rhwydwaith maethu
yn helpu plant i flynu

the fostering network
helping children to thrive
Fit to Foster?

A Profile of Foster Care and Foster Carers in Wales 2003

Anne Collis and Jane Butler

Fostering Network Wales
2003
EXECUTIVE SUMMARY

The Research
Two surveys were carried out: a postal survey of all foster carers in Wales (37% response) and a telephone survey of fostering service providers (100% of local authorities and 100% of the nine independent fostering providers asked to participate).

Services
- The quality of service that fostered children, their families and their foster carers receive varies enormously depending on the authority or agency providing the service.
- The availability of alternatives to prevent the need for foster care is often dependent on where the child lives.
- The availability of Welsh-medium services to Welsh-speaking children is patchy.
- The provision of CAMHS is inadequate for many children and young people.
- Where independent fostering provider placements are paid for out of the general fostering budget, there is evidence that the provision and development of local authority fostering services may be adversely affected.
- Monitoring and evaluation of services needs development to ensure fostered children, their families and foster carers are supported to have adequate input.
- For most local authorities, management of information is a weakness.

Placement issues
- Placement requests are often made in an emergency, even if the child has been known to the local authority for some time.
- The quality of information given to foster carers before, at the time of and during placement is inconsistent; the majority of foster carers said it was inadequate and 36% said that they felt important information had been deliberately withheld (in some instances to secure a placement that, with full information, would not have been accepted by the foster carer).
- All local authorities used an independent fostering provider in the last year.
- Most independent fostering providers, despite expansion, have more requests for placements than they can meet.
- Placement matching and choice are limited - increasing the likelihood of inappropriate placements; sometimes authorities cannot offer a placement at all.
- 20% of foster carers had a placement breakdown in the last year; over half were thought by the carer to have been possibly or definitely preventable.
Social worker workforce issues

- Most family placement teams are carrying vacancies; most local authorities are short of foster carers.
- This is compounded by a general shortage of child care social workers;
- Caseloads of supervising social workers are higher than considered reasonable by the manager in almost all local authorities.

Sons and daughters of foster carers

- Most sons and daughters of foster carers receive little support or training in their own right; they are more likely to receive support and training if their parents foster for an independent fostering provider.

Recruitment of foster carers

- Overall there are more foster carers in Wales now than a year ago, although recruitment is variable and frequently limited by the availability of social workers to undertake assessments.
- The movement of foster carers between local authorities is greater than the movement of foster carers from local authorities to independent fostering providers except where a new independent fostering provider is setting up in business.
- 34% of foster carers have no educational qualifications; 41% have not attended training in the last year.
- Compared to the general population of Wales, foster carers are slightly more likely to smoke, much more likely to have good health and more likely to have no-one in employment in their household.
- Local authorities have deregistered a significant number of foster carers in the last few years; many authorities still have some carers who they would prefer not to use or who are restricted in the children to whom they can provide a placement.
- The status of relative foster carers has become clearer in the past few years; however there is great variation in the use of relatives as approved foster carers.
- Relative foster carers are often treated differently from other foster carers, particularly in relation to training and their ability to meet the standards required of mainstream foster carers.

Training

- Attendance at training appears more linked to the authority or agency’s expectation of attendance than to differences in practical help to attend.
- 7.6% of foster carers have obtained the NVQ Caring for Children and Young People and a further 14.8% are currently working on it; almost 18% however said the NVQ was not available to them.
Retention of foster carers

- The majority of foster carers believe the fostering allowances leave them out of pocket, and the majority receive no payment for their work.
- Allowances and fees vary enormously and are dependent on the authority or agency rather than the costs or work being done by the foster carer.
- The quality and quantity of supervision and support varies greatly; these factors are strongly linked to the retention of foster carers.
- The methods and degree of involvement of foster carers in policy and practice decision-making varies; where foster carers are involved in a foster care forum, retention and general satisfaction appear higher.
- In general, foster carers receive minimal written information about terms and conditions (including policies, procedures, standards and finance).
- Insurance for foster carers needs clarification by many local authorities.
- The main factor affecting retention of foster carers is support (to themselves, their family members and to the child in placement); Out of hours support and support around allegations appear particularly problematic.
- Around 10% of people still fostering have had an allegation of abuse made against them (this is in addition to the unknown number that have either been deregistered or chosen to resign after allegations).
- Support received by foster carers during and after allegations of abuse is generally inadequate and not in line with the National Minimum Standards (2003), although there are some examples of excellent support.
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1. INTRODUCTION

1.1 Introduction

This report outlines the main findings of two pieces of research carried out by the Fostering Network Wales on behalf of the Welsh Assembly Government.

1.2 The Fostering Network Wales

The Fostering Network is a membership-based organisation with charitable status. Members are the adults concerned with fostered children – foster carers, local authorities, local foster care associations, local authorities and independent fostering providers. The Fostering Network operates across the whole of the UK, with offices in London, Glasgow, Belfast and Cardiff. Its objectives are:

- to define high standards of foster care
- to assist local authorities, agencies and individuals to work effectively in the interests of fostered children
- to inform, influence and persuade policy makers
- to improve public understanding of foster care

The Fostering Network has a strong membership base in Wales which is unrivalled in the field of foster care. All of the local authorities in Wales are members; Three quarters of fostering households are individual members (largely sponsored by their fostering agencies); Eight of the independent fostering providers operating in Wales are in membership. This includes the biggest providers in the sector and also includes the ‘traditional’ large voluntary organisations who provide foster care amongst a varied portfolio of child care services. This placed the Fostering Network Wales in a strong position to carry out the required work.

1.3 The Context of the Work

The work was carried out for the Welsh Assembly Government as part of their ‘Implementation of the Strategic Framework for Improving Placement Choice and Stability’. A ‘Review of Fostering’ and corresponding ‘Review of Residential Care’ is being undertaken to support this work and includes the commissioning of several pieces of research. The work described in this report is part of the Review of Fostering and links to a much wider study of fostering and residential care being undertaken by a separate research team.

The brief for the work was:
1. to provide a profile of the foster carers in Wales, including a personal profile (age and so on), their qualifications, experience and training
2. to provide a profile of the arrangements for the delivery of fostering services in Wales

1.4 Profile of foster carers

The aim of this part of the work was to provide a ‘snapshot’ of foster carers across Wales at a particular point in time. The work was undertaken through the use of a questionnaire. It sought to profile personal aspects such as age, health, ethnicity, language, education and the composition of fostering households. The questionnaire also asked for information about respondent’s experiences as foster carers – the type of fostering they do, the training, support and remuneration they receive, their experience of the process of placements and of difficulties that occur. The support and training given to their sons and daughters was also explored. Respondents were also invited to share the ‘best and worst’ aspects of their experience of fostering.

1.5 Profile of fostering services

This part of the work explores the organisational aspects of the fostering service across Wales. It was carried out by telephone interviews with foster care providers, exploring their organisational structures,
their work processes, their management of information and systems of evaluation. It explored the relationship between foster care, other parts of their organisation and other organisations. It also asked about their workforce and their foster carers; their roles and the support and training they are given. The interview also asked about the difficulties in providing placements for particular groups of children and young people in Wales.

1.6 Presentation of the Report

The methodology used in the two studies is further outlined and explained in the next chapter. This is followed by a presentation of the findings. A large amount of information was obtained from the two studies. The findings are, therefore, subdivided, dealing firstly with the organisation of foster care services and secondly with the foster carer workforce. The information is grouped around topics within these areas. Information from the two studies is combined or compared where this is helpful. Due to the quantity of data generated, the inevitable time limits and the need to restrict the length of this report, it has only been possible to analyse and present the main findings. The final chapter extracts some key themes for further consideration.

The findings contained in this report have been drawn from the information given by hundreds of people across Wales taking time out of their busy lives to respond to requests to complete questionnaires or give interviews. It is hoped that this information will be used to contribute to the ongoing work to improve the fostering service in Wales and, through this, to improve the experience and outcomes of children and young people who are looked after in foster care.
2. METHODOLOGY

2.1 Profile of foster carers

It was decided to carry out the profiling of foster carers by use of a postal questionnaire. The research aimed to collect a large quantity of information from a relatively large number of respondents. This made the use of a questionnaire the only feasible method. Edwards and Talbot (1994) and Gillham (2000) describe some advantages and disadvantages of questionnaires. Practicality in such large scale studies is listed as one of the clear advantages. Questionnaires also give people time to respond in a considered manner; they use standardised questions and are generally reliable. Disadvantages are described as being that, ‘recipients don’t like them’ and the fact that response levels tend to be low. (Gillham suggests anticipated response levels of around 30%). Further disadvantages include the fact that the wording of questions can give rise to misleading answers and misunderstandings can not be clarified.

To minimise these disadvantages, efforts were made to maximise response rates. This was done by sending the questionnaires direct to carers (rather than through their local authorities); enclosing a freepost return envelope and offering participation in a prize draw for those taking part. Questionnaires were sent bi-lingually to ensure both that respondent’s rights to use their language of choice were upheld and, again, that responses were maximised. A second mail-out was sent to initial non respondents. The timing of mail-outs was also considered carefully in order to avoid school holidays when busy foster carers might be tempted to put the questionnaire to one side until the holidays were over.

A further dilemma was over the length of the questionnaire. On the one hand, the more questions asked, the more data would be gained. On the other hand, a very lengthy questionnaire gave rise to the risk of reducing returns. In the end, the compromise was for a questionnaire which took about 20 minutes to complete.

On the whole this strategy proved successful. In total, 2,170 questionnaires were sent with a response rate of over 37% (just over 800 returns). A small number of questionnaires were returned as ‘wrong address’ or that the addressee was unable to respond due to illness or did not wish to as they no longer fostered.

However, there was a difficulty with carers in the independent sector due to deficiencies in the initial data base used. This was rectified by independent providers kindly agreeing to distribute questionnaires to theircarers on behalf of the researchers but this caused delay and is likely to have contributed to the relatively low response rate from this sector.

In order to minimise the likelihood of misleading answers, questionnaires were piloted with a small number of foster carers prior to their large-scale distribution. Minor amendments were made to the questionnaires as a result of this process. Despite this process, it was clear from the responses that the layout of one question had led to confusion. Where responses were unclear the data has not been used. However, overall, foster carers appear to have understood what information was needed and have responded appropriately.

A copy of the questionnaire can be found in Appendix 1.

2.2 Profile of fostering services

A much smaller number of potential respondents were involved with regard to the profile of fostering agencies (the twenty two local authorities in Wales and a small number of independent providers). Trying to gain as complete a set of returns as possible was, therefore, important. A postal survey was considered but was felt to run the risk of a number of non respondents due to busy work loads.
Furthermore, because of the nature of the information sought it was likely that responses might be incomplete or capable of misunderstanding (based on the experience of Waterhouse 1994). Conversely, a telephone interview would allow information to be clarified at the time and, if arranged in advance, would be likely to maximise the response rate. This was the approach taken. The use of a structured schedule maximised consistency of approach and the comparability of information gained. Two pilot interviews were conducted – one with each sector.

Letters were sent asking for people to take part. A copy of the interview schedule was sent in advance to allow respondents to consider their answers and to gather any necessary information. An appointment was then made for the interview. The interview was conducted. Written notes of the interview were sent to the respondent for them to check that their responses had been accurately recorded. The responses were then entered onto a data base. Interviews typically took about an hour and a half and were all conducted in English by the same researcher. Respondents were generally the most senior manager in Wales for independent providers and the manager with oversight of the Family Placement Service in the local authorities. (Most typically the Family Placement Team Manager).

Several respondents commented that they found the interview long and a burden in light of recent requests for similar information from other sources. Nevertheless, they participated in the process. Indeed, the response rate was 100%, with all twenty two local authorities and all independent providers who were approached, taking part in an interview.

Copies of the interview schedules used can be found in Appendix 2 and 3.

Rather than presenting the data obtained as two separate studies, it was decided to group the findings of the research by topic. Sometimes the data for a topic comes from only one part of the research, sometimes it is drawn from both parts. This is made clear in the text.
3. THE ORGANISATION OF FOSTER CARE SERVICES

3.1 Fostering Service Providers

The arrangements for foster care are complicated and, for a child placed by a Welsh local authority, can include:

- Child is placed with local authority foster carer living in Wales (majority service)
- Child is placed with local authority foster carer living in England (usually relative foster carers)
- Child is placed through a Wales-based independent fostering provider with foster carers living in Wales
- Child is placed through a Wales-based independent fostering provider with foster carers living in England
- Child is placed through an English-based independent fostering provider with foster carers living in Wales
- Child is placed through an English-based independent fostering provider with foster carers living in England

In addition, English local authorities place children with foster carers living in Wales. This can be because they have foster carers living in Wales or because the independent fostering provider uses foster carers living in Wales. Whilst this is outside the scope of this research, it is of importance for its potential impact on Welsh fostering services and other services such as health and education - and indeed, on children and young people themselves.

3.2 Organisation of local authority fostering providers (LAs)

The majority service provider is local government. All 22 authorities have their own fostering services, and four authorities have formed a consortium offering specialist fostering. Six local authorities manage all fostering within one scheme; the other 16 have one or more specialist schemes. Twelve authorities provide a specialist respite, shared care or family link scheme for disabled children either in-house or through a service level agreement with a children’s charity.

3.3 Organisation of independent fostering providers (IFPs)

Two general children’s charities (totalling four schemes offering full-time foster care and additional schemes offering shared care) and a number of other independent fostering providers provide foster care from offices located in Wales. The exact number of IFPs will not be known until the Care Standards Inspectorate for Wales registration process has been completed. Two IFPs also offer an adoption service, and three run specialist schemes. Information in this research is from interviews with nine IFPs (two were from the same parent company but had two distinct regions in Wales so were considered separately). One project from each of the two general children’s charities was included.

The organisation of IFPs is different for each provider. The two general children’s charities have projects around the UK; in Wales the projects are registering with the Care Standards Inspectorate as separate agencies. One other provider is a registered charity; four describe themselves as limited companies and two describe themselves as not-for-profit. Two providers originated in Wales, of which one has expanded into England. The other five providers originated in England; the offices in Wales range from sub-offices to semi-independent branch offices. The diversity is reflected by their current arrangements for approval of foster carers. Three approve foster carers in their English panels, two have their own panel, one has an agreement whereby all foster carers are approved by one Welsh authority and three currently have their foster carers approved by the placing authority.

Excepting the general children’s charities, the IFPs have existed for three to 10 years, and have been operating in Wales for one to eight years. While some change has occurred as a result of legislative
and policy changes, the most important factor driving change has been expansion. Four providers are planning to increase the number of placements available in the near future; three are considering diversifying or providing more complete packages of support rather than just a foster placement.

IFPs were asked whether financial factors had affected their service. Two commented on the impact of changes in VAT status. Two commented on seasonal fluctuations depending on the state of the local authority’s budget.

3.4 Relationship between local authorities and independent fostering providers

Until ten years ago, fostering placements in Wales were provided in-house by local authorities. Responsibility for working with the child and family lay with the field social work teams; responsibility for the foster placement lay (in almost all LAs) with the family placement team. Over the last ten years, IFPs have emerged and they offer an alternative source of fostering placements. The relationship between the family placement team, field social work team and IFP is still evolving.

All LAs used an IFP at least once in the last year (range 1 to 30 for the 20 authorities who provided figures). LAs can, in theory, outsource fostering through service level agreements, other forms of contracts or spot purchases. Currently, only two LAs said they had a service level agreement for full-time fostering placements although a number have service level agreements with general children’s charities to provide shared care for disabled children. Five more have official “preferred providers”. The remainder use spot purchases. Only four LAs said that they used IFPs for specialist skills that their in-house foster carers did not have. All LAs used IFPs because of lack of suitable in-house resources and in some cases because there were no in-house vacancies at all.

The two general children’s charities do not routinely accept emergency placements. For the seven other providers, the majority of placement requests are for same-day placements. The current profile for the use of IFPs by local authorities makes it harder to develop strategic relationships between the two parties.

Both LAs and IFPs were asked to list the advantages and disadvantages (to the LA and the child) of outsourcing placements. The results are given in tables 1 and 2. In each case, the number if IFPs is out of nine and LAs is out of 22.

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<th>IFP (out of 9)</th>
<th>LA (out of 22)</th>
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<td>Level of support to the foster carer</td>
<td>9 (100%)</td>
<td>7 (32%)</td>
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<td>General quality and standard of the foster carer</td>
<td>6 (67%)</td>
<td>1 (5%)</td>
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<tr>
<td>Ability to say “no”</td>
<td>2 (22%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Value for money</td>
<td>2 (22%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Provision of other services, such as education &amp; therapy</td>
<td>3 (33%)</td>
<td>3 (14%)</td>
</tr>
<tr>
<td>Supplements local authority pool</td>
<td>0 (0%)</td>
<td>7 (32%)</td>
</tr>
<tr>
<td>Access to specialist skills</td>
<td>0 (0%)</td>
<td>3 (14%)</td>
</tr>
<tr>
<td>Ability to insist on standards or services</td>
<td>0 (0%)</td>
<td>1 (5%)</td>
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<th>LA (out of 22)</th>
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<tr>
<td>Distance</td>
<td>5 (56%)</td>
<td>14 (64%)</td>
</tr>
<tr>
<td>Limited placements</td>
<td>1 (11%)</td>
<td>3 (14%)</td>
</tr>
<tr>
<td>Culture shock for child</td>
<td>1 (11%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>Potential for direct and statutory work to slip</td>
<td>1 (11%)</td>
<td>3 (14%)</td>
</tr>
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<td>Panel issues</td>
<td>1 (11%)</td>
<td>0 (0%)</td>
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<td>Reality not matching promises</td>
<td>0 (0%)</td>
<td>6 (27%)</td>
</tr>
<tr>
<td>Cost</td>
<td>0 (0%)</td>
<td>8 (36%)</td>
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<tr>
<td>Potential conflict between commercial interests and interests of child</td>
<td>0 (0%)</td>
<td>4 (18%)</td>
</tr>
</tbody>
</table>

Two IFPs noted that LAs sometimes wanted to bring a young person back to an in-house placement primarily on financial grounds; two LAs noted that IFP foster carers sometimes made unrealistic promises to young people about the proposed length of placement.

