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Permanence, progress and belonging for children in long-term foster care

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What do we mean by permanence?

English government official guidance (2010):

‘Permanence is the framework of emotional permanence (attachment), physical permanence (stability) and legal permanence (the carer has parental responsibility for the child) which gives a child a sense of security, continuity, commitment and identity.

The objective of planning for permanence is therefore to ensure that children have a secure, stable and loving family to support them through childhood and beyond.

Children Act 1989 Guidance and Regulations: Care Planning, Placement and Case Review (2010)

Dimensions of permanence

Need to consider

- Objective permanence
  - Physical and legal stability
- Subjective permanence
  - Child's sense of belonging
  - Involves child's emotional security: 'Perception of permanence is key' (Lahti 1982)
  - Children and caregivers view the placement as permanent

What do we mean by progress?

- Widely expressed concerns about outcomes for children in out of home care
  - e.g. mental health and educational outcomes in childhood, adversities in early adulthood
- Outcomes are always provisional
  - when is the final ‘outcome’?
- Helpful to think in terms of progress
  - How child is doing at a particular point in time and in a particular context

Assessing permanence and outcomes

- Progress/outcomes of children in out of home care often compared to general population of children
- But histories of children in out of home care differ from those of most other children
  - e.g. histories of abuse, neglect, domestic violence
- Useful to compare children in foster care to others with broadly similar histories
  - e.g. children adopted, reunified or receiving community-based services

Outline of presentation

- Will compare children in family foster care to children adopted from care:
  - Objective permanence
  - Mental health and education
  - Subjective perceptions of permanence and belonging for children in long-term foster placements
- Will mainly draw on *Belonging and Permanence* study
  - Compared children in long-term foster placements to children adopted from care
- Some early findings from *Permanently Progressing?* study
  - Compared children in foster care 3-4 years post-admission to care to children adopted from care (and other groups)

Belonging and Permanence study

- 5-year follow up (in 2006) of sub-group of children previously included in Ian Sinclair's study of foster care
  - Children originally studied in 1998 and 2001
- In 2006, identified 196 children who (in 2001) had been in placements that seemed likely to be long-term
  - Had *either* been with the same foster carer for 3+ years
  - *Or* had been adopted from care by 2001
- Data collection (in 2006)
  - Postal surveys of children's social workers and foster carers or adoptive parents
  - Interviews with children and foster carers/adoptive parents
  - Focus groups with social workers, team managers, adoptive parents and foster carers

Comparing long-term foster care and adoption

By 5 year follow-up (in 2006) the children

- Were 7-18 years old (mainly age 10-15)
- 3 main groups
  - 39% adopted from care
  - 32% in stable foster care
    - All had been in same placement 7-12 years
  - 23% experienced unstable care
    - 1+ moves since previous placement (which had lasted 3 or more years)

Comparing objective permanence

- Disruption rate higher for (apparently stable) foster placements
  - 28% of the previously stable foster placements
  - 11% of children placed for adoption/adopted

- Other studies have found
  - High disruption rates for foster care: 17-50%
    - depending on age at placement and other factors
  - Very low disruption rates for adoption *(Selwyn 2014)*
    - 3.2% of 37,335 adoptions disrupted over 12 years

Placement stability and age at admission

- Is this a fair comparison? Adopted children more likely to be removed at a younger age

- Average age when study children last entered foster care
  - Adopted 1.6 years
  - Stable foster care 3.9 years
  - Unstable care 5.3 years

- Late admission to foster care
  - Increased risk of placement instability
  - Reduced children's chance of adoption
    - 59% children adopted entered foster care before age 1

Permanently Progressing? study

- Similar findings from recent study of total cohort of 1,355 children (age 5 or under) who entered foster care in Scotland in a single year
  - followed up 3-4 years later
- Average age at first admission to care significantly lower for children adopted or placed for adoption
  - 8.6 months for adoption group
  - 24.3 months for children in foster care
  - 56% of adoption group entered care before 6 weeks old cf 21% of foster care group

Permanently Progressing? study

Data from social workers on histories of maltreatment for 433 of the children (early findings)

- Children in foster care significantly more likely to experience multiple types of maltreatment (72%) than adopted children (55%)
- History of emotional abuse more likely for fostered children

Implications of age at admission

- Early age at admission to foster care linked to
  - greater likelihood of subsequent adoption
  - lower risk of lengthy exposure to adversity
    - though substance misuse *in utero* may have long-term impact on the child

- Reasons for link between age at admission and adoption include:
  - Identification of risk pre- or shortly after birth
    - e.g. substance misuse, abuse/neglect of siblings
  - Perceived vulnerability of infants
  - Difficulty of finding adopters for older children

Why did some ‘stable’ foster placements disrupt?

Belonging and Permanence: Mix of child, foster carer and agency factors

The child’s history

- Impact of longer exposure to abuse, neglect on emotional & behavioural development: child more difficult to care for
- Child behaviour was reason recorded in at least ½ of cases

The foster carer

- Circumstances changed – some gave up fostering due marriage breakdown, bereavement, domestic violence
- Lack of legal permanence - no legal commitment to child when carergivers’ circumstances changed

The local authority

- Response to emerging placement difficulties?
- Support to placement?

