - | - | - | - | 5 |
| Stay in placement. | - | 4 | - | 1 | - | - | - | - | 5 |
| Other. | - | 1 | - | - | - | 1 | - | - | 2 |
| Total | 7 | 38 | 9 | 6 | 14 | 31 | 2 | 1 | 108 |

(114) Cross-Tabulation of Next Placement by Was Next Placement Permanent?

Was next placement permanent?

| Next Placement. | Yes no SSD | Yes with SSD | No, child returned to care. | No, moved to other placement | No, child returned home | Further S/T care | Other | Not known |
|---|---|---|---|---|---|---|---|---|
| Home. | 4 | - | - | - | - | - | - | - |
| Home + SSD. | - | 30 | 8 | - | 2 | 26 | 2 | - |
| Moved to S/T placement. | - | - | 1 | 1 | 3 | 4 | - | - |
| L/T family + NP contact. | - | 1 | - | 1 | 2 | - | - | 1 |
| Moved C.H. | - | - | - | 3 | 7 | - | - | - |
| Adoption. | 3 | 3 | - | - | - | - | - | - |
| Stay in placement. | - | 4 | - | 1 | - | - | - | - |
| Other. | - | - | - | - | - | 1 | - | - |

(115) Cross-Tabulation of Were Resources Available for Plan? by Was Next Placement Permanent?

Was Next Placement Permanent?

| Resources Available? | Yes no SSD | Yes + SSD | No, child returned care | No, moved to other place | No, child returned home | No, further S/T care | Other | Not known |
|---|---|---|---|---|---|---|---|---|
| Yes - all needed. | 7 | 24 | 6 | 5 | 7 | 19 | - | 1 |
| Some but not all. | - | 10 | 3 | - | 5 | 4 | 2 | - |
| No. | - | - | - | 1 | 2 | - | - | - |
| Other. | - | 3 | - | - | - | 7 | - | - |
| Not known. | - | 1 | - | - | - | 1 | - | - |

(116) Cross-Tabulation of Number of Previous Admissions to Care by Was Next Placement Permanent?

Was Next Placement Permanent?

| No. of Previous Admissions. | Yes no SSD | Yes + SSD | No, child returned to care | No, moved to other placement | No, child returned home | No, further S/T care | Other | Not known | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 7 | 23 | 5 | 2 | 10 | 15 | – | 1 | 63 |
| 1 | – | 5 | 4 | 2 | 2 | 4 | 2 | – | 19 |
| 2 | – | 5 | – | 2 | 2 | 7 | – | – | 16 |
| 3 | – | 3 | – | – | – | 2 | – | – | 5 |
| 4 | – | – | – | – | – | 2 | – | – | 2 |
| 5 | – | 1 | – | – | – | 1 | – | – | 2 |
| 6 | – | 1 | – | – | – | – | – | – | 1 |
| Total | 7 | 38 | 9 | 6 | 14 | 31 | 2 | 1 | 108 |

(117) Cross-Tabulation of Sibling in Care (a & b) by Was Next Placement Permanent?

Was Next Placement Permanent?

| Sibling in Care. | Yes no SSD | | Yes + SSD | | No,child returned to care | | No,child moved to other pl. | | No,child returned home | | Further S/T care | | Other | | Not known | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| Not used. | – | 6 | 1 | 25 | – | 2 | – | 5 | – | 8 | 1 | 13 | – | – | – | 1 |
| No. | 2 | – | 9 | – | 2 | – | 2 | – | 1 | – | 3 | – | – | – | – | – |
| Yes full sibling same time | 4 | – | 25 | – | 2 | – | 2 | – | 11 | – | 24 | – | 2 | – | 1 | – |
| Yes half sibling same time | 1 | – | 2 | – | 5 | – | 1 | – | 1 | – | 1 | – | – | – | – | – |
| Yes full sibling diff.time | – | – | – | 11 | – | 2 | 1 | – | – | 3 | – | 17 | – | 2 | – | – |
| Yes half sibling diff.time | – | 1 | 1 | 1 | – | 5 | – | 1 | 1 | 3 | 2 | 1 | – | – | – | – |
| Not known. | – | – | – | 1 | – | – | – | – | – | – | – | – | – | – | – | – |
| | 7 | | 38 | | 9 | | 6 | | 14 | | 31 | | 2 | | 1 | |

(118) Cross-Tabulation of Legal Status by Was Next Placement Permanent?

Was Next Placement Permanent?

| Legal Status. | Yes | Yes + SSD | No, child returned to care | No, child moved to other pl. | No, child returned home | No, further S/T care | Other | Not known |
|---|---|---|---|---|---|---|---|---|
| Voluntary. | 7 | 27 | 8 | 5 | 6 | 30 | 2 | - |
| Place of Safety. | - | 11 | 1 | 1 | 7 | 1 | - | - |
| Other Court Orders. | - | - | - | - | 1 | - | - | 1 |

(119) Age of Foster Father.

N = 33.

| Age | Number | % |
|---|---|---|
| Under 20 | - | - |
| 20-24 | - | - |
| 25-29 | 3 | (9.1%) |
| 30-39 | 15 | (45.5%) |
| 40-49 | 9 | (27.3%) |
| 50-59 | 4 | (12.1%) |
| 60+ | 2 | (6.1%) |

(120) Age of Foster Mother.

N = 33.

| | | |
|---|---|---|
| Under 20 | - | - |
| 20-24 | 2 | (6.1%) |
| 25-29 | 6 | (18.2%) |
| 30-39 | 14 | (42.4%) |
| 40-49 | 7 | (21.2%) |
| 50-59 | 3 | (9.1%) |
| 60+ | 1 | (3.0%) |

(121) Length of Marriage.

N = 33.

| | | |
|---|---|---|
| Co-habiting | - | |
| Single | - | |
| 2 years or less | 3 | (9.1%) |
| 3-5 years | 2 | (6.1%) |
| 6-10 years | 7 | (21.2%) |
| 11 years + | 20 | (60.6%) |
| Widowed | - | |
| Not known | 1 | (3.0%) |

(122) Number of Children.

| Children | F.P.'s | |
|---|---|---|
| 0 | 5 | (15.1%) |
| 1 | 2 | (6.1%) |
| 2 | 12 | (36.4%) |
| 3 | 10 | (30.3%) |
| 4 | 2 | (6.1%) |
| 5 | 1 | (3.0%) |
| 6 | 1 | (3.0%) |

(123) Number of Children at Home.

| | | |
|---|---|---|
| 0 | 7 | (21.2%) |
| 1 | 2 | (6.1%) |
| 2 | 12 | (36.4%) |
| 3 | 10 | (30.3%) |
| 4 | 1 | (3.0%) |
| 5 | 1 | (3.0%) |

(124) Number of Pre-school Children.

| | | |
|---|---|---|
| 0 | 20 | (60.6%) |
| 1 | 9 | (27.3%) |
| 2 | 4 | (12.1%) |

(125) Number of School Children.

| | | |
|---|---|---|
| 0 | 12 | (36.4%) |
| 1 | 6 | (18.2%) |
| 2 | 12 | (36.4%) |
| 3 | 2 | (6.0%) |
| 4 | - | |
| 5 | 1 | (3.0%) |

(126) Number of Children 17+ at Home.

| Children | F.P.'s | |
|---|---|---|
| 0 | 29 | (87.0%) |
| 1 | 3 | (9.1%) |
| 4 | 1 | (3.0%) |

(127) Number of Children 17+ Away From Home.

| | | |
|---|---|---|
| 0 | 27 | (81.0%) |
| 1 | 2 | (6.0%) |
| 2 | 4 | (12.1%) |

(128) Number of Pre-school and School-age Children at Home.

| | | |
|---|---|---|
| 0 | 9 | (27.3%) |
| 1 | 1 | (3.0%) |
| 2 | 14 | (42.4%) |
| 3 | 8 | (24.2%) |
| 4 | - | - |
| 5 | 1 | (3.0%) |

(129) Occupation of Foster Father.

| | | |
|---|---|---|
| Not used. | 1 | (3.0%) |
| S/C I - Profession. | 2 | (6.1%) |
| II - Intermediate Occupation. | 14 | (42.4%) |
| III(N) - Skilled occupation, non-manual. | 3 | (9.1%) |
| III(M) - Skilled occupation, manual. | 8 | (24.2%) |
| IV - Partly skilled occupation. | 3 | (9.1%) |
| V - Unskilled. | 1 | (3.0%) |
| Member of Armed Forces. | - | |
| Housewife or never been employed. | - | |
| Previously one of above, currently not employed. | 1 | (3.0%) |

(130) Occupation Foster Mother.

| | | |
|---|---|---|
| Not used. | - | |
| S/C I - Profession. | - | |
| II - Intermediate occupation. | 3 | (9.1%) |
| III(N) - Skilled occupation, non-manual. | 6 | (18.2%) |
| III(M) - Skilled occupation, manual. | - | |
| IV - Partly skilled occupation. | 2 | (6.1%) |
| V - Unskilled. | 2 | (6.1%) |
| Member of Armed Forces. | - | |
| Housewife or never been employed. | 19 | (57.6%) |
| Previously one of above, currently not employed. | 1 | (3.0%) |

(131) Method Recruited.

| | a | | b | | c | |
|---|---|---|---|---|---|---|
| General awareness of fostering. | 8 | (24.4%) | 5 | (15.2%) | 1 | (3.0%) |
| Knew relative or friend who fostered. | 3 | (9.1%) | 4 | (12.1%) | 1 | (3.0%) |
| Answered advert in paper. | 4 | (12.1%) | 1 | (3.0%) | - | - |
| Read articles on fostering. | - | - | 2 | (6.1%) | - | - |
| Attended open meeting. | 1 | (3.0%) | 1 | (3.0%) | - | - |
| T.V. or Radio programme. | 2 | (6.1%) | - | - | 2 | (6.1%) |
| Stall. | 1 | (3.0%) | - | - | - | - |
| Approved by other agency. | 2 | (6.1%) | 1 | (3.0%) | - | - |
| Other or not known. | 12 | (36.4%) | 3 | (9.1%) | 2 | (6.1%) |
| Not used. | - | - | 16 | (48.5%) | 27 | (81.8%) |

(132) Cross-Tabulation of Method Recruited (a, b & c) by Age of Foster Mother.

| Method Recruited. | Age of Foster Mother. | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 20 - 24 | | | 25 - 29 | | | 30 - 39 | | | 40 - 49 | | | 50 - 59 | | | 60+ | | |
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| General awareness. | 1 | – | – | 4 | 1 | – | 2 | 4 | – | 1 | – | – | – | – | 1 | – | – | – |
| Relative or friend fostered. | – | – | – | 2 | 2 | – | 1 | 2 | – | – | – | 1 | – | – | – | – | – | – |
| Advert. | 1 | – | – | – | – | – | 1 | – | – | – | 1 | – | 2 | – | – | – | – | – |
| Read article. | – | – | – | – | 2 | – | – | – | – | – | – | – | – | – | – | – | – | – |
| Open meeting. | – | – | – | – | – | – | 1 | – | – | – | – | – | – | 1 | – | – | – | – |
| TV/Radio. | – | – | – | – | – | 1 | 2 | – | 1 | – | – | – | – | – | – | – | – | – |
| Stall. | – | – | – | – | – | – | 1 | – | – | – | – | – | – | – | – | – | – | – |
| Approved by other agency. | – | – | – | – | – | – | 2 | – | – | – | – | – | – | 1 | – | – | – | – |
| Other. | – | – | – | – | 1 | 1 | 4 | 2 | 1 | 6 | – | – | 1 | – | – | 1 | – | – |
| Not used. | – | 2 | 2 | – | – | 4 | – | 6 | 12 | – | 6 | 6 | – | 1 | 2 | – | 1 | 1 |

(133) Cross-Tabulation of Method Recruited (a, b, & c) by Occupation of Foster Father.

Occupation of Foster Father.

| Method Recruited. | Not used. | | | I Prof. | | | II Int. | | | III(N) skilled non-manual | | | III(M) skilled manual | | | IV semi skilled | | | V unskilled | | | Unemp. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| General awareness. | – | – | – | 1 | 1 | – | 3 | 2 | – | 1 | 1 | – | 2 | 1 | 1 | 1 | – | – | – | – | – | – | – | – |
| Relative or friend fostered. | – | – | – | – | – | – | 2 | 1 | 1 | – | – | – | 1 | 3 | – | – | – | – | – | – | – | – | – | – |
| Advert. | – | – | – | – | – | – | 2 | 1 | – | 1 | – | – | 1 | – | – | – | – | – | – | – | – | – | – | – |
| Article. | – | – | – | – | – | – | – | 2 | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – |
| Open meeting. | – | – | – | – | – | – | 1 | – | – | – | – | – | – | 1 | – | – | – | – | – | – | – | – | – | – |
| TV/Radio. | – | – | – | 1 | – | – | 1 | – | 1 | – | – | – | – | – | 1 | – | – | – | – | – | – | – | – | – |
| Stall. | – | – | – | – | – | – | – | – | – | 1 | – | – | – | – | – | – | – | – | – | – | – | – | – | – |
| Other agency. | – | – | – | – | – | – | 2 | 1 | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – | – |
| Other. | 1 | – | – | – | – | – | 3 | 2 | 1 | – | – | – | 4 | – | 1 | 2 | 1 | – | 1 | – | – | 1 | – | – |
| Not used. | – | 1 | 1 | – | 1 | 2 | – | 5 | 11 | – | 2 | 3 | – | 3 | 5 | – | 2 | 3 | – | 1 | 1 | – | 1 | 1 |

(134) Request at Application.

| | a | | b | | c | |
|---|---|---|---|---|---|---|
| Short-term babies. | 5 | (15.2%) | - | - | - | - |
| Short-term up to 5 years. | 12 | (36.4%) | 2 | (6.1%) | - | - |
| Short-term 6-12 years. | - | - | 9 | (27.3%) | - | - |
| Short-term 13+ years. | - | - | - | - | - | - |
| Short-term any age. | 2 | (6.1%) | 1 | (3.0%) | 2 | (6.1%) |
| Short-term now, long term later. | 2 | (6.1%) | 1 | (3.0%) | 2 | (6.1%) |
| Long-term. | 5 | (15.2%) | 1 | (3.0%) | - | - |
| Long-term with view to adoption or ad. | 3 | (9.1%) | 1 | (3.0%) | - | - |
| Other or not known. | 4 | (12.1%) | 4 | (12.1%) | 1 | (3.0%) |
| Not used. | - | - | 14 | (42.4%) | 28 | (84.8%) |

(135) Cross-Tabulation of Request at Application by Age of Foster Mother.

| Request at Application. | Age of Foster Mother. | | | | | |
|---|---|---|---|---|---|---|
| | 20 - 24 | 25 - 29 | 30 - 39 | 40 - 49 | 50 - 59 | 60+ |
| Short-term babies. | - | - | 2 | 2 | 1 | - |
| Short-term up to 5 years. | 2 | 3 | 5 | 1 | 1 | - |
| Short-term 6-12 years. | - | - | - | - | - | - |
| Short-term 13+ years. | - | - | - | - | - | - |
| Short-term any age. | - | 1 | 1 | - | - | - |
| Short-term now, long term later. | - | - | 1 | 1 | - | - |
| Long-term. | - | 1 | 3 | - | 1 | - |
| Long-term with view to adoption or ad. | - | 1 | 1 | 1 | - | - |
| Other or not known. | - | - | 1 | 2 | - | 1 |

(136) Cross-Tabulation of Request at Application by Number of Pre-school Children.

| Request at Application. | Number of Pre-school Children. 0 | 1 | 2 | Total |
|---|---|---|---|---|
| S/T babies. | 3 | 2 | - | 5 |
| S/T up to 5 years. | 5 | 4 | 3 | 12 |
| S/T 6-12 years. | - | - | - | - |
| S/T 13+ years. | - | - | - | - |
| S/T any age. | 2 | - | - | 2 |
| S/T now, L/T later. | 2 | - | - | 2 |
| L/T. | 3 | 1 | 1 | 5 |
| L/T - ad. or ad. | 2 | 1 | - | 3 |
| Other or not known. | 3 | 1 | - | 4 |
| Total | 20 | 9 | 4 | 33 |

(137) Cross-Tabulation of Request at Application by Number of School-age Children.

| Request at Application | Number of School-Age Children. 0 | 1 | 2 | 3 | 5 | Total |
|---|---|---|---|---|---|---|
| S/T babies. | 1 | - | 3 | 1 | - | 5 |
| S/T up to 5 years. | 6 | 3 | 3 | - | - | 12 |
| S/T 6-12 years. | - | - | - | - | - | - |
| S/T 13+ years. | - | - | - | - | - | - |
| S/T any age. | 1 | - | - | 1 | - | 2 |
| S/T now, L/T later. | - | 1 | 1 | - | - | 2 |
| L/T. | 1 | 2 | 1 | - | 1 | 5 |
| L/T - ad. or ad. | 2 | - | 1 | - | - | 3 |
| Other or not known. | 1 | - | 3 | - | - | 4 |
| Total | 12 | 6 | 12 | 2 | 1 | 33 |

(138) Cross-Tabulation of Request at Application by Number of Pre-School Plus School-Age Children.

| Request at Application. | No. of Pre-School plus School-Age Children. | | | | | |
|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 5 | Total |
| S/T Babies. | 1 | - | 1 | 3 | - | 5 |
| S/T up to 5 years. | 3 | - | 8 | 1 | - | 12 |
| S/T 6-12 years. | - | - | - | - | - | - |
| S/T 13+ years. | - | - | - | - | - | - |
| S/T any age. | 1 | - | - | 1 | - | 2 |
| S/T now, L/T later. | - | 1 | 1 | - | - | 2 |
| L/T. | 1 | - | 2 | 1 | 1 | 5 |
| L/T - ad. or ad. | 2 | - | - | 1 | - | 3 |
| Other or not known. | 1 | - | 2 | 1 | - | 4 |
| Total | 9 | 1 | 14 | 8 | 1 | 33 |

(139) Cross-Tabulation of Request at Application by Length of Marriage.

| Request at Application. | Length of Marriage. | | | | |
|---|---|---|---|---|---|
| | 2 years or less | 3 - 5 years | 6 - 10 years | 11+ years | Not known |
| S/T babies. | - | - | - | 5 | - |
| S/T up to 5 years. | 2 | - | 4 | 6 | - |
| S/T 6-12 years. | - | - | - | - | - |
| S/T 13+ years. | - | - | - | - | - |
| S/T any age. | - | 1 | - | 1 | - |
| S/T now, L/T later. | - | - | - | 2 | - |
| L/T. | 1 | - | 1 | 3 | - |
| L/T - ad. or ad. | - | - | 2 | 1 | - |
| Other or not known. | - | 1 | - | 2 | 1 |

(140) Original Motivation.

| | a | | b | | c | |
|---|---|---|---|---|---|---|
| Altruism or compassion for child in need. | 13 | (39.4%) | 1 | (3.0%) | 1 | (3.0%) |
| F.Mother's wish to look after young children. | 10 | (30.3%) | 6 | (18.2%) | - | - |
| Unable to have own family or completion of family. | 2 | (6.1%) | 1 | (3.0%) | 1 | (3.0%) |
| Applied to adopt or waiting own family-occup. while wait. | 1 | (3.0%) | 3 | (9.1%) | - | - |
| Own ch. grown - need occup. & company. | - | - | 1 | (3.0%) | 1 | (3.0%) |
| Own family complete &/or enjoy ch. - something to offer ch. | 2 | (6.1%) | 13 | (39.4%) | 4 | (12.1%) |
| Companionship for own child. | 1 | (3.0%) | - | - | - | - |
| Replacement for own ch. or compensation unsatis. relation-ship. | 1 | (3.0%) | 2 | (6.1%) | 1 | (3.0%) |
| Other. | 3 | (9.1%) | 2 | (6.1%) | 5 | (15.1%) |
| Not used. | - | - | 4 | (12.1%) | 20 | (60.6%) |

(141) Cross-Tabulation of Original Motivation (a, b & c) by Length of Marriage.

| Original Motivation. | Length of Marriage. | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2 years or less | | | 3 - 5 years | | | 6 - 10 years | | | 11 + years | | | Not known | | | Total col. a. |
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | |
| Not used. | – | – | 1 | – | – | 1 | – | – | 2 | – | 4 | 16 | – | – | – | – |
| Altruism. | 2 | – | – | 1 | – | – | 4 | – | – | 5 | 1 | 1 | 1 | – | – | 13 |
| F.Mother's wish to look after young children. | – | – | – | – | 1 | – | 1 | 2 | – | 9 | 2 | – | – | 1 | – | 10 |
| Complete family. | – | – | – | – | – | 1 | 1 | – | – | 1 | 1 | – | – | – | – | 2 |
| Await family. | – | 2 | – | 1 | – | – | – | 1 | – | – | – | – | – | – | – | 1 |
| Own ch. grown. | – | – | – | – | – | – | – | – | – | – | 1 | 1 | – | – | – | – |
| Enjoy children. | 1 | – | 1 | – | – | – | – | 4 | 1 | 1 | 9 | 2 | – | – | – | 2 |
| Companionship for own child. | – | – | – | – | – | – | 1 | – | – | – | – | – | – | – | – | 1 |
| Replace own ch. or compensation. | – | – | – | – | – | – | – | – | 1 | 1 | 2 | – | – | – | – | 1 |
| Other. | – | 1 | 1 | – | 1 | – | – | – | 3 | 3 | – | – | – | – | 1 | 3 |
| Total | 3 | | | 2 | | | 7 | | | 20 | | | 1 | | | |

(142) Cross-Tabulation of Original Motivation (a, b & c) by Age of Foster Mother.

| Original Motivation. | Age of Foster Mother. | | | | | | | | | | | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 20 - 24 | | | 25 - 29 | | | 30 - 39 | | | 40 - 49 | | | 50 - 59 | | | 60 + | | | |
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | |
| Altruism. | 2 | – | – | 1 | – | – | 8 | 1 | – | 2 | – | 1 | – | – | – | – | – | – | 13 |
| F.Mother's wish to look after young children. | – | – | – | 1 | 1 | – | 4 | 5 | – | 3 | – | – | 2 | – | – | – | – | – | 10 |
| Complete family. | – | – | – | 1 | – | 1 | – | 1 | – | 1 | – | – | – | – | – | – | – | – | 2 |
| Await own family. | – | 2 | – | 1 | 1 | – | – | – | – | – | – | – | – | – | – | – | – | – | 1 |
| Own ch. grown. | – | – | – | – | – | – | – | – | – | – | – | – | – | 1 | 1 | – | – | – | – |
| Companionship own child. | – | – | – | 1 | – | – | – | – | – | – | – | – | – | – | – | – | – | – | 1 |
| Replace own ch.compensation. | – | – | – | – | – | 1 | – | – | – | 1 | 2 | – | – | – | – | – | – | – | 1 |
| Enjoy children. | – | – | 1 | 1 | 3 | – | 1 | 6 | 3 | – | 3 | – | – | 1 | – | – | – | – | 2 |
| Other. | – | – | 1 | – | 1 | 1 | 1 | – | 3 | – | 1 | – | 1 | – | – | 1 | – | – | 3 |
| Not used. | – | – | – | – | – | 3 | – | 1 | 8 | – | 1 | 6 | – | 1 | 2 | – | 1 | 1 | – |
| Total column a. | 2 | | | 6 | | | 14 | | | 7 | | | 3 | | | 1 | | | |

(143) Cross-Tabulation of Original Motivation by Number of Pre-school age Children.

| Original Motivation. | Number of Pre-School Age Children. | | |
|---|---|---|---|
| | 0 | 1 | 2 |
| Altruism. | 8 | 4 | 1 |
| Foster mother wishes to care for young children. | 6 | 3 | 1 |
| To complete family. | 2 | - | - |
| Awaiting own family. | 1 | - | - |
| Children grown - occup. | - | - | - |
| Enjoy children. | - | 1 | 1 |
| Companion for own child. | - | - | 1 |
| Replace or compensate. | 1 | - | - |
| Other. | 3 | - | - |
| Total | 21 | 8 | 4 |

(144) Cross-Tabulation of Original Motivation by Number of School-Age Children.

| Original Motivation. | Number of School Age Children. | | | | |
|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 5 |
| Altruism. | 3 | 2 | 8 | - | - |
| Foster mother wishes to care for young children. | 3 | 2 | 3 | 2 | - |
| To complete own family. | 2 | - | - | - | - |
| Awaiting own family. | 1 | - | - | - | - |
| Children grown - occup. | - | - | - | - | - |
| Enjoy children. | - | 1 | 1 | - | - |
| Companion for own child. | 1 | - | - | - | - |
| Replace or compensate. | - | 1 | - | - | - |
| Other. | 2 | - | - | - | 1 |
| Total | 12 | 6 | 12 | 2 | 1 |

(145) Cross-Tabulation of Original Motivation by Occupation/S.C. of Foster Father.

