

# The Impact of Unproven Allegations on Foster Carers

Gillian Plumridge and Judy Sebba

The Rees Centre for Research in Fostering and Education

University of Oxford\*

\*This research was supported by FosterTalk and the Sir Halley Stewart Trust



## Acknowledgements

We want to thank the local authorities, independent fostering providers, managers, social workers and in particular foster carers who participated in this research. This is an important but sensitive topic and those who participated will have helped to provide better evidence to inform both policy and practice in the future.

Comments on a draft of this report were received from Professor Nina Biehal, Lynne Blencowe, Richard Brandford, Professor Jason Brown, Professor Robbie Gilligan, Louise Horne, Dr Sara McLean, Dr Ellie Ott, Mally Priddy, Jackie Sanders, Professor Ian Sinclair, Dr Caroline Thomas, Jane Vellacott and Jade Ward. We are very grateful for their assistance.

We also acknowledge the support from our colleagues at the Rees Centre, in particular Mariela Neagu, Dr Nikki Luke, Andrea Diss and Sally Winiarski.

FosterTalk commissioned the research and jointly funded it with The Sir Halley Stewart Trust but the views expressed in this report are those of the authors and not necessarily those of the funders.

July 2016

© Rees Centre

ISBN: 978-0-9934738-6-9

eISBN: 978-0-9934738-7-6

**REES CENTRE**  
Research in Fostering and Education  
University of Oxford Department of Education



“**FosterTalk**”<sup>®</sup>  
supporting those who care

**Sir Halley Stewart** | Trust

## Contents

<b>EXECUTIVE SUMMARY</b>	<b>3</b>
Background	3
Methodology	4
Key Findings and Conclusions	5
Recommendations for Department for Education, Association of Directors of Children's Services, Ofsted	6
Recommendations for Fostering Providers	6
Recommendations for Social Workers	7
Recommendations for future research	7
<b>MAIN STUDY</b>	<b>8</b>
Background	8
Aims and Objectives	11
Methodology	12
Key Findings	13
Characteristics of carers	13
Characteristics of the children	15
Characteristics of the placement	17
The process following the allegation	17
Outcomes following allegations	23
Fostering outcomes following the allegation	23
Impact of allegations closed as unproven on the foster carers and their family	26
Financial impacts	30
Factors contributing to unproven allegations being made	31
Training provided to foster carers on allegations	33
Limitations of this research	37
Conclusions	38
Recommendations for Department for Education, Association of Directors of Children's Services, Ofsted	41
Recommendations for Fostering Providers	41
Recommendations for Social Workers	42
Recommendations for future research	42
<b>REFERENCES</b>	<b>43</b>
<b>APPENDIX 1: GLOSSARY OF TERMS RELATING TO LEGAL CARE STATUS</b>	<b>44</b>

# Executive summary

## Background

On 31 March 2015, there were 44,625 fostering households in England and 2,420 allegations (58% physical, 19% emotional, 15% neglect and 8% sexual abuse) had been made against carers in the previous 12 months<sup>1</sup>. The legal framework in England for investigating allegations against foster carers is set out in the Children Act 1989, Section 47 which places a duty on local authorities to investigate and make inquiries into the circumstances of children considered to be at risk of 'significant harm'. The National Minimum Standards for Fostering<sup>2</sup> sets out how foster carers should be treated and supported during investigations into allegations including the provision of independent support, information and advice about the process, emotional support and, if needed, mediation between the foster carer and fostering service.

A review of the literature on allegations of abuse funded by the Nuffield Foundation (Biehal and Parry 2010) noted that there was an urgent need for research to assess the problems related to both substantiated and unfounded allegations of maltreatment in foster care. In response to this the National Society for the Prevention of Cruelty to Children (NSPCC) commissioned Biehal et al. (2014) to undertake research on the extent and nature of confirmed abuse and neglect in foster and residential care. However, no recent published work appears to have been undertaken to explore the treatment of carers or impact on carers of allegations closed as unproven (which includes both unsubstantiated and unfounded).

In 2014, FosterTalk<sup>3</sup> commissioned the Rees Centre to undertake a pilot study (Dyson and Sebba 2014) on the impact of allegations in cases that had been closed as unproven. Thirty-seven anonymised records from 2013 were provided by FosterTalk from their membership and seven of these foster carers were interviewed. The pilot found that at the point of being informed about the allegation, carers lacked knowledge about both the way that the enquiry would be conducted and its progress. They stated that the training (safeguarding courses) they had attended focused on allegations of abuse by somebody outside of the carer household, with little discussion of what to do if they were the subject of an allegation. Devastating effects of allegations on foster families emerged including break-up of families, income loss and subsequent deterioration of health. Most of the carers in the pilot, even though these cases were closed as unproven, gave up fostering immediately or within the following year.

FosterTalk commissioned this further study and co-funded it with the Sir Halley Stewart Trust<sup>4</sup>, a charitable foundation. The findings from that study are the focus of this report.

<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/522126/Fostering\\_in\\_England\\_2014-15.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522126/Fostering_in_England_2014-15.pdf)

<sup>2</sup> <https://www.gov.uk/government/publications/fostering-services-national-minimum-standards>

<sup>3</sup> FosterTalk is a membership organisation providing support services for over 30,000 foster carers in the UK. These services include Fosterline, a free helpline for foster carers and those interested in fostering in England and the Foster Carers Independent Support Service (FISS), which offers face-to-face support to foster carers during allegations or serious concerns.

<sup>4</sup> <http://www.sirhalleystewart.org.uk/>

## Methodology

The research was aimed at exploring the impact of unproven allegations on carers in order to improve the way that allegations are dealt with by fostering services, local authorities and the police. It aimed to inform future training and support for foster carers and to identify if possible, the characteristics of the young people who might be more likely to make allegations and the characteristics of the foster carers involved.

**The specific research questions were:**

- What factors contribute to unfounded allegations being made against foster carers?
- How might these factors and the consequences of them be prevented or mitigated?
- What training is provided to foster carers on how to handle the situations likely to lead to allegations?
- At what stage in their fostering career should this training be provided?
- What is the impact of allegations closed as unproven on foster carers and their families?
- Are foster carers provided with independent support following allegations and if so what form does this take?
- How does this support affect their experience of the investigative process?
- What would improve the consistency and quality of the treatment and support provided to foster carers when allegations occur?

