# Can child and family social work research really assist practice?

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Based on a paper presented to Fostering the future

11th biennial IFCO conference Melbourne, July 1999 British social workers at the sharp end of foster care and social work practice have experienced a flood of official reports in recent years (Association of Directors of Social Services, 1997; Utting, 1997; Warren, 1997), mostly, though not exclusively, highlighting the problems of too few placements for an increasingly challenging number of children and young people. In addition, British and North American foster care research over the past twenty years has shown how children in public, including foster, care have been:

- · vulnerable to placement breakdown;
- often poorly educated;
- · socially isolated;
- rarely given specialist help with emotional and behavioural difficulties;
- not always protected from abuse whilst in the care of public agencies;
- poorly prepared to leave public care and subsequently under-supported.

(Ward, 1996)

Further Government sponsored reports into standards and codes of foster care practice (National Foster Care Association, 1999a, 1999b) have recently been published. Under the UK Government's Quality Protects initiative (Department of Health, 1998), all local authorities are now working to a detailed Management Action Plan which sets out achievement targets for three years for all children in need, but with a particular emphasis on those in public care. The targets set are closely related to research findings about, for example, the importance of choice in placements, the need to provide stability in these placements and the value throughout life of achievement in school.

At the International Foster Care Organisation (IFCO) conference in Melbourne in July 1999, it was clear that in spite of the range of countries and cultures represented, the participants are facing similar difficulties to those of us in Britain. So can research help at all? In particular, can it provide the answers to two main questions? Firstly, what is the nature of contemporary foster care in a particular country or region? In other words can research clarify what foster care looks like to those engaged in its practice? Secondly, despite the descriptions of failing practice, how can staff and carers involved in fostering identify what they do well in order to reinforce success rather than failure?

## WHAT DOES FOSTER CARE IN THE UK LOOK LIKE?

A study by Judith Stone in a northern English city (Stone, 1995) provided a four point framework of service provision which helps to clarify the nature of foster care. Over a twelvemonth period Stone followed a cohort of children entering short-term foster care in Newcastle. These are the four components her study identified.

• First, there were short term placements for children aged up to nine years old who spent no more than three months with their foster carers and where the aims of their placements were broadly to support and rebuild families, to encourage the continuity of children's relationships and to minimise the stress of separation. Much in line with the ealier study by Jane Rowe and her colleagues (Rowe et al, 1989), the vast majority of children placed in the period, something like 70%, fell into this category.

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- The second type of service provision again concerned short-term placements for children aged up to nine years old, but these were the children unlikely to return home within three months because of the harm they had suffered before placement.
- The third type of provision was a pre-adoptive service for babies and pre-school children, including those with health problems and disabilities. As Stone (1995) says, demand for this service has been small and uneven across local authorities.
- Finally, the fourth provision was specialist short term and intermediate placements for older children, especially teenagers. These were more flexible in length and were part of a wider package of services delivered by other agencies including health, education and youth justice. These children were the longest stayers in foster care.

This framework could be built upon, updated and applied in other parts of the world. Research data from studies such as Stone's also allows practitioners to construct a job description of contemporary foster care practice. This could include the need for foster carers to receive children at very short notice during family crises; to offer periods of planned or unplanned respite care; to apply or oversee conditions in respect of young people remanded to foster care by the youth court; to assist children to return home, move on to other carers, or in the case of older teenagers to acquire independence skills; and to record, report and review their work as foster carers. All of these tasks presuppose a number of features which have been associated with foster care in many countries and regions over the years such as offering sympathetic and high quality care to children who may be distressed, damaged or disruptive; encouraging frequent parental and other family contact; and working closely with social workers as well as medical, psychological, legal and teaching staff. By its very nature therefore fostering requires carers to provide in combination high standards of physical and emotional care to children, a

responsive and sympathetic service to their families and accountability to social workers and fostering agencies.

The children and young people and the families from which they are separated are more difficult; foster carers are having to tackle more onerous tasks in spite of their inexperience; and social workers are facing a heavier workload whilst needing to respond to ever increasing regulations and procedures.