3.5 Responsibility for fostering and related tasks

Family placement teams were given a list of tasks and asked who took responsibility for them. All 22 LAs answered this question.

Note:

"specific person" refers to a member of the family placement team,
"team" refers to family placement team
"manager " refers to family placement team manager

unless otherwise specified

- **recruitment** (6 have a specific person, 14 use team as a whole, 2 work with marketing)
- **assessment** (3 have a specific person, 19 use team as a whole)
- **preparation training** (2 outsource, 2 use training, 2 use a specific person, 16 use team as a whole)
- **supervision** of foster carers (22 use team as a whole)
- **annual reviews** (1 has a specific person, 1 does jointly between team and independent person, 20 use team as a whole)
- **working with sons & daughters of foster carers** (9 do very little or nothing, 2 use a different team, 1 uses a specific person and 10 use the team as a whole)
- **support groups** (4 don’t have any, 4 use a specific person, 14 use the team as a whole)
- **consultation** (responsibility lies with a manager in 3 authorities, a forum in 1 authority, specific member of the family placement team in 2 and the family placement team as a whole in 12; 4 do not have any arrangements for consultation)
- **ensuring payments are correct** (7 use admin or finance, 4 use the field social worker, 5 use a specific person, 6 use the team as a whole)
- **support when an allegation is made** (19 use the team of whom 14 did not mention using an independent person as well or instead, 3 routinely purchase independent support)
- **NVQ** (1 outsources, 11 use the training department, 3 use a specific person, 3 use a mixture of training department and team, 4 use the team as a whole)
- **other post-approval training** (1 outsources, 6 use the training department, 2 use a specific person, 8 use a mixture of training department and team, 3 use a mixture of outsourcing and team, 2 use the team as a whole)
- **private fostering** (4 did not know who was responsible, in 13 it is the sole responsibility of field social work teams, in 4 the responsibility is joint between the team and field social work teams, in 1 the responsibility lies with a senior manager)
- **relative foster carers** (2 use a specific person, 2 begin with field social work & transfer to the team, 18 use the team as a whole)
- **informal kinship care** (all 22 used field social work teams)
• **leaving care** (outsourced in 4 authorities, specific team in 15 teams, field social work in 2 authorities and family placement team in 1 authority)
• **supported lodgings** (not provided in 3 authorities, outsourced in 4 authorities, specific person in 2, leaving care teams in 7 and family placement team in 6)
• **data collection** (not routinely done in 2 authorities, team manager/PO in 2, IT or admin. in 6, specific person in 7, field social work in 2, other team in 2)
• **adoption** (adoption team in 3, specific person or sub-team in 11, LAC team in 1, team as a whole in 7)

Respondents gave some additional roles that they considered part of the family placement team responsibility. These were:

• post-adoption work
• arranging social events for foster families
• sorting equipment
• sourcing out of county placements
• policy and procedure development

3.6 Tasks undertaken beyond agreed roles
Both family placement teams and IFPs were asked whether they ever undertook tasks that they did not consider part of their role. Sixteen family placement teams and eight IFPs felt that they did. For all but one provider this included tasks seen as part of the field social worker’s role (e.g. direct work with a child, arranging contact, chasing information). Other additional tasks for family placement teams included being on the duty social work rota, policy and planning issues and getting involved in discussions around finance/extensions/vehicle hire.

Several managers made the point that they were not happy to be in a position where crucial tasks were left undone unless they filled the gap.

3.7 The family placement workforce
Local authority family placement teams vary in size, role and composition. The smallest team consists of five (plus two adoption workers) while the largest consists of 26. This is largely, but not exactly, related to the size of the LA. The core job descriptions are:

• manager (23 people; all authorities)
• senior practitioner (21 people; 11 authorities)
• supervising social worker (112 full time equivalent (FTE) posts; 22 authorities)*
• administration (42 FTE plus 12 shared with other teams; 20 authorities)

*the actual job title varies, with the majority still called family placement workers or fostering officers

Addition job descriptions are:

• day care worker (1 person; 1 authority)
• specialist adoption worker (3.5 FTE; 3 authorities)
• unqualified social work assistant/project worker (9 people; 5 authorities)
• unqualified sessional support workers (16 people; 6 authorities)
• mentors (6 people; 2 authorities)
• specialist disabled children worker (3 people; 2 authorities)
• parent support worker (1 person; 1 authority)
• specialist relative care supervising social worker (1.5 people; 1 authority)
• placement officer (within the family placement team) (1.5; 1 authority)
• contact worker (1 person; 1 authority)
• training co-ordinator (1 person; 1 authority)

Twelve LAs have people responsible for foster care who are not part of the family placement team. The use of separate training staff is independent of LA size; the other additional posts were only found in large LAs:
• training (10 authorities)
• sessional/support worker co-ordinator (2 authorities)
• placement officer (2 authorities)
• marketing (1 authority)
• kinship care (1 authority)

IFPs have a range of two to 35 people within their teams. They have a narrower range of personnel within their Wales offices. The figures are based on eight out of nine IFPs:
• managers (17 people; 8 providers)
• employed supervising social worker (44 people; 8 providers)
• freelance supervising social worker (3 people; 2 providers)
• sessional workers (20 people; 5 providers)
• administrators (20 people; 6 providers)

In addition, two providers have a counsellor as part of their team, one has a specialist training/assessment worker, 1 has specialist social work therapists and 1 has a reviewing officer.

Seven providers have people with a responsibility for fostering who are not part of the fostering team and in all but one case these people are based outside Wales:
• administration (3 providers)
• finance (2 providers)
• management (5 providers)
• NVQ (2 providers)
• participation, evaluation or quality assurance staff (3 providers)
• marketing/PR (1 provider)

Ten LAs have used agency social workers in the last year. In six cases this was to carry out foster carer recruitment and assessment tasks. The other four authorities used agency social workers to cover for sickness, vacancies or temporary cover. Seventeen LAs have current vacancies in their family placement team (in one authority this is due to new posts having been created). Seventeen LAs (including two without current vacancies) said it was difficult to recruit social workers, although one said that this only applied to Welsh-speaking social workers.

Seven IFPs have current vacancies; in all but one case these are new posts created through expansion. Three providers said they had difficulty recruiting.

Within LA family placement teams there are 14 social workers for whom Welsh is their first language and a further 14 Welsh learners who can use Welsh for their work. All six North Wales authorities have at least one social worker who can use Welsh for their work. Four of the six Mid and Southwest Wales authorities have at least one social worker who can use Welsh for their work. Only two of the 10 South East and South Central authorities have a social worker who can use Welsh for their work.

IFPs have four social workers for whom Welsh is their first language and a further 14 Welsh learners who can use Welsh for their work. Two providers have no social workers who can use Welsh for their work.

Four LA family placement teams have one or more social workers with a disability; four have one social worker from a minority ethnic group.
No IFPs have a disabled social worker. One has two minority ethnic social workers.

3.8 Relationship between fostering and other children’s services
All but three LA family placement teams are physically located alongside one or more of the other children’s services teams. Organisationally, however, field social work teams and family placement
teams are normally separated. In 17 authorities, joint line management for field social work and family placement only occurs at Assistant Director or Head of Services level. In four authorities joint line management occurs at Operational Manager or LAC service manager level (one of these authorities will be appointing separate Operational Managers thus moving joint line management to Assistant Director level). In one authority both field social work and family placement have the same team manager. Physical location can be important for smooth joint working, particularly if there are shared areas (e.g. kitchen) where workers from both teams meet informally. The degree of managerial separation would be expected to have an impact both on practical issues for joint working and also the “feel” between the two teams.

Adoption and residential care are the two children’s services mostly closely related to foster care. Together the three form the main services available to children unable to live with their parents. Adoption is situated within the family placement team in 17 local authorities. It is part of the LAC field social work team in one authority. In the other four authorities adoption is in a separate team; in two of those authorities, adoption and fostering are functionally very close (both teams form the family placement team in one authority and in the other authority adoption is treated as part of the family placement team on a day-to-day basis even though separately managed). Residential care is separated much further from the family placement team. Eight authorities have no in-house residential service, and a further three authorities have residential services provided by a children’s charity. Of the 11 authorities directly providing a residential service, only one mentioned meetings at team manager level to discuss placements. One talked about a scheme to integrate specialist family placement and residential provision. Most of the other authorities commented that there was no real connection between the two services, although there are a number of young people who have used both services.

Fostering service providers were asked what specialist services were available to fostered children and young people and/or foster carers. All but one authority has specialist health input for fostered children and young people. This ranges from occasional input from a part-time nurse to a comprehensive specialist health visitor service. Nineteen authorities mentioned specialist education input, ranging from an education advisor to a team consisting of education social workers, support workers and an educational psychologist. Authorities were not asked who funded the health and education posts but the majority of authorities commented that the posts were funded under the Children First programme. In one authority the education support was partly funded under Objective One.

Seven authorities have specialist CAMHS workers available to foster carers and/or fostered children and young people. One authority has a CAMHS social worker starting fortnightly clinics for foster carers. One authority has a surgery for foster carers and social workers. Four authorities have a “fast-track” system for fostered children and young people. Several authorities commented on the paucity of CAMHS in general and one has been attempting without success to recruit a child psychologist.

Three authorities mentioned their advocacy services, although all but one have such a service. One mentioned a wide range of projects, including a drama group, for fostered children and young people. One described a website specifically for their foster carers. Six mentioned counselling or psychological services available in addition to CAMHS. One is considering developing a multi-disciplinary intervention team for children.

Five IFPs can offer in-house educational support; one IFP offers a short term alternative to school. One IFP offers in-house health support. Two provide some level of CAMHS, two more offer therapy, two offer counselling, one offers play therapy and one offers family therapy. Only two IFPs have no in-house mental health or therapy service. Five IFPs can offer direct work with a child (from a qualified social worker) and five can provide sessional support for the child. One IFP can offer parenting skills classes.

Team managers from two authorities commented that it was easier for a fostered young person to access specialist services (especially psychological) if placed through an IFP.
3.9 Information management

In order to run a fostering service safely and effectively, managers require high quality information. This information allows monitoring, evaluation of policies and service planning. Without adequate information it is difficult for a service to meet the needs of the children placed with it.

Providers were asked whether they have a computerised information management system. Fifteen LAs and five IFPs have a fully computerised system. The other four IFPs have a partial system or are in the process of developing a more suitable system. The other LAs described themselves as “getting there” or “in the process”.

The type of information accessible through the computerised system varied considerably. For the items listed below, four IFPs and LAs are able to access all items. The lowest number of items accessible was four for an IFP and none for a LA.

Table 3. Information Accessible via computerised system:

<table>
<thead>
<tr>
<th>Item</th>
<th>Number of LAs (of 22) collecting this data</th>
<th>Number of IFPs (of 9) collecting this data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record basic information about carers</td>
<td>18 (82%)</td>
<td>9 (100%)</td>
</tr>
<tr>
<td>Provide a profile of foster care vacancies</td>
<td>9 (41%)</td>
<td>7 (78%)</td>
</tr>
<tr>
<td>Match foster carer and child requiring placement</td>
<td>4 (18%)</td>
<td>8 (89%)</td>
</tr>
<tr>
<td>Monitor recruitment</td>
<td>14 (64%)</td>
<td>9 (100%)</td>
</tr>
<tr>
<td>Monitor retention</td>
<td>13 (59%)</td>
<td>8 (89%)</td>
</tr>
<tr>
<td>Monitor outcomes of placements</td>
<td>5 (23%)</td>
<td>6 (67%)</td>
</tr>
<tr>
<td>Monitor placement breakdown rates</td>
<td>7 (32%)</td>
<td>8 (89%)</td>
</tr>
<tr>
<td>Monitor the profile of children requiring placement</td>
<td>6 (27%)</td>
<td>6 (67%)</td>
</tr>
<tr>
<td>Record &amp; monitor assessed training needs of foster carers</td>
<td>8 (36%)</td>
<td>7 (78%)</td>
</tr>
<tr>
<td>Record the number and status of children in placement</td>
<td>16 (73%)</td>
<td>9 (100%)</td>
</tr>
<tr>
<td>Monitor allegations &amp; complaints</td>
<td>6 (27%)</td>
<td>8 (89%)</td>
</tr>
<tr>
<td>Monitor demographic make-up of foster carers</td>
<td>5 (23%)</td>
<td>7 (78%)</td>
</tr>
<tr>
<td>Provide a profile of the composition of foster care households</td>
<td>6 (27%)</td>
<td>8 (89%)</td>
</tr>
</tbody>
</table>

As can be seen, there is a considerable gap in effectiveness between IFP computerised information management systems and LA systems.

Gathering information is, of course, only the first step. Equally important is the use made of the information. Providers were asked an open question about who had access to the data and for what purposes it is used. Five LAs and one IFP spoke explicitly about using the information in strategic planning and policy development. The remainder of the LAs and five IFPs spoke about using the information to complete statistical returns and compile internal reports. All IFPs with head offices in England spoke about centralised monitoring. One LA and one IFP mentioned ensuring that the use of data complied with the Data Protection Act.

3.10 Policies and decision making

The policy and decision-making structures vary between authorities and agencies, and this research does not attempt to give a comprehensive picture. Team managers were asked about opportunities to work with other teams, authorities or organisations on policy and practice development. They were also asked about ways in which foster carers were involved in policy development.

There are a number of fora where family placement teams and IFPs can meet to discuss policy and practice issues, such as the North Wales managers’ meeting and the South Wales forum. Neighbouring authorities, particularly ones that made up an authority before local government reorganisation, are starting to work together more formally on policy and practice development. A number of authorities also talked about the potential for joint commissioning or formal sharing of services in the future. The
research did not uncover any formal forum for policy and practice development between placing authorities, area authorities and IFPs. Within authority areas, team managers reported varied degrees of joint planning with other local authority teams and external agencies. Ten authorities described some form of joint planning or development with education, field social work teams and/or health ranging from managers’ meetings to a corporate parenting board to a multi-agency strategic planning group.

Five LAs and three IFPs have a formal forum that includes foster carers. Membership of the forum includes a range of people. The most comprehensive includes the assistant director, service managers, field and family placement team managers, elected members, foster carer representatives, health, education, a care leaver and the local MP. As a minimum they include foster carers, field and family placement team managers and a senior manager. Being valued and treated as part of a team are two factors flagged up by foster carers (see below) as important to their satisfaction with their agency. There is a notable link between the existence of an active forum and carers feeling valued and treated as team members.

All LAs and IFPs gave examples of how foster carers can contribute to policy and practice development. In a few instances this was extremely limited (e.g. “supervising social worker passes concerns on”). There were some examples of good practice and creative thinking. A number of LAs and IFPs now have a system whereby a representative from each support group meets with managers to put forward the views of the support group. In one example, each supervising social worker runs a support group for the people on his/her caseload; each quarter the group nominates a different representative to attend a meeting with senior managers and the director of social services. This means that each foster carer has the opportunity to meet the director face-to-face every 15 months. At least one LA has working groups developing new policies and schemes that include foster carers. Other LAs and IFPs use a mixture of consultation events, newsletters, questionnaires, focus groups and websites to consult with foster carers on policy and practice issues.

3.11 Finances

The original telephone survey asked LA team managers to comment on the adequacy of budgets as well as to explain where budgetary control lay. The question on adequacy was dropped because it proved too complicated to answer within the scope of this research. Comments from team managers implied that while they could possibly answer that a certain budget was “adequate” in that it could enable them to meet targets in their forward plan, it was “inadequate” in that desirable services were not included in the forward plan precisely because they could not be funded.

Budgetary devolution varied between LAs. Not all LAs had specific budgets for all items. In one authority, all expenditure over £200 was managed by a resources panel; expenditure under that could be authorised by the team manager.

Training budgets were usually managed either by the training unit (9), family placement team (4) or jointly by training and family placement (4). In two it was held by a senior manager. The other three had no specific budget.

Eighteen LAs have a specific recruitment budget. This is usually managed by the family placement team (14). Other budget holders included senior managers and the Children First team.

In most instances, allowances are managed by the family placement team (16) although the point was made that the budget was actually held by a senior manager in two of these LAs. In two LAs, allowances are managed by the field social work team. In four it is managed by a senior manager.

Additional costs can be authorised by all LAs. In nine LAs these are met from the family placement team budget. In four it could be the family placement or field social work budget depending on the nature of the expenditure (e.g. child-specific expenditure such as initial clothing allowance came from the field social work budget; non-child-specific expenditure such as safety equipment came from the
family placement budget). Other models include the field social work team, a corporate parenting fund, senior field manager or family placement line manager. Where there is a fee-paid scheme, the budget for fees is either managed by the team (11) or senior managers (7).

Budgetary responsibility for shared care can be complex. In one LA, for example, it could be the responsibility of disability, child care or family support teams. In general, the budget is managed by the family placement team (9), senior managers (4) or disability team (4).

Team managers were also asked about payment of residence order and adoption allowances. In general these were managed by the family placement team (9) or a senior manager (7). In one LA residence order allowances were managed by a field social work team and in another by the care assessment team. In the LAs with adoption teams, the budget for adoption allowances was held in that team.