The research was undertaken in two phases:

### **PHASE 1: SECONDARY DATA ANALYSIS OF RECORDS HELD BY FOSTERING PROVIDERS**

Fostering providers (local authorities and independent providers) were invited to participate in the study. Anonymity and confidentiality were assured and they were asked to provide responses to questions posed by the researchers drawing on their records of unproven cases during the calendar years 2013–14 (to provide some distance from the events). The questions included characteristics of the children and carers involved in allegations, whether the same child had made previous allegations, the number of previous placements experienced by that child, the number of years fostering experience of the carers, training given to the carers and support provided to those carers following an allegation. In Phase 1 we received 190 responses, 92 from 10 local authorities (LAs) and 98 from nine independent fostering providers (IFPs).

### **PHASE 2: INTERVIEWS WITH FOSTER CARERS, SOCIAL WORKERS & FOSTERING MANAGERS**

In-depth semi-structured interviews were undertaken with foster carers from 30 families. These were identified from 132 Phase 1 responses (not all providers participated in Phase 2 as well as Phase 1): 16 from eight LAs, and 14 from eight IFPs. Twenty-three Supervising Social Workers (SSW) and 13 fostering managers who were involved in these same cases were also interviewed. The fostering providers that took part in Phase 2 agreed to ask carers if they were happy to be contacted by the research team and a suggested script was provided. As far as possible carers were selected to reflect the wider foster carer population and represent the different outcomes of allegations. However the sample cannot be assumed to be representative. Seven foster carers who had resigned from fostering following the allegation were interviewed but no deregistered carers were interviewed.

# Key Findings and Conclusions

## **Characteristics of carers and children:**

The carers in the study were not significantly different from those in the overall population of foster carers, though they were on average slightly younger and less experienced. The interview sample had even less fostering experience with 67% having fostered for less than five years. There were no significant characteristics that distinguish the children who were the focus of allegations in the study from the wider population of looked after children as included in national statistics. A slightly greater number of young teenagers and fewer children aged 5-9 years or over 15 years were the focus of allegations in this study compared to Biehal et al's (2014) study of substantiated allegations. Nearly 60% of the children had been in placement less than one year and 50% of children were in their first placement. 18% were known to have made a previous allegation.

## **Independent and local authority fostering providers:**

No significant differences emerged in the experiences of those foster carers fostering for local authorities and those fostering for independent services except on one factor – continuity of payment. Carers working for local authorities were much more likely to continue being paid following an allegation and pending the outcome than those fostering for independent fostering services, though on average local authorities offer lower levels of pay. While no differences emerged between the support provided by supervising social workers, the wider agency (e.g. manager) was more likely to offer support to those fostering for the independent services, and FISS<sup>5</sup> was much more likely to be offered.

## **Outcomes of allegations:**

In Phase 1, 84% of carers were reported to have continued fostering. In Phase 2 the figure was similar with 26 of the 30 interviewed carers (86%) continuing to foster (although in 3 cases this involved moving to an alternative provider). This is a much higher number than would have been predicted from the pilot study but the sample in the pilot was much smaller and recruited through the provider of independent support so it is likely to have included more serious cases.

## **Support following allegations:**

In 55% of cases in Phase 1, support was offered on the day the carer learnt about the allegation. In many cases, whilst carers received support from their SSW they felt abandoned by the wider agency. In 108 cases (57%), support (other than that listed as independent support) was provided only by the SSW or family placement social worker. 40% of responses stated that carers were not offered independent support.

## **Training:**

Foster carers' experience of training is far removed from the position set out by the Department for Education (DfE) in England and the fostering providers. All parties agree that no training can address the totality of the impact of allegations. Nevertheless, only 43 carers (23%) of the larger sample in Phase 1 were reported to have attended any training that specifically addressed allegations. Only three of these carers resigned following the allegations.

## **Overall impact on carers:**

The main impact on carers and their families of allegations closed as unproven was emotional and financial. Phase 2 interviews suggested that emotional distress, which was often linked with subsequent health and relationship issues, partly related to the severity of the allegation. Most carers interviewed were upset by the allegation itself but equally by the ensuing treatment. Lack of information about the allegation itself, the investigation process and the support to which they were entitled led to confusion, destruction of confidence and dismay.

<sup>5</sup> Foster Carers Independent Support Service (FISS), which offers face-to-face support to foster carers during allegations or serious concerns

## Recommendations for Department for Education, Association of Directors of Children's Services, Ofsted

- A clearer definition of 'allegation' is needed that is consistent within and between fostering providers and that is explicitly distinct from Standards of Care concerns.
- The Department for Education should issue revised Guidance on 'Protecting Children and Supporting Foster Carers during Allegations' to replace that issued in 2009. This should emphasise the need to provide training and independent support.
- Training for foster carers specifically on allegations should be mandatory within six months of approval and refreshed annually.
- Ofsted should monitor more closely the extent to which the Minimum Standards for Fostering are being met with respect to foster carers being offered independent support and effective training.

## Recommendations for Fostering Providers

- Fostering providers should work with the police to ensure that social workers are informed at the same time as foster carers when police investigations have ended.
- Fostering providers should ensure that foster carers complete high quality initial training within six months of approval and regular updates that directly address:
  - ▶ the situations likely to lead to allegations;
  - ▶ the procedure when allegations occur;
  - ▶ support for addressing the impact of allegations on themselves, their families and their longer-term prospects and well-being.
- Training needs to be interactive and include the experiences of carers who have been subject to allegations.
- Fostering providers should ensure that newly qualified social workers and those who have not previously worked in child protection roles are trained around allegations and regularly updated.
- Fostering providers should consider the possibility of the investigator being independent thereby allowing foster parents to continue their relationship with the SSW and other fostering provider staff.
- Fostering providers should provide additional support from other staff within the organisation when the foster carer has a new SSW at the time of an allegation.
- Fostering providers should offer foster carers independent support services making clear what these services can provide, including face-to-face support, according to the individual needs identified by the carer.

## Recommendations for Social Workers

- Social workers need to inform foster carers of the procedure both as soon as an allegation is made and again a short while later to ensure they have understood it.
- Social workers should check regularly what information carers can be given following an allegation so that they are not kept in the dark about the nature and progress of the allegation any longer than necessary.
- Social work managers must provide cover for key professional roles when they are unavailable for prolonged periods to avoid unnecessary delay.
- In providing face-to-face support, social workers should give the carer and their extended family an opportunity to 'vent' their frustration and helplessness during the investigation process.
- Social workers should discuss with the carer what support if any is needed for children in the carers' family.