Occup./S.C. of Foster Father.

| Original Motivation. | Not used | I - Prof. | II - Int. | III(N) skilled non-manual | III(M) skilled manual | IV semi-skilled | V un-skilled | Not emp. |
|---|---|---|---|---|---|---|---|---|
| Altruism. | 1 | 2 | 5 | 2 | 3 | - | - | - |
| F.Mother wishes to look after young children. | - | - | 3 | 1 | 4 | 2 | - | - |
| To complete own family. | - | - | 2 | - | - | - | - | - |
| Awaiting own family. | - | - | 1 | - | - | - | - | - |
| Children grown - occup. | - | - | - | - | - | - | - | - |
| Enjoy children. | - | - | 2 | - | - | - | - | - |
| Companion for own child. | - | - | - | - | 1 | - | - | - |
| Replace or compensate. | - | - | 1 | - | - | - | - | - |
| Other. | - | - | - | - | - | 1 | 1 | 1 |

(146) Previous Knowledge of Fostering When Applied.

| | | |
|---|---|---|
| None. | 6 | (18.2%) |
| Some. | 11 | (33.3%) |
| Previous experience of fostering or looking after someone elses child. | 12 | (36.4%) |
| Not known or not recorded. | 4 | (12.1%) |

(147) Delay between referral and first visit.

| | | |
|---|---|---|
| Under 2 weeks. | 4 | (12.1%) |
| 2-4 weeks. | 9 | (27.3%) |
| 5 - less than 8 weeks. | 5 | (15.2%) |
| 8 weeks - 3 months. | 3 | (9.1%) |
| 4-5 months. | 2 | (6.1%) |
| Other. | 7 | (21.2%) |
| Not recorded. | 3 | (9.1%) |

(148) Number of visits from Social Worker when full assessment done.

| | | |
|---|---|---|
| 2 or less. | - | - |
| 3 - 5. | 12 | (36.4%) |
| 6 or more. | 11 | (33.3%) |
| Other. | 4 | (12.1%) |
| Not known. | 6 | (18.2%) |

(149) Other areas of preparation.

| | a | | b | | c | | d | |
|---|---|---|---|---|---|---|---|---|
| Contact with other F.P.'s. | 6 | (18.1%) | 3 | (9.1%) | - | | - | |
| Contact with Children's Home and/or Children's Centre. | - | | 4 | (12.1%) | 1 | (3.0%) | - | |
| Attendance at fostering meeting. | 7 | (21.2%) | - | | 3 | (9.1%) | - | |
| Discussions with relatives/friends in associated occupations (not F.P.'s). | - | | - | | - | | - | |
| Reading materials. | 2 | (6.1%) | 2 | (6.1%) | 1 | (3.0%) | - | |
| Contact with voluntary agencies. | 1 | (3.1%) | 3 | (9.1%) | - | | - | |
| Previous experience of looking after someone else's child. | 10 | (30.3%) | 6 | (18.2%) | - | | 1 | (3.0%) |
| Other. | - | | 1 | (3.0%) | 2 | (6.1%) | - | |
| None recorded. | 7 | (21.2%) | 1 | (3.0%) | 1 | (3.0%) | 1 | (3.0%) |
| Not used. | - | | 13 | (39.4%) | 25 | (75.7%) | 31 | (93.9%) |

(150) Cross-Tabulation of Year Accepted by Areas of Preparation. (a,b & c).

Areas of Preparation.

| Year Accepted. | Not used | | | Contact other FP. | | | Contact CH or CC | | | Fostering meetings | | | Rel/Frds. Ass/occ. | | | Reading | | | Contact Vol.ag. | | | Prev.Exp. Fost/S.E.C. | | | Other | | | None Recorded | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| 1976 or before. | - | 4 | 8 | 3 | 2 | - | - | 1 | 1 | 2 | - | 2 | - | - | - | 1 | - | - | - | 1 | - | 3 | 2 | - | - | 1 | - | 2 | - | - |
| 1977. | - | 1 | 4 | 1 | - | - | - | - | - | 3 | - | - | - | - | - | 1 | 2 | 1 | 1 | 1 | - | - | 2 | - | - | - | 1 | - | - | - |
| 1978. | - | 2 | 4 | - | - | - | - | 1 | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 2 | 1 | - | - | - | - | 1 | - | - |
| 1979. | - | 3 | 5 | 1 | 1 | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | 4 | 1 | - | - | - | 1 | 1 | - | - |
| 1980. | - | 2 | 3 | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | 2 | - | - |
| 1981 or later. | - | 1 | 1 | 1 | - | - | - | 1 | - | - | - | 1 | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | 1 | 1 | 1 |
| Total. | - | 13 | 25 | 6 | 3 | - | - | 4 | 1 | 7 | - | 3 | - | - | - | 2 | 2 | 1 | 1 | 3 | - | 10 | 6 | - | - | 1 | 2 | 7 | 1 | 1 |

(151) Assessment Format.

| | | |
|---|---|---|
| Brief narrative. | 5 | (15.2%) |
| Comprehensive narrative. | 21 | (63.6%) |
| Form F. | 3 | (9.1%) |
| Other. | 4 | (12.1%) |

(152) Social Worker's Interpretation of Motivation.

| | a | | b | | c | |
|---|---|---|---|---|---|---|
| Altruism; compassion for children in need. | 12 | (36.4%) | 3 | (9.1%) | 2 | (6.1%) |
| Foster mother's need for dependents. | 9 | (27.3%) | 2 | (6.1%) | 2 | (6.1%) |
| Alternative to adoption or completion of family. | - | | 3 | (9.1%) | 1 | (3.0%) |
| Waiting own family by birth or adoption - alternative occupation while waiting. | 2 | (6.1%) | 2 | (6.1%) | - | |
| Own family grown up - need occupation and company. | - | | 1 | (3.0%) | 1 | (3.0%) |
| Family complete and/or enjoy children - something to offer other children. | 6 | (18.2%) | 15 | (45.4%) | 2 | (6.1%) |
| Companion for own child. | - | | - | | 1 | (3.0%) |
| Attempted compensation for unsatisfactory or lost relationship. | 3 | (9.1%) | 2 | (6.1%) | 4 | (12.1%) |
| Other. | 1 | (3.0%) | 3 | (9.1%) | 7 | (21.2%) |
| Not used. | - | | 2 | (6.1%) | 13 | (39.4%) |

(153) Cross-Tabulation of Original Motivation by Social Worker's Interpretation of Motivation.

Social Worker's Interpretation of Motivation.

| Original Motivation. | Altruism | F.Mother's need for dependents | Complete family | Await own family | Enjoy children | Companion for own child | Replace/ compen-sate | Other |
|---|---|---|---|---|---|---|---|---|
| Altruism. | 11 | – | – | – | 2 | – | – | – |
| F.Mother - young ch. | – | 8 | – | – | 2 | – | – | – |
| Complete family. | – | – | – | 1 | – | – | 1 | – |
| Await own family. | – | – | – | 1 | – | – | – | – |
| Own children grown. | – | – | – | – | – | – | – | – |
| Enjoy children. | – | – | – | – | 2 | – | – | – |
| Companion own child. | – | – | – | – | – | – | – | – |
| Replacement/compensation. | 1 | – | – | – | – | – | 1 | – |
| Other. | – | 1 | – | – | – | – | 1 | 1 |

(154) Did Social Worker have reservations?

| | | |
|---|---|---|
| Yes | 12 | (36.4%) |
| No. | 19 | (57.6%) |
| Not known or recorded. | 2 | (6.1%) |

(155) i. Recommendation from Social Worker.

| | a | | b | |
|---|---|---|---|---|
| Accept S/T 0-2. | 4 | (12.1%) | - | |
| Accept S/T 0-5. | 12 | (36.4%) | - | |
| Accept S/T 6-12. | 2 | (6.1%) | 6 | (18.2%) |
| Accept S/T 13+. | - | | - | |
| Accept S/T any age. | 6 | (18.9%) | 1 | (3.0%) |
| Accept long term. | 4 | (12.1%) | - | |
| Accept L/T - Adoption. | 1 | (3.0%) | - | |
| Other. | 4 | (12.1%) | 5 | (15.2%) |
| Not used. | - | | 21 | (63.6%) |

ii. More than one child?

| | | |
|---|---|---|
| No. | 17 | (51.5%) |
| Yes. | 16 | (48.5%) |

iii. Uncomplicated Placement?

| | | |
|---|---|---|
| No. | 26 | (78.8%) |
| Yes. | 7 | (21.2%) |

iv. Male only?

| | | |
|---|---|---|
| No. | 29 | (87.9%) |
| Yes. | 4 | (12.1%) |

v. Female only?

| | | |
|---|---|---|
| No. | 30 | (90.9%) |
| Yes. | 3 | (9.1%) |

(156) Cross-Tabulation of Original Request by Recommendation from Social Worker.

Recommendation from Social Worker.

| Original Request. | S/T 0 - 2 | S/T 0 - 5 | S/T 6 - 12 | S/T 13+ | S/T any age | L/T | L/T - Adoption | Other |
|---|---|---|---|---|---|---|---|---|
| S/T babies. | 4 | 1 | - | - | - | - | - | - |
| S/T up to 5 years. | - | 10 | - | - | 2 | - | - | - |
| S/T 6-12. | - | - | - | - | - | - | - | - |
| S/T 13+. | - | - | - | - | - | - | - | - |
| S/T any age. | - | - | - | - | 2 | - | - | - |
| S/T now L/T later. | - | - | 2 | - | - | - | - | - |
| L/T. | - | 1 | - | - | 1 | 3 | - | - |
| L/T - Adoption. | - | - | - | - | 1 | 1 | 1 | - |
| Other/not known. | - | - | - | - | - | - | - | 4 |

(157) i. What accepted to do?

| | a | | b | |
|---|---|---|---|---|
| S/T 0-2. | 5 | (15.2%) | - | |
| S/T 0-5. | 12 | (36.4%) | - | |
| S/T 6-12. | 2 | (6.1%) | 7 | (21.2%) |
| S/T 13+. | - | | - | |
| S/T any age. | 5 | (15.2%) | 1 | (3.0%) |
| Long Term. | 4 | (12.1%) | - | |
| L/T - Adoption. | 1 | (3.0%) | - | |
| Other. | 4 | (12.1%) | 3 | (9.1%) |
| Not used. | - | | 22 | (66.7%) |

ii. More than one child?

| | | |
|---|---|---|
| No. | 18 | (54.5%) |
| Yes. | 15 | (45.5%) |

iii. Uncomplicated placement?

| | | |
|---|---|---|
| No. | 23 | (69.7%) |
| Yes. | 10 | (30.3%) |

iv. Male only?

| | | |
|---|---|---|
| No. | 29 | (87.9%) |
| Yes. | 4 | (12.1%) |

v. Female only?

| | | |
|---|---|---|
| No. | 30 | (90.1%) |
| Yes. | 3 | (9.1%) |

(158) Cross-Tabulation of What Accepted To Do by Recommendation from Social Worker.

Recommendation from Social Worker.

| Accepted For. | S/T 0-2 | S/T 0-5 | S/T 6-12 | S/T any age | L/T | L/T - Adoption | Other | Not used |
|---|---|---|---|---|---|---|---|---|
| S/T 0-2. | 4 | 1 | - | - | - | - | - | - |
| S/T 0-5. | - | 11 | - | 1 | - | - | - | - |
| S/T 6-12. | - | - | 2 | - | - | - | - | - |
| S/T any age. | - | - | - | 5 | - | - | - | - |
| L/T. | - | - | - | - | 4 | - | - | - |
| L/T - Adoption. | - | - | - | - | - | 1 | - | - |
| Other. | - | - | - | - | - | - | 4 | - |
| Not used. | - | - | - | - | - | - | - | - |

(159) Accepted for more than 1 child by recommendation for more than 1 child.

| | Recommended for more than 1 child. | |
|---|---|---|
| Accepted for more than 1 child. | Yes | No. |
| Yes. | 15 | - |
| No. | 1 | 17 |

(160) Accepted for uncomplicated placement by recommendation for uncomplicated placement.

| | Recommendation for uncomplicated placement. | |
|---|---|---|
| Accepted for uncomplicated placement. | Yes | No |
| Yes. | 6 | 4 |
| No. | 1 | 22 |

(161) Cross-Tabulation of Number of Visits from Social Worker by What Accepted To Do.

What Accepted To Do.

| Number of Visits from Social Worker | S/T 0-2 | S/T 0-5 | S/T 6-12 | S/T any age | L/T | L/T - Adoption | Other |
|---|---|---|---|---|---|---|---|
| 2 or less. | - | - | - | - | - | - | - |
| 3 - 5. | 1 | 5 | 2 | 3 | 1 | - | - |
| 6 or more. | 3 | 4 | - | 1 | 2 | 1 | - |
| Other. | - | - | - | - | - | - | 4 |
| Not known. | 1 | 3 | - | 1 | 1 | - | - |

(162) Cross-Tabulation of Other Preparation (col. a) by What Accepted To Do.

| Preparation. | What Accepted To Do. | | | | | | |
|---|---|---|---|---|---|---|---|
| | S/T 0-2 | S/T 0-5 | S/T 6-12 | S/T any age | L/T | L/T - Adoption | Other |
| Contact with F.P.'s. | 1 | 1 | 1 | 2 | - | 1 | - |
| Visit C.H. or C.C. | - | - | - | - | - | - | - |
| Foster meetings. | 2 | 2 | - | 1 | 2 | - | - |
| Reading. | - | 1 | - | 1 | - | - | - |
| Contact voluntary agencies. | - | 1 | - | - | - | - | - |
| Previous experience. | 1 | 4 | 1 | 1 | - | - | 3 |
| Other. | - | - | - | - | - | - | - |
| Not recorded. | 1 | 3 | - | - | 2 | - | 1 |

(163) Cross-Tabulation of Did Social Worker Have Reservations? by What Accepted To Do.

What Accepted To Do.

| Did Social Worker Have Reservations? | S/T 0-2 | S/T 0-5 | S/T 6-12 | S/T any age | L/T | L/T - Adoption | Other |
|---|---|---|---|---|---|---|---|
| Yes. | 3 | 2 | 1 | 2 | 3 | - | 1 |
| No. | 2 | 10 | 1 | 3 | 1 | 1 | 1 |
| Not known or not recorded. | - | - | - | - | - | - | 2 |

(164) Cross-Tabulation of Assessment Format by What Accepted To Do.

What Accepted To Do.

| Assessment Format. | S/T 0-2 | S/T 0-5 | S/T 6-12 | S/T any age | L/T | L/T - Adoption | Other |
|---|---|---|---|---|---|---|---|
| Brief narrative. | 1 | 2 | - | 2 | - | - | - |
| Comprehensive narrative. | 3 | 10 | 1 | 3 | 3 | 1 | - |
| Form F. | 1 | - | 1 | - | 1 | - | - |
| Other. | - | - | - | - | - | - | 4 |

(165) Originally assessed by other local authority or agency.

| | | |
|---|---|---|
| No. | 24 | (72.7%) |
| Yes - reassessed and accepted by HCC. | 4 | (12.1%) |
| Yes - reassessed and not accepted by HCC. | - | - |
| Yes - accepted by other LA and recommendation accepted by HCC. | 1 | (3.0%) |
| Yes - not accepted by other LA, reassessed and accepted by HCC. | 1 | (3.0%) |
| Yes - applied to other LA, assessment not completed. | 2 | (6.1%) |
| Other. | 1 | (3.0%) |

(166) Delay before first placement by HCC.

| | | |
|---|---|---|
| One week or less. | 3 | (9.1%) |
| One week to less than one month. | 2 | (6.1%) |
| 1 - 2 months. | 4 | (12.1%) |
| 3 - 4 months. | 8 | (24.2%) |
| 5 - 6 months. | 1 | (3.0%) |
| 7 months to less than 1 year. | 2 | (6.1%) |
| 1 year or more. | 3 | (9.1%) |
| Not known or other. | 10 | (30.3%) |

(167) Cross-Tabulation of Delay Before First Placement by What Accepted To Do.

What Accepted To Do.

| Delay Before First Placement. | S/T 0-2 | S/T 0-5 | S/T 6-12 | S/T any age | L/T | L/T - Adoption | Other |
|---|---|---|---|---|---|---|---|
| 1 week or less. | - | 1 | - | 2 | - | - | - |
| 1-4 weeks. | - | 1 | - | - | - | 1 | - |
| 1 - 2 months. | 2 | 1 | - | - | 1 | - | - |
| 3 - 4 months. | 2 | 4 | 1 | 1 | - | - | - |
| 5 - 6 months. | - | - | 1 | - | - | - | - |
| 7 months - 1 year. | - | 2 | - | - | - | - | - |
| 1 year +. | - | 2 | - | 1 | - | - | - |
| Not known or other. | 1 | 1 | - | 1 | 3 | - | 4 |

(168) i. Nature of first placement.

| | | |
|---|---|---|
| S/T 0-2. | 12 | (36.4%) |
| S/T 0-5. | 10 | (30.3%) |
| S/T 6-9. | 3 | (9.1%) |
| S/T 10-12. | - | - |
| S/T 13+. | 1 | (3.0%) |
| Long term. | 3 | (9.1%) |
| L/T - Adoption. | - | - |
| Other. | 4 | (12.1%) |
| Not used. | - | - |

ii. More than one child?

| | | |
|---|---|---|
| No. | 19 | (57.6%) |
| Yes. | 14 | (42.4%) |

iii. Complicated placement?

| | | |
|---|---|---|
| Uncomplicated. | 6 | (18.2%) |
| Complicated. | 21 | (63.6%) |
| Not known or not used. | 6 | (18.2%) |

iv. Male only?

| | | |
|---|---|---|
| No. | 9 | (27.3%) |
| Yes. | 24 | (72.7%) |

v. Female only?

| | | |
|---|---|---|
| No. | 18 | (54.5%) |
| Yes. | 15 | (45.5%) |

(169) Cross-Tabulation of Nature of First Placement by What Accepted To Do. (a & b).

What Accepted To Do.

| First Placement. | S/T 0-2 | | S/T 0-5 | | S/T 6-12 | | S/T any age | | L/T | | L/T - Adoption | | Other | | Not used | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | |
| S/T 0-2. | 5 | - | 3 | - | - | 2 | 2 | - | (1) | - | - | - | 1 | - | - | 10 | 12 |
| S/T 0-5. | - | - | 5 | - | (2) | 2 | 3 | - | - | - | - | - | - | - | - | 8 | 10 |
| S/T 6-9. | - | - | (3) | - | - | 2 | - | - | - | - | - | - | - | - | - | 1 | 3 |
| S/T 10-12. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| S/T 13+. | - | - | - | - | - | - | - | 1 | - | - | (1) | - | - | - | - | - | 1 |
| L/T. | - | - | - | - | - | - | - | - | 3 | - | - | - | - | 3 | - | - | 3 |
| L/T - Adoption. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Other. | - | - | 1 | - | - | 1 | - | - | - | - | - | - | 3 | - | - | 3 | 4 |
| Total (a) | 5 | | 12 | | 2 | | 5 | | 4 | | 1 | | 4 | | | | |

(170) Cross-Tabulation of First Placement - More Than 1 Child by Accepted For More Than One Child.

| First Placement - More Than One Child. | Accepted for more than one child? No | Yes |
|---|---|---|
| No. | 12 | 7 |
| Yes. | 6 | 8 |

(171) Cross-Tabulation of First Placement - Uncomplicated by Accepted For Uncomplicated Placement.

| First Placement. | Accepted for uncomplicated placement Only. No | Yes |
|---|---|---|
| Not used. | 2 | 1 |
| Uncomplicated. | 5 | 1 |
| Complicated. | 14 | 7 |
| Not known. | 2 | 1 |

(172) Cross-Tabulation of Nature of First Placement by Delay Before First Placement.

Delay before first placement.

| Nature of First Placement. | 1 week or less | 1-4 weeks | 1-2 months | 3-4 months | 5-6 months | 7-12 months | 1 year | Not known or other |
|---|---|---|---|---|---|---|---|---|
| S/T 0-2. | - | - | 3 | 5 | - | - | 1 | 3 |
| S/T 0-5. | 2 | - | 1 | 3 | 1 | 1 | 1 | 1 |
| S/T 6-9. | - | 1 | - | - | - | 1 | 1 | - |
| S/T 10-12. | - | - | - | - | - | - | - | - |
| S/T 13+. | - | 1 | - | - | - | - | - | - |
| L/T. | - | - | - | - | - | - | - | 3 |
| L/T - Adoption. | - | - | - | - | - | - | - | - |
| Other. | 1 | - | - | - | - | - | - | 3 |
| Not used. | | | | | | | | |

(173) Comment on first placement by Social Worker.

| | | |
|---|---|---|
| Satisfactory. | 19 | (57.6%) |
| Unsatisfactory. | - | - |
| Some reservations. | 7 | (21.2%) |
| Foster parent expressed dissatisfaction. | - | - |
| Child removed at F.P.'s request. | 2 | (6.1%) |
| Child removed by Department. | - | - |
| Child moved by mutual agreement. (Plan as agreed with F.P.'s completed). | 2 | (6.1%) |
| Other. | - | - |
| Not recorded. | 3 | (9.1%) |

(174) Cross-Tabulation of Social Worker's comment on first placement by Did Social Worker have reservations?

| Comment on first Placement. | Did S.W. have reservations? Yes | No | Not known or not recorded. |
|---|---|---|---|
| Satisfactory. | 6 | 12 | 1 |
| Some reservations. | 5 | 2 | - |
| Child removed at FP. req. | 1 | 1 | - |
| Child moved by mutual agreement. | - | 2 | - |
| Not recorded. | - | 2 | 1 |

(175) Cross-Tabulation of Social Worker's comment on first placement by Original Motivation (a & b).

Original Motivation.

| Social Worker comment. | Altruism | | F.Mother - yg.ch. | | Complete family | | Await family | | Ch.grown occ/comp. | | Enjoy children | | Companion own child | | Compen-sation | | Other | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| Satisfactory. | 8 | 1 | 7 | 4 | - | 1 | 1 | 1 | - | - | 2 | 10 | 1 | - | - | 1 | - | 1 |
| Some reservations. | 2 | - | 2 | 1 | - | - | - | 1 | - | 1 | - | 1 | - | - | - | - | 3 | - |
| Child removed - FP req. | 1 | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 |
| Child removed - mutual agreement. | - | - | - | - | 1 | - | - | 1 | - | - | - | 1 | - | - | 1 | - | - | - |
| Not recorded. | 2 | - | 1 | 1 | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - |

(176) Cross-Tabulation of Social Worker's comment on first placement by Delay before first placement by HCC.

Delay before first placement.

| S.W. Comment. | 1 week or less | 1-4 weeks | 1 - 2 months | 3 - 4 months | 5 - 6 months | 7 - 12 months | 1 year + | Not known or other |
|---|---|---|---|---|---|---|---|---|
| Satisfactory. | 2 | 1 | 4 | 5 | 1 | 2 | - | 2 |
| Some reservations. | - | - | - | 1 | - | 1 | - | 5 |
| Ch. removed - FP req. | - | - | - | - | - | - | - | 2 |
| Ch. removed - mutual agreement. | - | 1 | - | 1 | - | - | - | - |
| Not recorded. | 1 | - | - | 1 | - | - | - | 1 |

(177) Subsequent Placements for HCC.

| | | |
|---|---|---|
| Yes: one more as accepted. | 2 | (6.1%) |
| Yes: more than one as accepted. | 11 | (33.3%) |
| Yes: different from what accepted to do. | - | - |
| Yes: combined as accepted and different. | 11 | (33.3%) |
| No. | 9 | (27.3%) |
| Not known. | - | - |

(178) Cross-Tabulation of Areas of Preparation by Subsequent Placements.

| Areas of Preparation. | Subsequent Placements. | | | | |
|---|---|---|---|---|---|
| | One more as accepted | More than 1 as accepted | Combined as accepted+ndt | None | Not known |
| Contact F.P.'s. | – | 4 | 1 | 1 | – |
| Contact C.H. or C.C. | – | – | – | – | – |
| Fostering meetings. | – | 1 | 4 | 2 | – |
| Reading. | – | 1 | 1 | – | – |
| Contact voluntary agencies. | – | 1 | – | – | – |
| Previous experience. | 2 | 1 | 4 | 3 | – |
| Other. | – | – | – | – | – |
| None recorded. | – | 3 | 1 | 3 | – |

(179) Cross-Tabulation of Age of Foster Mother by Subsequent Placements.

| Age of Foster Mother. | Subsequent Placements. | | | |
|---|---|---|---|---|
| | One more as accepted | More than 1 as accepted | Combined as accept.+not | None |
| 20 - 24. | - | 1 | 1 | 1 |
| 25 - 29. | - | 3 | 2 | 2 |
| 30 - 39. | 2 | 4 | 6 | 4 |
| 40 - 49. | - | 2 | 1 | 1 |
| 50 - 59. | - | 1 | 1 | 1 |
| 60+. | - | - | - | - |

(180) Cross-Tabulation of Occupation/S.C. Foster Father by Subsequent Placements.