Payment for IFP placements came out of the family placement team budget in five LAs. In 14 cases senior managers held the budget. Three other models existed where the placement team, rapid response team or field social work team had the budget for these placements. The authorisation of payments for residential care, whether in-house or outsourced, was always the responsibility of a senior manager although in one instance the money still came from the same general budget as fostering.

A distinction has developed between LAs that have a separate budget for outsourced placements (typically controlled by a senior manager) and those that have to meet these costs from within a general fostering budget. The point was made many times that in the latter scenario, the development and in some cases day-to-day running of the in-house fostering system suffers if for whatever reason there is an increase in outsourced placements. In one instance, this has led to the inability to initiate a specialist in-house scheme that might have reduced the future need for outsourced placements. One interesting concept was the “Invest to Save” model under which additional funding was made available to continue paying for outsourced placements while developing in-house services that would reduce the future need for outsourced placements.

Team managers were asked about flexibility of budgets. Flexibility varied from not really occurring to occurring between budgets managed by the same person to informal flexibility to total flexibility because all money came from the same budget. One manager commented that there was some flexibility in that decisions were made on need and work done on the budget after. Another commented on the need to become more accountable but no less flexible.

3.12 Monitoring, evaluation and meeting standards

In general, routine monitoring and evaluation via the information management system appears to be better developed in IFPs than LAs. There is plenty of scope for development in this area from most providers.

All providers were asked how they evaluate their services and their foster carers. LAs were also asked how they monitored and evaluated their use of IFP placements.

The majority of LAs rely on statutory processes (such as annual statistical returns to the Welsh Assembly Government and the successor to Best Value, the Wales Improvement Programme) and internal planning processes (e.g. annual reports, quarterly management reports) to evaluate their services. Only three LAs considered an external audit to be part of their monitoring and evaluation programme. Seven LAs hold consultations with carers as part of evaluating the foster care service and seven hold consultations with other parties (e.g. children and parents). Two said that they are currently developing their monitoring and evaluation systems.

The majority of IFPs also use statutory processes (5) and internal planning (6) as an important part of monitoring and evaluating their service. Three have had an external audit, four have carried out
consultations with foster carers and three have carried out consultations with others. In addition, one has to fulfil European Social Fund evaluation criteria and one carries out customer satisfaction surveys.

Across Wales, the evaluation of foster carers is done primarily through the annual review process (19 LAs and 9 IFPs mentioned this). Other methods include the LAC processes (12 LAs, 7 IFPs), panel (4 LAs, 1 IFP) and NVQ/training (5 LAs, 3 IFPs). IFPs also mentioned banding procedures, disruption meetings and work with the sons and daughters of foster carers. Practice varies in who is invited to contribute to the foster carer’s annual review and how those people are supported to contribute.

Supervision is an important part of monitoring, evaluation and improving standards. Supervision occurs weekly in three IFPs, monthly in five and six-weekly in one. Eight IFPs use a standard pro forma for supervision. In LAs, supervision occurs fortnightly in one, monthly in 12 (and one is working towards monthly supervision), bi-monthly in four, quarterly in two and is “under development” in one. Fifteen use a pro forma and four are developing one. In one authority, two files are checked each month by the team manager to ensure supervision is of a suitable standard.

Foster carer annual reviews are up to date in eight LAs and seven IFPs (in addition, one IFP has completed the reviews but not all have gone to panel). Of the remaining LAs, all had between 50% and 85% of reviews up to date. In one LA, all non-relative foster carer reviews were up-to-date but not all relative foster carer reviews. Two IFPs and seven LAs take reviews to panel in line with the National Minimum Standards. Seven IFPs and 12 LAs take all reviews to panel. The other three LAs did not answer this question.

In nine LAs and seven IFPs, the results of the annual reviews are collated centrally. Four LAs and four IFPs actively use the collated results for purposes such as planning training, reviewing the service, checking for trends that need addressing or planning support needs.

Providers were asked what opportunities the service users (children and their families) had to contribute to monitoring and evaluation of any part of the service. Six IFPs and 17 LAs referred to the LAC process. Three LAs and no IFPs use Viewpoint or equivalent to make it easier for young people to participate in the LAC review. Thirteen LAs and three IFPs mentioned the use of advocacy groups and services to give young people a voice. Other methods were also mentioned:

- Editorial group for LAC magazine
- Involvement of families in the placement review
- Foster carer’s annual review
- “Have your say” days
- Involvement of a participation officer
- Help to present recorded or visual information at LAC or foster carer reviews.

It was noted that using an IFP creates an organisational separation between field work and fostering placement which can make it easier for the young person and/or their social worker to raise matters of concern.
4. PLACEMENT ISSUES

4.1 Placement processes

The processes by which a placement is made are extremely varied both between authorities and, in some instances, between the official and actual processes. Providers gave a description of the process from their perspective; for the purpose of comparison an attempt has been made to divide the process into a number of stages. This does not always give a true reflection of the process as experienced by individual children and their families.

Eleven LAs have some form of panel that seeks to ensure children only become looked after if all other avenues have been explored. In some LAs the panel is also used to ensure the most appropriate provision is made within the looked-after system. One LA is reviewing its system for entry into care. One has a placement co-ordinator and one has a planning system with independent chairs.

All have at least one service targeted at supporting families outside the looked-after system. Ten have family group conferencing, eight have a family support team or family support services and six have a rapid or intensive response team. All look to possible relatives or friends to provide informal care (if appropriate), although the social work time required for this appears to be a constraint in some authorities. Three LAs mentioned other processes: the assessment framework, pre-placement planning meetings and assessment teams.

The decision that an individual child should become looked after by the LA is taken by a range of people:

- Senior manager (2)
- Panel (5)
- Field social work team manager in conjunction with child care social worker (8)
- Placement officer or planning chair (3)
- Field social work and family placement managers together (1)
- Field social work and panel together (1)

Where the decision is made by the field social work teams and there is an accommodation panel, the panel’s role appears to be one of monitoring to ensure that all steps have been taken to prevent a child becoming looked after.

It is unclear in many authorities how the decision that a child needs to be looked after is related to the decision that the child needs a fostering placement, to the extent that not all team managers saw these as separate issues.

In all but one LA, the family placement team sources a potential foster carer. This may begin before or after the formal decision that a child needs to be looked after. Satisfaction with the process was greatest when field social workers consistently gave advance notice of a potential need for a placement. Satisfaction was lowest when the majority of referrals came for same-day placements even though a field social worker had been working with the child and family for some time and the potential need for a placement could have been predicted. The family placement team is usually, but not always, part of the panel considering the need for a child to become looked after. Where the team is not part of the panel, they are informed of decisions immediately after the panel. Most family placement teams have a duty system to deal with emergency requests within office hours. These usually come direct from the field social worker and, if the authority uses a panel, would be referred to the next panel for confirmation of the child’s need to be placed. If a placement is made by the emergency duty team, the family
placement team are notified on the next working day. In some authorities, however, it is common for the family placement team to be notified by the foster carer before the team receives formal notification.

The quality of referrals to the family placement team is reported to be patchy, both between authorities and between individual field social workers or teams in the same authority. Referrals are usually written. Some family placement teams have specific forms to gather the information they think is necessary for placement matching, but most expressed occasional or regular frustration in getting them completed in a way that allowed genuine placement matching. Two team managers referred to receiving core assessments and/or a draft care plan. Three team managers mentioned receiving further information. In one this consisted of LAC documentation, including the care plan. In one there was a further meeting after the panel. In another, sourcing a potential placement did not occur until the family placement team had information on needs, attachment, behaviour, cultural needs, contact and legal proceedings.

Sourcing a potential foster placement often depends on the personal knowledge of the supervising social workers rather than a coherent information management system. Written or computerised information about potential foster placements tends to be limited to basic information about the foster carers and their registration. Even simple matching information such as pets, birth children and employment status of foster carers is often difficult to access unless their supervising social worker is available. There is a need to ensure that matching is not dependent on knowledge held in people’s heads, and two teams are looking at ways of producing detailed profiles of carers. It is difficult to draw conclusions about the exact process of sourcing a potential placement because teams answered the question in a variety of ways. Only one team manager, however, said that the social worker of other children in placement is contacted before the potential foster carer is phoned. For less urgent placements, some teams have a weekly referral meeting to discuss possible foster carers. The majority of teams have a list of foster carers currently able to accept a placement and this is usually updated weekly.

At this point, either the family placement team has been able to source a potential in-house foster placement or it is clear that there are no suitable in-house placements.

For an in-house placement, a combination of the field social worker and supervising social worker liaise with the foster carer to help determine whether this is an appropriate placement. In some authorities the lead is taken by the supervising social worker and in others by the field social worker. Introductory visits are seen as important, but no team claimed that they happened routinely. Typical comments were “very rare”, “ideally; it does happen with the family link scheme”, “hopefully”. Similarly pre-placement meetings to complete paperwork and/or to ensure plans for health, education and contact are in place before placement were seen as an important goal but, for most authorities, one that was not commonly met. Eight authorities said that placement meetings took place “following the guidelines” or “usually in the first week of a placement”. Ensuring foster carers have all relevant paperwork is, again, patchy. In general, team managers stated the official practice or where responsibility lay, rather than being drawn into more detailed descriptions. This is significant given the majority of foster carers do not consider that they are routinely given adequate information before or even during a placement (see below). One LA ensures the supervising social worker is present at the time of placement (unless occurring outside office hours) to ensure all practical details, such as how the child will get to school the next day and what arrangements are in place for contact, are in place.

Where shared care is provided in-house, the same procedure is followed. For these placements there is a far greater likelihood of good practice being followed. Introductions, placement meetings and LAC documentation are all more likely to occur before placement.

If an emergency arises outside of office hours, the standard procedure appears to be for the generic emergency duty team to have access to a list of possible foster carers who they phone round to find a placement and then they make the placement with minimal information or documentation. The placement would be notified to one of the duty social worker, field social work team or family placement
team. In one authority, the emergency duty team contacts the family placement team manager or senior manager who contacts and discusses the possible placement with the carer(s). If the team manager/senior manager is satisfied then they inform the emergency duty team who make the necessary arrangements. A small number of authorities have specific emergency foster carers who are on a duty rota; in one authority this includes a foster carer who has no other child in placement. In one authority, the head of children and families has to be phoned for permission to place. A number of team managers indicated that their current out of hours system was inadequate. This view is borne out by the comments of foster carers (see below).

The placement process where a suitable in-house placement cannot be identified is theoretically similar to the process for in-house placements but with the additional stages of authorisation and ensuring the foster carer is suitably approved. Approval to use an IFP is sought either by the field social worker or the family placement team. This can occur before, during or after the search to locate an outsourced placement. Sourcing a placement is usually carried out by the family placement team. Several authorities are currently looking for a more cohesive system than phoning round IFPs until a vacancy is found. This is a growing issue as the IFPs included in this research currently have little spare capacity. Some authorities have a list of approved providers; others have an informal order in which they would phone IFPs; a few appear to contact IFPs at random. Once a potential placement is identified, the family placement team either pass on the information to the field social worker and have no further role or they act as liaison between the field social worker and IFP. For planned placements with an IFP, the foster carer would be taken to the next fostering panel for approval. The interviewer did not ask specifically about approval processes for an emergency placement and this information was not volunteered by team managers. The degree of quality assurance and monitoring varied considerably. This appeared to relate to workload, poor advance planning and lack of clear guidelines on what constitutes good practice. There were a few examples of quality assurance. For example, one authority maintains a database of approved providers; to be accepted onto the database, IFPs have to provide written information and also complete an agreement to adhere to an explicit set of standards, policies and procedures laid down by the authority. Another authority checks all paperwork, contacts the current/last placing authority for the proposed foster carer, speaks to the social worker for any other children in placement and only then passes information about the proposed foster carer to the field social worker.

IFPs were also asked about the placement process. The majority of placements with IFPs are emergency placements. A number of IFPs expressed frustration that, even when the field social worker had known for some time that a child would need an IFP placement, they were only approached at the last minute. A further frustration was that the initial referral tended to come from the family placement team who, themselves, had not met the child and had little information about the child’s needs or the aims of the placements. All IFPs insisted on written referrals, although in an emergency some would begin the process of matching based on verbal information. In one IFP, the initial check for vacancies is done by administrative staff; if this shows potential placements then the referral is forwarded to a social worker who looks at matching issues. As a minimum, potential foster carers have an opportunity to speak to the field social worker. One IFP requests that the foster carer gets to speak to someone who actually knows the child. Even for emergency placements, IFPs require a planning meeting either before or at the point of making the placement. For all IFPs, a supervising social worker is usually present at the time of placement. As one IFP put it, this gives the foster carer the opportunity to concentrate on the child as soon as the child arrives while the supervising social worker ensures practical arrangements are all sorted. Two IFPs only take planned placements and three other IFPs will only take emergency placements within office hours.

4.2 Placement choice

It is accepted that placement choice is essential for a fostering system that meets the needs of the individual children placed in foster care. At present, choice is limited to what is available in-house unless it is clear that there is no suitable in-house provision. If an authority does not have in-house residential care, then this means that the initial choice of placements will all be foster care placements.
For some children and for some authorities, placement choice is a luxury; the more fundamental issue is whether they can find even one potential placement.

LAs and IFPs were asked first about their ability to offer a choice of placement to children who fell into certain categories. It is striking that most LAs and IFPs rarely or never have a choice of Welsh-speaking foster homes for a Welsh-speaking child; this proves more of a challenge than sibling groups or children aged over 11, two groups traditionally thought of as hard to place (see table overleaf).
LAs and IFPs were also asked about their ability to offer any sort of placement. The results are shown in the table below.

Table 4. Availability of a choice of placement for specific groups

<table>
<thead>
<tr>
<th></th>
<th>Always/Yes</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LA</td>
<td>IFP</td>
<td>LA</td>
<td>IFP</td>
<td>LA</td>
</tr>
<tr>
<td>Children under 10</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Children aged 11 and over</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Sibling groups</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>7</td>
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<tr>
<td>Physically disabled child</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Welsh-speaking child</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
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Table 5. Availability of any placement for specific groups (continued)

<table>
<thead>
<tr>
<th></th>
<th>Always/Yes</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LA</td>
<td>IFP</td>
<td>LA</td>
<td>IFP</td>
<td>LA</td>
</tr>
<tr>
<td>Problems providing any placement</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>7</td>
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<tr>
<td>Particular locations</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>6</td>
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<tr>
<td>Siblings</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>8</td>
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<tr>
<td>Minority ethnic</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Actively practise a religion</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Behaviour is hard to manage</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Excluded from school</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Welsh-speaking</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Complex health needs</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 5. Availability of any placement for specific groups (continued)

<table>
<thead>
<tr>
<th></th>
<th>Always/Yes</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LA</td>
<td>IFP</td>
<td>LA</td>
<td>IFP</td>
<td>LA</td>
</tr>
<tr>
<td>Families difficult to work with</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Emergency placement</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Long-term placement</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Shared care for disabled child</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Shared care for other children</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Sexually abused</td>
<td>8</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Offend against other children</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Involved with the Youth Offending Team</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Abuse illegal substances</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>11</td>
</tr>
</tbody>
</table>

*service not offered
In addition, a number of providers commented that a category was rarely applicable to children requiring foster care with them due to low demand:

- Particular locations (1 LA)
- Minority ethnic (7 LA)
- Actively practice a religion (2 LA)
- Welsh-speaking (5 LA)
- Complex health needs (1 LA)
- Shared care for disabled children (4 LAs, of which 3 outsource a specialist service)
- Offend against other children (1 LA)

Several respondents noted that the ability to provide a placement did not mean it was well-matched to the child’s needs.

Figure 1. General ability of IFPs to provide placements

The ability of LAs to provide a placement was also varied. (See figure 2 overleaf.)
4.3 Willingness of foster carers to take additional placements
These figures also need to be interpreted against the finding from the foster carer survey that 33% of foster carers were willing and able to take another placement (excluding those who already have three or more placements).

Sixty-four percent of foster carers who already had three or more placements said that they were willing and able to take another placement. A number of foster carers also raised the issue that a total number of children in the household made more sense than the fostering limit of three as it is not uncommon for foster carers to have several children of their own at home. This becomes even more of an issue when fostered children change their status (through adoption or residence order) and are therefore no longer part of the normal fostering limit. This situation is anomalous with that of child minders where total number of children is the relevant factor. The issue is of particular relevance to foster carers offering shared care under the regulations covering a series of linked placements; several of these foster carers technically exceeded the normal fostering limit while never having more than three fostered children in their home at any given time.

4.4 Ethnicity, language, disability and sexuality
There are a number of data gaps because not all authorities record language, ethnicity, disability and sexuality in an accessible way. Percentages are therefore calculated by number of foster carers divided by total number of foster carers in those authorities or IFPs answering the question.
Of the LA foster carers, 76 (5%) are known by their LA to be Welsh-speaking (21 authorities), 20 (1%) are known to be minority ethnic (data from 19 authorities), 20 (2%) are known to be disabled (data from 12 authorities) and 14 (1%) are known to be gay or lesbian (data from 19 authorities).

Of the IFP foster carers, 13 (5%) are known to be Welsh-speaking, 7 (2%) are known to be minority ethnic, 12 (8%) are known to be disabled and 6 (2%) are known to be gay or lesbian. One IFP only recorded disabilities likely to affect a placement therefore did not give a figure. All other figures are data from all nine IFPs.

As will be seen in section 5.2, the figures given by the providers are not necessarily in accord with the figures given by the foster carers themselves. However, as the provider has to match child and foster carer, the perceptions of the provider are more relevant for placement matching and therefore placement choice. Fourteen LAs and five IFPs said they have trouble matching children for language or ethnicity and a further six LAs and 2 IFPs said they would have difficulty if a black child needed placement in the future.