## Recommendations for future research

Future research might consider:

- Investigating whether foster carers' experiences and subsequent fostering careers following allegations differ according to the content and timing of information they receive.
- Evaluating independent support services following allegations including face-to-face support.
- Evaluating foster carer training in allegations in order to identify the type of training needed, its efficacy and how this relates to the content covered, involvement of foster carers who have experienced allegations, use of allegation scenarios and timing in foster carers' fostering careers. This might be done through action research at local authority/ Trust level.

# Main Study

## Background

On 31 March 2015, there were 44,625 fostering households in England and 2,420 allegations (58% physical, 19% emotional, 15% neglect and 8% sexual abuse) had been made against carers in the previous 12 months<sup>6</sup>. The legal framework in England for investigating allegations against foster carers is set out in the Children Act 1989, Section 47 which places a duty on local authorities to investigate and make inquiries into the circumstances of children considered to be at risk of 'significant harm'. The National Minimum Standards for Fostering<sup>7</sup> sets out how foster carers should be treated and supported during investigations into allegations including the provision of independent support, information and advice about the process, emotional support and, if needed, mediation between the foster carer and fostering service.

Previous research relating to allegations made against foster carers during the late 1980s and 1990s noted the impact of these both on carers and for the overall fostering system. Bray and Minty (2001) for example, pointed out that the need to help foster carers cope with the stress of allegations had been widely recognised since the National Foster Care Association (NFCA) set up a counselling and conciliation service for foster carers in 1989 in England. This was in response to a number of requests for help from distraught foster carers who had been subjects of allegations of abuse. Hicks and Nixon (1991) discussed the relationship between allegations and carers leaving fostering, linking this to the procedures adopted following these allegations. Sinclair, Gibbs and Wilson's (2004) study of over 900 foster carers noted that allegations are a contributing factor to carers' decisions to cease fostering and Sinclair, Wilson and Gibbs (2005) reported that previous allegations were associated with placement disruption and less successful current placements.

Little research on allegations has been undertaken in the last ten years in England. In particular there has been little evidence to highlight how things might have changed since the introduction of the first National Minimum Standards for Fostering Services 2002 (revised 2011) or Working Together to Safeguard Children 2006 (revised 2010, 2013 and 2015), which were the first guidance in England regarding the management of allegations of abuse of children targeted at the whole children's workforce.

A review of the literature on allegations of abuse funded by the Nuffield Foundation (Biehal and Parry 2010) noted that there was an urgent need for research to assess the problems related to both unfounded and substantiated allegations of maltreatment in foster care. The review concluded that it was important to investigate the

factors associated with increased risk of maltreatment in placements and to include the views of children and social workers, as well as foster carers. In response to this, NSPCC commissioned Biehal et al. (2014) to undertake research on the extent and nature of confirmed abuse and neglect in foster and residential care, taking into account the views of children, identifying the characteristics of the children and adults involved and the impact on children. We have been unable to identify any further published work on the treatment of carers or impact on carers of allegations closed as unproven (unsubstantiated and/or unfounded). Overall, there is little on how to reduce the risk of unfounded allegations or on the treatment of foster carers following allegations or the impact on them (Swain, 2006).

### **FACTORS THAT MAY CONTRIBUTE TO THE RISK OF AN UNFOUNDED ALLEGATION BEING MADE**

Bray and Minty (2001) found that 20 of the 22 carers they interviewed claimed they had been worried about the child's behaviour prior to them making an allegation. Just over two thirds had asked for additional support, including more contact with social workers, help in coping with difficult behaviour and respite, and most were unhappy with the support they received. Carers in this study and a later study conducted by Phillips (2004) felt they had been denied important information about the child before the placement began. There were suggestions that having had this information may have led to a different outcome. Some carers in The Fostering Network study (Phillips 2004) also felt they had been pushed into accepting ill-matched placements.

Some studies comment on age, ethnicity, relationship status of carers, length of time carers had been fostering, how long the child had been in placement at the time of an allegation and whether first time carers are more vulnerable (Morrisette 1993; Nixon 1997; Bray and Minty 2001; Phillips 2004; Swain 2006). However studies are often small, with inconsistent findings between studies that address the same questions, and most importantly studies do not compare these characteristics to the fostering population as a whole. Existing studies reviewed here provide evidence only of the fact that allegations can happen to any carer, with little known about the characteristics of the carers, the children, or the placements involved in allegations that are unproven.

<sup>6</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/522126/Fostering\\_in\\_England\\_2014-15.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522126/Fostering_in_England_2014-15.pdf)

<sup>7</sup> <https://www.gov.uk/government/publications/fostering-services-national-minimum-standards>

## TRAINING

Fostering Services Regulations (DfE 2011) stipulate that foster carers should be trained in appropriate safer-care practice, including skills to care for children who have been abused (National Minimum Standards 2002, revised 2011). Additionally both Nixon (1997) and Carbino (1991) identified that carers needed specific information about allegations, their ramifications and how to prevent them. Nixon found that none of the carers in his study had been given any prior advice about how to deal with an allegation of abuse. Carbino suggested such information should be given at different stages and in different forms including written guidance and discussion with staff and in carer support groups.

There has been little work linking foster carers who are the subject of allegations with training received. However, Phillips (2004) suggested that only 34% of carers had received written guidance about allegations, less than half of the 64 carers involved in allegations in the previous two years had received training about safe caring and only a quarter had received training specifically about allegations. An earlier study in Wales (The Fostering Network 2003) found that only just over 30% of all carers had received training about complaints and allegations procedures.

In 2014, FosterTalk commissioned the Rees Centre to undertake a pilot study on the impact of allegations in cases that had been closed as unproven. Thirty-seven records were selected at random by the researcher from an anonymised list of carers supported by FosterTalk during allegations in 2013 and seven of these foster carers were interviewed. It is likely that as these carers had all been referred for independent support they might have represented high severity cases. The pilot (Dyson and Sebba 2014) found that at the point of being informed about the allegation, there was a lack of knowledge about both the way that the enquiry would be conducted and its progress. Carers stated that the training (safeguarding courses) they had attended focused on allegations of abuse by somebody outside of the carer household, with little discussion of what to do if they were the subject of an allegation.

## IMPACT ON CARERS

Devastating effects of allegations on foster families emerged including break-up of families, income loss and subsequent deterioration of health. Most of the carers in the pilot, even though these cases were closed as unproven, gave up fostering immediately or by a year later. The initial response to an allegation is generally shock (Carbino 1991; Hicks and Nixon 1991; Nixon 1997; Bray and Minty 2001), with increased trauma when there is no warning and the allegation 'comes out of the blue' (Dyson and Sebba 2014). This can be followed by a variety of emotions, such as anger and bitterness and feeling unwell with psychological and somatic symptoms, including insomnia,

anxiety and depression (Hicks and Nixon 1991; Nixon 1997; Bray and Minty 2001; Phillips 2004).