Subsequent Placements.

| Occupation of Foster Father. | One more as accepted | More than 1 as accepted | Combined as accptd.+not | None |
|---|---|---|---|---|
| Not used. | - | - | - | 1 |
| I - Prof. | - | 1 | 1 | - |
| II - Interm. | - | 7 | 4 | 3 |
| III(N) - Skilled. | 1 | - | 2 | - |
| III(M) - Skilled. | - | 3 | 3 | 2 |
| IV - Semi-skilled. | 1 | - | 1 | 1 |
| V - Unskilled. | - | - | - | 1 |
| Not employed. | - | - | - | 1 |

(181) Social Worker's comments on subsequent placements.

| | a | | b | |
|---|---|---|---|---|
| Satisfactory. | 18 | (54.5%) | 1 | (3.0%) |
| Unsatisfactory. | 1 | (3.0%) | - | - |
| Some reservations. | 4 | (12.1%) | 4 | (12.1%) |
| Foster Parent expressed dissatisfaction. | - | - | - | - |
| Child removed at F.P.'s request. | - | - | 7 | (21.2%) |
| Child removed by Department or Court. | - | - | 3 | (9.1%) |
| Other. | - | - | - | - |
| Not record or N/A. | 1 | (3.0%) | - | - |
| Not used. | 9 | (27.3%) | 18 | (54.5%) |

(182) Cross-Tabulation of Social Worker's comments on subsequent placements by Did Social Worker have reservations?

Did S.W. have reservations?

| Social Worker's comments on subsequent placements. | Yes | | No | | Not known or not recorded | | Total | |
|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b |
| Not used. | 4 | 7 | 3 | 9 | 2 | 2 | 9 | 18 |
| Satisfactory. | 5 | – | 13 | 1 | – | – | 18 | 1 |
| Unsatisfactory. | 1 | – | – | – | – | – | 1 | – |
| Child removed - F.P. request. | – | 2 | – | 5 | – | – | – | 7 |
| Child removed by Department or Court. | – | 2 | – | 1 | – | – | – | 3 |
| Some reservations. | 2 | 1 | 2 | 3 | – | – | 4 | 4 |
| No- record. | – | – | 1 | – | – | – | 1 | – |
| Total | 12 | 12 | 19 | 19 | 2 | 2 | | |

(183) Cross-Tabulation of Social Worker's interpretation of motivation by Social Worker's comment on subsequent placement (a & b).

Comment on subsequent placement.

| Interpretation of Motivation. | Not used | | Satis. | | Unsatis. | | Reserv-ations. | | FP req. ch.removed | | Ch.removed Court/dep. | | Not known/ no record | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b | |
| Altruism. | 3 | 7 | 6 | - | - | - | 2 | - | - | 3 | - | 2 | 1 | - | 12 |
| F.Mother needs dependents. | 1 | 4 | 5 | 1 | 1 | - | 2 | 1 | - | 2 | - | 1 | - | - | 9 |
| Complete family. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Await family. | 1 | 1 | 1 | - | - | - | - | 1 | - | - | - | - | - | - | 2 |
| Family grown - occup. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 6 |
| Enjoy children. | - | 2 | 6 | - | - | - | - | 2 | - | 2 | - | - | - | - | |
| Companion own child. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Compensation. | 3 | 3 | - | - | - | - | - | - | - | - | - | - | - | - | 3 |
| Other. | 1 | 1 | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| Not used. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Total | 9 | (18) | 18 | (1) | 1 | - | 4 | (4) | - | (7) | - | (3) | 1 | - | |

(184) Own child born or adopted after commencement of fostering.

| | | |
|---|---|---|
| No. | 22 | (66.6%) |
| Yes, no effect on fostering recorded. | 2 | (6.1%) |
| Yes, detrimental effect on fostering. | 7 | (21.2%) |
| Yes, positive effect on fostering. | 1 | (3.0%) |
| Yes, combined detrimental and positive. | 1 | (3.0%) |
| Not recorded. | | |

(185) Cross-Tabulation of Social Worker's comment on subsequent placement by Own child born or adopted.

Own child born or adopted.

| Social Worker's comments. | No | Yes no effect | Detrimental | Positive | Combined Pos/Detri. |
|---|---|---|---|---|---|
| Not used. | 7 | - | - | 1 | 1 |
| Satisfactory. | 11 | 1 | 6 | - | - |
| Unsatisfactory. | 1 | - | - | - | - |
| Some reservations. | 3 | 1 | - | - | - |
| Child removed - F.P. request. | - | - | - | - | - |
| Child removed - Dept. or Court. | - | - | - | - | - |
| No record. | - | - | 1 | - | - |

(186) Was a foster child placed within 2 years of age of own children?

| | | |
|---|---|---|
| No. | 20 | (60.6%) |
| Yes, no effect on fostering recorded or no effect. | 3 | (9.1%) |
| Yes, detrimental effect on placement. | 3 | (9.1%) |
| Yes, positive effect on placement. | 1 | (3.0%) |
| Yes, combined positive and negative. | 6 | (18.2%) |
| Not known. | - | - |

(187) Cross-Tabulation of Social Worker's comment on subsequent placement by Was foster child placed within 2 years of age of own children?

Foster child placed within 2 years of age of own children?

| Social Worker's comments. | No | Yes no effect | Detrimental | Positive | Combined Pos./Detri. |
|---|---|---|---|---|---|
| Not used. | 9 | - | - | - | - |
| Satisfactory. | 8 | 2 | 1 | 1 | 6 |
| Unsatisfactory. | - | - | 1 | - | - |
| Some reservations. | 2 | 1 | 1 | - | - |
| Child removed - F.P. request. | - | - | - | - | - |
| Child removed - Dept. or Court. | - | - | - | - | - |
| No record. | 1 | - | - | - | - |

(188) Evidence of Review or Reassessment of Foster Parents.

| | | |
|---|---|---|
| Yes - in visits by link Social Worker. | 13 | (39.4%) |
| Yes - formal reassessment. | 10 | (30.3%) |
| No. | 9 | (27.3%) |
| Not known. | 1 | (3.0%) |

(189) Cross-Tabulation of Evidence of Review by Subsequent Placements.

Subsequent placements.

| Evidence of Review. | Yes - one as accepted | Yes, more than one as accepted | Yes, diff. from accepted. | Yes, combined as accepted and diff. | No |
|---|---|---|---|---|---|
| Yes - link S.W. | - | 6 | - | 6 | 1 |
| Yes - formal reassessment. | 1 | 3 | - | 5 | 1 |
| No. | 1 | 1 | - | - | 7 |
| Not known. | - | 1 | - | - | - |

(190) Cross-Tabulation of Evidence of Review by Social Worker's comments on subsequent placements.

Social Worker's comments on subsequent placements.

| Evidence of Review. | Not used | Satisfactory | Unsatis. | Some reservation | N/A or no record |
|---|---|---|---|---|---|
| Yes - link S.W. | 1 | 10 | - | 1 | 1 |
| Formal reassessment. | 1 | 6 | - | 3 | - |
| No. | 7 | 1 | 1 | - | - |
| Not known. | - | 1 | - | - | - |

(191) Attendance at Fostering Meetings.

| | | |
|---|---|---|
| None. | 9 | (27.3%) |
| Regular. | 3 | (9.1%) |
| Occasional. | 15 | (45.4%) |
| Not known. | 6 | (18.2%) |

(192) Cross-Tabulation of Attendance at Fostering Meetings by Subsequent Placements.

Subsequent Placements.

| Attendance at Fostering Meetings. | Yes - 1 as accepted | Yes, more than 1 as accept. | Diff. from accepted | Combined diff./accptd | No |
|---|---|---|---|---|---|
| None. | 1 | 1 | - | - | 7 |
| Regular. | - | 1 | - | 2 | - |
| Occasional. | 1 | 6 | - | 6 | 2 |
| Not known. | - | 3 | - | 3 | - |

(193) Cross-Tabulation of Attendance at Foster Meetings by Social Worker's comments on subsequent placements.

| Attendance at Foster Meetings. | Social Worker's comments on subsequent placements. | | | | |
|---|---|---|---|---|---|
| | Not used | Satisfactory | Unsatis. | Some reservation | N/A or no record |
| None. | 7 | 1 | 1 | - | - |
| Regular. | - | 3 | - | - | - |
| Occasional. | 2 | 10 | - | 3 | - |
| Not known. | - | 4 | - | 1 | 1 |

(194) Year accepted for HCC.

| | | |
|---|---|---|
| 1976 or before. | 11 | (33.3%) |
| 1977 | 6 | (18.2%) |
| 1978 | 4 | (12.1%) |
| 1979 | 6 | (18.2%) |
| 1980 | 3 | (9.1%) |
| 1981 or later. | 3 | (9.1%) |

(194a) Excluding relatives, child-minders and C.P. F.P.'s.

| |
|---|
| 11 |
| 5 |
| 2 |
| 4 |
| 2 |
| 2 |
| 26 |

(195) Year ceased fostering for HCC.

| | | |
|---|---|---|
| 1976 or before. | - | |
| 1977 | 1 | (3.0%) |
| 1978 | 2 | (6.1%) |
| 1979 | 7 | (21.2%) |
| 1980 | 3 | (9.1%) |
| 1981 or later. | 10 | (30.3%) |
| Still fostering. | 10 | (30.3%) |

(195a) Excluding relatives, child-minders and C.P. F.P.'s.

| |
|---|
| |
| 1 |
| 1 |
| 4 |
| 3 |
| 9 |
| 8 |
| 26 |

Year Accepted.

| Year Ceased. | 1976 or before | 1977 | 1978 | 1979 | 1980 | 1981 or later |
|---|---|---|---|---|---|---|
| 1976 or before. | - | - | - | - | - | - |
| 1977 | 1 | - | - | - | - | - |
| 1978 | 1 | - | 1 | - | - | - |
| 1979 | 2 | 2 | - | 3 | - | - |
| 1980 | 1 | 2 | - | - | - | - |
| 1981 or later. | 3 | 1 | 1 | 1 | 2 | 2 |
| Still fostering. | 3 | 1 | 2 | 2 | 1 | 1 |

(197) Reason ceased fostering for Hertfordshire.

| | a | | b | | c | |
|---|---|---|---|---|---|---|
| Moved out of area. | 2 | (6.1%) | - | | - | |
| Unsatisfactory fostering experience, child removed. | 5 | (15.2%) | 1 | (3.0%) | - | |
| Unsatisfactory fostering experience, fostering different from expectations or foster child presented problems. | 1 | (3.0%) | 5 | (15.1%) | 1 | (3.0%) |
| Lack of support from Department e.g. Social Worker or financial. | 3 | (9.1%) | - | | - | |
| Own child born or adopted since began fostering and had impact. | 2 | (6.1%) | 3 | (9.1%) | 1 | (3.0%) |
| Marital/family problems. | 4 | (12.1%) | 1 | (3.0%) | 1 | (3.0%) |
| Prefer fostering for other L.A. | 2 | (6.1%) | 1 | (3.0%) | - | |
| Other. | 4 | (12.1%) | 3 | (9.1%) | 1 | (3.0%) |
| Not recorded. | - | | - | | - | |
| Not used. | 10 | (27.3%) | 19 | (57.6%) | 29 | (87.9%) |

(198) Cross-Tabulation of Reason Ceased by Number of Children (total).

| Reason Ceased. | Number of children. | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Moved away. | 2 | - | - | - | - | - | - | 2 |
| Unsatisfactory - child removed. | 1 | - | 2 | 2 | - | - | - | 5 |
| Unsatisfactory - different from expectations-problems. | - | - | - | 1 | - | - | - | 1 |
| Lack of support. | - | - | 2 | 1 | - | - | - | 3 |
| Own child born or adopted. | 2 | - | - | - | - | - | - | 2 |
| Marital/family problems. | - | - | 1 | 1 | 1 | - | 1 | 4 |
| Fostering other L.A. | - | - | 1 | 1 | - | - | - | 2 |
| Other. | - | 1 | 1 | 1 | 1 | - | - | 4 |
| Not recorded. | - | - | - | - | - | - | - | - |
| Not used. | - | 1 | 5 | 3 | - | 1 | - | 10 |
| Total | 5 | 2 | 12 | 10 | 2 | 1 | 1 | |

(199) Reason ceased fostering by number of pre-school children.

| | 0 | 1 | 2 | |
|---|---|---|---|---|
| Moved away. | 2 | - | - | 2 |
| Unsatisfactory - child removed. | 3 | 2 | - | 5 |
| Unsatisfactory - different from expectations/ problems. | - | 1 | - | 1 |
| Lack of support. | 2 | 1 | - | 3 |
| Own child born or adopted. | 2 | - | - | 2 |
| Marital/family problems. | 3 | - | 1 | 4 |
| Fostering other L.A. | - | 2 | - | 2 |
| Other. | 3 | 1 | - | 4 |
| Not recorded. | - | - | - | - |
| Not used. | 5 | 2 | 3 | 10 |
| Total | 20 | 9 | 4 | |

(200) Reason ceased fostering by number of school-age children.

| | 0 | 1 | 2 | 3 | 5 | |
|---|---|---|---|---|---|---|
| Moved away. | 2 | - | - | - | - | 2 |
| Unsatisfactory - child removed. | 1 | 2 | 1 | 1 | - | 5 |
| Unsatisfactory - different from expectations/ problems. | - | - | 1 | - | - | 1 |
| Lack of support. | - | - | 3 | - | - | 3 |
| Own child born or adopted. | 2 | - | - | - | - | 2 |
| Marital/family problems. | 1 | 1 | 2 | - | - | 4 |
| Fostering other L.A. | - | 1 | 1 | - | - | 2 |
| Other. | 1 | 1 | 2 | - | - | 4 |
| Not recorded. | - | - | - | - | - | - |
| Not used. | 5 | 1 | 2 | 1 | 1 | 10 |
| Total | 12 | 6 | 12 | 2 | 1 | |

Reason Ceased.

| Length Marriage. | Not used | Moved | Unsat.exp ch.removd | Unsat.exp. diff.exp. | Lack support | Own child born or ad. | Marital/ family | Other L/A | Other |
|---|---|---|---|---|---|---|---|---|---|
| 2 yrs or less. | - | 1 | - | - | - | 1 | 1 | - | - |
| 3-5 years. | - | - | 1 | - | - | 1 | - | - | - |
| 6-10 years. | 3 | 1 | 1 | - | - | - | - | 1 | 1 |
| 11+ years. | 7 | - | 3 | 1 | 2 | - | 3 | 1 | 3 |
| Not known. | - | - | - | - | 1 | - | - | - | - |

(202) Cross-Tabulation of Reason Ceased by Original Motivation.

Original Motivation.

| Reason Ceased. | Altruism | F.Mo.-Yg. ch. | Complete family | Await family | Enjoy children | Companion own child | Compensate | Other | |
|---|---|---|---|---|---|---|---|---|---|
| Not used. | 2 | 5 | - | - | - | 1 | - | 2 | 10 |
| Moved. | 1 | - | 1 | - | - | - | - | - | 2 |
| Ch. removed. | 2 | 2 | 1 | - | - | - | - | - | 5 |
| Diff. from expectations. | - | - | - | - | 1 | - | - | - | 1 |
| Lack of support. | 3 | - | - | - | - | - | - | - | 3 |
| Own child born or ad. | 1 | - | - | 1 | - | - | - | - | 2 |
| Marital/family problems. | 1 | 2 | - | - | 1 | - | - | - | 4 |
| Other L.A. | 2 | - | - | - | - | - | - | - | 2 |
| Other. | 1 | 1 | - | - | - | - | 1 | 1 | 4 |
| Total | 13 | 10 | 2 | 1 | 2 | 1 | 1 | 3 | |

(203) Cross-Tabulation of Original Request by Reason Ceased.

Reason Ceased.

| Original Request. | Not used | Moved | Child removed | Diff.from expectat. | Lack support | Own ch. born/ad. | Marital/ family | Other L/A | Other |
|---|---|---|---|---|---|---|---|---|---|
| S/T babies. | 1 | - | 1 | - | - | - | 1 | 1 | 1 |
| S/T 0-5. | 5 | 1 | 2 | 1 | 1 | 1 | 1 | - | - |
| S/T 6-12. | - | - | - | - | - | - | - | - | - |
| S/T any age. | 1 | - | - | - | - | 1 | - | - | - |
| S/T now L/T later. | 1 | - | - | - | - | - | - | - | 1 |
| L/T. | 2 | - | - | - | - | - | 2 | 1 | - |
| L/T - Ad. | - | 1 | 1 | - | - | - | - | - | 1 |
| Other. | - | - | 1 | - | 2 | - | - | - | 1 |
| | 10 | 2 | 5 | 1 | 3 | 2 | 4 | 2 | 4 |

(204) Cross-Tabulation of Did Social Worker have reservations? by Reason Ceased.

Reason Ceased.

| Did S.W. have reservations? | Not used | Moved | Child removed | Different from expectat. | Lack of Support. | Own ch. born or adopted. | Marital/ family problems. | Fostering other L/A | Other |
|---|---|---|---|---|---|---|---|---|---|
| Yes. | 4 | - | 3 | - | - | - | 2 | 1 | 2 |
| No. | 6 | 2 | 2 | 1 | 1 | 2 | 2 | 1 | 2 |
| Not known/orrecorded. | - | - | - | - | 2 | - | - | - | - |
| Total | 10 | 2 | 5 | 1 | 3 | 2 | 4 | 2 | 4 |

(205) Cross-Tabulation of Areas of Preparation (a, b & c) by Reason Ceased.

Reason Ceased.

| Areas of Preparation. | Not used | | | Moved | | | Child removed | | | Different from expecta. | | | Lack of support | | | Own child born or adopted. | | | Marital/ family problems | | | Other L/A | | | Other | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c | a | b | c |
| Contact F.P.'s. | 3 | 2 | - | 1 | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | 1 | - | - | - | - | - | 1 | - | - |
| C.H./C.C. | - | 2 | - | - | - | - | - | 2 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| Fostering meetings. | 1 | - | 2 | - | - | - | 2 | - | - | - | - | 1 | - | - | - | 2 | - | - | 2 | - | - | - | - | - | - | - | - |
| Reading. | 1 | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | 1 | 1 | - | - |
| Voluntary agencies. | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | 1 | - | - | - | - | 1 | - | - | - | 1 | - |
| Previous experience. | 3 | 2 | - | - | - | - | 3 | 1 | - | 1 | - | - | 2 | - | - | - | - | - | 1 | 1 | - | - | 1 | - | - | 1 | - |
| Other. | - | - | - | - | - | 1 | - | - | 1 | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - |
| None recorded. | 2 | - | - | 1 | - | - | - | - | - | - | - | - | 1 | 1 | 1 | - | - | - | - | - | - | 1 | - | - | 2 | - | - |
| Not used. | - | 3 | 7 | - | 1 | 1 | - | 1 | 4 | - | - | - | - | 2 | 2 | - | 1 | 3 | - | 2 | 4 | - | 1 | 1 | - | 2 | 3 |
| Total | 10 | | | 2 | | | 5 | | | 1 | | | 3 | | | 2 | | | 4 | | | 2 | | | 4 | | |

(206) Cross-Tabulation of Accepted for uncomplicated placements only? by Reason Ceased.

Reason Ceased.

| Uncomplicated placements only? | Not used | Moved | Child removed | Different from expectn. | Lack of support | Own ch. born or adopted | Marital/ family problems | Other L/A | Other |
|---|---|---|---|---|---|---|---|---|---|
| No. | 8 | 2 | 2 | - | 3 | - | 4 | 2 | 2 |
| Yes. | 2 | - | 3 | 1 | - | 2 | - | - | 2 |

(207) Cross-Tabulation of Reason Ceased by Social Worker's comment on first placement.

Social Worker's comment on first placement.

| Reason Ceased. | Satisfactory | Some reservations | Ch.removed at F.P.req. | Ch.moved mutual agr. | No record. | |
|---|---|---|---|---|---|---|
| Not used. | 6 | 3 | – | – | 1 | 10 |
| Moved. | 1 | – | – | 1 | – | 2 |
| Child removed. | 2 | – | 2 | – | 1 | 5 |
| Different from expectations. | 1 | – | – | – | – | 1 |
| Lack of support. | 1 | 1 | – | – | 1 | 3 |
| Own child born or adopted. | 1 | 1 | – | – | – | 2 |
| Marital/family problems. | 3 | 1 | – | – | – | 4 |
| Other L.A. | 2 | – | – | – | – | 2 |
| Other. | 2 | 1 | – | 1 | – | 4 |
| Total | 19 | 7 | 2 | 2 | 3 | |

(208) Cross-Tabulation of Reason Ceased by Social Worker's comments on subsequent placement (a & b).

Social Worker's comment on subsequent placement.

| Reason Ceased. | Not used | | Satis-factory | | Some reser-vations | | Child removed FP req. | | Child removed Court/Dept | | Unsatis. | | N/A or not recorded | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a | b | a | b | a | b | a | b | a | b | a | b | a | b |
| Not used. | 2 | 5 | 6 | 1 | 2 | 1 | - | 2 | - | - | - | - | - | - |
| Moved. | - | 1 | 2 | - | - | 1 | - | - | - | - | - | - | - | - |
| Child removed. | 2 | 2 | 2 | - | - | - | - | 2 | - | 1 | 1 | - | - | - |
| Different from expectations. | - | - | 1 | - | - | - | - | 1 | - | - | - | - | - | - |
| Lack of support. | 2 | 3 | 1 | - | - | - | - | - | - | - | - | - | - | - |
| Own child born or adopted. | 2 | 3 | - | - | - | - | - | - | - | - | - | - | - | - |
| Marital/family problems. | - | 2 | 4 | - | - | 2 | - | - | - | - | - | - | - | - |
| Fostering other L.A. | - | - | 1 | - | 1 | - | - | - | - | 2 | - | - | - | - |
| Other. | 2 | 2 | 1 | - | 1 | - | - | 2 | - | - | - | - | - | - |
| Not recorded. | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 10 | (18) | 18 | (1) | 4 | (4) | - | (7) | - | (3) | 1 | (-) | - | (-) |

(209) Cross-Tabulation of Own Child Born or Adopted after Commencement of Fostering by Reason Ceased.

Reason Ceased.

| Own child born or adopted. | Not used | Moved | Child removed | Different from expectatn. | Lack of support | Own ch. born or adopted. | Marital/ family problems. | Fostering other L/A | Other |
|---|---|---|---|---|---|---|---|---|---|
| No. | 7 | - | 4 | - | 3 | - | 3 | 2 | 3 |
| Yes, no effect. | 1 | - | - | - | - | - | - | - | 1 |
| Yes, detrimental. | 2 | 2 | - | 1 | - | 1 | 1 | - | - |
| Yes, positive. | - | - | - | - | - | 1 | - | - | - |
| Yes, combined. | - | - | 1 | - | - | - | - | - | - |
| Not recorded. | - | - | - | - | - | - | - | - | - |
| Total | 10 | 2 | 5 | 1 | 3 | 2 | 4 | 2 | 4 |

(210) Cross-Tabulation of Foster Child placed within 2 years of own children? by Reason Ceased.

Reason Ceased.

| Foster Child placed within 2 years. | Not used | Moved | Child removed | Diff.from expectatn. | Lack of support | Own child born/Ad. | Marital/ family | Fostering other LA | Other |
|---|---|---|---|---|---|---|---|---|---|
| No. | 6 | 1 | 3 | – | 3 | 2 | 1 | 1 | 3 |
| Yes, no effect. | – | – | – | 1 | – | – | 1 | – | 1 |
| Yes, detrimental. | 1 | – | 1 | – | – | – | 1 | – | – |
| Yes, positive. | – | – | 1 | – | – | – | – | – | – |
| Yes, combined. | 3 | 1 | – | – | – | – | 1 | 1 | – |
| Not known. | – | – | – | – | – | – | – | – | – |

(211) Cross-Tabulation of Evidence of Review or Reassessments by Reason Ceased.

Reason Ceased.

| Review. | Not used | Moved | Child removed | Diff.from expectat. | Lack of support. | Own child born/Ad. | Marital/ family. | Fostering other L/A | Other |
|---|---|---|---|---|---|---|---|---|---|
| Yes - link S.W. | 4 | - | 2 | - | - | 1 | 3 | 1 | 2 |
| Yes - formal reassessment. | 4 | 1 | - | 1 | - | 1 | 1 | 1 | 1 |
| No. | 2 | 1 | 3 | - | 2 | - | - | - | 1 |
| Not known. | - | - | - | - | 1 | - | - | - | - |

(212) Cross-Tabulation of Attendance at Fostering Meetings by Reason Ceased.

| Attendance at Fostering Meetings. | Reason Ceased. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Not used | Moved | Child removed | Diff.from expectat. | Lack of support | Own child born/Ad. | Marital/ family | Fostering other LA | Other |
| None. | 2 | – | 3 | – | 2 | – | – | 1 | 1 |
| Regular. | 1 | – | 1 | – | – | – | 1 | – | – |
| Occasional. | 7 | 1 | – | 1 | – | 1 | 3 | – | 2 |
| Not known. | – | 1 | 1 | – | 1 | 1 | – | 1 | 1 |

Reason Ceased.

| Year Ceased. | Not used | Moved | Child removed | Diff.from expectatn. | Lack of support | Own ch. born/ad. | Marital/ family | Fostering other L.A. | Other |
|---|---|---|---|---|---|---|---|---|---|
| 1976 or before. | - | - | - | - | - | - | - | - | - |
| 1977. | - | 1 | - | - | - | - | - | - | - |
| 1978. | - | - | - | - | 1 | - | 1 | - | - |
| 1979. | - | - | 3 | - | - | 1 | 1 | - | 2 |
| 1980. | - | 1 | 1 | 1 | - | - | - | - | - |
| 1981 or later. | - | - | 1 | - | 2 | 1 | 2 | 2 | 2 |
| Still fostering. | 10 | - | - | - | - | - | - | - | - |

## REFERENCES & BIBLIOGRAPHY


ADAMSON G. (1973) — The Caretakers, Bookstall Publications, 1973.