4.5 Placement breakdowns

Placement breakdowns are of great significance to the individual children effected. They also have a significant effect on the foster carer and any other children living in the foster home. When the figures are amalgamated across Wales, problems in the foster care system itself are likely to show up as trends in placement breakdowns.

There is a difficulty in definition of “placement breakdown” which needs to be remembered when interpreting the following statistics. Some foster carers may define “placement breakdown” as any unplanned move. Others only class something as a “placement breakdown” if it occurs in an emergency situation. Therefore it is probable that the figures are an under-estimate of situations in which a child has to move home because the placement is not working for the child, the foster carer or another child in the foster home.

Foster carers were asked whether they had a placement breakdown in the last year, and also whether they had any suggestions on how to reduce placement breakdown rates. Almost 20% of foster carers had experienced a placement breakdown in the last year. Over half of these (53%) were thought by the foster carer to have been possibly or definitely preventable. Forty-one percent of foster carers had suggestions on how to reduce placement breakdowns and these responses were post-coded.

Typical comments included:

“Listen to what carers are saying. Try to place appropriate children with carers. Provide help and support immediately - do not keep having meetings about it.”

“Popping in for a 10 minute visit & saying “give it time" does not constitute support.”

“Patience, hard work & keep communication open at all times”

“Don’t pressurise carers to take an unsuitable placement under the promise of ‘only for a short time’”

“More information, particularly how they will fit with children already in placement”

Figure 3 overleaf shows carers suggestions.
4.6 Notifications of placements made into other authority areas

By law, the placing authority must notify the area authority where a child is placed, if this is outside their own area. In practice, based on anecdotal evidence, this does not automatically occur. Anecdotal evidence also suggests that many of these children are placed by English local authorities, either directly or through an IFP. LAs were asked for the number of notifications received; IFPs were asked about numbers of children placed out of county and the arrangements to ensure the area authority was notified. LAs were also asked to comment on their perception of the accuracy of the figures they supplied.

Only 10 LAs were able to provide figures for the number of notifications. Two authorities keep letters on file and one holds the data in an obsolete database. Some authorities made general comments like “a few” or “occasional” and some said they couldn’t comment.
Table 6. Notifications

<table>
<thead>
<tr>
<th>Source of notification</th>
<th>Number in last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>English local authority</td>
<td>19</td>
</tr>
<tr>
<td>Welsh local authority</td>
<td>38</td>
</tr>
<tr>
<td>IFP</td>
<td>70 (child could be from English or Welsh placing authority)</td>
</tr>
</tbody>
</table>

Eleven LAs said they knew these figures were inaccurate; two said they had no reason to believe them inaccurate. The remainder could not comment. Reasons giving for saying the figures were inaccurate include:

- Information from LA foster carers about non-LA foster carers living locally with children in placement
- Emergency duty team or police becoming involved where the fostered child is totally unknown to the LA
- Information from education or health colleagues
- Total lack of notifications being implausible
- Being told informally by a neighbouring authority but never being notified in writing

Five IFPs said that they took responsibility for notifying area authorities, although one was aware that this did not always happen. One IFP made it a joint responsibility with the placing authority. Two said it was the responsibility of the placing authority and had no current “failsafe” system if the placing authority failed to notify the area authority. This was reflected in the LAs information on notifications and three LAs said that the only figure they trusted was the one from the IFPs.
5. FOSTER CARER WORKFORCE

5.1 Number of Foster Carers

It is difficult to get an accurate figure for the number of foster carers in Wales for a number of reasons:

- Variation in reporting of shared carers and specialist (e.g. remand) foster carers where these forms of fostering are not managed by the family placement team
- Variation in reporting of relative foster carers (although this has now been addressed by almost all local authorities)
- Foster carers living in Wales but approved in England

The figures obtained in this study were:

- 1,305 mainstream foster families (data from 21 authorities)
- 398 relative foster carers (data from 20 authorities; other two included them in mainstream)
- 149 foster families fostering under specialist schemes, including shared (respite) care (data from 22 authorities)
- 282 foster families working with independent fostering service providers (data from 8 providers)

This gives a total of 2,134 foster families plus an unknown number of foster families from one LA, one IFP and five specialist shared care schemes managed by disability teams or IFPs.

It is possible to extrapolate from the number of individual foster carers represented in the foster care household questionnaires and estimate the total number of approved foster carers as 3,411.

Of these, 142 LA foster carers (data from 19 authorities) live outside the local authority for whom they foster. Nine LAs cited their advertising, quick response to enquiries or deliberate recruitment to meet the needs of children who needed to be placed at a distance. Two LAs had people in professions that made it less appropriate for them to foster local children. Six had mainly relative foster carers living at a distance. One had carers who moved to them due to dissatisfaction with a neighbouring authority and one had carers who moved to them due to dissatisfaction with their IFP. Eight had foster carers who had moved and the child in placement had moved with them. Seven had foster carers who at the time of local government reorganisation had chosen to foster for them.

IFPs were asked for reasons people chose to foster for them: three said word of mouth; seven said support and/or the way foster carers are treated; two said it was because they provided an alternative income.

5.2 Personal profile of foster carers

5.2.1 Age

Nineteen foster carers did not give their age. Of the remaining 1263 foster carers (723 main foster carers and 540 other adults approved as foster carers), the age profile is shown below.
5.2.2 Ethnicity

Almost a third of respondents did not give their ethnicity. Of the others, 841 defined themselves as White or British (or from one of the four nations of Britain), of whom one identified himself as Black British. The other nine foster carers were African-Caribbean (2), Indian (2), European (2), British/Portuguese (1), New Zealand (1), and Greek Cypriot (1). Fostering service providers were also asked about the ethnicity of their foster carers. Two local authorities did not have this information to hand; the other 20 reported 20 minority ethnic foster carers. The nine independent fostering service providers reported 12 ethnic minority foster carers. This gives a reported total of 32. Based on the foster carer questionnaire response rate, the estimated total number of minority ethnic foster carers would be 36. This suggests that minority ethnic foster carers were as likely to respond as majority ethnic foster carers; it also implies that providers keep comparatively accurate figures for ethnicity.

5.2.3 Religion

Just over a third of foster carers left the question on religious affiliation blank. Of the remaining 834, five Christian denominations had more than 40 responses (Anglican, 501; “Christian”, 98; Catholic, 89; Methodist, 48; Baptist, 42). Eleven other Christian denominations or related faiths had up to nine responses. Only four other religions were reported (Hindu, 3; Muslim, 1; Spiritualist, 2; Pagan, 1).

5.2.4 Language

From the foster carer survey, only one household uses a language other than Welsh or English as its main language. Welsh, either as the main language or in conjunction with English, is used in 71 (9%) of 771 households answering this question. This compares to 27% of the population of Wales that can use Welsh (source: National Statistics On-line, Census 2001). One local authority did not keep information about the language used by its foster carers. The other 21 authorities reported 76 Welsh-speaking foster carers. Thirteen Welsh-speakers foster carers were reported by independent fostering service providers. This gives a total of 89 Welsh-speaking foster carers reported by fostering service providers.
providers. Based on the foster carer questionnaire response rate, the estimated total number of fostering households using Welsh would be 196. This discrepancy requires further research, particularly as a number of the households have two Welsh-speaking foster carers.

5.2.5 Smoking

Only 754 households answered the question about smoking. Of these, 218 (29%) households had one or more foster carers who smoked. Fostered children smoked in 61 (8%) households. Other adults smoked in 56 (7%) households. This gives a total of 301 (40%) households in which at least one person smokes. In Wales as a whole, 27% of adults smoke (source: ASH Basic Facts Sheet January 2003)

5.2.6 Health

The majority (62%) of main foster carers reported above average or excellent health. Only 21 (3%) of the 703 main carers answering this question felt they had poor health. This compares to 17% of the population of Wales (source: National Statistics On-line, Census 2001)

5.2.7 Educational qualifications of foster carers

The educational profile of newly approved foster carers does not appear to have changed in the last 20 years, despite the emphasis on professionalisation and education over the last few years.

Figure 5. Percentage of foster carers with qualifications

For comparison, 33% of people aged 16 to 74 in Wales have no educational qualifications and 17% have undergraduate or higher qualifications (source: National Statistics On-line, Census 2001).

For a significant number of foster carers with the NVQ level 3 in Caring for Children and Young People, A-level/NVQ 3 is their highest educational attainment. While this may be co-incidence, it suggests that a number of foster carers who previously had no or minimal qualifications have successfully taken advantage of the introduction of the NVQ for foster carers.
5.2.8 Employment profile
The overall profile of foster carers is as follows:

Table 7. Work profile of foster carers

| No work outside fostering | 56% |
| Voluntary work            | 5%  |
| Part time                 | 15% |
| Self-employed             | 8%  |
| Full time work            | 15% |

By contrast, 55% of people aged 16 to 74 in Wales are in employment and, excluding students, 38% are economically inactive (unemployed, retired, long-term disability, family responsibilities or “other”).

5.2.9 Age of foster carers
The current age profile shows that the 48% of foster carers are aged 45 to 55. A comparison of age of foster carer and length of service indicates that most people begin fostering in their 30s to early 40s. This profile has remained steady over time.

Figure 6. Age of carer when first approved

5.3 Household profile of foster carers
5.3.1 Employment patterns in foster care households

The employment pattern of foster carers is of concern for many reasons such as:
- Positive employment role model
- Income available to those members of the household for whom a fostering allowance is not received
- Availability of foster carers in the daytime
- Time available for fostered children
In relation to these, household information is possibly of greater importance than the overall profile of foster carers.

Single carer households:
61% have no work outside fostering
22% have the carer working full-time or in self-employment

Two-carer households:
22% of households have no work outside fostering
16% of households have both carers working full-time or in self-employment

The household profile for shared carers is significantly different:
Single carer households:
40% have no work outside fostering
46% have the carer working full-time or in self-employment

Two-carer households:
12% of households have no work outside fostering
25% of households have both carers working full-time or in self-employment

5.3.2 Number of adults in the foster home
The majority (73%) of foster homes have two approved foster carers. There is one foster carer in 26% of households, and the remaining 1% of households has 3 or 4 approved foster carers.

Around 22% of foster homes have other adults who are not approved as foster carers. The majority are young adult family members (presumably sons & daughters). Smaller numbers are partners who have joined the household since the main foster carer was approved, young adult family members and elderly family members. Very few are young adult non-family members, despite anecdotal evidence of fostered young people remaining with their foster carers post-18; this would merit further investigation, particular to identify any possible impact of the Children (Leaving Care) Act and/or possible impact of CRB checks on “other adult” members of a fostering household.

5.3.3 Number of children in the foster home
There are 1,635 children in the 770 households who answered this question. The number per household ranges from 0 to 10.

Figure 7 (overleaf) shows the children in foster families by their status.

Further analysis of these data would identify patterns between number and ages of children within a household and their reason for being part of the household.
5.3.4 Physical environment of carers

Most (88%) foster care households have one or more cars. This compares to 74% of households in Wales with a car (source: National Statistics On-line, Census 2001).

Most (78%) of households have a computer, but fostered children have access to the computer in 59% of households only. A number of comments had been added such as “child used to be allowed to use the computer, but he trashed it”.

Around 60% of households have internet access, but fostered children have access in 35% of households only. A significant minority of foster carers had added the comment that internet access was supervised.

Almost half (47%) of all foster carers have three-bedroomed homes. Twenty-seven percent have four bedrooms and 22% have five or more bedrooms. Further analysis of the data would identify the prevalence of sharing of bedrooms by children/other adults.

5.3.5 Gender and Fostering

Overall, 56% of approved foster carers are women.

Of the single carer households, 85% were women, of whom 29% fostered with a specialist scheme. Of the 15% male single carer households, 46% are with a specialist scheme.

Within the two-carer households, 49% of main carers were women and 4% were men with no significant difference between full-time and shared care households. Almost half (47%) of the households with two
foster carers claimed that the fostering task was shared equally. The perception of having one main carer or sharing the task equally is unrelated to the amount of time each partner is at home. Many households with one person in full time employment and one person not employed said that the task was shared equally; conversely many households where neither person is employed said that one carer (always the female) was the main carer.

5.3.6 Length of service

Foster carers who responded had been fostering for anything from a few months to 40 years. Linear regression shows that there is no particular stage of the fostering career when a foster carer is more likely to resign; the annual loss remains steady at around 9.5%. The steep decline in the earlier years is due to the larger numbers rather than a greater individual probability of resigning.

There is no significant correlation between the length of service and educational qualifications. This is relevant for two reasons. Firstly, although the role of foster carers has changed over the years, the educational background of those choosing to become foster carers has not changed. Secondly, while the overall level of educational qualifications in Wales has risen, the educational qualifications of the foster care workforce has not.

Figure 8. Length of Service
6. SONS AND DAUGHTERS OF FOSTER CARERS

There has been very little research into the sons and daughters of foster carers and their influence on recruitment, retention, placement stability and placement outcomes. Little is known for sure about how growing up in a fostering household affects the sons and daughters themselves. Common sense, however, suggests that the sons and daughters have an important influence on and in turn are influenced by foster care.

6.1 Age of sons and daughters of foster carers

Very little information was gathered in this research about the sons and daughters of foster carers. The chart below shows the age profile of sons and daughters still under the age of 18. In addition, 17% of foster carers have one or more children aged over 18 who now live away from home. This indicates that people at all stages of family life choose to foster.

Figure 9. Age profile of children (under 18) of foster carers

6.2 Training available to sons and daughters of foster carers

Foster carers were asked whether their sons and daughters had been offered training in their own right. Ten percent of those with children said that their children had been offered training, and 4% said that the children had actually attended training. However, agencies were also asked about provision of training for sons and daughters. Four LAs said they allowed or encouraged sons and daughters to attend the pre-approval training; only two LAs indicated that they provide any training targeted specifically at the sons and daughters. This suggests that the offers of training were largely offers to attend training designed for their parents’ role as approved foster carers, not for their situation within the fostering household.
By contrast, three IFPs provide training and two more are holding consultations with sons and daughters of foster carers to determine what training they would like to receive and how they would like it delivered.

6.3 Support groups for sons and daughters of foster carers
When support groups for sons and daughters are considered, the difference between LAs and IFPs is more marked. Seven IFPs run support groups and one is in the process of setting up a support group (the 9th does not have enough sons and daughters of foster carers to make a viable group). Two LAs run support groups; in addition, one is reviewing the situation and one is hoping to restart a group. One LA and four IFPs consult with sons and daughters of foster carers when evaluating their service or as part of statutory reviews.

This is an area that requires urgent action. Further research is also needed both into the impact of sons and daughters of foster carers on the fostered child’s experience and the impact of being part of a fostering household on the sons and daughters themselves.
7. TERMS AND CONDITIONS FOR FOSTER CARERS

7.1 Status of foster carers
Foster carers are not employees and therefore do not have the protection of employment law. For the vast majority, their status sits somewhere between volunteers and self-employed. Terms and conditions are not always laid out as clearly as would be expected if the foster carers were employees. The terms and conditions of foster carers are determined by the agency for whom they foster and, for some, the specialist scheme in which they work. This has given rise to a level of variation around Wales unparalleled in the social care workforce.

The National Minimum Standards (2003) outline what foster carers should be able to expect from their LA or IFP. As yet, this is not the experience of many foster carers in Wales.

7.2 Written information provided to foster carers

The questions relating to this section were only asked of the LAs.

Ten LAs provide foster carers with an agency handbook. A further nine LAs are in the process of revising, drafting or producing an up-to-date handbook. Ten LAs provide written information about children’s advocacy services; an additional LA provides information through its field social workers at the time a child is placed. Eleven LAs provide foster carers with a written copy of the standards that the agency expects of the foster carers. One LA provides training on standards and foster carers who attend are given handouts. Ten LAs have given their foster carers a copy of the UK National Standards in Foster Care. To date, six LAs have provided their foster carers with written information about the National Minimum Standards; a further five LAs intend to soon.

Where LAs pay for individual memberships for the Fostering Network, foster carers receive Fostering Network leaflets on a range of topics. Other additional written information given by LAs and IFPs included:

- Use of over-the-counter medication
- Policies, procedures and guidance
- Statement of purpose
- Foster care agreement
- Child protection procedures
- General information about fostering
- Safe caring information
- List of allowances
- Complaints procedure

The range of information provided by a LA went from nothing other than the statement of purpose through to a handbook plus additional information. Only one LA referred to giving foster carers a copy of the complaints procedure and only one LA referred to giving foster carers copies of policies, procedures and guidance. Seven LAs gave no written information at all to their foster carers about the standards that foster carers are expected to meet.

7.3 Allowances
The purpose of the fostering allowance is to meet the cost of looking after the fostered child. This is distinct from payments made to some foster carers as a fee for their time.

For a child aged 11-15, the weekly minimum allowance recommended by the Fostering Network is £149.94. The actual range of weekly allowances for a child aged 11-15 given by LAs across Wales is £99 to £169. The range of allowances given by IFPs is £149.94 to £369 (although with some IFPs,
certain specialist types of placement receive a higher allowance). Two of the three IFPs with an allowance of £149.94 also pay a fee; the other IFP gives an additional daily payment to cover any extra costs. The remaining six IFPs do not make a separate additional payment as a fee.