All seven carers interviewed in the pilot described such impacts as being extreme (Dyson and Sebba 2014). Research identifies that carers may lose their self esteem, integrity, respect and sense of self control as well as their foster children, including those who had nothing to do with the allegation (Dyson and Sebba 2014). Nixon (1997) found the stages of bereavement to be clearly identifiable in carers' responses, and Carbino (1991) also described responses to loss of foster children, as well as confidence, trust and credibility as 'grief'. Carers may also feel lonely and isolated, especially those who are single (Carbino 1991; Hicks and Nixon 1991). They may feel unable to discuss an allegation with family and friends for fear of the accusation generating suspicion.

## IMPACT ON THE FAMILY

Allegations have been shown to have negative effects on partners and birth children and on family relationships (Carbino 1991; Bray and Minty 2001; Phillips 2004; Dyson and Sebba 2014). Family members often described similar emotional and somatic symptoms to those of the subject(s) of the allegation and were affected both by the allegation itself and the way it was handled. They could be profoundly affected by the removal of foster children (Carbino 1991). Relationships within households also suffered both in response to the allegation itself and to decisions about whether the family should continue to foster (Phillips 2004). Relationships between partners could become closer, with partners being seen as effective support, or more strained particularly when doubts about a partner's innocence developed. Allegations sometimes led to separation and family breakdown (Hicks and Nixon 1991; Bray and Minty 2001).

## RESPONSE TO ALLEGATION BEING UNPROVEN

Earlier studies found that when told that an allegation has been unproven, some carers felt relief and found that emotional and physical symptoms were quickly alleviated. Others continued to feel bitter. Either way, carers often remained anxious and angry, particularly about the way the allegation had been handled (Carbino 1991; Hicks and Nixon 1991; Bray and Minty 2001). Families reported feelings of 'unfairness' of being accused and distress at feeling that their credibility with the agency was in question (Carbino 1991). They felt resentful that the fostering panel had not cleared their name and were unable to draw a line under the matter (Hicks and Nixon 1991).

### TREATMENT OF FOSTER CARERS

In the earlier studies (Carbino 1991; Hicks and Nixon 1991; Wilson et al. 2000; Bray and Minty 2001) there is consistency about certain aspects of the procedures following an allegation that carers found particularly difficult to cope with: lack of control, feelings of isolation from proceedings and the lack of information. It was often difficult for carers to find anybody they could talk to about the allegation, thus leaving them very isolated. Many felt unable to share their experience with other carers in support groups, with some in Nixon's (1997) study finding that the support groups did not want to know them.

Professional support was inconsistent with those who had previously supported the foster family in some cases becoming part of the investigation and thereby withdrawing contact whilst in other cases continuing to offer support. Family placement officers felt that the allegation had changed their relationship with the family - either making them more suspicious or feeling that it was damaged because they had not been allowed to provide support.

Feeling isolated and lacking information were major issues even in more recent studies (Swain 2006; Dyson and Sebba 2014). Just over half the carers in Swain's study felt that the process had not been fair. Carers in our pilot study felt they were assumed to be guilty until they could prove their innocence. Carers felt anger towards social workers and 'the system' and this was exacerbated by the lack of communication and information.

### INDEPENDENT SUPPORT

The National Minimum Standards (NMS 22.12) state that the fostering provider should make independent support available to carers who are subject to an allegation. This support should include information and advice about the process, emotional support and if needed, mediation between the foster carer and the fostering service or advocacy including attendance at meetings or panels. More recent studies (Phillips 2004; Swain 2006) suggest that fostering providers rarely offered foster carers independent support. Those who were offered it appeared to value it, saying it gave them confidence in what they were doing and helped them through the allegation (Dyson and Sebba 2014).

### OUTCOMES

Studies vary on how many carers give up fostering or are deregistered following allegations. One reason for this is that studies measure this at different time lapses after the allegation. All studies however suggest that a significant proportion of carers are deregistered or resign following an unproven allegation, and larger numbers say they are unsure or considering resigning so may go on to resign at a later date. Studies (e.g. Swain 2006) suggest that how carers are treated and supported impact on this decision as well as the allegation itself.

### The study

FosterTalk commissioned and co-funded the main study with the Sir Halley Stewart Trust<sup>8</sup>, a charitable foundation. FosterTalk is a membership organisation providing support services for over 30,000 foster carers in the UK. These services include Fosterline, a free helpline for foster carers and those interested in fostering in England and the Foster Carers Independent Support Service (FISS), which offers face-to-face support to foster carers during allegations or serious concerns.

<sup>8</sup> <http://www.sirhalleystewart.org.uk/>

## Aims and Objectives

The pilot study (Dyson and Sebba, 2014) carried out on behalf of FosterTalk recommended that more extensive robust evidence might suggest ways in which to reduce the number of foster carers against whom an allegation is made and provide better treatment and support for those who experience an allegation in order to enhance continuation of fostering and limit the negative outcomes. As in Biehal and Parry's (2010) recommendations, focusing only on the perspectives of the foster carers was seen as a limitation of the pilot study in which social workers and fostering services might provide different perspectives. These issues were addressed in this study by analysing a large number of records of cases closed as unproven and triangulating these data with in-depth interviews with foster carers, their supervising social workers (SSW) and their fostering managers.

The research was aimed at improving the way that allegations against foster carers are dealt with by fostering services, local authorities and the police. It aimed to inform future training and support for foster carers and to identify if possible, the characteristics of the young people who might be more likely to make allegations and of the foster carers involved. The research findings were intended, through the identification of what constitutes better support following allegations, to reduce the negative impact on family relationships and economic and health consequences as well as increasing carer retention and placement stability in the longer term.

The specific research questions were:

- What factors contribute to unfounded allegations being made against foster carers?
- How might these factors and the consequences of them be prevented or mitigated?
- What training is provided to foster carers on how to handle the situations likely to lead to allegations?
- At what stage in their fostering career should this training be provided?
- What is the impact of allegations closed as unproven on foster carers and their families?
- Are foster carers provided with independent support following allegations and if so what form does this take?
- How does this support affect their experience of the investigative process?
- What would improve the consistency and quality of the treatment and support provided to foster carers when allegations occur?