Child mental health (*Belonging and Permanence*)

- Used a standardised screening measure of emotional and behavioural difficulties (SDQ) to compare mental health
  - completed by adoptive parent or foster carer
- Per cent above clinically significant threshold no different for children adopted or in stable foster placements
  - Stable foster care 36%
  - Adopted 35%
  - General population 10%
- But history of unstable care and age at entry to care were each significantly associated with higher scores on SDQ*
  - Unstable care 54%

**Once current age, at placement, sex and disability taken into account*

Child difficulty and parenting style

- Measured carers' and adopters' parenting style
  - Used measures of child orientation, family integration, rejection (completed by foster carers/adoptive parents)
  - Social worker ratings of parenting
  - Foster carer ratings of family integration/rejection were correlated with social worker ratings of parenting
- Children with *higher* SDQ scores less likely to be perceived as integrated into the foster family (by carers)
- Rejection scores for *previous* carers of unstable group (in 2001) higher if children had high SDQ scores then (i.e. *before* last placement disrupted)

Child disturbance and foster parenting

Interaction of child disturbance and parenting style

- Behavioural and attachment difficulties can make child more difficult to care for
- May elicit carer rejection
- Can lead to downward spiral: rejection or lack of warmth/responsiveness to child may reinforce emotional and behavioural difficulties
- Carer commitment to the child was key

Participation and progress in education

Combined measure of school progress, attendance, exclusion and behaviour showed:

- Better overall integration and progress for children in permanent placements
  - Stable foster care group doing as well as adopted group
  - Unstable care group doing worse
    - More likely to truant or be excluded in last 6 months
- Children likely to be doing worse if
  - Had high scores on SDQ (*esp.* if high for hyperactivity)
  - Disabled: mainly children with learning difficulties or autism

Subjective perceptions of permanence

Subjective permanence important too

- Interviewed 37 children in *Belonging and Permanence* study and their foster carers or adoptive parents

- Used a range of methods to explore
  - Relationships with adoptive and foster families
  - Relationships with birth parents
  - Perceptions of permanence – was this a family for life?
  - Child's sense of belonging

- *Some findings in relation to children in stable foster placements*…….

Perceptions of belonging and permanence

- A few had lived with same foster carer since infancy and two had no memory of birth family
- But all aware that they had more than one family, even if they had no memory of parents, so making sense of where they belonged could be complex.
- Notions of who is, or should be, 'family' may be particularly difficult to resolve.
- Study explored the questions:
  - How do children in long-term foster placements make sense of their location within and across birth and substitute families to create a sense of belonging to one or both families?
  - How permanent does the placement feel to children and their carers?

Ideas of ‘family’ and ‘belonging’ in long-term foster placements

- Ideas about ‘family’ and ‘belonging’ were complex and could shift over time
- Some were preoccupied with birth parents
  - ½ of stable foster care group, ¾ of unstable care group
- A key factor in sense of belonging was how child located the foster family in relation to the birth family
  - Feelings of hurt, anger and ambivalence about parents sometimes linked to ambivalence towards carers
- ‘Chemistry’ between child and carer and carer’s love/ commitment to child despite difficulties were also key
  - also found in fostering studies by Ian Sinclair, Gill Schofield, and Mary Dozier

Family boundary ambiguity

- Some parents physically present (in contact), but unreliable or rejecting, so their psychological presence was troubling

- How far can fostered children make sense of their experience and knowledge of parents?

- How does their ‘story’ explaining parents’ past and current actions represent their parents - and themselves – to them?

- How far can they resolve complicated feelings about parents who have harmed or rejected them, and settle for permanence in another family?

- Can they find a way to identify with and ‘belong’ to both families?

Family boundaries in stable foster care

- Children who felt they ‘belonged’ to the foster family and thought it would be a ‘family for life:
  - Were able to reconcile belonging to two families *OR*
  - Were physically and/or emotionally distanced from parents
  - Contact with parents relatively unproblematic (or had no contact)

- Where negotiating the boundaries between the two families was difficult for children:
  - They were often ambivalent about parents *and/or*
  - Pre-occupied with unreliable, rejecting or dangerous parents
  - More difficult for these children to identify with foster family and feel emotionally secure
  - Were more troubled about where they belonged

Supporting children in long-term foster placements

- In England, pathways to permanence may include reunification with parents, special guardianship, adoption, and long-term placement in a foster family
- Policy support for long-term fostering is helpful
- Need clear agreement that a specific long-term placement is the plan for permanence for this child
- Need clarity as to the level of social work oversight needed for these placements

English government guidance (2015)

Statutory guidance states that 'where the most appropriate route to permanence is long-term foster care':

- This must be the plan for permanence recorded in child's file
- Foster carer must have agreed to act as child's carer until child ceases to be in out of home care
  - And local authority must assess foster carer's ability to do so
- The local authority must confirm the arrangements with the foster carer, birth parents and child
- After 1st year of placement:
  - Frequency of social worker visits may diminish unless requested by child or foster carer (depending on circumstances of the case)
  - It may not be necessary to hold a meeting as part of the case review (Department for Education 2015)

Some conclusions: comparing fostering and adoption:

- Adoption more likely to be stable than foster care – but is this a fair comparison?
  - Effects of late admission to foster care
- Foster care *can* provide stability, but often fails to
  - For nearly 1/4 of fostered children, apparently stable placements broke down after 3+ years
  - Instability associated with later admission to care
- Where long-term foster placements *are* stable
  - No apparent mental health difficulties for 2/3 of the children
  - Mental health and educational progress similar for children in long-term foster placements and those adopted from care

Conclusions 2: Supporting children in long-term foster placements

- Many fostered/adopted children had high levels of need so continuing support may be needed to ensure stability and child wellbeing
- Need to support the permanence of the placement
  - Need to record agreement that a specific long-term placement is the plan to ensure permanence for this child
- Need to support child and foster carer's *perceptions* of permanence (clarity about status of the placement)
- Important to help children in foster placements make sense of their location between two families
- For children in long-term foster placements, need to support child's sense of belonging to their foster family (as well as to their birth family)

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