ADCOCK M. (1980) — "Dilemmas in Planning Long-Term Care," in New Developments in Foster Care and Adoption, Ed. J. Triseliotis, Routledge & Kegan Paul, 1980.

ADCOCK M. (1980a) — "Permanent Placement: A Right" in Adoption and Fostering Vol. 4 99 No. 1 of 1980.

ADCOCK M. & LEVY A. (1983) — "Adoption and The Courts: Can Permanence Be Achieved?" Adoption and Fostering, Vol. 7 No: 2 1983.

ADCOCK M. & WHITE R. (1980) — Terminating Parental Contact ABAFA 1980.

ADMIN. MEMO 24/84 (1984) — Re: Access to Children in Care from Assistant Director (Field) to DSSO's.

ALDGATE J. (1977) — A Study of Factors Which Influence the Stay of Children in the Care of 2 L.A.'s in Scotland. Ph.D. thesis. University of Edinburgh.

ALDGATE J. (1980) — "Identification of Factors Influencing Children's Length of Stay in Care" in New Developments in Foster Care and Adoption, Ed. J. Triseliotis, Routledge & Kegan Paul, 1980.

BACON R. & ROWE J. (1978) — The Use & Misuse of Resources, ABAFA 1978.

BARNSLEY MET. BOROUGH SSD (1974) — A Foster Review - July 1974 to January 1975.

BASW (1982) Guidelines for Practice in Family Placement, BASW 1982.

BOWLBY J. (1951) WHO Monograph Series No: 2 "Maternal Care and Mental Health". 1951.

BOWLBY J. (1953) Child Care and Growth of Love, Penguin Books, 1953, (2nd Ed. 1969).

BOWLBY J. (1971) Attachment and Loss, Penguin Books, 1971.

BOARDING OUT REGULATIONS (1955) HMSO

BURLINGHAM D. & FREUD A. (1942) "Annual Report of a Residential War Nursery" 1942 p. 30.

CAUTLEY P. W. & ALDRIDGE M. J. (1975) "Predicting Success for New Foster Parents" Social Work, 20, 1, 1975.

CHARNLEY J. (1955) "The Art of Child Placement" - University of Minneapolis, 1955.

CENSUS (1981) Taken from OPCS County Monitor for Hertfordshire, Office of Population, Censuses & Surveys, HMSO 1982.

CHILD CARE ACT (1980) HMSO

CHILDREN ACT 1948 HMSO

CHILDREN ACT 1975 HMSO

CHILDREN & YOUNG PERSONS ACT (1933) HMSO

CHILDREN & YOUNG PERSONS ACT (1969) HMSO

COOPER J. (1978) Patterns of Family Placement, National Children's Bureau, 1978.

CROWLEY M. (1982) Preparation for Foster Care Practice, Social Work Monograph 11, University of East Anglia/Social Work Today 1982.

DHSS (1981) Department of Health & Social Security - Personal Social Services Local Authority Statistics of Children in the Care of the Local Authority Year ending 31.1.1981 for Hertfordshire and England (A/F 81/12).

DUDLEY V. (1932) "Foster Mothers: Successful and Unsuccessful" Smith's College Studies in Social Work, Vol. 3 No: 2, December 1932.

ETRI (1962) Study reported by N. W. Colvin "Toward the Development of a FP Attitude Test", in Quantitative Approaches to Parent Selection, Child Welfare League of America, 1962.

FAHLBERG V. (1981) 'Attachment and Separation' BAAF 1981.

FAMILY RIGHTS GROUP (1982) Fostering Parental Contact, Family Rights Group, 1982.

FANSHEL D. (1961) "Specialisation within the Foster Care Role Part II", Child Welfare Vol.XL, No: 4, April 1961.

FANSHEL D. (1966) Foster Parenthood: A Role Analysis, University of Minnesota Press 1966.

FANSHEL D. (1975) "Parental visiting of children in Foster Care : Key to Discharge ?" Social Services Review, Vol. 49, No: 4, 1975.

FANSHEL D. (1976) "Status changes of children in Foster Care" - Child Welfare Vol. 55 No: 3 1976.

FANSHEL D. & SHINN E.B. (1978) "Children in Foster Care" Columbia University Press New York, 1978.

GEORGE V. (1970) Foster Care Theory and Practice, Routledge & Kegan Paul.

GOLDSTEIN J.,FREUD A., & SOLNIT A.J. (1973) Beyond the best interests of the child. Free Press, Collier MacMillan, 1973.

GRAY P. G. & PARR E. (1957) Children in Care and the Recruitment of F.P.'s. Gov. Social Survey - HMSO.

GUIDE TO PROCEDURE (1971) Hertfordshire Social Services Department Guide to Procedure, begun 1971 and updated from time to time thereafter.

HEALTH & SOCIAL SERVICES & SOCIAL SECURITY ADJUDICATIONS ACT (1983) HMSO

HMSO (1946) Cmd.6922 on The Care of Children, Report of the Committee (The Curtis Committee) HMSO. 1946.

HMSO (1968) Cmd. 3703, Report of the Committee on Local Authority & Allied Personal Social Services (The Seebohm Report) HMSO 1968.

HMSO (1972) Cmd. 5107, Report of the Departmental Committee on the Adoption of Children (The Houghton Report) HMSO 1972.

HMSO (1974) Report of the Committee of Inquiry into the Care and Supervision provided in relation to Maria Colwell. (The Colwell Inquiry) Department of Health & Social Security, HMSO 1974.

HMSO (1976) DHSS: Foster Care, A Guide to Practice, HMSO 1976.

HMSO (1983) DHSS: Code of Practice: Access to Children in Care, HMSO 1983.

H.O. (1960) Cmd. 1191, Report of the Committee on Children &Young Persons (Ingleby Committee) Home Office 1960.

H.C.C. County Guide (1984) Official Guide to the Hertfordshire County, British Publishing Company Ltd., 1984.

HARLING D. (1981) Adoption & Fostering No: 4, 1981, "Observation & Assessment by F.P.'s"

HARTMAN A. (1979) Finding Families: An Ecological Approach to Family Assessment in Adoption, Sage Publications, 1979.

HAZEL N. (1981) A Bridge to Independence, Blackwell 1981.

HEYWOOD J. S. & ALLEN B. K. (1971) Financial Help in Social Work, Manchester University Press, 1971.

HOLMAN (1973) Trading in Children, Routledge and Kegan Paul, 1973.

HOLMAN R. (1975) "The Place of Fostering in Social Work" British Journal of Social Work, Vol.5, No: 1, 1975.

HOLMAN R. (1976) Inequality in Child Care - London CPAG.

HUNG P. & YOUNG A. (1984) "Plainly Put" Social Work Today, Vol.16, No: 4, 24.9.84.

HUSSELL C. & MONAGHAN B. (1982) "Child Care Planning in Lambeth" Adoption and Fostering Vol. 6, No:2, 1982.

JENKINS R. (1965) "The Needs of F.P.'s" Case Conf. Vol.11, No: 7, January 1965.

JENKINS R. (1969) "Long-term Fostering" Case Conf. Vol.15, No: 9, 1969.

JENKINS S. & NORMAN E. (1972) Filial Deprivation & Foster Care, Columbia University Press, 1972.

JOSSELYN I. (1952) "Evaluating Motives of F.P.'s", Child Welfare, Vol.31, No: 2, February 1952.

KADUSHIN A. (1970) Adopting Older Children - Columbia University Press, 1970.

KUFELDT K. (1979) "Temporary Foster Care" British Journal Social Work, Vol. 9, No: 1, 1979.

LOCAL AUTHORITY SOCIAL SERVICES ACT (1970) HMSO

LITTNER N. (1975) "The Importance of the Natural Parents to the Child in Placement", Child Welfare Vol.54, No:3, p.175-81.

MEMO from A.D.(Field) 1981. From Assistant Director (Field) to Hertfordshire Social Services DSSO's 9.3.81 re: Foster Parent Medicals & Assessments.

McKAY M. (1980) "Planning for Permanent Placement" Adoption & Fostering Vol. 4, 99, No: 1, 1980.

NAPIER H. (1972) "Success & Failure in Foster Care" British Journal of Social Workers, Vol. 2 No: 2.

OPCS (1973) Office of Population Censuses & Surveys, Social Survey Division, The General Household Survey: Introductory Report 1973 HMSO.

OPCS (1982) County Monitor for Hertfordshire, Office of Population Censuses and Surveys, HMSO 1982.

OWEN JONES (1975) "A Study of those who cease to Foster" British Journal of Social Workers, Vol. 5, No: 1 1975.

PACKMAN J. (1968) Child Care: Needs and Numbers, Allen & Unwin.

PACKMAN J. (1981) The Child's Generation (2nd Edition) Basil Blackwell.

PAGE R., & CLARK G.A. (1977) "Who Cares?", National Children's Bureau, 1977.

PARKER R.A. (1966) Decision in Child Care - Allen & Unwin 1966.

PARKER R.A. (1978) "Foster Care in Context" Adoption & Fostering 93, No: 3 of 1978.

PARKER R. A. (1980) Caring for Separated Children, National Children's Bureau.

PETERSEN J. C. & PIERCE A.D. (1974) "Socioeconomic Characteristics of Foster Parents" Child Welfare, 53,5, 1974.

POPAY J., RIMMER L., & ROSSITER C. (1983) One Parent Families, Study Commission on the Family, 1983.

PORTSMOUTH FOSTERING STUDY (1973) Portsmouth Social Services Research & Intelligence Unit "Portsmouth Fostering Study", Portsmouth Polytechnic/ Portsmouth Social Services.

PROSSER H. (1978) Perspectives on Foster Care, National Foundation for Educational Research, 1978.

RAWSTRON D. (1983) Re: H & W in 'Legal Notes' Adoption & Fostering, Vol. 7, No: 1, 1983.

RAYNOR L. (1980) The Adopted Child Comes of Age, Allen & Unwin. 1980.

REEVES C.S. (1980) "Foster Care: a partnership of skill" in New Developments in Foster Care & Adoption, Ed. J. Triseliotis, Routledge & Kegan Paul, 1980.

RIMMER L. (1980) Adoption & Fostering 101, No: 3 of 1980 "Contemporary Family Patterns".

ROWE J. & LAMBERT L. (1973) Children Who Wait, ABAFA, 1973.

ROWE J. (1977) Fostering in the 70's - ABAFA 1977.

ROWE J. (1980) Rowe J., Hundleby M., Paul H., Keane A., "Long term Fostering and the Children Act 1975" Adoption & Fostering 102, No: 4 of 1980.

ROWE J. (1983) Fostering in the 80's BAAF 1983.

RUTTER M. (1982) Maternal Deprivation Reassessed, 2nd Ed. Penguin Books, 1982.

SHAW & LEBENS (1976) "Children between Families", Adoption & Fostering No. 84, 1976.

SHAW & LEBENS (1977) "Foster Parents Talking", Adoption & Fostering No: 88, 1977.

SHAW M., & HIPGRAVE T. (1983) "Specialist Fostering" Batsford/BAAF 1983.

SOLOMON M.A. (1969) "Foster Parents' Perceptions of Foster Child's Roles" Child Welfare XLVIII, 4, 1969.

SOOTHILL K. (1980) "Recruitment Campaigns" Adoption & Fostering, Vol. 4, No. 1, 1980.

SOOTHILL K. & DERBYSHIRE M. (1981) "Selecting Foster Parents" Adoption & Fostering Vol. 5, 104, No:2 of 1981.

SOOTHILL K. & DERBYSHIRE M. (1982) "Retention of Foster Parents", Adoption & Fostering Vol.6, No: 2, 1982.

STROUD J. (1962) The Shorn Lamb, Penguin Books, 1962.

THOBURN J. (1980) Captive Clients, Routledge & Kegan Paul, 1980.

THORPE R. (1974) "Social & Psychological situation of the long term foster child with regard to his natural parents" Unpub.PhD These. University of Nottingham, 1974.

THORPE R. (1980) "Experiences of Children and Parents Living Apart" in New Developments in Foster Care & Adoption, Ed. J. Triseliotis, Routledge & Kegan Paul, 1980.

TIZARD B. (1977) Adoption: A Second Chance, Open Books, 1977.

TOWLE C. (1952) "Discussion of Evaluating Motives of Foster Parents", Child Welfare Vol. 31 No: 2 February 1952.

TRASLER G. (1960) In Place of Parents, Routledge & Kegan Paul, 1960.

TRISELIOTIS J. (1973) In Search of Origins, Routledge & Kegan Paul, 1973.

TRISELIOTIS J. (1980) Ed. New Developments in Foster Care, Routledge & Kegan Paul, 1980.

TRISELIOTIS J. (1983) Adoption & Fostering Vol. 7: No: 1, 1983 "Identity and Security".

WAKEFORD J. (1963) "Fostering - a Social Perspective" B. J. of Sociol. Vol: XIV No: 4. Dec. 1963.

WEINSTEIN E. A. (1960) Self Image of the Foster Child - Russell Sage Foundation.

WOODMAN E. (1981) Thesis submitted for the Degree of MSc in Ap.Social Studies Oxford University 1981 - "Access - the experience of a group of children with parents in Care".

# A P P E N D I X  I


Page No.

QUESTIONNAIRE - THE CHILD IN CARE 544

QUESTIONNAIRE - FOSTER HOME 553


For the purposes of binding the documents have been reduced by 15%.

**CHILD IN CARE - CASE NO:**

1. Age of Child

| | | |
|---|---|---|
| 0 - 1 | 1 | 1 |
| 2 - 3 | 2 | |
| 4 - 5 | 3 | |
| 6 - 7 | 4 | |
| 8 - 9 | 5 | |

2. Previous Knowledge

| | | |
|---|---|---|
| Yes, Open case | 1 | 2 |
| Yes, closed case | 2 | |
| No | 3 | |
| Other | 4 | |

3. Previously in Care

| | | |
|---|---|---|
| Yes | 1 | 3 |
| No | 2 | |
| Not known | 9 | |

4. Number of previous admission to Care

| | |
|---|---|
| 0 or not known | 4 |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9+ | |

5. Legal Status

| | | |
|---|---|---|
| Voluntary | 1 | 5 |
| Place of Safety | 2 | |
| 1969 Act - Care Order | 3 | |
| Other Court Orders | 4 | |
| Wardship | 5 | |
| Others | 6 | |

6. Family Composition from which child admitted

| | | |
|---|---|---|
| Original natural parents (cohabitting or married) | 1 | 6 |
| Own parent & cohabitee or step-parent | 2 | |
| Single parent alone - mother | 3 | |
| Single parent alone - father | 4 | |
| Other relatives | 5 | |
| Non-related adults | 6 | |
| Others | 7 | |

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7. a) Reason for Admission

| | | | | |
|---|---|---|---|---|
| Post-puerperal depression | 1 | 1 | 1 | |
| Mother unwell or in hospital through pregnancy | 2 | 2 | 2 | 7 |
| Parent ill or in hospital; other parent unable to cope or single parent | 3 | 3 | 3 | |
| Single parent-other problems, specify..... | 4 | 4 | 4 | 8 |
| Marital/relationship breakdown deserted by parent-other unable to cope | 5 | 5 | 5 | 9 |
| Parent(s) unable to cope with child | 6 | 6 | 6 | |
| Child at risk of injury or neglect from parents | 7 | 7 | 7 | |
| Child handicapped-rejected by parents | 8 | 8 | 8 | |
| Other reasons, specify..... | 9 | 9 | 9 | |
| Not used | | 0 | 0 | |

b) Interesting comments 1
Not used 0 10

8. Social Worker at point of admission

a)
| | |
|---|---|
| Untrained & less than 2 yrs experience | 1 |
| Untrained & more than 2 yrs experience | 2 |
| Trained & 0-less than 1 yr experience | 3 |
| Trained & 1-2 yrs experience | 4 |
| Trained & 3 yrs + experience | 5 |
| Other, specify..... | 6 |

11

b)
| | |
|---|---|
| Comments recorded | 1 |
| Not used | 0 |

12

9. a) Expectation of length of period in care

| | |
|---|---|
| 7 days or less | 1 |
| 1 or 2 weeks (14 days) | 2 |
| More than 2 weeks to less than 2 months | 3 |
| 2 or more - 6 months | 4 |
| 7 months - 1 year | 5 |
| Longer than 1 year | 6 |
| Long-term | 7 |
| Permanent | 8 |
| Unknown | 9 |

13

b) Expectation of length of initial placement

| | |
|---|---|
| 7 days or less | 1 |
| 1 or 2 weeks (14 days) | 2 |
| More than 2 weeks to less than 2 months | 3 |
| 2 or more - 6 months | 4 |
| 7 months - 1 year | 5 |
| Longer than 1 year | 6 |
| Long-term | 7 |
| Permanent | 8 |
| Unknown | 9 |

14

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10.a) Preferred resource for initial placement

| | | | | |
|---|---|---|---|---|
| Day care e.g., childminder or Children's Centre | 1 | 1 | 1 | 15 |
| Foster home for all siblings | 2 | 2 | 2 | |
| Foster home with contact between siblings | 3 | 3 | 3 | 16 |
| Foster home | 4 | 4 | 4 | |
| Children's home for all siblings | 5 | 5 | 5 | |
| Children's Home | 6 | 6 | 6 | 17 |
| Long-term substitute family | 7 | 7 | 7 | |
| Other, specify..... | 8 | 8 | 8 | |
| Not recorded | 9 | 9 | 9 | |
| Not used | 0 | 0 | 0 | |

b) Comments recorded 1
Not used 0 18

11. Resource used initially

| | | | | |
|---|---|---|---|---|
| a) Day Care e.g., childminder or Children's Centre | 1 | 1 | 1 | |
| Foster home for all siblings | 2 | 2 | 2 | 19 |
| Foster home with contact between siblings | 3 | 3 | 3 | |
| Foster home | 4 | 4 | 4 | 20 |
| Children's home for all siblings | 5 | 5 | 5 | |
| Children's home | 6 | 6 | 6 | |
| Long-term substitute family | 7 | 7 | 7 | 21 |
| Other, specify..... | 8 | 8 | 8 | |
| Not used | 0 | 0 | 0 | |

b) Comments recorded 1
Not used 0 22

12. Was a choice available

| | | |
|---|---|---|
| a) Yes | 1 | |
| No | 2 | |
| Partial choice | 3 | 23 |
| Not needed because resource acceptable | 4 | |
| Not recorded | 9 | |

b) Comments recorded 1
Not used 0 24

13. If not first placement in care, was same resource used as last time?

| | | |
|---|---|---|
| Yes | 1 | |
| No | 2 | 25 |
| No, but same as on previous admission | 3 | |
| Not known | 9 | |
| N/A | 0 | |

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14.a) Expectation of task of caretakers from S.Worker

| | | | | |
|---|---|---|---|---|
| Defined period of relief for and return to natural parents | 1 | 1 | 1 | 26 |
| Look after child for limited period, outcome unknown | 2 | 2 | 2 | 27 |
| Assessment for limited period and outcome unknown | 3 | 3 | 3 | |
| Assessment & preparation for appropriate form of long-term substitute care | 4 | 4 | 4 | 28 |
| Look after child for undefined period | 5 | 5 | 5 | |
| Look after child long-term or permanently | 6 | 6 | 6 | |
| Other, specify..... | 7 | 7 | 7 | |
| Not known | 8 | 8 | 8 | |
| Not used | 0 | 0 | 0 | |

b) Comments recorded 1
Not used 0 29

15. Did they expect access from and contact with natural parent?

Yes 1
No 2
Not known 9 30

16. Did Social Worker discuss task with Caretakers?

Yes in a general way 1
Yes - specifically 2
No 3
Not known 9 31

17. Was child taken on introductory visit?

Yes 1
No 2
Familiar placement 3
No, but some preliminary contact made 4
Not known 9 32

18. Were natural parents taken on introductory visit?

Yes 1
No 2
No,but some preliminary contact made 3
No,but accompanied S.Worker on placement 4
Not known 5
Other 9 33

19. How quickly did S.Worker make contact with caretaker after placement?

Within 2 days 1
More than 2 dys less than 1 week 2
More than 1 wk less than 2 wks 3
Not within 2 weeks 4
Other 5
Not known 9 34

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20. How frequent were S.Worker's contacts with caretaker during -

a) First 2 weeks of placement (visit or telephone)

| | | |
|---|---|---|
| None | 1 | 35 |
| Almost daily (4+ a week) | 2 | |
| More than once a week (2-3 week) | 3 | |
| About once weekly (2-3 fortnight) | 4 | |
| Once in 2 weeks | 5 | |
| Other, specify..... | 6 | |
| Not known | 9 | |

b) Contact as above but phone only 1
Contact as above but visits only 2
Contact as above;combination of tel/vist 3 — 36
Contact as above,method unknown 4
Not applicable 0

c) Visits after first 2 weeks for rest of placement (average)

| | | |
|---|---|---|
| None | 1 | 37 |
| More than once a week | 2 | |
| About once a week(2-3 fortnight) | 3 | |
| About fortnightly(2 monthly at regular intervals) | 4 | |
| Less often than fortnightly - about monthly (1-2 month) | 5 | |
| Less often than monthly-2 monthly | 6 | |
| 2-3 monthly | 7 | |
| Less often than 3 monthly | 8 | |
| Other, specify..... | 9 | |
| Not known or not applicable | 0 | |

d) Comments recorded re a) b) c) 1
Not used 0 — 38

21.a) Department's expectations of parental contact with child

| | | |
|---|---|---|
| Controlled Contact - 0 | 0 | 39 |
| Dept. made plan for contact as part of contract for care | 1 | |
| Initial planned contact : access later refused | 2 | |
| Dept.refused access after some contacts made | 3 | |
| Dept. refused access before any contacts made | 4 | |
| No specific expectations about contact | 5 | |
| Contact expected or encouraged but not defined in contract | 6 | |
| Access refused & later allowed | 7 | |
| Other, specify..... | 8 | |
| Not recorded | 9 | |

b) Comments recorded 1
Not used 0 — 40

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22. Frequency of natural parents contacts with child.

a) First 2 weeks of placement

| | | |
|---|---|---|
| None | 1 | |
| Almost daily (4+ weekly) | 2 | |
| More than once a week (2-3 a week) | 3 | 41 |
| About once a week (2-3 a fortnight | 4 | |
| Once in the 2 weeks | 5 | |
| Other, specify..... | 6 | |
| Not known | 9 | |

b) Contact as above by by phone only 1
Contact as above by by visits only 2
Contact as above but combination of phone/visits 3
Contact as above but method not known 4
Other, specify..... 5 — 42

Not known 9
None 0

c) Visits after first 2 weeks for rest of placement (average)

| | | |
|---|---|---|
| None | 1 | |
| More than once a week | 2 | |
| About once a week(2-3 fortnight) | 3 | 43 |
| About fortnightly (3 a month at regular intervals) | 4 | |
| Less than fortnightly-about monthly (1-2 a month) | 5 | |
| Less than monthly - 2 monthly | 6 | |
| More than 2-3 monthly | 7 | |
| Less than 3 monthly | 8 | |
| Other, specify..... | 9 | |
| Not known or N/A | 0 | |

d) Comments recorded (for a) b) and c)) 1
Not used 0 — 44

23. a) Usual method of contact from natural parent after 1st 2 weeks.

| | | | | |
|---|---|---|---|---|
| Visits | 1 | 1 | 1 | |
| Telephone | 2 | 2 | 2 | |
| Correspondence | 3 | 3 | 3 | 45 |
| Child taken to nat.parents | 4 | 4 | 4 | |
| NP had contact with caretakers but not with child | 5 | 5 | 5 | |
| NP had contact with child but not caretakers | 6 | 6 | 6 | 46 |
| Other, specify..... | 8 | 8 | 8 | |
| Not known | 9 | 9 | 9 | 47 |
| Not used | 0 | 0 | 0 | |

b) Comments recorded 1
Not used 0 — 48

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24. Length of placement

| | | |
|---|---|---|
| 7 days or less | 1 | |
| 1 to 2 weeks (14 days) | 2 | 49 [ ] |
| More than 2 to less than 8 wks | 3 | |
| 2 or more - 6 months | 4 | |
| 7 months to 1 year | 5 | |
| Longer than 1 yr-outcome uncertain | 6 | |
| Longer than 1 yr-outcome expected to be permanent | 7 | |
| Unknown | 9 | |