In addition to the basic weekly allowance, all LAs have circumstances under which additional expenses can be reimbursed. Some of these additional expenses are automatic and some are discretionary. Not all LAs provide foster carers with clear guidelines of eligibility for additional expenses to be reimbursed. Overall there is no significant pattern to correlate basic weekly allowance with the extent two which additional expenses are met. However, two LAs at the bottom end of the weekly allowance scale also described comparatively low levels of additional expenses; one LA at the highest end of the weekly allowance scale also described the most extensive list of additional expenses. This serves to increase the disparity between carers receiving the highest and lowest allowances to cover costs.

Two capital expenses frequently raised by foster carers are the need for additional space in the home and the need for a larger car. Eight LAs have offered assistance with extensions or loft conversions; one LA provides a clearly laid out scheme, including eligibility criteria. Different LAs offer assistance in a range of ways including grants, loans and leasing back the additional room. Many foster carers are in the situation of having more than five members of their household due to their fostering work. Nine LAs do not provide any assistance to foster carers in this position. Two provide assistance rarely. Help from the remaining LAs ranges from paying for car hire for holidays through to help with purchasing people carriers. For example, one LA provides low cost loans; one LA pays the balance when a foster carer replaces their standard car with a larger car; one LA has a pool of people carriers that are shared among the foster carers who need access to a larger car. Two IFPs would consider a loan for a home extension and also provide a people carrier for the duration of the placement if essential. One IFP would negotiate with the LA to provide help with an extension or larger car.

7.4 Foster carers’ perception of whether the allowance is adequate

Foster carers were asked to say whether the allowance they receive is adequate. For two providers, both IFPs, all carers responding said that the allowance was adequate. For the other providers, a ratio between adequate and inadequate was calculated (a score of 1 means half the foster carers think the allowance is adequate; the higher the score, the more foster carers think the allowance is adequate). The range of ratios for IFPs was 2 to 3. One LA had a ratio of 7. This is a LA that significantly raised its allowance to the Fostering Network minimum recommended allowance approximately a month before the questionnaires were posted. The other LAs have ratios of 0.2 to 0.86. When weekly allowance and additional allowances are considered together, most ratios can be explained in terms of the actual money received by foster carers. Two anomalies (one higher and one lower than expected) can be explained by recent local issues over allowances.

7.5 Fees

Two IFPs and 16 LAs have fee-paid schemes covering some or all of their foster carers. The level of fee ranges from £50 to £236.67 per week per placement (IFP range, £100 to £200). It is notable that the existence of fee-paying schemes and also the level of fee is clustered rather than evenly distributed around Wales. For Wales as a whole, there is little apparent correlation between the proximity of an IFP and the level of fee paid by the LA, although there are individual LAs that deliberately provide a combined allowance and fee package to compete with IFP financial packages.

Fees are often linked to additional tasks, for example involvement in training or buddying, or types of placement, for example remand fostering. Only two schemes are directly linked to the child’s needs. One LA links the fee to studying for or achievement of the NVQ. Most schemes use a banding system; schemes differ in how foster carers can progress from one band to the next, but most commonly it is linked to the annual review process.

One south Wales LA has a salaried foster carers scheme; two North Wales LAs and one North Wales IFP are currently considering or developing such schemes.
7.6 Insurance

Foster carers are not employees and therefore are not automatically entitled to the same insurance cover as employees of the agency. This leaves them in a potentially vulnerable situation. Most foster carers do not think about insurance until an incident occurs; unfortunately this research suggests that many LAs are themselves unclear about the exact insurance cover provided to their foster carers.

Agencies were asked about insurance for:

- Injury to fostered child
- Injury to foster carer/own children
- Injury to third party
- Malicious damage
- Public liability
- Theft of carer’s property
- Professional indemnity
- Legal expenses

Six IFPs and three LAs believe that they provide all these types of insurance. No IFPs and 10 LAs didn’t know what insurance cover was in place for foster carers.

Agencies were not asked directly whether foster carers were expected to try to claim on their personal insurance before they could present their claim to the agency. However, respondents were asked whether they reimburse any extra insurance cost charged because of fostering activities; two LAs and four IFPs said this was unlikely to arise because carers were not expected to claim on their own insurance. Of the other agencies, five LAs and three IFPs would meet any additional costs (and one has an agreement with an insurer who can provide low-cost personal insurance to foster carers). Five LAs and one IFP said such a request had never arisen. One LA additionally makes good the additional cost if a foster carer loses their motor insurance no-claims bonus as a result of an incident related to fostering.

8 RECRUITMENT

8.1 Net gain in 2002-2003
Overall, LAs recruited 234 new foster families and lost 188 foster families (data from 21 LAs). IFPs recruited 86 new families and lost 17 families (data from 8 IFPs). This gives a total net gain throughout Wales of 115 families. This amounts to almost 6% growth in the total fostering pool over the last year.

8.2 Targets for recruitment
Twelve LAs and four IFPs have specific targets for recruitment in the coming year. LAs were also asked if they had an ideal total number of foster families or foster placements. Nine LAs have either a target number or a target percentage in relation to children needing placement (i.e. foster families equalling 100%, 125% or 150% of the number of children needing placement). Several commented that it was not possible to have an ideal target number because the number of looked after children had been increasing and they did not know whether this trend would continue.

8.3 Recruitment or transfer?
There has been discussion about the extent to which foster carers transfer between LAs/IFPs and the extent to which foster carers are recruited who are totally new to fostering. While transfer may affect local service provision, it does not affect the overall capacity of Wales to meet the need for fostering placements. To increase capacity, ex-foster carers need to be encouraged to return to fostering and people who are totally new to fostering need to be recruited.
Of the families recruited by IFPs:

- 74% had never fostered before
- 4% had fostered in the past
- 22% moved to the IFP direct from another provider.

If one of the IFPs more recently started in Wales is removed from the calculation, the percentages become:
- 92% had never fostered before
- 6% had fostered in the past
- 2% moved to the IFP direct from another provider.

By comparison, of the families recruited by LAs:
- 91% had never fostered before
- 5% had fostered in the past
- 4% moved to the LA direct from another provider.

8.4 Variation in recruitment levels

The all-Wales figures given in 8.1 mask a great variation in recruitment. One LA chose not to recruit foster carers last year due to serious staff shortages which meant that, even if assessments were outsourced, there would be no adequate support or supervision for new foster carers. By contrast, in another LA, 40% of the current carers were recruited in the last year (many of these being the approval of relative foster carers).

Figure 10
% of current carers in each local authority who were recruited in the last year
In IFPs, the percentage of current carers who were recruited in the last year varied from 100% to 15%, roughly correlated to how long the IFP has been operating in Wales.

8.5 Recruitment processes

8.5.1 Overview
Recruitment process information was provided by 19 LAs (two of the others are revamping their system). The usual first contact is still a phone call from an enquirer. In 13 LAs initial information is taken over the phone. An information pack is sent out by 16 LAs. Seventeen LAs have a standard enquiry form either contained in the information pack or completed over the phone. Most of the LAs carry out an initial visit; two information evenings and carry out an initial visit only if the enquirer wishes to proceed after the information evening. One runs a two-day induction for those expressing interest. Most commonly, a formal application form and CRB forms are completed only after the initial visit. In most LAs, allocation of a social worker to carry out the assessment occurs after a formal application has been received; this is usually after the initial visit. In two this does not happen until after the applicant has completed the training course. In one it happens after CRB and other checks have been returned. The order of training, assessment and checks is varied. In general, checks are initiated at early in the process, ranging from before the first initial visit to after the formal application form has been returned. One LA does not carry out checks until after the training; another requires checks before the applicant can attend training.

8.5.2 Pre-approval training
Training, almost always using “Choosing to Foster”, is scheduled twice or three times a year by most LAs. Some LAs will ask neighbouring LAs or IFPs if applicants can attend their training course rather than delay the application until the next in-house course. Only one LA does not insist that the training course is completed before the applicant is approved by the fostering panel. In seven LAs, training must be completed before the assessment begins. In the others, they either run concurrently or there is no fixed order.
8.5.3 Potential hold-up points
The main potential hold-up points are:

- Waiting for training and/or induction (10 LAs)
- Allocating assessments (9 LAs)
- CRB checks\* (8 LAs)
- Medicals (4 LAs)
- Reports from other LAs (3 LAs)
- Staffing levels (2 LAs)
- Availability of applicants in office hours (1 LA)
- Family circumstances of the applicant (1 LA)
- Missing the monthly panel (1 LA)

\*Hold-ups caused by CRB checks are often due to applicants not having photographic documentation or internal delays in verifying information.

8.6 Strategies for recruitment suggested by foster carers

There has been considerable work on improving recruitment of foster carers, but it seemed timely to ask the foster carers themselves for suggestions on how to improve recruitment.

Figure 12. Strategies for recruitment suggested by foster carers.

The next section considers retention.
9. RETENTION OF FOSTER CARERS

9.1 Loss of foster carers
Eighty-five percent of foster carers from LAs and 76% from IFPs who leave a fostering service provider give up fostering completely. Some give up because of age, health or change of family circumstances. A few are deregistered after allegations of abuse, complaints of poor practice or unwillingness to conform to current standards. Two LAs said that unwillingness to conform to current standards was the major reason for loss of carers of the last couple of years. This still leaves a significant number of foster carers whose loss is potentially preventable.

9.2 Exit interviews
One method of monitoring reasons for carers leaving is an exit interview. This not only gives an opportunity for closure for all parties, it also allows the provider to identify any trends affecting retention. Currently only four LAs and four IFPs routinely carry out formal exit interviews.

9.3 Retention of foster carers: team managers’ perspective
Respondents were asked to list the main factors that they thought affect retention (whether positively or negatively). The issues were:

Support
- Support from supervising social workers (16 LAs, 5 IFPs)
- Events to recognise foster carers’ work (4 LAs, 1 IFP)
- Stable family placement team (2 LAs, 0 IFPs)
- Peer support (2 LAs, 1 IFP)
- Out of hours support (1 LA, 0 IFPs)
- Respite (1 LA, 1 IFP)
- Counsellor (0 LAs, 1 IFP)

Placement issues
- Allowances and fees (including financial administration) (10 LAs, 3 IFPs)
- Field social workers (ability to meet child’s needs and attitude to foster carers) (8 LAs, 0 IFPs)
- No break between placements, so carers get burned out (2 LAs, 0 IFPs)
- Degree of intrusion into family life (0 LAs, 1 IFP)

Management/practice issues
- Loyalty to local staff or local authority (5 LAs, 0 IFPs)
- Management of allegations & complaints (3 LAs, 0 IFPs)
- Deregistration of sub-standard carers (2 LAs, 1 IFP)
- Communication with higher management (1 LA, 0 IFPs)
- Training and chance for personal development (1 LA, 1 IFP)
- High quality initial assessment (0 LAs, 1 IFP)

Other
- Women working (1 LA, 0 IFPs)
- Family circumstances (1 LA, 0 IFPs)

9.4 Retention of foster carers: foster carers’ perspective
Foster carers were asked for suggestions of how to improve retention. The responses were then post-coded. Three aspects stood out far beyond the others:
- Support (including general comments on respite)
- Money/equipment
- Being listened to/valued/respect

Typical comments were:
“More available support, particularly out of hours”
“Listen to worries, not just say ‘you'll be alright’”
“Respite to be offered for carers to have a break”
“Don’t pressurise into inappropriate placements”
“Educate the professionals what our role is”
“A real working partnership, not just worthless words”
“Not to have to beg for things”
“Reimbursement for damage to carer’s home & possessions”
“A salary so people can join the workforce (not just work hard & get benefits)”
“Either pay carers so they can give up work or enable fostering to work around the work commitments”

“Financial constraints - it's hard for officials on £30k to imagine caring a child on £102 a week”
“Give an allowance that reflects real costs”
“Consider foster carers own families, not just foster children”
“Create an ethos of full & valid partnership within social work professionals”

Figure 13. Ways to promote retention of foster carers.

Support is clearly a key element to retention.

9.5 Best aspects of fostering: foster carers’ perspective

Foster carers were asked about the best aspects of fostering for their agency. The answers were then post-coded. A total of 1,278 reasons were given, with 31% of foster carers leaving this question blank. Figure 14 below shows the results. The most common reasons were personal ones such as:
“Giving the children the belief they are worthy of love & care”
“Excitement when they achieve something they didn’t expect to”

Figure 14  Best things about fostering for your agency.

9.5.1 Support
Support in that was appreciated included:
“Group meetings”
“Knowing the person on the other end of the phone when you need help”
“Very good 24 hour support system”
“Good support network from other carers”

9.5.2 Supervising Social Workers
Certain qualities and actions were commonly cited for good supervising social workers:
- Diligent
- Supportive
- Reliable
- Frequent visits
- Listening to foster carers
- Stability of the family placement team

9.5.3 Being valued
Being treated as part of the team, being valued and respected, good communication and being treated like a fellow professional are all central issues to foster carers (as shown from responses on factors affecting retention). However, even when combined they only made up 8% of the responses for the best things about the agency. Typical comments included:

Suggestions made
“Treated as fellow-professionals”
“Always ready to listen”
“Good communication with social workers”

“Co-working”
“Good back-up system”

9.5.4 Training
Features appreciated about training included:
- Availability
- Range
- Personal development opportunities and NVQ
- Flexibility
- Quality and usefulness
- Help to attend training

9.5.5 Social workers
Comments on social workers (either field or not specified) included:
“Most of the social workers are great”
“Good back-up from my social workers”
“Social workers are friendly and approachable”
“Working with dedicated, sensible social workers who appreciate how difficult this job can be”
“Children’s social workers try their best under extremely difficult circumstances”

9.5.6 Placement issues
Comments on placement issues covered a wide range, including:
“Children’s best interests are always no. 1”
“They make sure the foster child fits our family”
“Children are kept in contact with family when possible”
“The choice to say ‘no’ to a placement”

9.5.7 Other best things
Other comments that represented the views of a number of carers were:
“We receive all the help we need”
“There’s always someone on the end of the phone”
“Well organised, professional outfit”
“Being involved in policy and decision making”
“Frank exchange of views through the foster care forum”
“Working with local children”
“Regular payments”
“Reimbursed for damaged property”
“They are quick to resolve problems”

9.6 Worst things about fostering: foster carers’ perspective
Many similar issues arise in the lists of things carers find worst about fostering for their agency. The key themes of support, social workers and being treated as part of the team/valued/respected all re-appear. Other issues appear for the first time, implying that although they are important they are rarely dealt with to the carers’ satisfaction, notably services for the children and paperwork. There are a total of 1,179 items listed for worst things about your agency (compared to 1,278 best); 24% of carers left this section blank (compared to 31% best).
In this section, being treated as part of the team, attitude of social workers and communication have been presented as separate sections due to their volume. For comparison, this cluster made up 8% of the positive comments and 31% of the negative comments.

The results are shown in figure 15 below.

Figure 15. Worst things about fostering for you agency

9.6.1. Communication and Information
Communication and information issues included:
- Lack of communication
- Phone calls not returned
- Not listening to the children
- Inadequate information
- Information being withheld

The frustration of many foster carers is summed up in the comment, “Sometimes we feel we are the last to know about children”.

9.6.2 Quality of social workers
The quality and attitude of social workers is the cluster of responses that seems to contain the strongest feelings from foster carers:
“Social workers don’t listen to us foster carers”
“Lack of respect for foster carers”
“Failure to recognise our skills”
“Working with social workers who appear to have no common sense”
“Social workers making decisions without consulting the foster carers”
“Always late for appointments”
“Disregard for foster carers’ private life”
“They sweep things under the carpet”
“Lack of concern when the child was critically ill”
“They are all talk and no action”
“Social workers are not following through what they said they'd do; they are not reliable”
“What do you expect from overworked and stressed social workers?”

9.6.3 Support
Support provided 14% of positive comments and 16% of negative comments, showing that it is one of the most important issues to foster carers and that opinion is fairly evenly divided about whether support is one of the best or worst things. Five LAs had more negative than positive comments (positive: negative ratio of 0.4 to 0.9); two had equal numbers; 15 had more positive than negative comments (ratio of 1.1 to 6). Comments on support were received from five IFPs; two had a ratio of 2.3 to 4 and the other three only had positive comments.

Typical issues were:
- Out of hours service
- Quality of support
- Lack of support from field social workers
- Lack of support from family placement teams
- Lack of respite
- Lack of group meetings
- Getting hold of a social worker in an emergency
- Not getting phone calls returned

9.6.4 Equipment and finance
Equipment and finance gave rise to a range of issues, including:
- Poor quality equipment
- Waiting months for equipment
- Allowances that don’t cover expenses
- Poor financial reward
- Inequality between providers with respect to allowances and fees
- Dissatisfaction with the structure or implementation of fee-paid schemes
- Promises not being kept
- Not having clear information on additional allowances
- Feeling guilty or as if begging when asking for money to meet additional costs
- No pension

The feelings of many foster carers are summed up in the comment:
“The payment system isn't fair - those who shout loudest or have a good children’s social worker get most”

9.7 Allegations and complaints
Allegations and complaints have two impacts on retention of foster carers. One is where allegations, complaints or unwillingness to meet standards has resulted in the foster carer being deregistered by the provider. The other impact is where a foster carer has decided to resign after an allegation or complaint even though the provider would have been happy for them to continue fostering.
9.7.1 Statistics
Within this research, only the views of those still fostering have been gathered. It must be remembered that these are foster carers against whom there was no evidence to support the allegation of abuse. Bearing in mind that an unknown number of foster carers are deregistered or resign after an allegation or complaint, the figures given here are almost certainly just the tip of the iceberg.