## Methodology

The research was undertaken in two phases:

### PHASE 1: SECONDARY DATA ANALYSIS OF RECORDS HELD BY FOSTERING PROVIDERS

Fostering providers (local authority and independent) were invited to participate in the study through the Rees Centre newsletter, Association of Directors of Children's Services Bulletin, National Association of Fostering Providers mailing list and the FosterTalk magazine, e-mails to all English fostering services and e-newsletters. Anonymity and confidentiality were assured and they were asked to respond to a list of questions provided by the researchers using information from records of all unproven cases during the calendar years 2013-14 (to provide some distance from the events). Their responses covered the full range of severity of allegation from birth parents raising concerns about minor bruises to rape. For this reason, the overall population in the study included many less severe cases than those in the pilot that had all been referred through an independent support service. The questions provided included characteristics of the children and carers involved in allegations, whether the same child had made previous allegations, number of previous placements experienced by that child, number of years fostering experience of the carers, training given to the carers and support provided to those carers following an allegation. In Phase 1 we received 190 responses, 92 from 10 local authorities and 98 from nine independent fostering providers. The secondary data analysis of responses utilised descriptive statistics using SPSS software.

### PHASE 2: INTERVIEWS WITH FOSTER CARERS, SOCIAL WORKERS & FOSTERING MANAGERS

The fostering providers who agreed to participate in Phase 2 provided a total of 132 cases from which in-depth semi-structured interviews were undertaken with foster carers from 30 families, 16 from eight LAs and 14 from eight IFPs. Fostering providers who had given responses on the other 58 cases in Phase 1, declined to be involved in Phase 2 mainly because their carers were already involved in other research studies at the time. Twenty-three Supervising Social Workers (SSW) and 13 fostering managers who were involved in these same cases were also interviewed. In some cases the social workers and managers who had been involved were no longer available.

The fostering providers that took part in Phase 2 agreed to ask carers if they were happy to be contacted by the research team and a suggested script was provided. The researcher contacted carers who had given permission, giving them verbal and written information about the study and seeking consent. Initially carers were selected purposively

to include a range of characteristics to reflect the wider foster carer population, those who had or had not received independent support and to represent the different outcomes (continued to foster, resigned, deregistered). Some providers had a very high success rate in gaining carers' agreement to participate. Others found this more difficult and worked through most of their carers who were included in Phase 1, thus for these providers we were only able to interview those carers who were available. These differences between fostering providers seem likely to relate to the way carers were invited to participate in the research, (i.e. who asked them - manager, SSW or administrative staff and whether they were asked in person, over the telephone or by letter). The sample cannot be assumed to be representative.

No deregistered carers were interviewed since only five were in the Phase 1 responses and they were either from providers who did not participate in Phase 2 or providers asked us not to contact them. Six carers who resigned were interviewed. There were 20 carers listed in Phase 1 as resigned but 12 declined, one was from a provider who did not participate in the second phase and one turned out to have been wrongly recorded as having resigned.

Face-to-face interviews were undertaken with the foster carers. The social workers and managers were interviewed by telephone. Undertaking face-to-face interviews allowed the interviewer (an experienced social worker) to judge whether when a carer became upset it was 'safe' to talk them back to equilibrium or whether further support was needed.

Interviews were recorded and transcribed for all but one interviewee (who preferred not to be recorded). NVivo software was used to enable thematic analysis of the emerging issues.

The analysis of the responses commenced in May 2015 and the interviews were carried out October 2015 – February 2016.

## Ethics

The University of Oxford Departmental Research Ethics Committee (DREC<sup>9</sup>) provided ethical clearance for this study. Approval from the ADCS<sup>10</sup> for working with local authorities' children's services was also provided. In the reporting of the findings the local authorities and independent fostering providers are not identified. This is because were we to do so, it might be possible for the individuals to be identified and our ethical clearance depended on anonymity and confidentiality of participants.

TABLE 1: SUMMARY OF THE DATA COLLECTED

Data collected	Local authorities	Independent fostering providers (IFPs)	Total
Data from unproven cases	92 from 10 LAs	98 from 9 IFPs	190
Interviews with foster carers	16 from 8 LAs	14 from 8 IFPs	30
Interviews with social workers	14 from 8 LAs	9 from 8 IFPs	23
Interviews with fostering managers	5 from 5 LAs	8 from 8 IFPs	13

<sup>9</sup> [http://www.socsci.ox.ac.uk/information\\_for\\_internal\\_users/research/ssh\\_idrec\\_brief\\_guidance](http://www.socsci.ox.ac.uk/information_for_internal_users/research/ssh_idrec_brief_guidance)

<sup>10</sup> <http://www.adcs.org.uk/download/research/guidelines-for-research-approvals.pdf>

# Key Findings

## Characteristics of carers

In 58 cases allegations were made against both parties in a couple. The remaining allegations were made against 72 female and 60 male carers. Forty-four of these (23%, 39 female and five male) were single and 146 (77%) part of heterosexual couples. This is in line with the overall fostering population according to McDermid et al. (2012) who found that between 69% and 79% of foster carers are married or cohabiting couples. The 30 carers interviewed were similar to this with five single carers and 25 who were parts of fostering couples.

### AGE OF FOSTER CARERS

Carers' ages ranged from 26 to 76. Compared to the national distribution of foster carers, this sample is similar to that reported by Clarke (2009) in which 6% were 40 and under, 29% 41-50, 38% 51-60 and 27% over 60. Our study has 17% of carers over 60 while an earlier study (Farmer, Moyes and Lipscombe 2004) had only 6% over 60. In general, our study population is similarly distributed to the overall population of carers with younger carers slightly over-represented.

TABLE 2: AGES OF THE FOSTER CARERS\*

Age	Frequency	Percentage
20-29	1	<1
30-39	15	7
40-49	59	31
50-59	83	44
60-69	25	13
70-79	2	1
Missing	5	3
Total	190	

\* where ages of both carers have been given the mean has been taken

### NUMBER OF YEARS FOSTERING

The length of time fostering before the allegation ranged from two weeks to 35 years. In fifteen cases (8%) carers had been fostering for less than one year. As shown in Table 3, in 104 cases (55%) they had been fostering for less than 5 years.