25. Did child present any problems on placement?

| | | | | | |
|---|---|---|---|---|---|
| a) No | 1 | 1 | 1 | 1 | 50 [ ] |
| Yes,dependency e.g.,clinging, ... | 2 | 2 | 2 | 2 | |
| Yes,regression & introversion(e.g., refusal to eat,speak etc). | 3 | 3 | 3 | 3 | 51 [ ] |
| Yes,hostility/aggression &/or destruction ... | 4 | 4 | 4 | 4 | |
| Yes,problems following parental contact .. | 5 | 5 | 5 | 5 | 52 [ ] |
| Yes,sleeplessness or bedtime problems ic.wet beds ... | 6 | 6 | 6 | 6 | 53 [ ] |
| Yes,distress,crying ... ... | 7 | 7 | 7 | 7 | |
| Yes, other - specify.... ... | 8 | 8 | 8 | 8 | |
| Not recorded ... ... ... | 9 | 9 | 9 | 9 | |
| Not used ... ... ... | 0 | 0 | 0 | 0 | |
| b) Comments recorded | 1 | | | | 54 [ ] |
| Not used | 0 | | | | |

26. Was special rate paid because of problems in placement?

| | | |
|---|---|---|
| Yes | 1 | 55 [ ] |
| No | 2 | |
| Not known | 3 | |
| N/A, C.H. or hospital | 0 | |

27. Forum for decision making about future plans.

| | | |
|---|---|---|
| a) Case conf. or disc. involv. FP/Caretaker | 1 | 56 [ ] |
| Case conf. or disc.not involv.FP/Caretaker | 2 | |
| No formal case conf. or discussion | 3 | |
| Other, specify..... | 4 | |
| Not known | 9 | |
| b) Comments recorded | 1 | 57 [ ] |
| Not used | 0 | |

28. Discharge if child in voluntary care

| | | | | |
|---|---|---|---|---|
| a) Natural parent(s) disch.child with Depts. agreement | 1 | 1 | 1 | 58 [ ] |
| NP disch.child against Dept.advice | 2 | 2 | 2 | |
| NP reluctant to have child home | 3 | 3 | 3 | |
| NP unhappy about care provided | 4 | 4 | 4 | 59 [ ] |
| Child not in vol. care | 5 | 5 | 5 | |
| Other,specify.... | 6 | 6 | 6 | |
| Not recorded | 9 | 9 | 9 | 60 [ ] |
| Not used | 0 | 0 | 0 | |

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| | | | | | |
|---|---|---|---|---|---|
| b) Comments recorded | | | 1 | 61 | |
| Not used | | | 0 | | |

29.a) Reasons for movement of child

| | | | | | |
|---|---|---|---|---|---|
| NP not involved in decision to move child | 1 | 1 | 1 | 62 | |
| NP & SSD in agreement over decision to move child | 2 | 2 | 2 | | |
| SSD moved child against NP's wishes | 3 | 3 | 3 | | |
| Child moved as part of L/T plan for future | 4 | 4 | 4 | | |
| FP requested premature removal because could not cope. Child remained in Care | 5 | 5 | 5 | 63 | |
| FP requested premature removal because could not cope. Child returned home | 6 | 6 | 6 | | |
| Child removed prematurely from FP because placement unsatisfactory child remained in Care | 7 | 7 | 7 | 64 | |
| Child removed prematurely from FP because placement unsatisfactory child returned home | 8 | 8 | 8 | | |
| Other, specify.... | 9 | 9 | 9 | | |
| Not used | 0 | 0 | 0 | | |

| | | | | |
|---|---|---|---|---|
| b) Comments recorded | | 1 | 65 | |
| Not used | | 0 | | |

30. Plan of S.Services Dept. at move

| | | | | |
|---|---|---|---|---|
| a) Return home | 1 | | | |
| Return home with continued SSD help | 2 | | 66 | |
| Move to another S/Term placement | 3 | | | |
| Move to L/Term foster home with natural parent contact | 4 | | | |
| Move to permanent substitute family without natural parent contact | 5 | | | |
| Move to children's home | 6 | | | |
| Move to adoptive home | 7 | | | |
| Stay in this placement | 8 | | | |
| Other, specify..... | 9 | | | |
| Not known | 0 | | | |

| | | | |
|---|---|---|---|
| b) Comments recorded | 1 | 67 | |
| Not used | 0 | | |

31.a) Were practical resources available for plan

| | | | |
|---|---|---|---|
| Yes, all needed | 1 | 68 | |
| Yes, some but not all | 2 | | |
| No | 3 | | |
| Other, specify..... | 4 | | |
| Not known | 5 | | |

| | | | |
|---|---|---|---|
| b) Comments recorded | 1 | 69 | |
| Not used | 0 | | |

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32. Next Placement

| | | | |
|---|---|---|---|
| Home | 1 | 70 | |
| Home with continued SSD help | 2 | | |
| Another S/term placement | 3 | | |
| L/Term foster home with parental contact | 4 | | |
| L/Term foster home without parental contact | 5 | | |
| Children's home | 6 | | |
| Adoption | 7 | | |
| Did not move | 8 | | |
| Other | 9 | | |

33.a) Was next placement permanent?

| | | | |
|---|---|---|---|
| Yes, no further SSD involvement | 1 | 71 | |
| Yes, further SSD involvement | 2 | | |
| No, child returned to care from home | 3 | | |
| No, child did not return to care | 4 | | |
| No, child removed to another placement | 5 | | |
| No, child returned home | 6 | | |
| Other, specify..... | 7 | | |
| Further S/T periods of care | 8 | | |
| Not known | 9 | | |

| | | | |
|---|---|---|---|
| b) Comments recorded | 1 | 72 | |
| Not used | 0 | | |

34. Sibling in Care

| | | | | | |
|---|---|---|---|---|---|
| No | 1 | 1 | 1 | 73 | |
| Yes, full sibling same time | 2 | 2 | 2 | | |
| Yes, half sibling, same time | 3 | 3 | 3 | | |
| Yes, full sibling, different time | 4 | 4 | 4 | | |
| Yes, half sibling, different time | 5 | 5 | 5 | 74 | |
| Not known | 6 | 6 | 6 | | |
| Not used | | 0 | 0 | | |
| | | | | 75 | |

35. Other sibling(s) in this sample (full & half)

| | | | |
|---|---|---|---|
| Yes | 1 | 76 | |
| Yes | 2 | | |
| Yes | 3 or more | | |
| No | 0 | | |

36. Other admissions in this sample

| | | | |
|---|---|---|---|
| Yes | 1 | 77 | |
| Yes | 2 | | |
| Yes | 9 | | |
| No | 0 | | |

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**FOSTER HOME - CASE NO:**

1. Age of Foster Family at application

| | 1a) Mr. | 1b) Mrs. | |
|---|---|---|---|
| Under 21 | 1 | 1 | 1 |
| 20 - 24 | 2 | 2 | |
| 25 - 29 | 3 | 3 | |
| 30 - 39 | 4 | 4 | 2 |
| 40 - 49 | 5 | 5 | |
| 50 - 59 | 6 | 6 | |
| 60+ | 7 | 7 | |
| Not applicable | 8 | 8 | |
| Not known | 9 | 9 | |

| | 1c) Children at home | | | | 1d) Children living away from home | | | |
|---|---|---|---|---|---|---|---|---|
| None | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 3 |
| 0 - 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| 2 - 5 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |
| 6 - 9 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | |
| 10 - 13 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 14 - 16 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | |
| 17+ | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 6 |
| Not used | 0 | 0 | 0 | 0 | 8 | 8 | 8 | |
| | | | | | 0 | 0 | 0 | 7 |

*NB: 1c & 1d not used in Tables

8

9

2. Occupation

| | a) Foster Father | | b) Foster Mother | | |
|---|---|---|---|---|---|
| **Social Class -** | | | | | |
| I - Profession | 1 | 1 | 1 | 1 | 10 |
| II Intermediate Occupation | 2 | 2 | 2 | 2 | |
| III(N)Skilled Occupation, Non-manual | 3 | 3 | 3 | 3 | 11 |
| III(M) Skilled Occupation, Manual | 4 | 4 | 4 | 4 | |
| IV Partly skilled Occupation | 5 | 5 | 5 | 5 | 12 |
| V Unskilled | 6 | 6 | 6 | 6 | |
| Member of Armed Forces | 7 | 7 | 7 | 7 | |
| Housewife or never been employed | 8 | 8 | 8 | 8 | 13 |
| Previously one of above, currently not employed | 9 | 9 | 9 | 9 | |
| Not used | | 0 | | 0 | |

3. Delay between referral and first visit

| | |
|---|---|
| Under 2 weeks | 1 |
| 2-4 weeks | 2 |
| 5 but less than 8 weeks | 3 |
| 8 weeks or more to 3 months | 4 |
| 4-5 months | 5 |
| 6-7 months | 6 |
| 8 months and over | 7 |
| Other | 8 |
| Not recorded | 9 |

14

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4. Method by which recruited

| | | | | | |
|---|---|---|---|---|---|
| General awareness of fostering | 1 | 1 | 1 | | |
| Knew relative or friend who fostered | 2 | 2 | 2 | 15 | |
| Answered advert in paper | 3 | 3 | 3 | | |
| Read articles on fostering | 4 | 4 | 4 | | |
| Attended open meeting | 5 | 5 | 5 | 16 | |
| TV or Radio programme | 6 | 6 | 6 | | |
| Stall | 7 | 7 | 7 | | |
| Approved by other agency | 8 | 8 | 8 | 17 | |
| Other or not known, specify..... | 9 | 9 | 9 | | |
| Not used | | 0 | 0 | | |

5. Original Motivation

| | | | | | |
|---|---|---|---|---|---|
| Altruism or compassion for child in need | 1 | 1 | 1 | | |
| Foster mother's wish to look after young children | 2 | 2 | 2 | 18 | |
| Unable to have own family, or completion of family | 3 | 3 | 3 | | |
| Applied to adopt or waiting to have own family - alternative occupation while wait | 4 | 4 | 4 | 19 | |
| Own children grown up, need occupation and company | 5 | 5 | 5 | | |
| Own family complete and/or enjoy children and something to offer other children | 6 | 6 | 6 | 20 | |
| Companionship for own child | 7 | 7 | 7 | | |
| Replacement for own child or compensation for unsatisfactory relationship | 8 | 8 | 8 | | |
| Other, specify..... | 9 | 9 | 9 | | |
| Not used | | 0 | 0 | | |

6. a) Original Request at Application

| | | | | | |
|---|---|---|---|---|---|
| Short term babies | 1 | 1 | 1 | | |
| Short-term up to 5 | 2 | 2 | 2 | 21 | |
| short-term up to 6-12 | 3 | 3 | 3 | | |
| short-term up to 13+ | 4 | 4 | 4 | | |
| short-term any age | 5 | 5 | 5 | 22 | |
| short-term now, long-term later | 6 | 6 | 6 | | |
| Long-term | 7 | 7 | 7 | | |
| long-term with view to adoption or adoption | 8 | 8 | 8 | 23 | |
| Other or not know, specify..... | 9 | 9 | 9 | | |
| Not used | | 0 | 0 | | |

b) Interesting comment 1
Not used 0 24

7. Previous knowledge of fostering when applied

| | | | |
|---|---|---|---|
| None | 1 | | |
| Some | 2 | 25 | |
| Previous experience of fostering or looking after someone else's child | 3 | | |
| Not known or not recorded | 9 | | |

8. Number of visits from S. Worker when full assessment done.

| | | | |
|---|---|---|---|
| 2 or less | 1 | | |
| 3 - 5 | 2 | 26 | |
| 6 or more | 3 | | |
| Other | 4 | | |
| Not known | 9 | | |

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9. Other areas of preparation

| | | | | | | |
|---|---|---|---|---|---|---|
| Contact with other foster parents | 1 | 1 | 1 | 1 | | |
| Contact with Children's Home and/or Children's Centre | 2 | 2 | 2 | 2 | 27 | |
| Attendance at fostering meetings | 3 | 3 | 3 | 3 | | |
| Discussion with relatives/friends in associated occupations (not F.Parents) | 4 | 4 | 4 | 4 | 28 | |
| Reading materials | 5 | 5 | 5 | 5 | | |
| Contact with voluntary agencies specify..... | 6 | 6 | 6 | 6 | 29 | |
| Previous experience of looking after someone else's child | 7 | 7 | 7 | 7 | | |
| Other, specify..... | 8 | 8 | 8 | 8 | | |
| None recorded | 9 | 9 | 9 | 9 | | |
| Not used | | 0 | 0 | 0 | 30 | |

10. Social Worker's Interpretation of Motivation

| | | | | | |
|---|---|---|---|---|---|
| Altruism; compassion for children in need | 1 | 1 | 1 | | |
| Foster mother's need for dependents | 2 | 2 | 2 | 31 | |
| Alternative to adoption or completion of family | 3 | 3 | 3 | | |
| Waiting to have own children by birth or adoption - alternative occupation whilst waiting | 4 | 4 | 4 | 32 | |
| Own family grown up - need occupation and company | 5 | 5 | 5 | | |
| Family complete and/or enjoy children and something to offer other children | 6 | 6 | 6 | 33 | |
| Companionship for own child | 7 | 7 | 7 | | |
| Attempted compensation for unsatisfactory or lost relationship | 8 | 8 | 8 | | |
| Other, specify..... | 9 | 9 | 9 | | |
| Not used | | 0 | 0 | | |

11. a) Did Social Worker have reservations?

| | | | |
|---|---|---|---|
| Yes | 1 | | |
| No | 2 | 34 | |
| Not known or recorded | 9 | | |

| | | | |
|---|---|---|---|
| b) Interesting comment | 1 | | |
| Not used | 0 | 35 | |

12. Assessment format

| | | | |
|---|---|---|---|
| Brief narrative | 1 | | |
| Comprehensive narrative | 2 | 36 | |
| Form F | 3 | | |
| Other | 4 | | |

13. Recommendation from Social Worker

| | | | | | |
|---|---|---|---|---|---|
| a) Not accept | 1 | 1 | 1 | | |
| Accept s-term 0-2 | 2 | 2 | 2 | 37 | |
| Accept s-term 0-5 | 3 | 3 | 3 | | |
| Accept s-term 6-12 | 4 | 4 | 4 | | |
| Accept s-term 13+ | 5 | 5 | 5 | 38 | |
| Accept s-term Any age | 6 | 6 | 6 | | |
| Accept l-term | 7 | 7 | 7 | | |
| Accept l-term with view to adoption or adoption | 8 | 8 | 8 | 39 | |
| Other | 9 | 9 | 9 | | |
| Not used | | 0 | 0 | | |

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13.b) More than one child 1
Not used 0 40

c) Uncomplicated placements 1
Not used 0 41

d) Male only 1
Not used 0 42

e) Female only 1
Not used 0 43

f) Interesting comment 1
Not used 0 44

14. What accepted to do?

| | | | | |
|---|---|---|---|---|
| a) Not accepted | 1 | 1 | 1 | |
| Accept s/term 0-2 | 2 | 2 | 2 | 45 |
| Accept s/term 0-5 | 3 | 3 | 3 | |
| Accept s/term 6-12 | 4 | 4 | 4 | |
| Accept s/term 13+ | 5 | 5 | 5 | 46 |
| Accept s/term any age | 6 | 6 | 6 | |
| Accept l/term | 7 | 7 | 7 | |
| Accept l/term with view to adoption or adoption | 8 | 8 | 8 | 47 |
| Other, specify..... | 9 | 9 | 9 | |
| Not used | | 0 | 0 | |
| b) More than one child | 1 | | | |
| Not used | 0 | | | 48 |
| c) Uncomplicated placements | 1 | | | |
| Not used | 0 | | | 49 |
| d) Male only | 1 | | | |
| Not used | 0 | | | 50 |
| e) Female only | 1 | | | |
| Not used | 0 | | | 51 |
| f) Interesting comment | 1 | | | |
| Not used | 0 | | | 52 |

15. Were they originally assessed by other local authority, or voluntary agency

| | | |
|---|---|---|
| No | 1 | |
| Yes, accepted other LA, reassessed & accepted by HCC | 2 | |
| Yes, accepted other LA, reassessed & not accepted by HCC | 3 | 53 |
| Yes, accepted by other LA, recommendation accepted by HCC | 4 | |
| Yes, not accepted other LA, reassessed & accepted by HCC | 5 | |
| Yes, applied to other LA, assessment not completed | 6 | |
| Other, .... | 7 | |

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16. Delay before first placement by HCC

| | | |
|---|---|---|
| Not used | 0 | |
| One week or less | 1 | |
| One week to less than 1 month | 2 | |
| 1 - 2 months | 3 | 54 |
| 3 - 4 months | 4 | |
| 5 - 6 months | 5 | |
| 7 months to less than 1 year | 6 | |
| 1 year or over | 7 | |
| Accepted by other LA before | 8 | |
| Not known or other | 9 | |

17. Nature of first placement by HCC

| | | | | |
|---|---|---|---|---|
| a) s/term 0-2 | 2 | 2 | 2 | |
| s/term 0-5 | 3 | 3 | 3 | 55 |
| S/term 6-9 | 4 | 4 | 4 | |
| S/term 10-12 | 5 | 5 | 5 | |
| S/term 13+ | 6 | 6 | 6 | 56 |
| Long term | 7 | 7 | 7 | |
| L/term with view to adoption or adoption | 8 | 8 | 8 | |
| Other | 9 | 9 | 9 | 57 |
| Not used | 0 | 0 | 0 | |
| b) More than 1 child | 1 | | | |
| Not used | 0 | | | 58 |
| c) Uncomplicated placement | 1 | | | |
| Complicated placement | 2 | | | 59 |
| N/K | 3 | | | |
| d) Male | 1 | | | |
| Not used | 0 | | | 60 |
| e) Female | 1 | | | |
| Not used | 0 | | | 61 |

18. Comment on first placement by S. Worker

| | | |
|---|---|---|
| a) Satisfactory | 1 | |
| Unsatisfactory | 2 | 62 |
| Some reservations | 3 | |
| F. parent expressed dissatisfaction | 4 | |
| Child removed at F.parents request | 5 | |
| Child removed by Department | 6 | |
| Child moved by mutual agreement (plan completed) | 7 | |
| Other | 8 | |
| No record | 9 | |
| b) Interesting comment | 1 | |
| Not used | 0 | 63 |

19. Subsequent Placements for HCC

| | | |
|---|---|---|
| Yes, one more as accepted | 1 | |
| Yes, More than one as accepted | 2 | 64 |
| Yes, different from what accepted to do | 3 | |
| Yes, combined as accepted & different | 4 | |
| No | 5 | |
| Not known | 9 | |

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20. Comment on further placements by S. Worker

| | | | |
|---|---|---|---|
| a) Satisfactory | 1 | 1 | |
| Unsatisfactory | 2 | 2 | 65 |
| Some reservations | 3 | 3 | |
| F.Parent expressed dissatisfaction | 4 | 4 | |
| Child removed at F.parents' request | 5 | 5 | |
| Child removed by Dept. or Court | 6 | 6 | 66 |
| Other | 7 | 7 | |
| No record or N/A | 9 | 9 | |
| b) Interesting comment | 1 | | |
| Not used | 0 | | 67 |

21. Evidence of review or reassessment of Foster Parent

| | | |
|---|---|---|
| Yes - in visits by link S.Worker | 1 | |
| Yes - formal reassessment | 2 | 68 |
| No | 3 | |
| Not known | 9 | |

22. Attendance at Fostering Meetings

| | | |
|---|---|---|
| None | 1 | |
| Regular | 2 | |
| Occasional | 3 | 69 |
| Not known | 9 | |

23. Own child born or adopted after commencement of fostering.

| | | |
|---|---|---|
| a) No | 1 | |
| Yes, no effect on fostering recorded | 2 | |
| Yes, detrimental effect on fostering | 3 | 70 |
| Yes, positive effect on fostering | 4 | |
| Yes, combined detrimental and positive | 5 | |
| Not recorded | 9 | |
| b) Interesting comment | 1 | |
| Not used | 0 | 71 |

24. Was a foster child placed within 2 years of age of own children?

| | | |
|---|---|---|
| a) No | 1 | |
| Yes, no effect on fostering recorded, or no effect | 2 | |
| Yes, detrimental effect on placement | 3 | 72 |
| Yes, positive effect on placement | 4 | |
| Yes, combined positive and negative | 5 | |
| Not known | 9 | |
| b) Interesting comments | 1 | |
| Not used | 0 | 73 |

25. Year Accepted for HCC

| | | |
|---|---|---|
| 1976 or before | 1 | |
| 1977 | 2 | 74 |
| 1978 | 3 | |
| 1979 | 4 | |
| 1980 | 5 | |
| 1981 or later | 6 | |

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26. Year Ceased for HCC

| | | | |
|---|---|---|---|
| 1976 or before | 1 | | |
| 1977 | 2 | | |
| 1978 | 3 | | 75 |
| 1979 | 4 | | |
| 1980 | 5 | | |
| 1981 or later | 6 | | |
| Still fostering | 7 | | |

27. Reason ceased for HCC

| | | | | |
|---|---|---|---|---|
| a) Moved out of area | 1 | 1 | 1 | |
| Unsatisfactory fostering experience, child removed | 2 | 2 | 2 | |
| Unsatisfactory fostering experience, fostering different from expectations or foster child presented problems | 3 | 3 | 3 | |
| Lack of support from Dept. e.g., SW or financial | 4 | 4 | 4 | |
| Own child born or adopted since began fostering and had impact | 5 | 5 | 5 | 76 |
| Marital/family problems | 6 | 6 | 6 | |
| (Prefer) fostering for other L.A. | 7 | 7 | 7 | |
| Other, specify..... | 8 | 8 | 8 | 77 |
| Not recorded | 9 | 9 | 9 | |
| Not used | | 0 | 0 | |
| | | | | 78 |

| | | |
|---|---|---|
| b) Interesting comments | 1 | |
| Not used | 0 | 79 |

28. Length of marriage when applied to foster

| | | |
|---|---|---|
| Not married - cohabiting | 1 | |
| Single | 2 | |
| 2 years or under | 3 | 80 |
| 3 - 5 years | 4 | |
| 6 - 10 years | 5 | |
| 11 years or more | 6 | |
| Widowed | 7 | |
| Not known | 9 | |

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29. Number of all children

0
1
2
3
4
5
6

81 [ ]

30. Number of pre-school children (0-5)

0
1
2

82 [ ]

31. Number of School children

0
1
2
3
4
5

83 [ ]

32. Number of children at home who have left School (17+)

0
1
2
3
4

84 [ ]

33. Number of children living away from home who have left school (17+)

0
1
2

85 [ ]

34. Number of children living at home (all ages)

0
1
2
3
4
5

86 [ ]

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# A P P E N D I X II


| | Page No. |
|---|---|
| MAP OF HERTFORDSHIRE | 562 |
| FORMS & GUIDELINES REFERRED TO IN THE TEXT | |
| SS.6 | 563 |
| SS.103 | 565 |
| SS.3 | 566 |
| SS.4 | 568 |
| SS.15 | 570 |
| SS.106 | 572 |
| SS.107 & 107a | 576 |
| SS.108 & 108a | 579 |
| SS.7 | 584 |
| SS.116 | 585 |
| SS.113 | 586 |
| SS.114 | 587 |
| SS.115 | 588 |
| Foster Parent Register Form (local to Broxbourne) | 589 |
| Form F | 591 |
| Adult 1 | 603 |
| SS.1 | 607 |
| SS.11 | 608 |
| SS.DA N903 | 610 |
| SS.212 | 611 |
| SS.126 | 613 |
| SS.127 | 614 |
| SS.110 | 615 |
| SS.122 | 617 |
| GUIDELINE TO RECORDING (local to Broxbourne) | 619 |


For the purposes of binding some of the documents have been reduced by 15%.