**Women:**
- 10.3% have had an allegation of abuse against them
- 3.9% have had a complaint of poor practice against them
- 1.1% have had both an allegation and a complaint against them

**Men:**
- 9.5% have had an allegation of abuse against them
- 2.1% have had a complaint of poor practice against them
- 0.4% have had both an allegation and a complaint against them

9.7.2 Satisfaction with complaints and allegations procedures
Anecdotally, one of the main reasons that foster carers resign after an allegation or complaint against them is their dissatisfaction with how the process is managed. Foster carers were asked about their satisfaction with allegation and complaints procedures. Satisfaction was greater among those who have not had cause to use the procedures; for those with personal experience, the level of satisfaction dropped significantly:

- 86% satisfaction with allegations procedure – no personal experience
- 58% satisfaction with allegations procedure – personal experience
- 80% satisfaction with complaints procedure – no personal experience
- 50% satisfaction with complaints procedure – personal experience

9.7.3 Support
Support is a key element in the process for almost all foster carers. The specific issue of support after an allegation of abuse is dealt with in the section on support and supervision.
10.1 Attendance at training
Training is essential for a quality foster care service. However, over the last year, 41% of fostering households were not represented at training. This raises a number of serious concerns about attitudes to training, the quality of training and the accessibility of training.

The only significant link between educational attainment of the foster carer and attendance at training is where the foster carer(s) have no educational qualifications. For these households, 48% were unrepresented at training in the last year.

10.2 Barriers to training: foster carers' perspective
Foster carers' perceptions of barriers to training are varied. Foster carers were given nine possible answers, plus the general category of “other”. “Other” reasons include:

- Disability
- Distance
- Do similar training as part of other work
- Family commitments
- No courses available

For carers with no educational qualifications, transport becomes a much bigger barrier. This suggests that particular care needs to be paid to providing transport for this group of foster carers if the percentage of carers attending training is to be increased.

(See charts following).

Figure 16. Barriers to training
10.3 Difficulties securing attendance: LA/IFP perspective
One IFP and 19 LAs reported difficulties in securing adequate attendance at training despite a range of incentives and attempts to overcome barriers. There was no significant difference in the methods used to overcome barriers between those agencies that had difficulties securing attendance and those that didn’t. The most significant difference was whether foster carers were told that training was compulsory; the second largest difference was whether attendance at training was linked to financial benefits. In 20 LAs pre-approval training, usually the Fostering Network course “Choosing to Foster”, is compulsory. Nine LAs have additional compulsory post-approval training although being labelled compulsory does not always appear to ensure that all foster carers, or even all fostering households, attend. Most commonly the compulsory course is safe caring or child protection. IFPs have a higher number of compulsory courses and these tend to include a number of core courses plus any courses identified as necessary in an individual’s annual review.

10.4 Use of foster carers as trainers
All IFPs and 20 LAs use foster carers as trainers or co-trainers. Most commonly this is for the pre-approval training. Other examples included co-training on courses about foster care for field social workers, safe caring and NVQ training.

10.5 Training received by foster carers
Foster carers were asked to indicate which of a list of 31 topics they had received training on. They were also free to list additional topics on which they had received training. Of the 89 topics added by respondents, the most common were:

<table>
<thead>
<tr>
<th>Table 8 Most frequently occurring additional training courses</th>
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<tbody>
<tr>
<td>HIV and AIDS</td>
</tr>
<tr>
<td>Attachment/separation &amp; loss</td>
</tr>
<tr>
<td>Caring for black children</td>
</tr>
<tr>
<td>Mental health</td>
</tr>
<tr>
<td>Counselling</td>
</tr>
<tr>
<td>National Standards</td>
</tr>
<tr>
<td>Self harm</td>
</tr>
<tr>
<td>Caring for a traumatised child</td>
</tr>
</tbody>
</table>
Figure 18. Households attending training: course listed on questionnaire

The training data would benefit from further analysis, in particular the cross-links between training and foster carer characteristics; safe caring training and allegations against foster carers; variation between agencies in attendance at training and areas where carers want to receive training.

10.6 NVQ

The NVQ level 3, Caring for Children and Young People, is the standard qualification for foster carers.

Of foster carers who responded, 7.6% have completed the NVQ, including 0.5% who are now assessing other foster carers. A further 14.8% are currently doing the NVQ. Almost a fifth of respondents (17.9%) said that the NVQ was not currently available to them.

11 SUPPORT AND SUPERVISION

11.1 Supervision and caseload

Supervision of foster carers is required under the National Minimum Standards. The ability to provide supervision is related to the caseload carried by each supervising social worker. Managers were asked what was a reasonable caseload for a supervising social worker and then asked about the actual caseload. In 20 local authorities, the actual caseload was higher than that considered reasonable by
the manager. By contrast, the actual caseload was higher than that considered reasonable by the manager in only one of the nine independent fostering providers. This has obvious implications for the level of support and supervision that can be provided.

All independent fostering providers and 19 local authorities provide a named supervising social worker for all foster carers. Three local authorities do not provide a named supervising social worker for all relative foster carers; one does not provide a named supervision social worker for all mainstream foster carers.

The frequency and method of supervision is described above in section 3.12.

11.2 Respite for foster carers
In theory, all IFPs and LAs can provide respite for foster carers when they or their families are struggling. Many said that, in practice, it was difficult to provide respite whenever it was required. One LA and three IFPs said foster carers had an annual entitlement to respite as part of their terms and conditions. In some instances, self-organisation of respite by the foster carer was encouraged. In theory, all IFPs and LAs would provide respite for a child if that child needed time out from the placement. One IFP and two LAs said this was not something they had come across; one IFP is developing a volunteer service and others use support workers to provide time out on a planned or emergency basis (although this does not include overnight stays). Respite (overnight stays and other forms of time out) was one of the most common suggestions from foster carers to reduce the placement breakdown rate. Respite also featured highly in foster carers’ feelings about their agency and their suggestions to increase the rate of retention of foster carers.

11.3 Out of hours support
There is a significant difference between LAs and IFPs in the nature of support available outside office hours. All LA foster carers have access to the generic emergency duty team. In one LA they have access to mentors; two LAs have some form of evening telephone support (one formal, one informal) and two have a 24 hour, 7 day a week telephone support service (in one case run by the foster carers themselves). Two LAs are developing new services, one a phone service and the other based around the residential facility. One LA uses a rapid response team to support foster carers, one uses the residential service to support foster carers and another phones pro-actively if there has been a new placement. Unofficially, a number of supervising social workers give their home phone number to some or all of the foster carers on their caseload; the official attitude from the LA varies on the acceptability of this. By contrast, eight of the IFPs offer 24 hour, 7 day a week telephone support and seven IFPs, where necessary, provide face-to-face support. The ninth IFP is formalising its current arrangements in Autumn 2003. One IFP commented that good day support reduced the need for out of hours support.

11.4 Mentoring and buddying
Two LAs have a formal functional mentoring scheme of which one involves pairing experienced and newly-approved foster carers; another LA has a mentoring scheme but as yet few carers have been made aware of it. Five LAs have an informal system. Six LAs are considering or currently developing schemes. Five IFPs have an informal mentoring system. One IFP is currently setting a scheme up. The other three IFPs do not use a mentoring system; in one IFP a foster carer having difficulties would have two supervising social workers co-working with them; one IFP commented that mentoring is “no substitute for good supervising social worker support”.

11.5 Support groups and foster care associations
Regular support groups exist in 12 LAs and 8 IFPs. Two LAs and 1 IFP are in the process of setting up regular support groups. One LA runs focus groups and one has groups that meet on an ad hoc basis. Thirteen LAs have a foster care association (voluntary organisation run by foster carers to benefit all members of the fostering household); of these seven are in LAs that don’t have regular support groups. This leaves three LAs with neither a support group nor foster care association.

11.6 Other forms of support
A range of additional forms of support were described by agencies:

- Get in consultants if needed
- Speak to birth children in supervision
- Holidays (e.g. PGL)
- Social events
- Home care/sessional workers
- Day care if child excluded
- Website

11.7 Support during and after an allegation of abuse
Support during and after an allegation of abuse is an issue that most agencies acknowledged caused some unease. When LAs were asked early in the interview about theoretical responsibility for providing support, 19 LAs said they used the team, of which 14 LAs did not mention using an independent person as well or instead; three said they routinely purchase independent support.

Towards the end of the interview, LAs were asked about who provides support in practice:

- No-one (1 LA)
- Long-armed support (1 LA)
- Supervising social worker if minor, “nothing sorted” for more serious allegations (1 LA)
- Supervising social worker alone (4 LAs)
- Foster carer can request independent support (4 LAs)
- Choice of supervising social worker or other person (3 LAs)
- If the team thinks it necessary, will look for independent support (2 LAs)
- Member of family placement team other than own supervising social worker (2 LAs)
- Referred to Fostering Network helpline (5 LAs)
- Independent agency (1 LA)
- LA counselling services (2 LAs)
- Other foster carers (2 LAs)

The picture with IFPs is similar:

- Supervising social worker (2 IFPs)
- Supervising social worker or manager (2 IFPs)
- Agency brings in independent person if carer in conflict with agency (1 IFP)
- Offer or guide to independent support if needed (1 IFP)
- Supervising social worker and counsellor (2 IFPs)
- Supervising social worker, other person in the organisation or independent person (1 IFP)
12 RELATIVE FOSTER CARERS

12.1 Statistics
In the past, LAs were not always clear about the similarities between relative foster care and other forms of foster care, nor the differences between relative foster care and informal relative care. In the past few years the situation has largely been clarified. Only figures for approve relative foster carers were collected. These range from 6% to 36% of the total number of foster carers in a LA. This could mean that some LAs differ considerably in how actively they look to relatives to care for a child, or it could reflect different practices in deciding whether a relative is approved as a foster carer or supported to provide care informally. Without data on the number of families providing informal relative care it is not possible to say which hypothesis (if either) is correct for any given LA.

12.2 Formal or informal arrangements?
LAs were asked how it was decided whether care should be informal care or foster care. The most common reason given was legal requirements (e.g. that a child on a care order needed to be placed with approved foster carers). An alternative reason given was a decision about whether the child needed to be looked after in order to ensure that his/her needs were met. In some LAs, approval is used to access more adequate financial support.

12.3 Distinctions between relative and non-relative foster carers
Three LAs said that historically there had been distinctions between relative and non-relative foster carers, but now there were not. Two LAs said that they gave lower allowances to relative foster carers; six LAs did not include relatives in fee-paid schemes.

Two LAs provide different training for relative foster carers; four LAs provide less training and two LAs provide no training for relative foster carers. Where relative foster carers are invited to training, attendance tends to be low. In two LAs (ones that do provide training) there is a different type or quantity of supervision for relative compared to non-relative foster carers. Three have a different assessment process.

LAs were asked whether any standards were relaxed for relative foster carers. For some LAs there is a clear gap between the theoretical position whereby standards “shouldn’t really” be relaxed and the practicality of working in a system where children were already living with the carers before the assessment process starts. Others made the point that with relative foster carers you are assessing their ability to meet the specific needs of one specific child, not their ability to meet the types of needs presented by fostered children in general. A number talked about the need to balance the positives of supporting existing attachments against deficits that would mean they would not be approved if they applied to be a non-relative foster carer. Eight said there were situations when they had decided the needs of the child to remain with a known person outweighed the carer’s weaknesses. Four said they would be willing to relax health requirements, eight would be willing to relax physical requirements (e.g. space) and one would be willing to relax requirements relating to supervision of the child. One would not relax standards for approval as foster carers but might look for alternative frameworks within which the person could care for the child (e.g. residence order). Two said they had used conditional or temporary approvals when there had been concerns about the ability of the carer to meet required standards but the statutory framework meant either the child had to be moved or the carer had to be approved.

Eleven LAs have provision for additional social work support to help relative foster carers meet the needs of a child. Six offer extra training to help relative foster carers and seven use other additional services to help support the foster carer and child.

12.4 Challenges in implementing standards for relative foster carers
The overwhelming picture is of a clearer conceptual framework emerging in LAs in relation to relative foster carers, but significant difficulties in applying that framework. The main difficulties appear to be:
• Children already settled before family placement team is requested to begin assessment
• Court orders resulting in the carer having to be approved as a foster carer to avoid the child having to be moved
• The need for freedom to assess the carer’s ability to meet the needs of a particular child, rather than needing to assess using the same standards required for general foster carers

13. KEY FINDINGS

13.1 Variation in Service
The data in this report is provided in an aggregated form which does not identify different agencies. This means that variation between agencies is masked. In fact, it is clear that some agencies (e.g. a particular local authority) are, in fact, performing much more successfully on a number of indicators than another. Of course, even agencies which are generally struggling to provide a good service may have areas of strength - just as agencies which perform well across a range of indicators have areas of weakness. Nevertheless, it is clear that there is a wide variation in the quality of fostering service provided across Wales.

There is also a noticeable variation in performance between the local authority sector and the independent sector in some of the issues raised below. Such comparisons simply report the research findings – they make no value judgement about one sector over another. Neither does the research seek to give explanations for these differences. Indeed, it is important to remember that the research does not look at the relative resources available to the different sectors, although local authorities report that placements in the independent sector are expensive relative to the cost of in-house placements. Some authorities have stated that funding such placements reduces the resources available to their own service. The differences found would be worthy of further study - the emergence of this sector in Wales over the last few years is likely to have significant implications for the future of the foster care service.

13.2 The impact of size
Only the larger local authorities showed a significant variety of specialisation of task within the foster care service. In most authorities this means that tasks such as marketing are being done by qualified social workers as part of their overall job. This creates the dual problem of taking away scarce, qualified social workers from their core tasks and of specialist tasks being done by people without the specialist skills to do them. It can also mean that many tasks are ‘everyone’s’ responsibility with the concomitant risk that they are done by nobody.

13.3 Management of Information
Most local authorities in Wales have some difficulty in storing and retrieving the information they need in order to manage their fostering service. A great deal of knowledge is carried by workers or on paper systems which make it difficult to aggregate. Few local authorities can use their information systems for matching, to monitor outcomes, to give a profile of their carers or to provide information about the incidence of complaints or allegations. The systems of the independent providers are much more likely to be able to provide this information and there are a small number of local authorities which also have such comprehensive systems, allowing them to be used with confidence in reviewing and planning their services.

13.4 Workforce
The foster care service in Wales is suffering from a shortage of labour. The majority of local authorities are carrying vacancies in their family placement teams and find it difficult to recruit to these vacancies. Even the independent sector (where these difficulties are often thought to be less acute due to better pay and conditions) is reporting some difficulty. Coupled with this shortage of salaried staff is the shortage of foster carers. Every local authority reported difficulty in offering placements to certain groups at certain times. Again, this shortage is beginning to extend to the independent sector.
Although they report less difficulty in recruiting foster carers, independent providers have fewer vacancies than in the past. This suggests that the system is ‘silting up’. Local authorities have been using independent providers as ‘placements of last resort’. Many of these were made on an emergency, short term basis but have become longer term. Even with the expansion of agencies, fewer vacancies now exist to provide for the next tranche of placements which can not be provided in-house.

Whilst largely outside the scope of this research, it can also be seen that the shortage of child care social workers is having an attendant effect on the fostering service in Wales. Foster carers comment that children and young people are not receiving the service they need and that this leads to frustration, to stress on the placement and even to placement breakdown. Family placement workers report that they find themselves undertaking tasks which are not their responsibility.

13.5 Services to children and young people

Since this research was concentrating on the organisation of foster care and the profile of foster carers, the service received by children was not specifically explored. Nevertheless, some themes emerged. In most parts of Wales, foster care is the ‘default’ service for young people in public care. That is, once the decision has been made that a child needs to be ‘looked after’ the standard approach is to seek an in-house foster placement. There seems to be considerable variation in the extent to which family and friends are explored as the first option for such a placement but only if no suitable in-house foster placement is available are other options considered. Prior to this decision being taken, families in some authorities have access to a wide range of specific services aimed at reducing the need for children to become looked after; in other authorities it appears that there are far fewer differentiated services and higher dependence on more general social work provision.

In addition to the social work issues raised above, education and health services are crucial to the outcomes for young people. It is clear from respondents that children have benefited from additional health and education input funded through the Children First programme. The provision of mental health services for children and young people is much more problematic with some fostering agencies, particularly in the independent sector, attempting to fill this gap by the provision of in-house therapeutic services.

13.6 Support to carers

Support to carers is made up of a number of elements. Carers themselves highlight financial support, supervision (including ‘out of hours’ provision) and partnership as particularly important.

The variation between local authorities is marked when it comes to matters of money. Some authorities have low allowances, a low incidence of additional payments and low fees. Some have higher allowances coupled with a fee paying scheme. Most local authority foster carers in Wales receive no fee for fostering and believe that their allowances leave them out of pocket. This is in marked contrast to the independent sector where the majority of foster carers believe that their allowances are adequate.

The provision of insurance is a particular area of support which is often overlooked and where foster carers and their families can be particularly vulnerable because of their lack of employment status.

The pattern of supervision of foster carers reveals differing standards from weekly supervision to having no named Supervising Social Worker at all. Independent Fostering Providers are more likely to be offering more frequent supervision based on a standard pro forma (which carers report finding helpful) than their local authority counterparts. They are much more likely to offer access to a Supervising Social Worker out of hours. Their Supervising Social Workers are unlikely to have a workload which their managers consider excessive and their teams are less likely to be carrying vacancies.

The other aspect of support raised by foster carers is more nebulous. It is the aspect which has been referred to above as ‘partnership’. It includes respect and recognition as partners in the process of
foster care. Foster carers want to receive good quality information about the young people placed with them. They want this information to be given promptly, preferably before placement to help them decide whether there is a good enough match for the placement to go ahead. They want two-way communication about young people during placements and consultation about practical arrangements. They want a prompt response to difficulties. They want placing authorities to understand and respect their family life. They want to feel that they are listened to and taken seriously as an important part of the foster care team. Many foster carers in Wales do not feel that they are treated in this way at present.