TABLE 3: NUMBER OF YEARS FOSTERING

Years Fostering	Frequency	Percentage
Less than 1	15	8
1-4	89	47
5-9	42	22
10-14	25	13
15-19	10	5
20-35	5	3
Missing	4	2
Total	190	

These figures suggest a somewhat less experienced population of foster carers than in the most recent previous study of allegations (Biehal et al. 2014) in which the figure for those who had been fostering for less than a year was also 8% but 33% had been fostering less than five years compared to 55% in Phase 1 of our study. The 30 carers from this group who were interviewed in Phase 2 were even less experienced, with 67% (20) having been fostering for less than five years and none over 14 years when the allegation was made. In Biehal et al., 56% had been fostering for over 5 years compared to 45% in our study. Compared to national figures from earlier studies, this 45% is lower, for example than Farmer, Moyers and Lipscombe's (2004) study in which 63% had fostered for 5 years or more but their study was of foster carers of adolescents who in general, are more likely to be more experienced.

#### NUMBER OF CHILDREN FOSTERED

In 24 cases (13%) the carers had fostered no other children before the allegation though they may have been fostering others at the same time. In 89 cases (47%) they had fostered fewer than 5 children. This suggests that slightly less experienced carers may be more vulnerable to allegations. Notable exceptions were three carers who had fostered more than 70 children. This information was not available for 13 carers who had worked for other providers previously because fostering providers did not know how many children they had fostered. In the interview sample of 30 carers, for two carers the allegation concerned the first placement they had ever had and in two other cases the carers had fostered just one child or sibling group before the child the allegation concerned. At the other extreme four families had fostered in excess of 20 children and in one case more than 50 before the allegation was made.

#### NUMBER OF FOSTERING PROVIDERS CARERS HAD WORKED FOR

Most carers (83%) had not worked for any other provider previously. In 22 cases (12%) they had worked for one other provider, in five cases two other providers and one carer had worked for three other providers. (There was no information for four carers.)

#### TRAINING OF FOSTER CARERS ABOUT ALLEGATIONS

In the analysis of the 190 phase 1 responses, less than half the carers were reported to have received any training specifically addressing allegations though it is possible that the fostering providers' records on this were not always accurate. Training in allegations is not spelled out as a requirement in the Minimum Standards for Fostering<sup>11</sup>. The Standards do cover training, support and development of carers in relation to safe caring which could be considered to contribute to handling the dangers of allegations occurring.

TABLE 4: TYPE OF TRAINING RECEIVED

Type of training received	Frequency	Percentage
Don't know/left blank	11	6
None	8	3
The Skills to Foster <sup>12</sup> only	18	9
The Skills to Foster + allegations	11	6
The Skills to Foster + other* (not allegations)	70	37
Allegations, but not The Skills to Foster	32	17
Other	40	21
Total	190	

\*'Other' includes many different responses but most frequently and significantly, 'safe caring' and/or 'safeguarding'.

<sup>11</sup> <https://www.gov.uk/government/publications/fostering-services-national-minimum-standards>

<sup>12</sup> A pre-approval training course for foster carers published by the Fostering Network. However, some providers used it as a generic term for any pre-approval training and some adapted it.

The responses suggest that only 43 (23%) of carers attended training that was specifically about allegations. This suggests that many carers were not provided with sufficient relevant training. However, some managers reported that their organisations had taken a conscious decision to incorporate allegations into all relevant training rather than having a standalone course, as this provided more context. Furthermore, because the question asked specifically about training in allegations, it is possible that the managers did not record generic training that included some coverage of allegations and this may include The Skills to Foster. Findings on training are covered in more detail in a later section.

## Characteristics of the children

### GENDER AND SIBLING GROUPS

Individual children were the focus of the allegation in cases involving 88 females and 82 males. In seventeen cases, the allegation related to more than one child in a sibling group. Two parent and child placements were the subject of allegations and one record was incomplete on this question.

### AGE OF CHILD AT THE TIME ALLEGATION WAS MADE

Of the 172 individual children (18 were part of sibling groups) involved in unproven allegations, the age distribution is similar to that for looked after children nationally. Comparing this sample to substantiated allegations (Biehal et al. 2014) suggests that a greater number of younger teenagers and fewer children aged 5-9 or over 15 years, made unproven allegations.

TABLE 5: AGE OF CHILD WHEN ALLEGATION WAS MADE (EXCLUDING SIBLING GROUPS)

Age range	Frequency	Percentage	% National age distribution of CLA 31 March 2015 <sup>13</sup>	% Biehal et al. (2014)
0-4 years (including 6 babies)	28	16	20	16
5-9 years	44	26	20	36
10-14 years	68	40	38 (10-15)	18 (10-13)
15 and over (including 1 'young adult')	31	18	22 (16+)	22 (14-16) 9 (17 plus)
Don't know	1			
Total	172			

<sup>13</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/464756/SFR34\\_2015\\_Text.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464756/SFR34_2015_Text.pdf)

### LEGAL STATUS OF CHILDREN CONCERNED

The latest national statistics<sup>14</sup> state that 60% of all looked after children were looked after under a care order (either an interim or full care order) and 29% under a voluntary agreement. In this study, a greater proportion of the children, 70%, were looked after under a care order and 21% voluntarily accommodated.

TABLE 6: LEGAL STATUS OF CHILDREN INVOLVED IN THE ALLEGATIONS

Legal Status (see Appendix 2 for definitions of these terms)	Frequency	Percentage
Full Care Order	98	52
Accommodated under S.20	40	21
Interim Care Order	35	18
Parent and Child Placement	4	2
Special Guardianship Order	2	1
Other	6	3
Blank/ Unknown	5	3
Total	190	

### LENGTH OF TIME IN PLACEMENT BEFORE ALLEGATION OR IN TOTAL IF RETROSPECTIVE ALLEGATION

The duration of placements ranged from 24 hours to 14 years. Nearly 60% of the children had been in that placement less than one year, so were much more likely to be in the first year of placement than those in the Biehal et al. (2014) study in which only 24% had been so. Out of the 113 children in our study who had been in placement less than one year, 78 had been in placement for six months or less, 14 of these in placement less than one month.

In 21 cases, the allegation was reported to have been made after the child left the placement. However, there was no direct question addressing this, so this information was offered as additional information and may be an underestimate.

TABLE 7: DURATION OF PLACEMENT WHEN ALLEGATION WAS MADE

Number of months in placement	Frequency	Percentage	% Biehal et al. (2014)
0–11	113	59	24
12–23	25	13	25
24–35	15	5	11
36–47	10	5	11
48–59	5	3	5
60–71	8	4	9
6 years plus	5	3	16
Blank	9	5	
Total	190		

<sup>14</sup> op.cit.