A more recent study by Suzette Waterhouse (1997) and a further study by Waterhouse and Eddie Brocklesby (in press) which is awaiting publication add to and update our knowledge base. In the first study a postal questionnaire was used to gather data from 94 English local authorities about how they organise and arrange their fostering services. It considers a wide range of factors related to family placement. Although the four categories identified by Stone (1995) are still there, the emphasis has changed. For example, there seem to be more younger children who spend longer periods in care because of the complexity of their family situations. These children and their families were likely to be involved in court commissioned assessments and were often subject to court orders. which determined issues around parental responsibility, contact and occasionally the medical examination of children. As the residential child care sector continues to contract more teenagers are placed in foster care.

The second study, which analysed 50 referrals for temporary fostering placements in five local authorities, illustrates just how the profile of foster care in England has changed. Let me give you some examples of these

changes from both studies. Many will have currency beyond the countries of the United Kingdom.

- Fostering is now the first and only choice of placement for many children, including teenagers.
- Children and young people are offered little placement choice: only 20% of local authorities almost always offered a placement of choice to children under 10; while for children over 10 the figure fell to 3%.
- Seventy-three per cent of English local authorities use Independent Fostering Agencies (IFAs) to provide placements. These generally small scale organisations offer foster care placements to local authorities who are unable to find appropriate placements with their own approved foster carers. Many of the IFAs have acquired charitable status, some operate as profit-making organisations but most have a 'not for profit' policy. These have grown from 11 in 1993 to 62 by the start of 1998 (Lord, 1998). Although they developed from the teenage fostering schemes of the late 1970s they now provide for a much more heterogeneous group of children. A former Chief Inspector of Social Services, in commenting on the report of a government inspection of ten IFAs in 1994, states that:

in some cases the inspectors thought that the children were amongst the most troubled children they had seen in foster care and in others they found it hard to believe that placements could not have been found nearer their homes (Utting, 1997:41).

- The use of kinship care has grown from 3% more than a decade ago (Rowe et al, 1989) to 12%. In some places, especially London, this figure is much higher.
- Many local authority foster carers are newly appointed and relatively inexperienced whilst most independent agency foster carers are very experienced.
- There are many more single foster carers, the vast majority of whom are women. As many as 50% in the Waterhouse and Brocklesby study

were single carers. Over one third of boys were placed with single carers and half of those were aged over 10 years.

- Children present more difficulties behaviourally and emotionally nowadays. School excluded children, particularly boys, are especially difficult to manage without extensive support systems.
- Sixty-six per cent of placements were unplanned or made in emergencies.
   In 75% of these cases the children were aged under five.
- Many of these unplanned placements were made by a series of duty social workers and duty family placement workers without first hand knowledge of the child or the carer.
- Many placements were made outside the carers' approval range with the risk this presents of placement breakdown.

There is then an abundance of recent and relevant research data which reflects the nature of current foster care practice. Much of this confirms both government and agency fears about shortfalls in the service. The children and young people and the families from which they are separated are more difficult; foster carers are having to tackle more onerous tasks in spite of their inexperience; and social workers are facing a heavier workload whilst needing to respond to ever increasing regulations and procedures. Although this is the British experience, it is unlikely that this would go unrecognised elsewhere in the world. How then can research offer some relief from what at times feels like the day to day misery of practice? This brings me to the second question I posed earlier: can research actually identify what works in practice and offer practical assistance to workers and carers in developing and sustaining successful interventions and outcomes?

## MEASURING SUCCESSFUL OUTCOMES

In a recent edition of *Children* Australia, Leahy et al (1999) very helpfully considered the relevant available literature alongside the experience of one agency's performance in achieving best foster care outcomes.

The authors cited John Triseliotis' seminal paper in which he reviewed foster care outcomes (Triseliotis, 1989). As possibly the best known family placement researcher and certainly the most prolific of writers, Triseliotis cautions against quick fixes and says there is much left to learn. He writes:

The notion of outcomes when human beings are involved is never a 'neat package' but one with pluses and minuses. Total success or total failure can only be found in a few cases at the extremes. For the rest it is mainly a picture of 'benefits and losses' knowing that there are still many gaps in our knowledge about the answers to some important questions. (Triseliotis et al, 1995:15)

... the result of this meeting of minds must be the strengthening of both foster care research knowledge and practice expertise in countries across the world.