The provision of other aspects of support are also worth noting. Various kinds of groups for foster carers exist in Wales (including support groups, Foster Care Associations, focus groups, group supervision, forums and so on) but some areas offer no such support to their carers.

Support through difficult times when complaints or allegations are made is also important. The new National Minimum Standards require agencies to provide independent support in such situations but only a minority of agencies offer such support routinely in these situations.

Fostering is by its nature an activity which affects the whole family. Few local authorities offer support or training to the sons and daughters of foster carers. The impact of fostering on them is largely unknown and their impact on the placement is similarly uncertain.

13.7 Training and Education

Apart from pre-approval training most local authorities report difficulty in securing attendance at training and a significant proportion of their foster carers have not attended any training in the last year. This is especially so for carers with no educational qualifications. There are some barriers to attendance reported by carers from which agencies can learn (the timing and location of training, child care difficulties, transport and so on). However, the independent fostering providers do not report such problems in securing attendance at training. It may be that to some extent the barriers are addressed through the provision of resources in this sector (such as child care). A further significant factor, however, seems to be that of expectation. Most independent fostering providers regard ongoing training as a requirement rather than an option. Indeed, local authorities also achieve attendance in the one area of training which is almost always compulsory – pre approval training. (Of course, prospective carers do not have the difficulty of arranging child care for fostered children). Local authorities also have more success in achieving attendance where there is a requirement for ongoing training perhaps linked to a fee structure.

As one of the goals of the Children First programme is to achieve improvement in the educational attainment of children in public care, it is an area of concern that some foster carers themselves have low levels of attainment and are not always sustaining their own ongoing development.

This also points to a wider issue of the quality of foster carers, with most local authorities acknowledging that they have some foster carers they would prefer not to use if there were a wider pool to choose from (or whose use they limit because of quality issues). This should not be overstated as it applies to only a small number of foster carers but it is, nevertheless, a significant issue. Several authorities commented that they have recently de-registered a number of carers who do not meet current standards.

13.8 Recruitment and retention

Both sectors (public and independent) have increased their overall number of foster carers in the last year i.e. they have recruited more than they have lost. However, this is more marked in the independent sector. Local authorities often presume that independent fostering providers ‘poach’ their carers – i.e. that foster carers have transferred to the independent sector from local authorities. This research suggests that this presumption is borne out when an independent fostering provider is first setting up in business, with a significant impact on the local authority service in that area (especially as the loss of carers may be combined with a loss of staff to the new provider). However, this does not
appear to be a major factor with established providers. Indeed, more movement of carers was found between different local authorities than between local authorities and established independent fostering providers. Overwhelmingly, in both sectors, recruitment is of people who have no prior experience of fostering.

13.9 Relative foster carers
The research showed that foster care by family and friends is a significant part of the foster care service in Wales. It is also an area which gives rise to some concerns and to conflicting principles. Local authorities wrestle with the need to meet the standards for approval of foster carers and their duty to act in the best interests of children, which might be served by remaining within their extended family even where some standards are compromised. There are also issues around the payment, supervision and training of this group of carers. This is an area which would benefit from some dedicated work.

13.10 Conclusion
The local authority sector provides by far the majority of foster placements in Wales. However, the sector reports considerable difficulty in doing this. It carries workforce vacancies which are difficult to fill. It reports that supervising social workers have too high a workload and that this is compounded by shortfalls in fieldwork services meaning that family placement services can be left trying to fill the gap. Local authorities struggle to meet the costs of realistic allowances for carers and to pay fees which will attract sufficient numbers into the service.

Family placement teams are commonly unable to offer any choice of placement, which means that matching children to particular placements is often out of the question, increasing the likelihood of inappropriate placements and subsequent breakdown. Sometimes some authorities find that they are unable to offer any placement at all. This may result in children being placed with independent providers some distance for their placing authorities. This can create problems in keeping contact with family and friends and can also make contact with fieldwork services more difficult.

Foster carers need to be recruited and retained, supported and trained to provide a quality service for the benefit of children and young people in public care. They need to feel that they are a valued part of the team. There is a long way to go for this to be the experience of the majority of foster carers in Wales.

The aim of the foster care service is to provide high quality, caring environments for children and young people who have experienced difficulties in their families of origin and who often have complex needs. A well resourced, professional foster care service is essential if we are to maximise the chances of successful outcomes for these young people.
Appendix One

Carer Questionnaire
Welcome to the foster carer profile.

The information you give will be kept confidential. The purpose of the address label is to ensure you do not receive a second copy of the questionnaire once you have completed and returned your form. It also allows you to be entered into the prize draw. If you wish to reply anonymously, please remove the sheet of paper with the label – and accept our apologies now for the repeat mailing you will receive.

Part A: Household profile

1 How many people in your household are approved as foster carers?

2 People aged 18 or over living in the household

If more than two adults are approved as a foster carer, please fill in the other carer’s details as “Other adult 1”

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<th>ethnicity</th>
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<th>English</th>
<th>Other</th>
<th>registered disabled</th>
<th>Religion/ denomination</th>
<th>Relationship to carer 1</th>
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<td>Other adult 2</td>
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*Please continue on separate sheet if necessary*
3. People under the age of 18 living in the household

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<th>Religion/ denomination</th>
<th>Birth/step</th>
<th>Adopted</th>
<th>Residence order</th>
<th>Fostered</th>
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Please continue on separate sheet if necessary

4. Do you have other birth or adopted children who do not live with you? (please put number in the box)

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<th>18+</th>
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<td>Question</td>
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<td>What is the main language used at home?</td>
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<td>Does anyone in the household smoke?</td>
<td>Foster carer</td>
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<td>Do you have a car?</td>
<td>Yes</td>
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<td>Do you have a computer</td>
<td>Yes</td>
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<td>If yes, are fostered children allowed to use the computer?</td>
<td>Yes</td>
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<td>Do you have access to the internet at home?</td>
<td>Yes</td>
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<td>If yes, are fostered children allowed access?</td>
<td>Yes</td>
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<td>How many bedrooms do you have?</td>
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- Welsh
  - English
  - Welsh & English
  - Other
- Foster carer
  - Other adult
  - Child
  - No-one
- Yes
  - No
Part B: Foster Carer Profile

Please fill in details for the only or two main foster carers in your household.

11 What is your highest educational qualification?

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<td>GCSE/O-level/NVQ2</td>
<td>A-level/NVQ3</td>
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12 What is your usual occupation or job?

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13 Is the fostering task mostly carried out by:

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<th>Carer 1</th>
<th>Carer 2</th>
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14 Do you currently work outside of fostering?

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<th>Carer 2</th>
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15 How would you describe your health?

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Part C: Fostering career

16 How long have you been approved as a foster carer? ☐ Years ☐ Months

17 Please name the local authority or fostering agency with whom you foster:

18 Please list any previous agencies for whom you have fostered:

19 If you've fostered for more than one agency, what was the main reason(s) for choosing a new agency:
   Please tick all that apply:
   Type of placement/task description ☐
   Clear lines of management and accountability ☐
   Services available for the fostered child ☐
   Support ☐
   Finance ☐
   Being valued as part of the team ☐
   Training and development opportunities ☐
   Dissatisfaction with previous agency ☐
   Other (please specify) ☐

20 Do you foster under a specialist scheme (eg shared/respite care, remand, community placement)? Yes ☐ No ☐

20a If yes, please give the name and brief description of the scheme (if not clear from the name)

21 Do you receive an allowance that, in your opinion, covers the full costs of fostering? Yes ☐ No ☐

22 In addition to the allowance, do you receive any reward, fee or payment for your work? Yes ☐ No ☐
Please tick all types of training you have received. If one course covered more than one topic, tick all topics covered.

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<th>Carer 1</th>
<th>Carer 2</th>
<th>Tick all that were useful</th>
<th>Tick any training you want or need</th>
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<td>Using Looking After Children materials</td>
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<td>Advocacy/children’s rights</td>
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<td>Educational processes (e.g. statementing, exclusion)</td>
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<td>Promoting education (e.g. attendance, SATS, homework)</td>
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<td>Managing contact/working with families</td>
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<td>Working with other professionals</td>
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<td>Recording information/report writing</td>
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<td>Complaints and allegations procedures</td>
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<td>Preparing young people for adult life</td>
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<td>Substance abuse</td>
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<td>Communication aids for disabled children</td>
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<td>Other, please list beside the table</td>
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</table>
24 Have you attended training in the last year?
Carer 1 Yes ☐ No ☐
Carer 2 Yes ☐ No ☐

25 Have you attended any group meeting (other than training) in the last year?
Carer 1 Yes ☐ No ☐
Carer 2 Yes ☐ No ☐

26 What factors restrict attendance at training? (please tick all that apply)

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<th>Time</th>
<th>Place</th>
<th>Relevance</th>
<th>Child care (own children)</th>
<th>Child care (fostered children)</th>
<th>Transport</th>
<th>Poor quality of training</th>
<th>Not interested in training</th>
<th>Done all relevant training</th>
<th>Other</th>
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27 Have you obtained the NVQ level 3 in foster care?
Please tick the relevant box

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<th></th>
<th>Not interested</th>
<th>Not available to me</th>
<th>Personal circumstances don’t allow me to do it at present</th>
<th>Currently doing it</th>
<th>Done it</th>
<th>Done it &amp; now assessing other carers</th>
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28 Have you own children been offered training in their own right? Yes ☐ No ☐ N/A ☐

29 Have your own children attended training in their own right? Yes ☐ No ☐ N/A ☐

30 Have you ever had an allegation of abuse made against you?
Carer 1 Yes ☐ No ☐
Carer 2 Yes ☐ No ☐

31 Have you ever had a complaint of poor practice made against you?
Carer 1 Yes ☐ No ☐
Carer 2 Yes ☐ No ☐
32 Are you satisfied with how your agency manages:
Allegations of abuse  Yes ☐ No ☐
Complaints of poor practice Yes ☐ No ☐

33 Overall, has fostering had an impact on your health?

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<th>Carer 1</th>
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<tr>
<td>Mental</td>
<td>No Impact</td>
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34 Please list the three best things about fostering for your agency

35 Please list the three worst things about fostering for your agency
Please list three ways to increase recruitment of foster carers

Please list three ways to encourage people to continue fostering
Part D: Foster placements

38 What is the total number of placements for which you are approved? ☐

39 Of these, how many are: male ☐ female ☐

40 Are you approved to foster children in the following age groups (tick all that apply)
0-4 ☐ 5-10 ☐ 11-15 ☐ 16-18 ☐

41 How many children are currently placed with you? ☐
41a If no-one is currently in placement, when did you last have a placement?

41b If no-one is currently in placement, is there a specific reason for this?

42 At present, are you willing and able to foster more children than are currently placed with you? Yes ☐ No ☐

43 Have you ever taken a placement outside your registration? Never ☐ Occasionally ☐ Frequently ☐

44 Have you ever had more than three fostered children placed with you? Never ☐ Occasionally ☐ Frequently ☐
44a If yes, were all the children part of one sibling group? Yes ☐ No ☐

45 Do you foster someone related to you? Yes ☐ No ☐

46 Do you foster someone who is disabled? Yes ☐ No ☐
46a Have you received adequate support, training and equipment? Yes ☐ No ☐

47 Do you foster someone with a different first language to yours? Yes ☐ No ☐
47a Have you received support to help you and the child with this? Yes ☐ No ☐

48 Do you foster someone from a different religion/culture to yours? Yes ☐ No ☐
48a Have you received support to help you and the child with this? Yes ☐ No ☐
49 Would you describe placements as planned? Rarely/Never ☐ Sometimes ☐ Usually ☐ Always ☐

50 Do children visit you before placement? Rarely/Never ☐ Sometimes ☐ Usually ☐ Always ☐

51 Do you have adequate information, including fully completed paperwork (eg LAC forms), about the young person placed with you:
   51a Before placement Rarely/Never ☐ Sometimes ☐ Usually ☐ Always ☐
   51b During placement Rarely/Never ☐ Sometimes ☐ Usually ☐ Always ☐

52 Have you ever discovered that important information about a young person has been withheld from you? Yes ☐ No ☐
   52a If yes, can you give an example?

53 Are your views listened to in respect of children placed with you? Rarely/Never ☐ Sometimes ☐ Usually ☐ Always ☐

54 Have you had a placement breakdown in the last year? Yes ☐ No ☐
   54a If yes, could anything have prevented the breakdown? Yes ☐ Possibly ☐ No ☐

55 Do you have any suggestions on how to reduce placement breakdown rates?

Many thanks for completing this questionnaire. Please now return it in the FREEPOST envelope.
Appendix Two

Local Authority Telephone Interview
Welcome to the local authority telephone interview guide.

The guide is not a rigid list of questions, but a starting point for discussion and a checklist to ensure comparable information is gained from each authority. Its purpose is to enable you to collect your thoughts and any factual information before the interview. We anticipate that the interview itself will take 60 to 90 minutes.

Section A  Organisation of foster care

General

1. Please talk me through how fostering is organised in your authority.

2. Is the team physically based with any other team?

3. Please list any specialist fostering schemes. Are there any not managed by you?

4. What is the line management structure for field social work and family placement (and at what level does someone have oversight of both)?

5. What is your organisational relationship with adoption and residential care?

6. What access do foster carers and fostered children have to specialist consultancy and services?

Budgets

7. Who manages the budgets (and are they adequate) for:
   a) Training
   b) Recruitment
   c) IFA placements
   d) Allowances
   e) Extra child-related costs
   f) Fees/payment for skills
   g) Support/respite
   h) Residence order and adoption allowances
   i) Residential care

8. Is there any flexibility in how budgets are used (eg between IFA, residential and foster care)?

Joint working with other departments/authorities/agencies

9. Do you work with other departments/authorities/agencies on any of the following:

Appendix 2
a) Recruitment of foster carers
b) Assessment of foster carers
c) Training of foster carers
d) Providing specialist types of fostering (e.g., remand, shared care, mother and baby)
e) “Sharing” foster carers (e.g., placing a child with a foster carer approved by another authority/allowing another authority to place a child with one of your foster carers)
f) Training of health/education/child care social workers/councillors
g) Policy and practice development
h) Purchasing arrangements (e.g., from IFAs)

10 In the last year, how many notifications have you received of looked after children placed into your authority area by another authority/agency:
   a) By Welsh authorities
   b) By English authorities
   c) By IFAs

11 Please comment on whether, in your opinion, this accurately reflects the number of looked after children placed into your authority area

Use of IFAs

(if you are unable to answer any question, please suggest who I should contact)

12 Please describe any form of contract, preferred provider or service level agreement with IFAs (including voluntary organisations)

13 Under what circumstances is an IFA used (e.g., total lack of beds, lack of carers who could meet that child’s needs, special skills of IFA)?

14 Please describe how placements with an IFA are monitored and supervised.

15 How many placements have you made with an IFA in the last year?

16 Talk me through the process of a placement being made with an IFA (e.g., who finds the placement, who authorises a placement with an IFA?)

17 Please list any advantages to an IFA placement

18 Please list any disadvantages to an IFA placement

Finance

(This section can be answered by sending written information about allowances and payment schemes before the interview, if you prefer)

19 Please list your allowances for this year

20 Please list any other payments available to cover the costs of looking after children and the guidelines for authorising them

21 What provision, if any, is there to pay for or provide loans for extensions/additional bedrooms to enable foster carers to accommodate more children?
22 What provision, if any, is there to pay for or provide loans for larger vehicles where the presence of fostered children makes it illegal/impossible for the foster carer to use their family car to transport the entire family unit?

23 For each fee-paying scheme, please tell me:
   a) the overall structure of the scheme(s) (eg bands, eligibility)
   b) what weekly fee is attached to each level
   c) what requirements are attached to each level (eg experience, additional tasks, additional responsibilities)
   d) who decides (and how) at what level a carer is placed
   e) whether the scheme is based on the carer’s skills or the needs of the child

24 Do you have any foster carers who are employed by your agency as foster carers?

25 What insurance do you provide for foster carers:
   a) None
   b) Injury to fostered child
   c) Injury to foster carer/own children
   d) Injury to third party
   e) Malicious damage
   f) Public liability
   g) Theft of carer’s property
   h) Professional indemnity
   i) Legal expenses (If yes, under what circumstances)
   j) Other – please specify

26 Do you meet additional insurance costs where foster carers are charged an additional premium because of their fostering (eg business use of car, higher buildings & contents charge)?

Section B Management systems and procedures

Management of entry and exit from care

27 Have you any guidelines or methods for to ensure a child only becomes looked after if there is no other option (eg family group conferencing, promotion of informal relative care, intensive social work support)?