## NUMBER AND TYPE OF PREVIOUS PLACEMENTS

In 92 (48%) of cases, children were in their first placement. In 35 cases they had had one previous placement and 37 had had between two and seven previous placements. Three responses stated that the previous placement had been residential, one child had had an adoption breakdown and one child had had a kinship placement breakdown but there was lots of missing information on this question suggesting that those completing the responses may not have had a full history.

## HAD CHILDREN MADE PREVIOUS ALLEGATIONS?

Twenty-five (13%) of the children were known to have made a previous allegation against a foster carer and nine against a family member of the child. More than 70% (134) reported no known previous allegations and a further 12% (22), did not know or did not answer the question. Only 52% of the children had had any previous placements, thus 25% of the children in a position to make allegations against previous carers were known to have done so. It was not clear whether previous allegations were substantiated or unproven.

## Characteristics of the placement

Only 10 (5%) of the 190 placements were in kinship care which is less than half the 12% of children in care reported elsewhere (e.g. Farmer, 2009). Most (70%) of the sample were in placements with foster carers who had no birth children living at home. 30% were in placements with one of their own siblings. In two-thirds of households there were no other fostered children resident compared to one-third in Biehal et al. (2014).

TABLE 8: NUMBER AND AGE OF BIRTH CHILDREN IN PLACEMENT

Number of children in the study in placement with:									
No birth children under 18	One birth child under 18	2–4 birth children under 18	No birth children over 18	One birth child over 18	2–3 birth children over 18	One sibling	2–3 siblings	One other fostered non-sibling	2–3 other fostered non-siblings
133	37	18	134	38	14	39	19	49	13

In most cases placements were reported to fit with the carer's approval criteria. One was acknowledged not to be the case, the record stating that the "carer was approved for one child 0-6 years" and two siblings aged four and 10 years were in the placement. In three other cases, carers' approval criteria were reported to have been changed to suit the particular placement. However, the interview data suggest that special arrangements for approval were more prevalent than this. Interviews included a family in which a sibling group had been placed alongside three other children, an exemption to take a sibling group of four and a placement where a child was placed at the upper end of the carers' range and the panel immediately asked to extend this. In all of these cases the Phase 1 data had suggested that the approval criteria were met for the placement of the child who made the allegation.

## The process following the allegation

### HOW QUICKLY WAS SUPPORT OFFERED?

In 104 cases (55%) it was reported that support was offered on the day the carer learnt about the allegation. In an additional 17 cases, support was offered the next day, in 26 cases within a week and in nine cases within a month. In three cases no support was offered. In 14 cases, the response was unclear or the question unanswered. There were 17 cases in which reasons were given why support was not offered immediately including the need to collect additional information before anyone could speak to the carers, the local authority not having informed the independent provider about the allegation or additional support already being provided because of the nature

of the placement. The interviews suggest that in some cases carers did not perceive the first contact with their fostering provider (recorded in Phase 1 as support) to be supportive.

When carers were informed over the telephone, they did not feel they were truly supported until they saw someone in person, which could be a week or more later. For several carers the issue was not delay in the initial offer of support but the lack of follow up to this. These few carers reported that they heard nothing more from social workers for several weeks, and during this time some were expecting and waiting to hear from the police.

*...and then it goes dead. It's as though you're a leper, so you've done your job when you were looking after them. Now she's said something [it's] 'go to hell' and you're left totally on your own...*

Foster carer IFP

#### WHO OFFERED SUPPORT AND WHAT FORM DID THIS TAKE?

In 108 cases (57%) in the responses in Phase 1, support from the fostering provider was offered only by the Supervising Social Worker (SSW) or family placement social worker. In a further 49 cases support was offered by the SSW and others. Support being offered by just the SSW was more common in LAs (66% of carers) than with independent providers (48% of carers). Support from a manager (with or without others) was much more common in IFPs (46% as opposed to 8%). The seven cases in which LA carers were offered management support covered four different LAs. Support offered by other carers was more common in local authorities than in IFPs (10 cases as opposed to two).

TABLE 9: SOURCES OF SUPPORT OFFERED

Source of support	Number (%)
SSW only	108 (57)
SSW and manager	24 (13)
SSW, manager and child's SW team	2 (1)
SSW, manager and another foster carer	1 (<1)
SSW, manager and duty team	1 (<1)
SSW and another foster carer	8 (4)
SSW and child's SW team	5 (2)
SSW and other (e.g. therapist, duty team, support worker)	8 (4)
Fostering provider (e.g. SW, manager) only – not SSW	11 (6)
No support from fostering provider	4 (2)
Arranged own support	1 (<1)
Other foster carers only	2 (1)

### INDEPENDENT SUPPORT<sup>15</sup> OFFERED TO CARERS

In Phase 1, in 65 cases it was stated that carers were not offered independent support and in an additional 14 it was described as not needed. Thus in total 40% of carers were not offered independent support.

TABLE 10: SOURCES OF INDEPENDENT SUPPORT OFFERED<sup>16</sup>

Source	Numbers (%) offered support
FosterTalk (membership service)	38 (34)
The Fostering Network	21 (19)
FISS <sup>17</sup>	16 (14)
Other	7 (6)
Offered but not taken up	6 (5)
Offered but not aware if taken up	6 (5)
Don't know/not answered	14 (13)
Unsuccessful attempts at accessing*	3 (3)

\*This includes cases where support took so long to organise that carers no longer wanted it.

Most of the carers interviewed gave accounts that broadly agreed with the data given in Phase 1. One carer sorted out their own independent support. Only one carer whose record stated they were offered independent support reported that they were not. However, seven of the carers who were recorded as being offered independent support said they had chosen not to access it. Thus the response to the Phase 1 question 'Were the carers offered any independent support?' may not reflect the number of carers who actually accessed it. Additionally, two carers who were recorded as not being offered independent support said they were offered it but chose not to access it.

There was generally little difference between the frequency of independent support offered in local authorities and that offered in independent fostering providers with 40% of carers in both reported as having been offered no independent support at all. Twenty-three families fostering for IFPs and 36 families fostering for LAs were offered support from either The Fostering Network or FosterTalk. The main difference is in FISS, which was offered to 14 families working for IFPs and only two families working for LAs.

Overall, 37 families fostering for IFPs and 38 families fostering for LAs were offered support from one of these three sources (The Fostering Network, FosterTalk or FISS) but it seems that those fostering for IFPs were more likely to be offered the face-to-face support of FISS. The remaining families (22 fostering for IFPs and 19 fostering for LAs) were either reported to have been offered an alternative form of independent support (mostly therapeutic, sometimes from other carers and sometimes unspecified) or the response was 'don't know'.