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# HERTFORDSHIRE

## SOCIAL SERVICES

### Divisional Boundaries

**Divisional Offices**

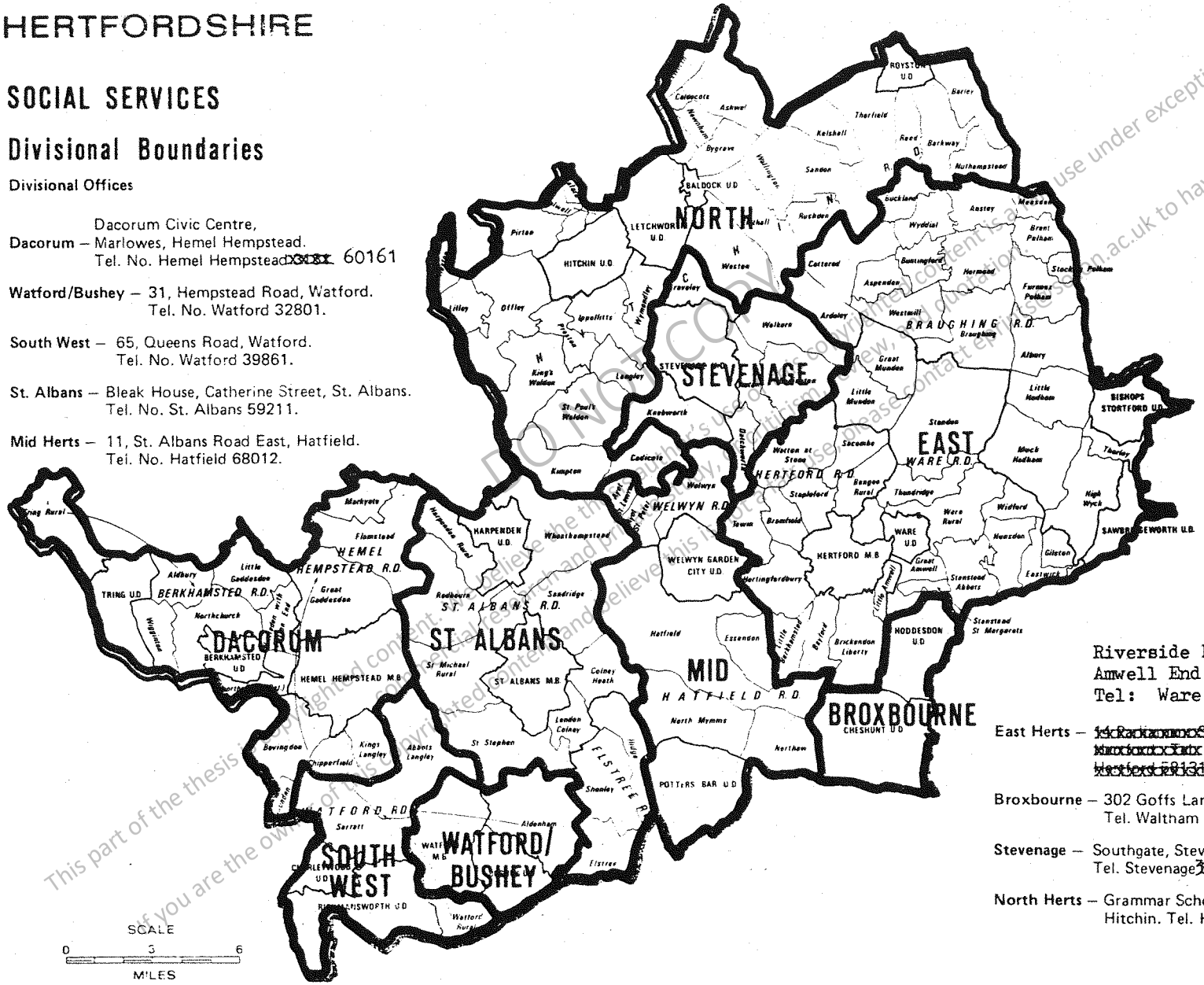
**Dacorum** – Dacorum Civic Centre,
Marlowes, Hemel Hempstead.
Tel. No. Hemel Hempstead ~~0442~~ 60161

**Watford/Bushey** – 31, Hempstead Road, Watford.
Tel. No. Watford 32801.

**South West** – 65, Queens Road, Watford.
Tel. No. Watford 39861.

**St. Albans** – Bleak House, Catherine Street, St. Albans.
Tel. No. St. Albans 59211.

**Mid Herts** – 11, St. Albans Road East, Hatfield.
Tel. No. Hatfield 68012.




Riverside House
Amwell End, Ware.
Tel: Ware 66591

**East Herts** – ~~14 Railway Street,~~
~~Hertford.~~
~~Hertford 58131.~~

**Broxbourne** – 302 Goffs Lane, Cheshunt.
Tel. Waltham Cross 39571

**Stevenage** – Southgate, Stevenage.
Tel. Stevenage 56155.

**North Herts** – Grammar School Walk,
Hitchin. Tel. Hitchin 57177

DEC.73

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SS6
(Revised 11/76)

**HERTFORDSHIRE COUNTY COUNCIL – SOCIAL SERVICES DEPARTMENT**

Application for Reception into Care

1. Children for whom application is made: SURNAME .....

ADDRESS .....

| CHRISTIAN NAMES | M or F | DATE OF BIRTH | PLACE OF BIRTH | SCHOOL OR CLINIC ATTENDED | RELIGION | WHETHER BAPTISED |
|---|---|---|---|---|---|---|
| 1 ..... | .... | ..... | ..... | ..... | ..... | ..... |
| 2 ..... | .... | ..... | ..... | ..... | ..... | ..... |
| 3 ..... | .... | ..... | ..... | ..... | ..... | ..... |
| 4 ..... | .... | ..... | ..... | ..... | ..... | ..... |
| 5 ..... | .... | ..... | ..... | ..... | ..... | ..... |
| 6 ..... | .... | ..... | ..... | ..... | ..... | ..... |

2. Other children in the family (for whom accommodation is not required).
CHRISTIAN NAMES (AND SURNAMES if different from above) DATE OF BIRTH

.....

.....

.....

3. Details of children who have been in care before:—

.....

.....

4. Please indicate (with date, if possible) which children have had illness, immunisation, etc. (please specify):—

.....

.....

.....

5. Family Doctor ..... Tel. No. .....

6. Special comments (including diet) .....

.....

7. Full Name and Address of APPROX. AGE

Mother .....

Father .....

8. I hereby make application for the reception into care of my children named in Section 1 above and, having received and had explained the explanatory leaflet No ..... agree:—

(a) To the carrying out of any medical or dental treatment recommended by a doctor or dentist including the administration of an anaesthetic.

(b) To notify the Social Worker at once of any change of my address.

I understand that parents will be asked to complete and return a form so that the contribution (if any) to be made by the parent can be assessed.

Date ..... Signature of Parent .....

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9. Mr./Mrs. ..... wishes to have the children named in Section 1 above received into care for for following reasons .....

.....

.....

I anticipate that the children will have to be looked after for a period of

.....

Signed ..... Social Worker Signed ..... Senior Social Worker

Address .....

Date ..... SS3 left with ..... on .....

FOR COMPLETION BY DIVISIONAL ADMINISTRATIVE OFFICER

First placement made from ..... at .....

.....

Date .....

Divisional Administrative Officer

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HERTFORDSHIRE COUNTY COUNCIL
SOCIAL SERVICES DEPARTMENT

SS.103
(C.C.64)

**MEDICAL CERTIFICATE FOR CHILD TO BE BOARDED OUT**

Name of Child ..... Date of Birth .....

Address .....

I have to-day examined the above-named child and find his/her condition to be as follows:–

.....

.....

.....

.....

The child is/is not suffering from infectious or contagious disease.

Signed .....

Date ..... Qualifications .....

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SS3 (7/77)

PLEASE USE BLOCK CAPITALS

CP No.

CONFIDENTIAL

# HERTFORDSHIRE COUNTY COUNCIL
## SOCIAL SERVICES DEPARTMENT

CHILD(REN) IN CARE

Date

Dear Sir/Madam,

With reference to your child(ren)'s admission to local authority care, it is necessary for the amount to be paid by you towards the cost of maintenance to be assessed/reviewed under the County Council's standard scale. If this form is not completed and returned within fourteen days the full cost of the service will be charged.

NOTES OF GUIDANCE

**If you are prepared to pay the full cost of the service** you need only so indicate* and sign the agreement below. It is necessary to periodically review the maximum charge for the service. When the charge is increased you will be requested to complete a fresh agreement.

**If you wish to be assessed to pay according to your financial circumstances** it will be necessary for you to provide details of your income and expenses on a Form SS15 which will be provided on request.

**If you are receiving Supplementary Benefit** from the Department of Health and Social Security the only action you need take is to enter your Supplementary Benefit Number here ,

state the amount received per week £ p and complete and sign the agreement below.

**If you are already paying for any County Council Service(s)** please state which services .....

.....

Yours faithfully,

W. H. LAMING
Director of Social Services

---

PLEASE STATE

1. Your full name and postal address .....

.....

.....

Telephone number .....

Married, single, widowed, divorced or separated .....

2. If married, full name of wife (husband) and postal address if different from your own .....

.....

.....

.....

AGREEMENT

*Delete as appropriate

*I/We agree to pay the full cost of the service currently £ p per week.

*I/We wish to be assessed according to my/our financial circumstances.

Date ..... Signature of Applicant(s) .....

—1—

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## NOTES ON COMPLETION OF FINANCIAL FORM SS15

(These notes are only applicable if you decide to be financially assessed)

**1. Salaries or Wages**

The average earnings for the past 8 weeks, or 2 months if you are paid monthly, should be the net earnings you actually received after deduction by your employers of income tax, National Insurance, Superannuation and Graduated Pensions contributions. They must include any payment in respect of overtime, bonuses, commission or allowances.

**2. Property owned by yourself but let to someone else**

The actual rent received must be stated but the County Council may allow against this figure a sum representing the cost of repairs, decorations, etc. A brief description of the property should be attached to this form together with a statement of all outgoings by way of repairs, etc., during the past year.

**3. Hire Purchase and Rental Payments**

The County Council are prepared to consider only reasonable expenditure (in terms of number, quality, and cost of articles) on kitchen equipment, beds and bedding, household linen, chairs and tables, linoleum, carpets and rugs, wireless and television sets for which agreements have been entered into prior to the date of this application.

**4. Housekeeper**

An allowance for expenditure on the employment of a housekeeper or cleaner will normally be granted only if this is necessary for health reasons and in these circumstances a doctor's certificate should be attached. If there are other circumstances which necessitate the employment of a housekeeper or cleaner a statement of these circumstances shouid be attached to the form.

**5. Appeals**

If you feel that the assessed charge is more than you can pay because of special circumstances which were not made clear in the statement of income you can write and ask to have the facts reviewed by the Director.

**6. Warning**

The making of a false statement or the giving of information known to be false can give rise to a prosecution.

**FOR OFFICIAL USE**

| | £ p | £ p | £ p | £ p | £ p | £ p | £ p | £ p |
|---|---|---|---|---|---|---|---|---|
| Total Income | — | | — | | — | | — | |
| Allowances:- | | | | | | | | |
| Expenses | | | | | | | | |
| Personal | | | | | | | | |
| Children | | | | | | | | |
| Other C.C. Services | | | | | | | | |
| Net available income | | | | | | | | |
| Chargeable income | | | | | | | | |
| Cost per hour/day/week | | | | | | | | |

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27/6

S.S.4
F.
Wages Verification

PRIVATE & CONFIDENTIAL

## HERTFORDSHIRE COUNTY COUNCIL

### SOCIAL SERVICES DEPARTMENT

COUNTY HALL
HERTFORD
HERTS

Date .....

Ref. No. .....

Dear Sir,

I am asked by the Social Services Committee to apply to you for a statement of the earnings for the last eight weeks of who is, I understand, employed by you as a

I should be glad, therefore, if you would complete the statement on the back of this form.

The Committee regret having to trouble you, but these enquiries are necessary in order to ensure the proper administration of public funds.

A stamped addressed envelope is enclosed for your reply.

Yours faithfully,

Director of Social Services.

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Net earnings after deduction for income tax, Superannuation (if any) and National Insurance contributions.

| | £ | p |
|---|---|---|
| Week 1 .... .... .... .... | | |
| Week 2 .... .... .... .... | | |
| Week 3 .... .... .... .... | | |
| Week 4 .... .... .... .... | | |
| Week 5 .... .... .... .... | | |
| Week 6 .... .... .... .... | | |
| Week 7 .... .... .... .... | | |
| Week 8 .... .... .... .... | | |

Certified correct.

Signature.....

Date.....

For Office use only

Average £ | | |

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# INCOME

Type of Service . . . . . SS15(7/77)

For office use: £ p

## SALARIES AND WAGES

Applicant (See Note 1 on Page 2 of Application Form)

Occupation . . . . . .

Name and address of employer: . . . . . .

Clock or Works No . . . . . Average net weekly earnings for past 8 weeks £ . . . . . .

Spouse (See Note 1 on Page 2 of Application Form)

Occupation . . . . . .

Name and address of employer: . . . . . .

Clock or Works No. . . . . Average net weekly earnings for past 8 weeks £ . . . . . .

OTHER EARNING MEMBERS OF THE HOUSEHOLD: (State relationship)

1. . . . . 2. . . . . .

3. . . . . 4. . . . . .

## PENSIONS AND ALLOWANCES

ALLOWANCES AND PENSIONS: (Please enter weekly amount in box)

1. Sickness or Invalidity Benefit:
2. Unemployment Benefit:
3. Earnings Related Supplement:
4. Widow's Benefit:
5. Family Income Supplement:
6. Child Benefit:
7. Maternity Allowances: (The normal entitlement for those who pay full National Insurance contributions):
8. Navy, Army or Air Force allowances (including voluntary allowances made by husband or son):
9. State Retirement Pension:
10. Long Service Pension:
11. Retirement Pension: (Other)
12. Disablement Pension:
13. Other: (Please specify)

PROFIT FROM BUSINESS:

If you have your own business please forward your income tax form 'Notice of Assessment under Schedule D'.

Net amount per annum: £ . . . . . .

## OTHER SOURCES OF INCOME

COURT ORDERS RECEIVABLE:

Nature of Order (e.g. maintenance) . . . . . Amount per week: £ . . . . . .

LODGERS: (Including Rooms Let)

Number of lodgers: . . . . . Amount paid by each per week: 1. £ . . . . . .

2. £ . . . . . .

EMOLUMENTS:

If you occupy accommodation, rent or rates free and/or receive free food, fuel or light, state what you receive:

. . . . . .

INTEREST ON CAPITAL OR SHARES:

If you, or your wife, receive any interest in respect of National Savings or other savings, stocks, shares, bonds or income from property (in the latter case please see Note 2 on Page 2 of Application Form), please state:

1. Source . . . . . Amount per year: £ . . . . . .

2. Source . . . . . Amount per year: £ . . . . . .

ANY OTHER INCOME:

Source . . . . . £ . . . . . per . . . . . .

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## EXPENSES

For office use: £ p

### DEPENDANTS

CHILDREN: (non-earning) Do not include children in care.

| | Date of Birth | | Date of Birth |
|---|---|---|---|
| 1. ..... | ..... | 4. ..... | ..... |
| 2. ..... | ..... | 5. ..... | ..... |
| 3. ..... | ..... | 6. ..... | ..... |

ALLOWANCES TO DEPENDENT RELATIVES: (As declared on income tax return)

Name and address of relative .....

.....

Relationship ..... Per week: £.....

(Please enclose income tax form P2 (Notice of Coding) for verification purposes)

COURT ORDERS PAID FOR MAINTENANCE ONLY:

State person(s) and relationship .....

### HOUSEHOLD

RENT, RATES OR MORTGAGE:

Rent per week ..... £.....

General Rates (if not paid with rent) per half year ..... £.....

Water Rate (if not paid with rent) per half year ..... £.....

Mortgage repayment and interest per month ..... £.....

REPAIRS

If you own the house you live in please state:

Gross rateable value: £..... Net rateable value: £.....

HIRE PURCHASE: (See Note 3 on Page 2 of Application Form)

Essential household goods for which you pay by instalments (please indicate expiry date of agreement):

1. per week: £.....
2. per week: £.....
3. per week: £.....
4. per week: £.....
5. per week: £.....
6. per week: £.....

INSURANCE:

Premiums for 1. Buildings: per year: £.....

2. Contents: per year: £.....

3. Life and Endowment: per week: £.....

HOUSEKEEPER: (See Note 4 on Page 2 of Application Form)

If you employ a housekeeper or cleaner, please state amount paid weekly £.....

Please give full details of any food, fuel or light provided .....

.....

### OTHER EXPENSES

BOARD AND LODGING:

Amount paid per week £.....

If not full board and lodging please state what is provided .....

.....

FARES:

a) Fares to work by Applicant per week: £.....

b) „ „ „ Spouse per week: £.....

c) Fares incurred visiting husband or wife in hospital or children in care. per week: £.....

Nature of visit .....

EXCEPTIONAL EXPENSES: e.g. cost of special diets, incontinent laundry (Do not include ordinary household expenses such as food, electricity, gas, etc.)

.....

.....

I/We declare that the particulars given in this statement are to the best of my/our knowledge and belief true and complete in all respects and I/We have no other source of income other than as stated and I/We authorise the County Council to make any investigations thereto that they deem necessary

Signature(s) ..... Date .....

Address .....

.....

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HERTFORDSHIRE COUNTY COUNCIL

SOCIAL SERVICES DEPARTMENT

EXPLANATORY LEAFLET NO. 1 FOR PARENTS AND GUARDIANS OF CHILDREN WHO ARE BEING RECEIVED VOLUNTARILY INTO CARE OF THE COUNTY COUNCIL SHORT TERM

WHERE YOUR CHILD IS

As you know your child .....
was received into our care on .....

and is being looked after by:

.....

Address.....

.....

Telephone Number .....

The County Council have made arrangements which seem to suit your child, and which will further his or her best interests. Children in the County Council's care may be placed in approved foster homes or in Children's Homes or sometimes in boarding schools or hostels.

YOUR SOCIAL WORKER:

Your social worker is .....

Office Address .....

.....

Telephone Number .....

If you are unable to get in touch with your social worker, please ask for

Name .....

YOUR SOCIAL WORKER WILL WANT TO:

help you so don't hesitate to discuss your problems even if they are not directly connected with your child;

discuss and plan with you about what is best for your child while ..... is in care;

try to keep brothers and sisters together or at least in close touch with each other;

plan with you for your child's return home.



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YOU CAN HELP BY

keeping us informed of your address. The law requires you do so and your social worker needs to know where to get in touch with you for your child's sake. Even if you go away from home for a short time only, it would be helpful if you could write or telephone to say where you are.

letting your social worker know if there are any important changes in your life so that you can talk together about how these will affect your child.

telling us all you can about your child so as to help him settle down and make him feel as much at home as possible. He will want to bring his own clothes and some of his favourite toys and possessions to remind him of you and his home. It would be nice for him to have some photographs of his family.

Some of the things you can tell us are:

What school he goes to

What clubs he goes to

Which relatives or friends you want him to keep in touch with

What food he likes or dislikes

Whether he has a special diet

What religious observance, if any, you would like him to follow

Whether he has any bedtime routines such as taking a special toy, having a favourite drink, saying prayers, etc.

Whether he puts himself to bed

Whether he wets his bed

What are his favourtie things, such as games, television programmes, looking after family pets?

Is there anything he is especially frightened of?

Any other matter you feel is important to him.

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## KEEPING IN TOUCH WITH YOUR CHILD

Your social worker will let you know how your child is getting on and will make arrangements for you to visit or meet him, will tell you how often visits may be made, at what time etc. If you cannot arrange a visit, your social worker will make sure that you hear how he is getting on.

Parents often have mixed feelings about parting from their children and feel awkward about going to see them while they are being looked after by people they do not know very well. Children too may feel upset and confused no matter how carefully it has been explained to them why they are leaving home. They will miss their parents and want to see them but may also feel angry sometimes, because they have been left with strangers, and if they are too young to understand the explanations, they may think they have been deserted. So it is very important for parents to keep in close touch with their children by visiting as often as possible as well as writing and telephoning. This contact helps them to understand that they are still remembered, loved and cared for.

So if you cannot visit yourself, perhaps a close relative or a friend who knows your child well can visit instead and keep the memories of home fresh in his mind. Birthday and Christmas greetings are especially important.

Children are sometimes upset by their parents' visits. This may be distressing to the parents, too, and sometimes they feel tempted to cut out the visits or to come less often. But it is far better for children to be able to show their feelings rather than to be hurt and sad because they think they have been forgotten. It is important for parents to tell their children why they are away from home and how long this is likely to last. For your child's sake, do not promise that he can come home before you are sure you can manage.

Sometimes parents cannot visit or meet their children on the day they promised to do so. If this should happen to you, do make sure your child gets a message, either directly or though your social worker or the person caring for him, so that he doesn't feel let down.

## PRACTICAL ARRANGEMENTS

### Medical Attention

Your social worker will have asked for your consent to routine medical and dental inspection and to immediate medical and surgical treatment of your child if necessary. Your social worker will need to know the name of your doctor, your child's doctor and whether your child takes any medicines or is undergoing any treatment. If your child becomes seriously ill when in care, your social worker will make every effort to get in touch with you immediately to give you the fullest possible information and to get your agreement to any treatment the doctors may advise.

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Money Matters

Having a child in care may affect your financial position as depending on your income and expenses you may be expected to contribute to his maintenance. If you are receiving national insurance or supplementary benefit, family allowance, child benefit or family income supplement, your allowances may be affected when your child comes into our care. You should tell your local Social Security Office about your changed circumstances.

If you have any difficulties or questions about this, the Social Security Office or your social worker will help to sort them out.

YOUR CHILD'S RETURN HOME

You and your social worker will discuss when it would be best for your child to return to you and you will plan how this can be arranged. Of course you may ask for your child to be returned to you at any time, but we hope you will join us in planning ahead for his return so that he and whoever has been looking after him can make the necessary preparations. The longer a child has been in care, the more likely he is to have settled down in his new surroundings and the longer time he will need to get used to the idea of moving again, to saying goodbye to friends at school, to saying goodbye to the people looking after him. The law recognises this and changes when a child has been with us for 6 months. This means if your child is still in care on or after ..... you must give us 28 days notice in writing that you want to have him home. However, it will often be possible for your child to be returned to you immediately or at any rate some time before the official 28 days are up. Social workers have a duty to plan for children to return home as soon as it is in their best interest.

This leaflet is intended for general guidance and must not be regarded as a full statement of the law. Some parts of this leaflet will affect you more than others. Your social worker will answer any questions you wish to ask about it.

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HERTFORDSHIRE COUNTY COUNCIL

SOCIAL SERVICES DEPARTMENT

EXPLANATORY LEAFLET NO. 2 FOR PARENTS WHOSE CHILD WAS RECEIVED INTO CARE VOLUNTARILY AND IS LIKELY TO REMAIN IN CARE LONGER THAN 6 MONTHS.

Your social worker will answer any questions you wish to ask about this leaflet.

Your social worker is .....

Office Address .....

Telephone Number .....

If your social worker is not available you should get in touch with:

Name .....

Your child ..... has now been with us since ..... and seems likely to stay with us for more than 6 months.

If he is still in care on or after ..... you must give us 28 days' notice in writing to the above address that you want to have him home. The law requires this because children may need a little time to get used to the idea of moving. People looking after your child also may need notice to prepare for these changes.

If you have been in constant touch with your child and with your social worker then it is very likely that your child will be able to return to you before the 28 days have passed, and in some cases almost immediately. At the latest, your child will return to you at the end of the 28 days unless there should be very special and particular circumstances.

If because of your own circumstances it seems that your child will not be able to go home in the near future, then you and your social worker must continue to talk about the best possible plans which should be made for your child's care. At regular intervals your social worker will consider your child's progress, your own circumstances and make plans and decisions for the child's future. Social workers have a duty to plan for children to return home as soon as this is in their best interest. You will be closely involved in discussion and in the making of plans and decisions.

Important points to remember

a. While your child is in our care we have a duty to give first consideration to his welfare and interests. If your child is old enough to understand, then we must find out his wishes and feelings about any plans.

b. For the sake of your child it is important for you to keep in touch with him and with your social worker.

c. It is essential that we know where you are, so that we can get in touch with you at any time. It is a legal requirement that parents must notify us of any change of address and parents who do not do so become liable to a fine. If the whereabouts of the parents remain unknown for 12 months or more, it is possible for their parental rights to be taken over by the County Council.

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d. Wherever possible all decisions concerning your child will be made with your help and co-operation. If you have any problems or difficulties, we hope that you will ask your social worker to help you.

e. Your child will not be moved to another address without previous discussion with you except in unforeseen circumstances. In such a case you would be given full information as soon as possible.

f. If your child has brothers and sisters or if you have other children in care, we shall do our best to keep them together or in touch with each other.

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SS107A

HERTFORDSHIRE COUNTY COUNCIL

SOCIAL SERVICES DEPARTMENT

I have received explanatory leaflet No. 2 telling me of the laws relating to children received by voluntary agreement into the care of the Hertfordshire County Council, and likely to remain in care longer than 6 months.

Signed .....

Parent of .....

Date .....

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HERTFORDSHIRE COUNTY COUNCIL

SOCIAL SERVICES DEPARTMENT

EXPLANATORY LEAFLET NO.3 FOR PARENTS WHOSE CHILD WAS RECEIVED INTO CARE VOLUNTARILY AND IS LIKELY TO REMAIN IN CARE LONGER THAN 6 MONTHS

Your Social worker will answer any questions you wish to ask about this leaflet.

Your social worker is .....

Office Address .....

Telephone number .....

If your social worker is not available you should get in touch with:

Name .....

Part I

Your child ..... has now been with us since ..... and seems likely to stay with us for more than 6 months.

If he is still in care on or after ..... you must give us 28 days' notice in writing to the above address that you want to have him home. The law requires this because children need a little time to get used to the idea of moving. People looking after your child also may need notice to prepare for these changes.