The last few years have witnessed an increasing sophistication on the part of British policy makers and practitioners about the information needed from research and the means we use to evaluate the success or otherwise of interventions intended to help children and their families. Researchers who have spoken at previous IFCO conferences such as David Berridge, June Thoburn and John Triseliotis have all written helpful foster care research summaries which are practitioner friendly (Berridge, 1997; Sellick & Thoburn, 1996; Triseliotis et al, 1995). We now rightly distinguish outputs the number of foster carers, visits from social workers and so on - from outcomes - the effect of our interventions and services on children's achievements and well being. In measuring outcomes a number of recent studies have used user satisfaction rates by incorporating the views and perspectives of all the parties in

fostering. David Berridge, for example, in his review of foster care research over two decades from the mid 1970s, divided studies according to the perspectives of foster children, their parents and families, foster carers and their agencies and social workers (Berridge, 1997). Similarly, Jane Aldgate's (1998) study of the use of short term respite foster care aimed at preventing long term family breakdown included outcome measures related to the views of parents, children and social workers. For example, she and her colleagues considered whether the parents' problems had been ameliorated as a result of the respite care service. Other outcome questions included: did the parents consider that the service had met their needs? Did the children feel helped by the service and did they experience changes in their confidence and well-being? Did the social workers believe that the aims of the placement had been met?

Likewise, in a review of family placement research in Britain and North America for the Barnardos' What Works? series, Clive Sellick and June Thoburn identified indicators of success relating to children, parents, foster carers and the fostering agency itself (Sellick & Thoburn, 1996). They posed a series of questions for social workers in relation to each of these four parties. If the answer to each question is yes, then the outcome is likely to be positive or successful. If no, then steps should be taken to identify where and how changes should be made. Starting with children these questions include: was the child able to participate in decisions affecting the placement according to his or her understanding? Were the child's health and educational needs met as well or more successfully in the foster placement than before? Was the child's identity including racial, cultural and religious identity respected during the placement? And was the child generally satisfied with the placement?

Turning to parents, did the parents play a full part in decisions about the options for the child, including the foster placement itself? Did they believe themselves and feel themselves to be fully involved in the day to day decisions affecting their child? Did the parents retain their attachment to the child and was their relationship with the

child improved as a result of the placement? And was their well being at least no worse and hopefully better following the foster placement? It is worth remembering here an important research study conducted by Mike Fisher, Peter Marsh, David Phillips and Eric Sainsbury (1986) in Sheffield before the Children Act was implemented in England and Wales. In their study In and Out of Care parents said that, by putting their children in care, they expected a positive service both for themselves and their children and that, even where there was a court order, they still considered themselves to be delegating rather than abandoning their duties to the social work agency whilst they and their children were living apart. This research had a significant impact upon legislators especially in respect of the concept of shared parental responsibility between local authorities and parents.

Turning to foster carers, was the child's placement a successful experience for them in terms of providing the rewards that they hoped to get out of fostering? Did their own children enjoy and feel a part of the fostering experience? And were the carers able to use their knowledge, skills and experience to the benefit of the child? Overall, did the placement add to the carers' skills and confidence?

Finally, then, looking at the perspective of social workers and their agencies, as a result of the placement did the foster carers agree to continue to foster or perhaps make an informed choice to stop fostering? Were all the relevant statutory regulations and departmental procedures followed during the course of the placement? And were effective collaborative working practices maintained for the benefit of the child and family by both the social work and other professional staff involved?

### CONCLUSION

Many of the indicators of success are related to the seven developmental dimensions of the Looking After Children materials (Ward, 1996) and were designed to encourage practitioners to use one alongside the other. These materials were developed initially in Britain but are now in use in many other countries such as Australia, Canada and Hungary (Herczog, 1998;

Jones et al, 1998). This is one example of the connections which are being made between research and practice in several different parts of the world because of the mutual benefits involved. Evidence exists elsewhere of the interrelationship between foster care research and practice. Social workers and their managers are becoming increasingly research-minded whilst at the same time researchers are developing a wider range of qualitative methods which incorporate the perspectives of users and participants.

The title of this paper poses a question. Perhaps at its conclusion the question should be inverted to ask instead 'can child and family social work practice assist research?' Both questions are linked by a mutuality and interdependence between those who practice foster care and those who research it. A fortunate few may do both. However the result of this meeting of minds must be the strengthening of both foster care research knowledge and practice expertise in countries across the world.

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