28 Who decides whether a child requires foster care?

29 At what stage is the fostering team involved?

30 Please describe the official procedure leading up to placement?

31 Does the same procedure apply:
   a) in an emergency
   b) in a planned full-time placement
   c) in a planned shared care/respite placement

For questions 31 and 32, if the answer is “no” please use a scale of “rarely, sometimes, usually” to provide more information

32 Can you always provide a choice of placement for a young person who is:
   a) Under 10
b) 11 and over
c) sibling group
d) physically disabled child
e) Welsh-speaking child

33 Can you always provide an in-house placement for the following groups:
   a) Problems providing any in-house placements
   b) Particular locations
   c) Sibling placements
   d) Minority ethnic groups
   e) Children who actively practise a religion/faith
   f) Children whose behaviour is difficult to manage
   g) Children who are excluded from school
      Welsh speaking children
   h) Children with complex health needs
   i) Children whose families are difficult to work with
   j) Children who require emergency care
   k) Children who require long term care
   l) Shared/respite care for disabled children
   m) Shared/respite care for reasons other than a child’s disability
   n) Sexually abused children
   o) Children who offend against other children (or who are suspected of such offences)
   p) Children involved with the Youth Offending Team
   q) Children who abuse illegal substances

Information management

34 Is your information management system computer-based?

35 Does your information management system allow you to:
   a) Record basic information about carers
   b) Provide a profile of foster care vacancies
   c) Match foster carer and child requiring placement
   d) Monitor recruitment of foster carers
   e) Monitor retention of carers
   f) Monitor outcomes of placements
   g) Monitor placement breakdown rates (by foster carer and child)
   h) Monitor the profile of children requiring placement
   i) Record and monitor the assessed training needs of foster carers
   j) Record the number and status of children in placement
   k) Monitor allegations and complaints
   l) Monitor demographic make-up of foster carers
   m) Provide a profile of the composition of foster care households (including own children and other dependants)

36 Who has access to this information and for what purpose?

Meeting standards

37 Have foster carers received training on the UK National Foster Care Standards?
38. Do you intend to provide foster carers with training on the Care Standards Act National Minimum Standards for foster care?

39. Please describe any system to evaluate your foster care service.

40. Please describe any system to evaluate your foster carers.

41. What arrangements are in place for supervision of foster carers?

42. Are your annual reviews of foster carers, including relative foster carers, up to date?

43. Do annual reviews always go to panel?

44. Are the formal conclusions and recommendations of the annual reviews collated and monitored at one central point in your authority?

45. What opportunities do fostered children and/or their families have to comment on the quality of care received, and how is this information used and monitored?

Section C Personnel issues

The family placement team

46. What is your team called?

47. How many social workers, administrators, others (specify) are there in the foster care team?

48. In the last year, have you used agency social workers?

49. For each member of the team, what are their experience/qualifications; are they full time or part time; do they have particular responsibilities?

50. Are there other staff with a responsibility for foster carers who are not within the team? (eg training, Children First)

51. Who is responsible for: (eg your team as a whole, a particular member of the team, another team)
   a) foster carer recruitment
   b) assessment
   c) preparation training
   d) supervision
   e) annual reviews
   f) placement meetings
   g) working with sons & daughters of foster carers
   h) support groups
   i) consultation with foster carers on policy/practice
   j) ensuring payments to foster carers are correct
   k) support after an allegation of abuse is made against a foster carer
   l) NVQ training
   m) other foster care training
   n) training other social workers/Children First team members/education/health on foster care
Please list any other responsibilities of your team.

In practice, does the team end up carrying out other tasks in addition to the ones that are your responsibility?

Does every foster carer have a named family placement worker? Does this also apply to relative foster carers?

What would you describe as a “reasonable” case load for a family placement worker?

What is the actual caseload?

Do you have any vacancies?

Do you have difficulty filling vacancies?

How many team members are there:
- whose first language is Welsh?
- who are Welsh-learners who can use Welsh for their work?
- who are disabled
- who come from an ethnic minority

The foster carers

How many approved foster families do you have:
- Mainstream non-relative
- Specialist schemes: list all separately, eg Teenage, Remand, Respite, Emergency
- Relative foster carers

How many foster families live outside your local authority?
Please list typical reasons for these people choosing to foster with you.

How many foster carers do you have:
- whose first language is Welsh?
- who are disabled
- who come from an ethnic minority
- who are gay or lesbian

Do you have difficulty matching young people with carers from a similar cultural or ethnic background?

In the last year, how many foster families did you gain and how many did you lose?

Do you have a target for recruitment?

Do you have a target number of foster families approved by your authority?

How many new carers:
- had never fostered before

Appendix 2
b) had fostered in the past but not immediately before joining you  
c) came from another authority/agency

68 Do you carry out exit interviews with foster carers who leave?

69 How many of those who left:  
a) left fostering completely  
b) joined another agency

70 Talk me through the recruitment process from first contact to approval. Are there any hold-up points?

71 What written information do you give foster carers?  
a) handbook (Please could you send a copy to the Fostering Network?)  
b) information about children’s advocacy and children’s rights services  
c) information about the standards you expect them to meet  
d) a copy of the UK National Foster Care Standards  
e) information on the Care Standards Act National Minimum Standards for foster care  
f) other written information

72 Please describe any factors that you think affect your retention rate

73 We know that the quality of some carers is a worry for some authorities. They tell us that there are some carers that they would not use if there were a bigger pool to choose from. Is this true for you?

Kinship care

74 Does the local authority have clear guidelines separating informal kinship care from relative foster carers?

75 How is the decision made whether the care should be informal or foster care?

76 Is informal care monitored and supervised?

77 List any ways in which relative foster carers are treated differently from non-relative foster carers (eg who assesses, differences/relaxation of assessment criteria, supervision, basic allowance, fees, additional costs)

78 If a relative lacks some skills/qualities you would require in a non-relative foster carer (eg literacy, health promotion, willingness to attend training), do you have ways of providing extra support or input?

79 Does the panel ever relax standards for relative foster carers (eg physical space, health & safety, literacy)?

Training

80 Do you have a planned annual training programme for foster carers?

81 What training, if any, is compulsory?

82 Is training compulsory for:  
a) One carer where a couple is approved  
b) Both carers where a couple is approved  
c) Relative foster carers

Appendix 2
Are foster carers involved in joint training with, for example, social workers, residential workers, health professionals, education

Do you have difficulty in securing sufficient attendance at training events

What provision to you have to make it easier for foster carers to attend training?

What training is offered to sons and daughters?

Do foster carers ever train/help train other people? If so, who?

What training is available for members of your team?

Please list any training on foster care available to other people (eg councillors, education staff, health staff, residential workers).

Support

Do foster carers have access to support (eg respite care) if they or their children need it? Who would organise this?

Do fostered children have access to support (eg respite care) if they need it? Who would organise this?

What arrangements are in place for out-of-hours support?

What arrangements are in place if the named family placement worker is unavailable?

Do you have a mentoring/buddying scheme?

Do you have any other support in place not covered by the above?

When an allegation of abuse is made against a foster carer, who (in practice) provides personal support to the foster carer?

Groups

Is there a group or activities for sons and daughters of foster carers?
  a) What does it do?
  b) Approximately how many children/young people are involved
  c) Who runs the group?

Is there a foster care association for your foster carers?
  a) What does it do?
  b) Approximately how many foster carers are involved
  c) What type of support do you give the FCA?

Is there an authority -run support group?
  a) What does it do?
  b) Approximately how many foster carers are involved

Is there any sort of foster care forum?
  a) Who is a member of it?

Appendix 2
b) What does it do?

101 Please describe any opportunities foster carers have to influence policy or practice
Appendix Three

Independent Fostering Provider
Telephone Interview
Welcome to the independent fostering agency telephone interview guide.

The guide is not a rigid list of, but a starting point for discussion and a checklist to ensure comparable information is gained from each agency. Its purpose is to questions enable you to collect your thoughts and any factual information before the interview. We anticipate that the interview itself will take about an hour.

Section A Organisation of foster care

General

1 What is the status of your agency (e.g. for profit company, charity etc)
FCA NW is a region of FCA; started 1994 by SW and FC in the Midlands; 1250 children & yp from 130 ish LAs; North Wales linked into NW of England (transport, historic links); meeting with professional advisor of CSI on Friday to discuss registration. Private ltd company since March 2002

2 Please talk me through how fostering is organised in your agency
N Wales office provides locally accessible & available service to carers. All regions have main & area offices; N Wales is area office of the region. Provide integrated service, primarily family placement, but also therapeutic & educational support and range of activities/programmes (run in hols & may also for individual children to support placement). Resource workers who do practical hands-on with young people. Agency that provides service for those deemed hard to place (often as a result of complex backgrounds). Moving towards involvement with leaving care – no separate packages, but might for an individual yp in negotiation with LA.

3 What are the official responsibilities of your team? (eg recruitment, assessment, preparation training, prompt for NVQ, other foster care training, training others on foster care, supported lodgings, leaving care, residential care, adoption)
Don’t get involved in training outside FCA at the moment, but has an accredited NVQ centre with level 3 registered programme – have had approaches from English LAs

4 In practice, does the team end up carrying out other tasks as well?
5. Is the agency based on one site, or multiple sites? If your agency has multiple sites, where is the headquarters and across which countries of the UK do you operate?

6. Please list any specialist fostering schemes or facilities you offer.

7. Please describe your current arrangements for the approval of carers. Have these changed in the last year? Do you plan to change them as a result of the new regs and standards?

8. What access do foster carers and fostered children have to specialist consultancy and other specialist services?

Joint working with other agencies

9. Do you have any joint working arrangements (other than contracts) with any other agencies/authorities eg to share placements, training or recruitment campaigns?

10. In the last year, how many children have you placed with foster carers who live in a different authority area from the child’s authority?
   a) Wales
   b) England

11. Do you or the child’s authority take responsibility for formal notification to the authority area that the child has been placed in that authority area?

Change

12. How long has your agency been in existence

13. How long has the agency been working in Wales (if different)

14. Have you changed the organisation, management or delivery of your foster care services in the last three years?
What factors have influenced this?

Have financial changes affected the organisation, management or delivery of foster care? How?

Are any changes planned in the near future?

Relationship with local authorities

Please describe any form of contract, preferred provider or service level agreement with local authorities.

Under what circumstances does an authority request a placement (eg total lack of beds, lack of suitable carers, special skills of IFA)?

What arrangements are in place to ensure that the child does not suffer from lack of communication between the IFA and the placing authority?

What arrangements are made for advocacy services for children placed with your agency?

Can you list any advantages to an IFA placement?

Can you list any disadvantages to an IFA placement?

Finance (This section can be answered by sending written information about allowances and payment schemes before the interview, if you prefer)

What are your allowances for this financial year?

Please list any other (discretionary) allowances available, the guidelines for authorising them and where they come from (yourselves or the local authority as additional payments).

What provision, if any, is there to pay for or provide loans for extensions/additional bedrooms to enable foster carers to accommodate more children?
27 What provision, if any, is there to pay for or provide loans for larger vehicles where the presence of fostered children makes it illegal/impossible for the foster carer to use their family car to transport the entire family unit?

28 Do all foster carers receive a fee, reward, “payment for skills” or wage?

29 Do you have any foster carers who are employed by your agency as foster carers?

30 For each fee-paying scheme, please tell me:
   f) The overall structure of the scheme(s) (eg bands, eligibility)
   g) What weekly fee is attached to each level
   h) What requirements are attached to each level (eg experience, additional tasks, additional responsibilities)
   i) Who decides (and how) at what level a carer is placed
   j) Whether the scheme is based on the carer’s skills or the needs of the child

31 What insurance do you provide for foster carers:
   k) None
   l) Injury to fostered child
   m) Injury to foster carer/own children
   n) Injury to third party
   o) Malicious damage
   p) Public liability
   q) Theft of carer’s property
   r) Professional indemnity
   s) Legal expenses (*If yes, under what circumstances*)
   t) Other – please specify

32 Do you meet additional insurance costs where foster carers are charged a higher premium because of their fostering (eg business use of car, higher buildings & contents charge)?

Section B    Management systems and procedures

Management of entry and exit from placements

33 How many children and young people are currently in placement with your agency
34 How many vacant placements do you have available?

35 At what stage is a placement from your agency usually sought?

36 Please describe the official procedure leading up to placement?

37 Does the same procedure apply:
   d) In an emergency -
   e) In a planned full-time placement
   f) In a planned shared care/respite placement -

For questions 38 and 39, please use a scale of “always, usually, sometimes, rarely”

38 Can you provide a choice of placement for a young person who is:
   f) Under 10
   g) 11 and over
   h) sibling group
   i) physically disabled child
   j) Welsh-speaking child

39 Can you provide an in-house placement for the following groups:
   r) Problems providing any in-house placements
   s) Particular locations
   t) Sibling placements
   u) Minority ethnic groups
   v) Children who actively practise a religion/faith
   w) Children whose behaviour is difficult to manage
   x) Children who are excluded from school
   y) Welsh speaking children
   z) Children with complex health needs
   aa) Children whose families are difficult to work with
   bb) Children who require emergency care
   cc) Children who require long term care
   dd) Shared/respite care for disabled children
   ee) Shared/respite care for reasons other than a child’s disability
   ff) Sexually abused children
   gg) Children who offend against other children (or who are suspected of such offences)
hh) Children involved with the Youth Offending Team
ii) Children who abuse illegal substances

40 Do you have problems obtaining the necessary information about children and young people placed with you? 
*rarely, sometimes, usually, always*

41 Please describe any problems you have and how you try to resolve them.

*Information management*

42 Is your information management system computer-based?

43 Does your information management system allow you to:

n) Record basic information about carers
o) Provide a profile of foster care vacancies
p) Match foster carer and child requiring placement
q) Monitor recruitment of foster carers
r) Monitor retention of carers
s) Monitor outcomes of placements
t) Monitor placement breakdown rates
u) Monitor the profile of children requiring placement
v) Record and monitor the assessed training needs of foster carers
w) Record the number and status of children in placement
x) Monitor allegations and complaints
y) Monitor demographic make-up of foster carers
z) Provide a profile of the composition of foster care households (including own children and other dependants)

44 Who has access to this information and for what purpose?
Meeting standards

45 Have foster carers received training on the UK National Foster Care Standards?

46 Do you intend to provide foster carers with training on the Care Standards Act National Minimum Standards for foster care?

47 Please describe any system to evaluate your foster care service.

48 Please describe any system to evaluate your foster carers.

49 What arrangements are in place for supervision of foster carers?

50 Are your annual reviews of foster carers, including relative foster carers, up to date?

51 Do annual reviews always go to panel?

52 Are the formal conclusions and recommendations of the annual reviews collated and monitored at one central point in your agency?

53 What opportunities do fostered children and/or their families have to comment on the quality of care received, and how is this information used and monitored?

Section C Personnel issues

The agency team

54 How many social workers, administrators, others (specify) are there in the agency team (Wales only)?

55 For each member of the team, what are their experience/qualifications; are they full time or part time; do they have particular responsibilities?

56 Are there other staff with a specific responsibility for fostering in Wales who are not included within the above team?

57 Does every foster carer have a named supervising social worker?
58 What would you describe as a “reasonable” case load for a supervising social worker?

59 What is the actual caseload?

60 Do you have any vacancies?

61 Do you have difficulty filling vacancies?

62 How many team members are there:
   whose first language is Welsh?
   who are Welsh-learners who can use Welsh for their work?
   who are disabled
   who come from an ethnic minority

The foster carers

63 How many approved foster families do you have:
   d) Mainstream non-relative
   e) Specialist schemes: list all separately, e.g. Teenage, Remand, Respite, Emergency

64 What is the geographic spread of your foster carers?

65 What is the main reason given for choosing to foster with your agency?

66 How many foster carers do you have:
   e) Whose first language is Welsh
   f) Who are disabled?
   g) Who come from an ethnic minority
   h) Who are gay or lesbian

67 Do you have difficulty matching young people with carers from a similar cultural or ethnic background?

68 In the last year, how many foster carers did you gain and how many did you lose?
69 How many new carers:
   a) had never fostered before
   b) had fostered in the past but not immediately before joining you
   c) came from another authority/agency

70 Do you carry out exit interviews with foster carers who leave?

71 How many of those who left:
   a) left fostering completely
   b) joined another agency

72 Do you have a target for recruitment?

73 Talk me through the recruitment process from first contact to approval. Are there any hold-up points?

74 Please describe any factors that you think affect your retention rate

75 We know that the quality of some carers is a worry for some authorities/agencies. They tell us that there are some carers that they would not use if there were a bigger pool to choose from. Is this true for you?
Training

77 Do you have a planned annual training programme for foster carers?

78 What training, if any, is compulsory?

79 Is training compulsory for:
   d) One carer where a couple is approved
   e) Both carers where a couple is approved
   f) Relative foster carers

80 Are foster carers involved in joint training with, for example, social workers, residential workers, health professionals, education?

81 Do you have difficulty in securing sufficient attendance at training events?

82 What provision do you have to make it easier for foster carers to attend training?

83 What training is offered to sons and daughters?

84 Do foster carers ever train/help train other people? If so, who?

85 What training is available for members of your team?

86 Please list any training on foster care available to other people (eg councillors, education staff, health staff, residential workers).

Support

87 Do foster carers have access to respite care if they or their children need it? Who would organise this?

88 Do fostered children have access to support (eg respite care) if they need it? Who would organise this?

89 What arrangements are in place for out-of-hours support?
90. What arrangements are in place if the named family placement worker is unavailable?

91. Do you have a mentoring/buddying scheme?

92. When an allegation of abuse is made against a foster carer, who (in practice) provides personal support to the foster carer?

93. Do you have any other support in place not covered by the above?

Groups

94. Is there a group or activities for sons and daughters of foster carers?
   d) What does it do
   e) Approximately how many children/young people are involved
   f) Who runs the group

95. Is there a foster care association that your foster carers are eligible to join?
   d) What does it do
   e) Approximately how many foster carers are involved
   f) What type of support do you give the FCA

96. Is there an authority-run support group?
   c) What does it do
   d) Approximately how many foster carers are involved

97. Is there any sort of foster care forum?
   c) Who is a member of it
   d) What does it do

98. Please describe any opportunities foster carers have to influence policy or practice.
Bibliography


Gillham, Bill (2000); Developing a Questionnaire. Continuum

Welsh Assembly Government. (2003); National Minimum Standards for Fostering Services

Waterhouse, Suzette (1994); The Organisation of Fostering Services: a study of the arrangements for delivery of fostering services in England. NFCA.