If you have been in constant touch with your child and with your social worker then it is very likely that your child will be able to return to you before the 28 days have passed, and in some cases almost immediately. At the latest, your child will return to you at the end of the 28 days unless there should be very special and particular circumstances.

If because of your circumstances it seems that your child will not be able to go home in the near future, then you and your social worker must continue to talk about the best possible plans which should be made for your child's care. At regular intervals your social worker will consider your child's progress, your own circumstances and make plans and decisions for the child's future. Social workers have a duty to plan for children to return home as soon as this is in their best interest. You will be closely involved in discussion and in the making of plans and decisions.

Important points to remember

a. While your child is in our care we have a duty to give first consideration to his welfare and his interests. If your child is old enough to understand, then we must find out his wishes and feelings about any plans.

b. For the sake of your child it is important for you to keep in touch with him and with your social worker.

c. It is essential that we know where you are, so that we can get in touch with you at any time. It is a legal requirement that parents must notify us of any change of address, and parents who do not do so become liable to a fine.

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d. Wherever possible all decisions concerning your child will be made with your help and co-operation. If you have any problems or difficulties, we hope that you will ask your social worker to help you.

e. Your child will not be moved to another address without discussion with you except in unforseen circumstances. In such a case you would be given full information as soon as possible.

f. If your child has brothers and sisters or if you have other children in care, we shall do our best to keep them together or in touch with each other.

PART II

PROTECTING CHILDREN IN SPECIAL CIRCUMSTANCES

Unexpected difficulties can happen in everybody's life. After a great deal of thought some parents may even feel that they cannot have their child back to live with them. They may therefore make the painful decision that it would be best for the child to be permanently cared for by someone else. In that event the social worker will help parents to consider such a step carefully and will explain what has to be done legally.

In rare cases children may need protection either from being taken out of care and being placed in a situation which is likely to be harmful, or from being suddenly removed from people who have cared for them for a long time and to whom they may have become attached.

The legal position in such cases is explained below.

PARENTAL RIGHTS

The County Council can take over the rights and duties of one or both parents of a child in their care. The special circumstances in which such a decision could be made are: that the child has no parents or guardian, or that he has been "abandoned" (this means his parents have been out of touch and their address unknown for a year or more); or because of parents' serious illness or disability which make them unable to care for the child, or because of their way of life or their consistent failure to act as good parents. The County Council can also take over parental rights and duties if a child has remained in care continuously for 3 years or more and it is not in the child's interest to be removed from care at this particular time. Parents and children may grow apart from each other during such a long time, and it may be necessary to safeguard the plans that have been made for the child's future.

Parents' legal rights in such a case

If the County Council has to consider taking over parental rights and duties, parents will usually have the opportunity to discuss this fully with the social worker and may agree to this plan. The County Council is required to let parents know in writing if parental rights have been taken away.

After receiving this official notice parents have 28 days in which to make up their minds whether to object. This has to be done in writing. After the letter has been received the County Council can agree to give back parental rights. If it does not, it must within 14 days of receiving the parents' letter, ask a juvenile court to decide the matter. Parents and the County Council would be entitled to put their case forward in the court. The parents are entitled to be legally represented.

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While the County Council has parental rights and duties, it may allow the child to live at home under the supervision of a social worker. At any time parents can apply for their rights and duties to be restored to them and, if the County Council does not agree, parents can ask the court to decide.

Legal advice about these matters can be obtained from

a citizens advice bureau

a legal advice centre

any solicitor.

Parents on a low income may apply for legal aid. Any solicitor displaying the legal aid sign will help.

WHEN CHILDREN HAVE LIVED AWAY FROM HOME FOR A LONG TIME

The longer children are away from home, the more attached they are likely to become to the people who are caring for them. What may seem a fairly short time to adults seems a very long time to children. The time may come when they want to remain with those who are looking after them. This does not necessarily mean that they have forgotten their own families.

The law says that if people have cared for a child continuously for 5 years or more, they can start adoption proceedings without the parent's or the County Council's agreement.

From the time they have notified the County Council until the adoption hearing, neither the parents, nor the County Council nor anybody else would be allowed to remove the child without the permission of the court. Such permission would be given only in very special circumstances.

THIS DOES NOT MEAN THAT THE CHILD WOULD DEFINITELY BE ADOPTED, because the parents' agreement to the making of an adoption order would normally still be needed however long the child had lived away from home. A court can only go ahead without the parents' agreement if it is satisfied that there are strong reasons for doing so. Before such a serious decision was made, parents would be able to put their case to the court and have the opportunity to be legally represented. If the court made a decision with which the parents did not agree they would have the right to appeal to a higher court. An adoption order means that the child becomes permanently and completely the child of the adopters, and takes their name. Parents then have no right of access.

The custodianship provisions described below are not yet law. They may eventuall apply to children who remain in care for some time.

People who have looked after a child for periods which add up to a total of at least 3 years may apply to the court for what will be called a custodianship order. They will not need the parents' permission to do so. As in an application for adoption, the court will fix a date for the hearing, and until this takes place neither the parents nor the County Council nor anybody else may remove the child without the permission of the court.

Courts will not automatically grant custodianship orders. The wishes and views of the parents will be heard before the court makes a decision. Parents can be legally represented and will be able to apply for legal aid

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A custodianship order makes the person looking after the child a kind of guardian able to make day-to-day decisions. The child's name will not be changed and the court may order that the parents can continue to see the child. The court may also order the parents to contribute to the child's maintenance. Parents can apply at any time to have the order cancelled. In any case a custodianship order is not as permanent as an adoption order and ends when the child is 18.

Further details about custodianship will be given to parents before it becomes law

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HERTFORDSHIRE COUNTY COUNCIL

SOCIAL SERVICES DEPARTMENT

I have received explanatory leaflet No. 3 telling me of the laws relating to children received by voluntary agreement into the care of the Hertfordshire County Council and likely to remain in care longer than 6 months.

Signed .....

Parent of .....

Date .....

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**HERTFORDSHIRE COUNTY COUNCIL SOCIAL SERVICES DEPARTMENT**
**CHILDREN & YOUNG PERSONS**

SS.7 Rev. JULY 1977

COPY FOR COUNTY TREASURER

Div: Case No. | | | | | |
Serial No. | | |

NOTIFICATION OF:-

Admission [ ] Transfer from other L.A. or Vol. Org. [ ] Change of Circumstance [ ] Home on Trial [ ] Payment [ ] Discharge [ ] Supervised for/by [ ]

| Forenames | Surname |
|---|---|
| d.o.b. [ ][ ][ ] Sex M [ ] F [ ] Religion C of E [ ] R.C. [ ] Other [ ] Nationality BR [ ] C.I. [ ] N.C.I. [ ] Authority Financially Responsible HCC/ | Parents Details (if different from childs) Father Surname / Forenames / Address — Mother Surname |
| From Name(s) Address | To Name(s) Address Relationship |

**SUPERVISION EPISODE**

| | |
|---|---|
| Date episode commenced | [ ][ ] |
| Private fostering | |
| Place of safety | |
| Section 20 C.A. 1948 | |
| Supervision Order CYP 1969 | |
| Intermediate treatment:- 12.2(a) | |
| 12.2(b) | |
| Combination | |
| Other Orders:- M.C. Act | |
| M.P. Act | |
| F.L. Ref. | |
| 1975 Act | |
| G'ship | |
| Date episode ceased | [ ][ ][ ] |

Tick appropriate box

**CARE EPISODE**

| | |
|---|---|
| Date episode commenced | [ ][ ][ ] |
| Legal status of child | |
| Reason episode commenced | |
| Manner of accommodation | |
| Subject to resolution | |
| Reason episode ceased | |
| Date episode ceased | [ ][ ][ ] |

Detail of any court orders (e.g. Section, custody, maintenance, affiliation)

Supervised for/by details:-

Date of order [ ][ ][ ] Duration of order:-

Change of circumstance/code 98 details:-

**NOTICE OF PAYMENTS AND ALLOWANCES** Commence [ ] Continue [ ] Amend [ ] Cease [ ]

| CHANGES IN WEEKLY PAYMENTS (only to be completed when a child in care is working) | | |
|---|---|---|
| Maintenance | | |
| Pocket money | | |
| Clothing | | |
| Insurance (Life) | | |
| Lunches | | |
| Fares | | |
| Other allowances | | |
| Total allowances | | |
| Deduct net weekly pay of child | | |
| Weekly subsidy to foster parent | | |

**OPERATIVE DATE** [ ][ ][ ]

| | £ | p |
|---|---|---|
| SHORT TERM RATES Pay weeks @ : per week | | |
| LONG TERM RATES (a) Pay ordinary long term | | |
| (b) Initial clothing allowance | | |
| SPECIAL RATE Pay special rate @ £ : per week | | |
| ADDITIONAL ALLOWANCES | | |

ORIGINATED BY:

Date [ ][ ][ ]

SOCIAL WORKER

COUNTERSIGNED BY: Date

Senior Social Worker [ ][ ][ ]

Divisional Social Services Officer [ ][ ][ ]

Assistant Director

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S.S.116

HERTFORDSHIRE COUNTY COUNCIL

SOCIAL SERVICES DEPARTMENT

# APPROVAL OF FOSTER PLACEMENT

(To comply with Boarding Out Regulation 17(1)(a))

Name of child .....

Name and address of Foster Parents .....

.....

Date of placement .....

I have ascertained that the accommodation and domestic conditions are satisfactory and that the foster parents' household is likely to suit the child's needs.

From what I know about the child I am satisfied that boarding out in this household would be in his best interests.

.....

*Social Worker.*

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S.S.113 (Amended 6/80)
(C.C.12)

# HERTFORDSHIRE COUNTY COUNCIL

## Boarded-out Children

## UNDERTAKING OF FOSTER PARENTS

1. We, _____ and _____

Please insert full names of Foster Parents and of Child.

of _____

having on the ____ day of _____ 19____, received from the Hertfordshire County Council (hereinafter called "the Council") _____

who was born on the ____ day of _____ 19____, and whose religious persuasion is _____, into our home as a member of our family undertake that :—

(a) We will care for him/her and bring him/her up as we would a child of our own.
(b) He/she will be brought up in, and will be encouraged to practise, his/her religion.
(c) We will look after his/her health and consult a doctor whenever he/she is ill and will allow him/her to be medically examined at such times and places as the Council may require.
(d) We will inform the Council immediately of any serious occurrence affecting the child.
(e) We will at all times permit any person so authorised by the Secretary of State or by the Council to see him/her and visit our home.
(f) We will allow him/her to be removed from our home when so requested by a person authorised by the Council.
(g) If we decide to move, we will notify the new address to the Council before we go.

2. In consideration of this undertaking, the Council undertakes to pay allowances in accordance with the Council's scale. The present weekly payment for his/her maintenance is £ , which includes the weekly clothing allowance and the child's pocket money. The initial clothing allowance payable is presently £ .

*Signed* _____

*Signed* _____

*Address* _____

_____

*Date* _____

Any communications with regard to the above-named child are to be addressed to :—

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SS 114
Form C.C. 12 A
(over 15yrs.)

HERTFORDSHIRE COUNTY COUNCIL
SOCIAL SERVICES DEPARTMENT
Boarded-Out Children

# UNDERTAKING OF FOSTER PARENTS

1. We, _____ and _____

of _____,

having on the _____ day of _____ 19____, received from the Hertfordshire County Council (hereinafter called "the Council") _____

who was born on the _____ day of _____ 19____, and whose religious persuasion is _____, into our home undertake that :—

Please Insert full names of Foster Parents and of Child.

(a) We will care for him/her and encourage him/her to practise his/her religion, and look after his/her health.
(b) We will inform the Council immediately of any serious occurrence affecting him/her.
(c) We will at all times permit any person so authorised by the Secretary of State or by the Council to see him/her and visit our home.
(d) If we decide to move, we will notify the new address to the Council before we go.

*Signed* _____

*Signed* _____

*Address* _____

_____

*Date* _____

Any communications with regard to the above-named child are to be addressed to :—

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SS115

HERTFORDSHIRE COUNTY COUNCIL

Social Services Department

Short Stay Agreement

Area Office :

Date :

Dear

On behalf of the Hertfordshire County Council, Social Services Committee, I would like to thank you for accepting the following child/ children into your home.

| Name | Date of Birth | Religion |
|---|---|---|

If a child placed with you becomes unwell you may consult your family doctor. If the child is causing you any real concern or if you are worried over any aspect of the fostering arrangement please do not hesitate to inform the Social Worker.

It may be while you are fostering a child an officer of the Council will call on you. This officer should be allowed to see the child and when necessary remove the child back home.

In acting as short stay foster parents you are doing a vitally important job. The help you are giving is very much appreciated.

Yours sincerely,

Divisional Social Services Officer.

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CURRENT

# FOSTER PARENT REGISTER

NAME:

ADDRESS: TELEPHONE NO:

FAMILY COMPOSITION: d.o.b.

NUMBER AND TYPE OF CHILDREN SUITABLE FOR PLACEMENT:

ANY SPECIAL CONSIDERATIONS:

SOCIAL WORKER

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FOSTER PARENT REGISTER

DETAILS OF CHILD PLACEMENTS

| CHILD'S NAME | D.O.B. | S.W. | DATE PLACED | DATE DISCHARGED | REMARKS |
|---|---|---|---|---|---|
| | | | | | |
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NAME OF AGENCY ..... Social Worker .....

ADDRESS ..... Senior .....

..... Address .....

'Link person' (if any)..... .....

Telephone ..... Telephone .....

## DETAILS OF FAMILY

(prospective adopters or foster parents)

1. **Factual information**

Surname ..... Forenames: male .....

Wife's maiden name ..... female .....

Address .....

..... Telephone .....

| | Male | Female |
|---|---|---|
| Date of birth | | |
| Place of birth | | |
| Nationality | | |
| Race | | |
| Religion | | |
| Present marital status | | |
| Occupation | | |
| Income (p.a.) | | |

2. **Pen picture:** 'thumbnail' description of family. (Please attach recent photographs of family, if available)

3. **Type of resource:** (details on pages 10 to 12)
Adoption/foster home/other (delete)

Can they take more than one? Yes/No. If yes, how many?

Suitable for: (age-range of child, sex, race etc). Specify

Special features, if any (e.g. skills, experience, facilities available, interest or proven capacity in working with natural parents)

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## INFORMATION FROM DOCUMENTS, REPORTS AND REFERENCES

4. **Marriage**

Date/place of marriage ..... Date certificate seen .....

Has either had a previous marriage? Yes/No. If yes, give details, how terminated and, if children involved, custody arrangements made. Specify documents seen

5. **Health** ***

Name, address and telephone (if known) of family doctor(s).....

.....

| | Date of medical examination and any significant comments by doctor(s) | Date report seen by agency medical adviser and any significant comments |
|---|---|---|
| Male applicant | | |
| Female applicant | | |

Children and other members of the household: any significant comments made by the doctor on their health or adjustment.

6. **Personal references:** How many taken up? ..... How many interviewed? .....

Any particularly significant comment by a referee .....

.....

7. **Local authority inquiries** (incl. police checks): as required under Adoption Agencies Regulations and Boarding Out Regulations

Dates reports received .....

Any significant factor in reports .....

.....

8. **Legal information**: to which court would adopters apply? .....

Are any special difficulties likely to arise at this court? .....

.....

9. **Date** application presented to agency's committee/panel .....

Decision .....

*** n.b. ABAFA publishes standard medical forms for the examination of applicants.

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**INDIVIDUAL PROFILE** – MALE APPLICANT (see also Item 24)

10. **Pen picture** brief physical description including height, build, colouring and overall impression of temperament

11. **Family background** brief description of his family of origin and his experiences in growing up. Include brief details of family members' training and occupation

12. **Education** type of school, further education, formal qualifications (if any) and his attitude to his experience

13. **Occupation** present and previous. Degree of satisfaction with work. Future plans and likelihood of job changes requiring family moves. Attitude to wife's working or stopping work

14. **Interests, hobbies, talents** including whether shared with other family members. How much leisure time does he have?

15. **Personality and philosophy of life/religion.** Give your impression of his personality and approach to life. If he is religious, what does this involve for him? Does he expect his wife and children to share his beliefs/practice?

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**INDIVIDUAL PROFILE** – FEMALE APPLICANT (see also Item 25)

16. **Pen picture** brief physical description including height, build, colouring and overall impression of temperament

17. **Family background** brief description of her family of origin and her experiences in growing up. Include brief details of family members' training and occupation

18. **Education** type of school, further education, formal qualifications (if any) and her attitude to her experience

19. **Occupation** present and previous. Degree of satisfaction with work. Future plans and likelihood of job changes requiring family moves. Attitude to working or stopping work

20. **Interests, hobbies, talents** including whether shared with other family members. How much leisure time does she have?

21. **Personality and philosophy of life/religion.** Give your impression of her personality and approach to life. If she is religious, what does this involve for her? Does she expect her husband and children to share her beliefs/practice?

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22. **MARITAL HISTORY AND PRESENT RELATIONSHIP** -- BOTH APPLICANTS
(and/or adjustment to living singly or as a one-parent family, where applicable)

*Include brief details of courtship and marriage. What indications do you see that the present marriage is stable and satisfying to both partners? What are the possible areas of strain? How have they coped with problems? How much communication between them? How do they deal with disagreements/anger? Evidence of mutual support and understanding? How do they show feelings/tenderness? Which is the dominant partner? How do they distribute roles in the marriage?*

23. **CHILDLESSNESS/INABILITY TO HAVE MORE CHILDREN** -- BOTH APPLICANTS

*Are the reasons for this known? If so, please give them. Give brief, but specific details of when they first learned of this, how they have coped with the problem and the degree to which they have come to terms with it at present. Are they aware that they may never come to terms with it fully and that their feelings about it will probably be revived at various times in their lives e.g. when discussing an adopted child's origins?*

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24. **PARENTING CAPACITY** –MALE APPLICANT (whether he already has children or not)
Summarize your impression of the applicant as a parent or potential parent. How has his own childhood experience influenced his attitudes and capacity for parenting? What would he like to repeat with his own children; what would he try to do differently? Give your assessment of his relationship with his own children. What difficulties has he experienced with them and how has he coped? What evidence is there of his knowledge of child development and experience with other people's children?

25. **PARENTING CAPACITY** – FEMALE APPLICANT (whether she already has children or not) (As Item 24 above)

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**26. Children in the household**

| Name | Sex | Date of birth | Type of school | Relationship (e.g. adopted etc.) |
|---|---|---|---|---|
| | | | | |

Are any of these children mentally or physically handicapped? If yes, which?

**27. Pen picture of each child in the household**

*Brief description of each child including height, build, colouring and general impression of personality and level of intelligence. Indicate any special needs, talents or interests and any special temperament or personality factors which would be relevant for placement of another child. What expectation does he/she have of child to be placed? Describe any special relationship between a particular child and parent (e.g. Daddy's girl, mother's big boy, baby of the family) or between pairs of children. If any of the children are adopted or fostered, give brief details of child's background as described by the applicants, approximate date placed and by whom, approximate date of adoption order or details of current fostering situation and any plan of continuing contact with natural relatives (or previous caretakers and friends).*

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**28. OTHER ADULT MEMBERS OF THE HOUSEHOLD** (including grown-up children living at home)

| Name | Sex | Age | Relationship | Interviewed (Yes/No) |
|---|---|---|---|---|

Do any of the above have a medical, physical or emotional handicap or require special attention? (e.g. semi-invalid, senile, asthmatic, bad heart etc). Yes/No. If yes, give brief details, including significance of this for the children of the household

What is the attitude of these members of the household to the proposed placement? Have they any particular attributes which could be of significant advantage to a child placed in this home?

**29. OTHER CHILDREN** (living away from home or deceased)

| Name | Sex | Age (or age at death) | Relationship | Whereabouts (or date and cause of death) |
|---|---|---|---|---|

How much current contact do any of the above have with the family and what is their attitude to the proposed placement?

**30. 'EXTENDED' FAMILY** (including also friends, neighbours, god parents)

*Indicate the most significant relationships in the wider family and neighbourhood, frequency and form of contact and their attitudes toward the proposed placement. If hostile, how do the applicants plan to cope? Have you interviewed any of these people? Have they any particular attributes which could be of significant advantage to a child placed in this home?*

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**31. FAMILY LIFE STYLE**

*This indicates the sort of family life a child placed in this home will experience and is especially important in the placement of older children where the child's previous life-style(s) need to be considered in choosing a family for him. Some things to include are: whether they are open or controlled in expressing feelings; are they 'cuddlers' or 'touch-me-nots'; do they do things as a family group or have separate activities; are they very much involved with neighbours, friends, church, clubs informally or in organised activities? What are their attitudes to money and food? What are the attitudes to health and ill-health? How important is school achievement and homework? How strict are the rules in the household? What sort of punishments and who decides them? How are birthdays and special occasions celebrated? What special roles exist in this family? Are sexual roles important e.g. stress on femininity of girls, toughness of boys? What are the expectations of where and how another child will fit into the family patterns?*

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**32. MOTIVATION AND PRESENT UNDERSTANDING OF ADOPTION/FOSTERING TASKS**

No. of times applicants seen jointly separately group meetings

*Comment on their expressed motivation to adopt/foster and indicate any factors you think significant (e.g. applicant's own experiences of separation, deprivation, bereavement). Do they know other adopters/foster parents? Do they basically want to provide a permanent substitute family for the child (with or without some contact with natural relatives) or a shorter term service which does not aim to absorb him into the family? (see also Item 33). How have they used the preparation offered by your agency? What is your assessment of their present understanding of the tasks involved? If adopting, could they cope with a contested case; tolerate a long period of fostering prior to adoption; travel for the purpose of introductions, perhaps over an extended period?*

**33. TOLERANCE OF CONTACT WITH NATURAL FAMILY/PEOPLE FROM CHILD'S PAST**

*What are their expectations of contact with natural relatives and their attitude towards this? If adopting or offering a permanent family, how far are they prepared to maintain a child's links with natural relatives or other people from his past? If offering a shorter term home, what is your assessment of their capacity to (a) have a caring relationship with natural parents (b) work with the parents and agency towards rehabilitation or other placement (c) be able to withstand the child's distress after visits (d) be willing to offer visiting parents meals or overnight accommodation regularly/occasionally (e) cope with difficult parental behaviour? Is there any parental behaviour you think they would find particularly difficult?*

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**34. EXPECTATIONS OF THE CHILD'S BACKGROUND**

*What are the applicants' feelings about heredity? Comment also on their attitude to background factors such as: social class, illegitimacy, deviant behaviour, law breaking, family violence, alcoholism, use of drugs, mental illness, retardation. If considering a child of a different race, what evidence is there of their knowledge and acceptance of his background? What specific plans have they to help the child identify with his racial heritage? For adopters of infants only: can they accept a child (a) of a legal marriage or steady relationship (b) where little is known about the father (c) who was abandoned (d) of an incestuous relationship? If not, give details*

**35. EXPECTATIONS OF THE CHILD TO BE PLACED**

*What do the applicants expect of the child (e.g. appearance, educational achievement, behaviour)? What is their understanding of possible areas of disturbance e.g. delayed or excessive affection, testing, acting out, withdrawal, attention seeking, rivalry, bedwetting, stealing etc. Is any behaviour intolerable to them? What is their attitude to medical problems, physical and mental handicap? Do they have any special skills, experience or local facility to offer a special needs child? Can they accept a child: (a) with a medical problem or physical handicap (b) who needs special education: ESN(M) or ESN(S) or other e.g. blind, deaf etc.?*

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**36. ACCOMMODATION AND NEIGHBOURHOOD** (plus transport)

*Type of accommodation (including whether rented or mortgaged), state of upkeep and attitudes to housework e.g. casual, organised, chaotic, house-proud. Include number of living rooms, bedrooms, proposed sleeping arrangement for child, amount of playspace outdoors. Number and kinds of pets kept by the family. Brief description of neighbourhood (include racial mix) and special amenities e.g. schools, medical resources, recreation and sports facilities. If family plan to move, give details. Indicate public transport facilities. Do the applicants have a car? (Who drives?)*

**37. SOCIAL WORKER'S ASSESSMENT** (see also Item 3 on page 1)

*Please summarize briefly your assessment of the sorts of children this family could cope with and the sort they would probably do best with. If there is an element of disagreement on this point between you and the applicants, it is important to record this so that they may be considered for the widest possible range of individual children. Are there any special features of the resource they are offering?*

Date this form completed:.....

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PRIVATE & CONFIDENTIAL FORM ADULT/1

AGENCY .....

ADDRESS .....

.....

..... Telephone: .....

# MEDICAL REPORT FOR ADOPTION/FOSTER PARENT APPLICATION

Full Name of Applicant .....

Address ..... Date of Birth: .....

..... Occupation: .....

..... Case Ref. No.: .....

| | |
|---|---|
| How long have you known the applicant?<br><br>Have you: (a) his/her medical history?<br><br>(b) attended him/her professionally?<br><br>Is he/she now under prescribed drug or other therapy? Please detail: | |

Please enquire into the personal, family and marital history, record examination data, and give your opinion of the applicant, as appropriate.

I declare that my history is given to the best of my belief. I consent to medical examination and report.

*Signature of Applicant* .....

## PERSONAL HISTORY

| | YES or NO | COMMENT WITH DATES |
|---|---|---|
| Congenital malformations? | | |
| Childhood ailments? | | |
| Treatment/tests in a hospital/nursing home, or as Outpatient for illness, accident or surgical condition?<br>Any malignancy? | | |
| Other investigations – X-Rays, ECG, blood or special tests? | | |
| Cardiovascular system, e.g. chest pain, palpitations, murmurs, hypertension, coronary occlusion? | | |
| Respiratory system, e.g. asthma, bronchitis, or other disease? | | |
| Digestive system, e.g. ulcer, indigestion, other intestinal or liver disease, haemorrhoids? | | |

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| PERSONAL HISTORY – *Continued* | YES or NO | COMMENT WITH DATES |
|---|---|---|
| Urinary system, e.g. infection, colic, haematuria? Genital system, e.g. infection? What is the female menstrual rhythm? | | |
| Nervous system, e.g. head injury (by road accident), fits, faints, paralysis, migraine? | | |
| Mental illness, e.g. breakdown, depression, any psychiatric treatment? | | |
| Musculo-skeletal system, e.g. limb or spinal disorder? | | |
| Other systems – eyes, ears, skin, thyroid and other glands, blood, e.g. anaemia?<br><br>Any other illness, e.g. diabetes, tropical ailments? | | |
| Is there a smoking/alcohol habit?<br><br>Please detail? | | |
| Has any proposal on the applicant's life been declined, deferred or accepted on special terms by an Insurance company? | | |

**FAMILY HISTORY**

| | | LIVING | | DEAD | |
|---|---|---|---|---|---|
| | | AGE | HEALTH | AGE | CAUSE OF DEATH (and the date) |
| Father<br><br>Mother | | | | | |
| Sibs – M/F | No | | | | |
| Children | | | | | |

| Has any near relative suffered or died from mental illness, including epilepsy, or physical disease such as tuberculosis, diabetes, allergy or hypertension? | YES/NO | COMMENT |
|---|---|---|
| | | |

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MARITAL HISTORY

| | |
|---|---|
| Duration of: (a) marriage<br>(b) any previous marriage?<br>(Female) Details of any pregnancy, labour and puerperium? | |
| Is natural parenthood contra-indicated? | |
| Is any family limitation due to:<br>(a) contraception?<br>(b) sterilisation of husband or wife?<br>(c) failure to conceive?<br>If so, how long?<br><br>Is the failure to conceive due to:<br>(a) non-consummation?<br>(b) male/female infertility?<br>Please detail tests carried out, and state if due to anatomical or pathological causes<br>(c) any other reason, e.g. frigidity, impotence, fear of further pregnancies, or other psycho-sexual difficulties? | |

EXAMINATION DATA (Tick if normal and/or comment in the R. column as necessary):

| | | | | |
|---|---|---|---|---|
| Height: ft. ins.<br>or cm's | | | Weight: lbs.<br>or Kg. (in light clothes) | |
| CARDIOVASCULAR SYSTEM | resting blood pressure | TICK → | systolic | diastolic |
| | pulse | → | rate | rhythm |
| | heart – size | | | |
| | sounds | | | |
| | murmurs? | | | |
| | veins | | | |
| | if indicated – optic fundi | | | |
| RESPIRATORY SYSTEM | trachea | | | |
| | chest shape | | | |
| | percussion | | | |
| | breath sounds | | | |
| | other signs | | | |

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FORM ADULT/1 – *Continued*

EXAMINATION DATA – *Continued*

| | | | |
|---|---|---|---|
| DIGESTIVE SYSTEM | mouth<br>abdomen<br>hernia sites<br>anus | | |
| NERVOUS SYSTEM | cranial nerves<br>limb tone<br>tremor<br>reflexes<br>other signs | | |
| UROGENITAL SYSTEM | Any abnormality – please detail | | |
| | urine | → | albumen sugar |
| MISCELLANEOUS | eyes, E.N.T.<br>thyroid, skin<br>lymph nodes<br>spine, limbs, joints | | |

OTHER COMMENT (e.g. Is other opinion/investigation required or available?)

OPINION

Is he/she mentally balanced, mature in outlook and habit?

What positive qualities of character and personality make you favour this application?

Is there any reason why he/she could not/should not care for a child until the age of independence?

Signed ..... Name in Capitals .....

Address: .....

..... Telephone: ..... Date: .....

FOR THE AGENCY MEDICAL ADVISER

Recommendation to the Case Committee: Accept/Decline/Defer

Special Comment: .....

.....

.....

.....

Date: ..... Signature: .....

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Form SS.1 (Revised 5/77)

Date

**HERTFORDSHIRE COUNTY COUNCIL**
Social Services Department
**CLIENT REFERRAL INFORMATION**

Recorded by _____

Team _____

A Forenames | Surname

D of B | Civil State (S M D Sep W Co.) | Address

Tel. No.

Sex (M F) | Aware of Referral (Yes No) | GP. Dr.

Tel. No.

| Family/Immediate Contact Details | FORENAMES | SURNAME | Rel'ship | Date of Birth |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other agencies already involved _____

Referred by _____

Presenting Problem _____

B Social Worker's Diagnosis of the Problem

Signed

C RESPONSE

TEAM INDEX Indexed

No further action required

Previously known Yes/No

Client Rejects Service

Papers attached

No Service Possible

Case allocated to .....

Caseload Category

Case not allocated and reason .....

Team Leader

Date

D For Divisional Use

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S.S.11

# CHILD CARE RECORD CARD

**CARE EPISODES**

| Date Commenced | Legal Status | Reason Com-menced | Accom-modation | Accommodation Details: Name | Accommodation Details: Address | F.P. | Resolu-tion | Date Ceased | Reason Ceased |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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In Care: S.1 Yellow, S.2 Pink, C.O Black, S.O Orange, C.P Brown

**SUP: EPISODES**

| Date Commenced | Place of Safety | Int: Treat-ment | PR. Foster | Sect. 27 | Sup: Order | Other | Accommodation Details: Name | Accommodation Details: Address | Date Ceased |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |

Reviews: Stat. Red, Med. Blue, Birth. Green

Next of Kin. Name. Address

Remarks

G.P. Name. Address

Local Auth. | Local Auth. Sheet No. | Divisional Case No. | School Attended | Religion: C of E | RC | Other

Area Team | Social Worker | Type of Case:- S.1. | S.2. | CO | SO | CP | Other

Colour Codes:

Also known as | Date of Birth | Sex: B G | Nationality: BR C.I. N.C.I.

Forenames | Surname

| Reviews | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Statutory | | | | | | | | | | | | |
| Medical | | | | | | | | | | | | |
| Birthday | | | | | | | | | | | | |

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| STAT. REVIEW DATES | | |
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| MEDICAL EXAMINATIONS DATE | | |
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SSDA 903

Department of Health and Social Security

Identity no. of child: _____

# Children in care of Local Authority

**Explanatory notes**

For **Items 2, 4, 5 & 10** enter non-significant zeros eg if the number 91 is to be entered at **Item 2** enter thus:

| | | | | |
|---|---|---|---|---|
| 0 | 0 | 0 | 9 | 1 |

if the date to be entered at **Item 4** is 3rd June 1969 enter thus:

| | | | | | |
|---|---|---|---|---|---|
| 0 | 3 | 0 | 6 | 6 | 9 |

**Please complete in black ink**

**Item 1** Local Authority

**Item 2** LA sheet No.

**Item 3** Sex (enter 1 in box if boy, 2 if girl)

**Item 4** Date of birth

| day | month | year |
|---|---|---|
| | | |

**Instructions**

See 'Guidance notes' for full coding instructions.
Only one figure to be entered in each box.
A completed episode must have an entry in each box.
A child continuing in care on 31 March must have an entry in all the boxes **Items 5 to 9** inclusive, and **Item 8** (accommodation) must not be 00.
Boxes for **items 10** and **11** must be left blank.

**A separate line should be used for each care episode.**
**Where a care episode has ceased, items 10 and 11 should be completed.**

| | Item 5 Date episode commenced (day / month / year) | Item 6 Legal status | Item 7 Reason episode commenced | Item 8 Accommodation | Item 9 Resolution | Item 10 Date episode ceased (day / month / year) | Item 11 Reason episode ceased |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
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| 15 | | | | | | | |

**Remarks**

N/L

Return the completed form (or copy) to DHSS at the end of each year (1 April to 31 March) in which there were relevant episodes.
Please blank out episodes which ceased before 1 April last year.

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HERTFORDSHIRE COUNTY COUNCIL - SOCIAL SERVICES DEPARTMENT

SS.212
(Revised 4/79)

DIVISION.....

CHILDREN AND YOUNG PERSONS IN CARE:-

AT.....

QUARTERLY RETURN OF CHILD CARE STATISTICS

| (i) MANNER OF ACCOMMODATION | BOYS | | | | | | GIRLS | | | | | | TOTAL | D.H.S.S. CODE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 - 4 | 5 - 9 | 10-12 | 13-15 | 16 & Over | Total | 0 - 4 | 5 - 9 | 10-12 | 13-15 | 16 & Over | Total | | |
| Number Boarded Out | | | | | | | | | | | | | | 01-06 |
| Number in Community Homes:- (a) With obsv. & Assess. facilities | | | | | | | | | | | | | | 09,15 |
| (b) With education facilities on premises | | | | | | | | | | | | | | 10,16 |
| (c) Providing Hostel facilities | | | | | | | | | | | | | | 11,17 |
| (d) Other Community Homes | | | | | | | | | | | | | | 13,14 19,20 |
| Number in Voluntary Homes outside C.H. system | | | | | | | | | | | | | | 21,22 |
| Number Home on trial | | | | | | | | | | | | | | 26 |
| Number Elsewhere | | | | | | | | | | | | | | 07,08,77 23-25 28-30 &98 |
| Whereabouts unknown | | | | | | | | | | | | | | 99 |
| Total in Care at date A | | | | | | | | | | | | | | |

NOTE: Totals at A must be the same as that of B + C.

| I (ii) LEGAL STATUS OF CHILDREN IN CARE | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S.I.Childrens Act 1948 - Short term | | | | | | | | | | | | | | In care less than 6 months 03 |
| S.I.Childrens Act 1948 - Long term | | | | | | | | | | | | | | Other 03 |
| Care Orders - C.Y.P. Act S.I.(2) a - f | | | | | | | | | | | | | | 04 - 10 |
| Care Order - C.Y.P. Act - Other Sections | | | | | | | | | | | | | | 11 - 13 |
| Care Order - Other Legislation | | | | | | | | | | | | | | 14 - 18 |
| Total in Care at date B | | | | | | | | | | | | | | |

| I (iii) ADMISSION & DISCHARGES DURING 3 MONTHS ENDING..... | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Reason for Admission:- (a) Section 1 1948 Act | | | | | | | | | | | | | | 01 - 10 98 |
| (b) In care under orders | | | | | | | | | | | | | | 12 |
| Total admissions in period | | | | | | | | | | | | | | |
| Total discharges from care in period | | | | | | | | | | | | | | 01 - 18 98 |

| II SUPPLEMENTARY INFORMATION AS AT..... | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number remanded or under Interim Orders C | | | | | | | | | | | | | | 01 - 02 |
| Number in Table B who are subject to Section 2 Resolutions | | | | | | | | | | | | | | 01 - 08 98 |

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## CHILDREN UNDER STATUTORY SUPERVISION

| | BOYS | | | | | | GIRLS | | | | | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 - 4 | 5 - 9 | 10-12 | 13-15 | 16 & Over | Total | 0 - 4 | 5 - 9 | 10-12 | 13-15 | 16 & Over | Total | |
| III SUPERVISION UNDER CYP ACT 1969 (including Orders where Intermediate treatment clauses are or were imposed) | | | | | | | | | | | | | |
| (i) Number as at..... | | | | | | | | | | | | | |
| (ii) Number admitted during period | | | | | | | | | | | | | |
| (iii) Number discharged during period | | | | | | | | | | | | | |
| IV SUPERVISION UNDER OTHER LEGISLATION | | | | | | | | | | | | | |
| (i) Number as at..... | | | | | | | | | | | | | |
| (ii) Number admitted during period | | | | | | | | | | | | | |
| (iii) Number discharged during period | | | | | | | | | | | | | |
| V SUPERVISION WITH INTERMEDIATE TREATMENT - CYP ACT, 1969 | | | | | | | | | | | | | |
| (i) As at..... | | | | | | | | | | | | | |
| (ii) Number admitted during period | | | | | | | | | | | | | |
| (iii) Number discharged during period | | | | | | | | | | | | | |

VI PLACE OF SAFETY

(i) Number of children removed to a Place of Safety during the period [ ] [ ]

When completed, please return to the Central Services Officer, County Hall. It should be sent within fourteen days from the end of the period to which it relates.

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SS.126
(March 1982)

HERTFORDSHIRE COUNTY COUNCIL SOCIAL SERVICES DEPARTMENT
FOSTERING AND ADOPTION GROUP EXCHANGE

20 copies of this completed form are to be handed to your Divisional Representative for circulation and discussion at the County Fostering and Adoption Group.

REQUEST FOR SUBSTITUTE FAMILY PLACEMENT for:

Child's full name ..... d.o.b. .....

Sex ..... Religion ..... Legal status .....

Pen picture:

Future plan (including parental contact):

Request from ..... Division date .....

Social Worker ..... tel: .....

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SS.127
(March 1982)

HERTFORDSHIRE COUNTY COUNCIL SOCIAL SERVICES DEPARTMENT
FOSTERING AND ADOPTION GROUP EXCHANGE

20 copies of this completed form are to be handed to your Divisional Representative for circulation and discussion at the County Fostering and Adoption Group.

OFFER OF FOSTER HOME for child(ren) age ..... sex ..... number .....

racial origin ..... handicap .....

| Family: | Name | d.o.b. | Religion | Occupation/school |
|---|---|---|---|---|
| Father | | | | |
| Mother | | | | |
| Children | | | | |

Others:

Address and telephone number:

Any further comments (including parental contact):

Division ..... date .....

Social Worker ..... tel: .....

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S.S. 110

# HERTFORDSHIRE COUNTY COUNCIL – SOCIAL SERVICES DEPARTMENT

## PARTICULARS OF PROPOSED FOSTER-HOME

### THE APPLICANTS

1. Surname ..... Wife's Maiden Name .....
   (a) Husband's Christian Names ..... Date and Place of Birth .....
   (b) Husband's Nationality .....
   (c) Wife's Christian Names ..... Date and Place of Birth .....
   (d) Wife's Nationality .....
2. Address ..... Tel. No.: .....
3. How long have applicants resided at present address? .....
4. In case of married applicants, please state date and place of marriage .....

   Has marriage certificate been shown to Social worker? .....

   If previous marriage of either applicant has been dissolved or annulled, please give details including wife's former name ...
5. Religious Persuasion – Husband: ..... Wife: .....
6. Occupation of applicants – Husband: .....

   Wife (or sole applicant) .....
7. If applicants have previously acted as foster-parents or daily minders, or have applied to do so, please give details .....
8. Has either applicant suffered from any serious illness, including tuberculosis, epilepsy or mental illness, or is there any history of such serious illness in either family? .....
9. Has a member of the household ever been found guilty of an offence? .....
10. Names and addresses of two people (not relatives) who may be approached for a reference .....
11. May an approach be made to the family doctor for his (or her) opinion on the application? .....

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## THE HOME

12. Accommodation: (a) No. of bedrooms ..... (b) No. of living-rooms .....

| Bedroom 1 | | Bedroom 2 | | Bedroom 3 | | Bedroom 4 | |
|---|---|---|---|---|---|---|---|
| Beds | Occupants | Beds | Occupants | Beds | Occupants | Beds | Occupants |
| | | | | | | | |

13. What would be the sleeping arrangements for the foster-child/children? .....

.....

14. Names and dates of birth of children living in the home (if adopted or fostered please say so) .....

.....

.....

.....

15. Names and dates of birth of other adults living in the home (showing relationship to applicants, where appropriate) .....

.....

.....

.....

16. Brief description of dwelling (house or flat, rented or owner-occupied, whether there is a garden etc.) .....

.....

.....

17. Are fires adequately guarded? .....

18. Name and address of family doctor .....

.....

19. Name and telephone number of local Health Visitor .....

.....

WE HAVE READ THE DETAILS RECORDED ON THIS FORM AND AGREE THAT THAT THEY ARE CORRECT

Signatures of applicants ..... Date .....

.....

Signature of Social Worker .....

### For completion by those who wish to foster privately, either now or later.

The following should be read carefully by the foster-parents and signed in the presence of the Social worker, who will be glad to explain the legal points involved.

### DECLARATION

We, the undersigned, hereby declare that:—

No Order has ever been made against us under Part I of the Children Act 1958 to remove a child from our care. No Order has ever been made under the Children and Young Persons Act 1933 to remove a child from our care. Neither of us has ever been convicted of any offence specified in the First Schedule of the Children and Young Persons Act 1933. Parental rights and powers with respect to any child of our own have never been vested in a local authority under Section Two of the Children Act 1948. No local health authority has ever made an Order under the Nurseries and Child-Minders Regulation Act, 1948, refusing or cancelling our registration under that Act.

(Signed) ..... Witness .....

(Signed) ..... Social Worker

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HERTFORDSHIRE COUNTY COUNCIL – SOCIAL SERVICES DEPARTMENT

# Review Report - Child Boarded Out or Home on Trial

| Surname | Forenames | Date of birth |
|---|---|---|
| Date of Review<br>Date of last Review | Division<br>Other L.A. Responsible<br>Supervising Social Worker | |

| Foster Home/Home address<br><br>Date placed in Foster Home/H.O.T. | SINCE LAST REVIEWED:– | | | |
|---|---|---|---|---|
| | Psychiatric examination/treatment Psychological Testing | | Yes | No |
| | Dental Care-Treatment and or/ medication | | Yes | No |
| | General Health | Good | Poor | Problem |
| Date of last School Report | School attended/Occupation | | | |

COMPOSITION OF FOSTER HOME/OWN FAMILY (give names of all people resident in the home and note any changes in their circumstances since last review)

| Is accommodation (including sleeping arrangement) satisfactory? | Yes | No | |
|---|---|---|---|

| Dates of Social Worker visits (a) to the CHILD'S HOME | (b) to the FOSTER HOME |
|---|---|

Childs relationship with Foster Parents/Own Parents:

Relationships with other children:

Activities and interests:

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Are there any behavioural problems?

(Foster children only): Have there been contacts with natural parents?
(Give dates of these)

---

GENERAL IMPRESSIONS of child's progress and development (note also significant events since last review)

---

Recommendations from last Review

1. What action has been taken since last Review?

2. What is the plan?

3. What action must now be taken and by whom?

---

Signature (Social Worker) Date Signature (Senior Social Worker) Date

---

REVIEWING OFFICER COMMENT

(Care Order Cases Only) I consider that the application should/should not be made for discharge for Care Order

Signature (D.S.S.O./A.D.S.S.O.) Date

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HERTFORDSHIRE COUNTY COUNCIL

SOCIAL SERVICES DEPARTMENT

BROXBOURNE DIVISION

Mr. H.W. Scott,
Divisional Social Services Officer

302 Goffs Lane,
Cheshunt, Herts.

MEMORANDUM TO: All Social Workers and Team Clerks

ref: JBR/JJ

Date: 18.5.76

FROM: Mrs. J.B. Reed

---

It has become very apparent that some guidelines on recording would be welcomed by workers in the Division. The attached list of headings is therefore presented as an aide memoire for use in the majority of cases.

It is proposed that in future records should be made at minimum of 3 monthly intervals and should be easily picked out in the file by the use of coloured paper. We are obtaining a supply of GREEN paper for the INITIAL ASSESSMENT RECORDS, and the 3 MONTHLY and CLOSING SUMMARIES should continue to be typed on the ORANGE paper currently being used.

In addition to this, social workers will be aware that there are statutory requirements which must be met in recording our work with Children in Care and which differ from the above. This necessitates a written report whenever a visit is made and this may often be at more frequent intervals than 3 monthly. It is suggested that these RUNNING RECORDS should be typed on PINK paper, with the regular reviews on the official forms for this purpose.

Mrs. J. B. Reed,
A.D.S.S.O.

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# CASE RECORDING - NOTES FOR DISCUSSION

1. HEADINGS FOR INITIAL INTERVIEW

We propose that this should be changed to read - HEADINGS FOR INITIAL ASSESSMENT.

In order to comply with the required information to be gathered (taken from John Stroud's memo of the 10th February 1977) an additional heading should be added - PERSONS TO BE NOTIFIED OF OBJECTIVES e.g., G.P., health visitor, school, day nursery, child guidance clinic, hospital, education welfare officer, housing department, other social services department, voluntary bodies.

2. INITIAL ASSESSMENT to be completed using divisional guidelines, etc.

3. DIARY SHEET should be started from point of referral. Diary Sheet to contain -

a) Notes on any changes in circumstances, whether in the client's family or in his own circumstances .e.g., placement in an assessment centre.

b) Notes on any assessment or reassessment conferences.

c) A note of any communication sent to another agency or to a colleague within the department (which may range from "G.P. informed" to "full assessment documents sent to vacancy advice centre, county hall").

d) A note that a statutory requirement has been met e.g., that a review report on a child in care has been completed.

This should include all written and telephone communications.

4. REPORTS should be recorded on a separate sheet - (? colour) - on all departmental decisions or changes in the client's circumstances. The reports may be brief but should include the presenting circumstances, the issues identified, the action decided upon, the participants in the decision to act, the immediate results of the action, the names of the persons to be notified of the action taken and whether they were,in fact, notified. It is important that the decisions be recorded in a form cognizant of departmental accountability to the public rather than as a casework process record. A note of the decision should be made on the running record of the diary sheet.

5. REASSESSMENT should appear at agreed intervals on the same sheet, typed in red, referring to any changes in circumstances or in the diagnosis or in the objectives and should, again, record the expected date for reappraisal.

6. SUMMARY REPORT should always be completed at the point of handover to another worker. Such a report may be brief and refer its reader to the previous reassessment report, but it must contain the departing social worker's evaluation of how far he or she has got in attaining the objectives as determined and what now needs to be done. Finally, there should always be a CLOSING SUMMARY when all involvement by the department ceases. There should be a clear indication of the reasons for the cessation of service, especially those where a conscious decision has been made because of the department's own short-comings and, secondly, that all who should know of the decision (whatever it is) do know.

JBR/JJ 14.11.77



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## HEADINGS FOR INITIAL ASSESSMENT

DATE OF INTERVIEW(S):

HOME OR OFFICE:

REFERRED BY:

REASON FOR REFERRAL:

INVOLVEMENT WITH OTHER AGENCIES:

FAMILY: (Structure and functioning, cultural background)

INITIAL IMPRESSION: (Opening remarks, physical description and manner of client)

HOME: (Physical description of home)

FINANCIAL SITUATION: (If relevant)

PRESENTING PROBLEMS: (Problem(s) presented for help and client's expectations and perception of social work intervention).

UNDERLYING PROBLEM(S):

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SOCIAL WORKER'S ASSESSMENT OF SITUATION, including -

a) Need
b) Resources within client and family (including motivation for change)
c) Helpful resources within the community
d) How has client tried to solve problem?
e) How has client coped with problem?
f) How has client used outside help and what sort of help?
g) Has it been effective?

INTERACTION BETWEEN SOCIAL WORKER AND CLIENT and MOVEMENT IN INTERVIEW:

AGREED FUTURE PLAN: (Aims/objectives of social work involvement; what contract has been formed between social worker and client?)

PERSONS TO BE NOTIFIED OF OBJECTIVES e.g., GP, HV, School, Ch.Centre, CGC, EWO, Hospital, Housing, other SSD, Voluntary bodies, etc.

DATE FOR REVIEW:

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THREE MONTHLY SUMMARY

DATES COVERED BY SUMMARY:

NUMBER OF INTERVIEWS/VISITS:

DATES OF MEDICAL REPORTS (if relevant):

PRESENT SITUATION: (Including assessment of likely future)

ADDITIONAL HISTORY:

1) Interaction of family members

2) Description of client's personality

RELATIONSHIPS: (Social Worker/Client)

MOVEMENT ON PROBLEMS:

1) Client

2) Environmental help

FUTURE PLAN:

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## CLOSING OR TRANSFER SUMMARY

FAMILY STRUCTURE & REASON FOR ORIGINAL REFERRAL:

DATES COVERED BY SUMMARY:

NUMBER OF INTERVIEWS/VISITS:

DATES OF MEDICAL REPORTS: (if relevant)

SITUATION AND PROBLEMS AT BEGINNING OF PERIOD:

ADDITIONAL HISTORY:

FACTUAL EVENTS DURING PERIOD:

MOVEMENT ON PROBLEMS:(back, forward, none):

1) Client

2) Environment

PRESENT SITUATION:

REASON FOR CLOSING:

EFFECTIVENESS OF HELP GIVEN: (including remarks about possible future contact and did client see social work help as being useful)

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