Despite 40% of the 190 case responses in Phase 1 having been offered no independent support, all 13 managers interviewed in Phase 2 reported that their carers were subscribed to one of the main independent fostering support services. Some offered additional support services such as counsellors or independent trainers that carers could also access. It was often difficult to ascertain from the carers interviewed exactly what was offered and what services they used. Frequently, they could not remember the name of an organisation they had contacted and even when they knew the name of

<sup>15</sup> The National Minimum Standards (NMS 22.12) state that the fostering provider should make independent support available to the carer who is the subject of the allegation.

<sup>16</sup> FosterTalk and The Fostering Network provide membership services to foster carers that include telephone advice and support including legal advice.

<sup>17</sup> The Foster Carers' Independent Support Service (FISS) is delivered by FosterTalk to support foster carers during difficult situations such as allegations, complaints or concerns raised over the standards of the care they provide. The FISS service meets the requirements of National Minimum Standards.

someone who had helped them, were uncertain what their role was. Many social workers interviewed noted that fostering providers had changed the organisation they used, sometimes more than once, and could not remember which was being used at the time of the specific allegation.

One local authority had its own support scheme offering experienced and trained carers as independent support. The manager said that carers were still subscribed to one of the main independent fostering support services as well, but information about whether the LAs own scheme was linked to, or independent of this was contradictory. Other managers said they did or could offer carer peer support, but there were mixed views about the value of this support.

All 13 managers interviewed said that carers should receive written and/or verbal information about the independent support available to them at the point that they are made aware of an allegation. Some managers acknowledged that this might not always have happened. Just two said they actively referred carers to the independent support agency rather than leaving the carer to do so. The support service would then contact the carer who could choose whether or not they wished to take up the support offered.

There were 18 fostering families in Phase 2 that reported that they did not access any independent support. Fifteen of these were clear that they were either offered independent support or were aware of its availability at the time of the allegation but chose not to access it, and one was not made aware of the allegation until it was resolved, at which point the fostering provider felt that such support would not be useful. Two other carers did not remember being offered independent support. In one case, the social worker felt certain they had been and that they had actually accessed support. In the other, the social worker thought independent support had been offered at the time and the carer had chosen not to take it up.

There was some confusion about exactly what was offered to carers. In one case the fostering provider had not understood exactly what the independent support service they commissioned for carers provided. They did not realise they had to pay extra for face-to-face support which delayed the process. The carers expressed frustration at arguments about who was going to pay for their support and reported that by the time they met the independent worker it was two weeks after the allegation and too late to be of much use:

*...they didn't realise they'd got to pay for us to have support. And by law, they're supposed to do that. The solicitor sent them that message... so we never spoke to her till two weeks after... so when the support worker actually came, we were kind of feeling better then, ...we didn't need her, really, we needed her the day we had that phone call, we needed a support worker to come round that night and be with us.*

Foster carer IFP

## INFORMATION ABOUT AND PROMOTION OF INDEPENDENT SUPPORT

It appears that social workers need to be clearer with carers about exactly what independent support can provide and this might increase take up. Most carers interviewed felt they understood what independent support could have offered to them but one carer, for example said she had not wanted independent support but she would have liked legal and procedural advice and someone to talk to. Another suggested she had been offered counselling, which she was very much against, while her social worker said she had been offered one of the main independent support services.

Some carers suggested that with hindsight they probably would have benefitted from independent support while others described difficulties which independent support might have addressed. For example, some felt inadequately prepared for police interviews and had no idea what to expect, whilst carers who accessed independent support reported that they were offered guidance about this. Independent support can also reduce the pressure on the social workers:

*I think [SSIW] has been through hell with us, because I've moaned and moaned, and gone on so much. so I think we've put her through a lot more than she should*

*have been put through. And she wouldn't have had that if we'd have had an independent worker.*

Foster carer IFP

### REASONS FOR NOT ACCESSING INDEPENDENT SUPPORT

There were three main reasons given by carers for choosing not to access independent support:

- They felt they did not need it, usually because they saw the allegation as 'not serious' or it was resolved quickly.
- They did not see themselves as the sort of person who would benefit from talking about the allegation, especially to someone they did not know and/or over the telephone as noted by one LA foster carer: "I mean some people they pick up the phone and say... it is not my nature. I have to talk to someone I trust and I relate, and I have a relationship."
- They were not ready to talk about it.

*But, at the time, when it happened, I don't think I was ready to ring anybody and go through the whole thing of what happened. So, I didn't ring [independent support agency] to help me, I thought, I'm talking to a stranger, I need to talk to people I know around me... and still having nobody put their arm around you, or to say, you know, it's going to be alright, let's make another cup of tea.*

Foster carer LA

It was common not to be ready to discuss the allegation straight afterwards thus carers need the chance to receive support at a later date if they want it.

Social workers perceived that sometimes carers did not access independent support because they felt they had enough support, for example, from their family. Managers felt that more experienced carers, or those who had been subject to allegations previously might be less likely to want independent support:

*I think sometimes ... if the foster carers are very experienced, they may have been through something similar before. They're happy to have the support of the agency. Whereas other foster carers, if they're having the first allegation, they can be very angry towards the agency, and I think on those occasions it's always wise to provide that independent support.*

Manager IFP

### WHAT FORM DID INDEPENDENT SUPPORT TAKE?

Carers interviewed from 12 families accessed independent support. Usually this was via one of the main independent support services (FosterTalk or The Fostering Network). However in one case, a carer chose to access another support service that her LA had previously used. In another, it was a counsellor provided by an IFP. The two cases recorded in Phase 1 as receiving only independent support worked for an IFP and the carer who arranged their own support fostered for a LA.

Most carers felt that independent support services had offered emotional and practical help though some perceived the support as mainly legal and procedural. Similarly most managers felt that the independent support services offered support of all sorts, whilst some felt they offered legal and factual advice but not emotional support. These managers said that someone else, such as an alternative SSW or a counsellor would offer emotional support. Carers identified independent support as including:

#### Information and Advice

- Legal advice
- Advice about rights e.g. to face to face support from an independent person
- Clear guidance about the process of the investigation
- Appointment of a solicitor
- Signposting to other sources of help and advice
- Advice about police interviews
- 'Chasing people up' when there were delays
- Informing carers of the important questions to ask professionals

#### Emotional Support

- Realisation that the carer is 'not the only one' who has faced an allegation
- Someone to ask questions of, to help understand the rationale behind the stages of the investigation
- The feeling that there is somebody 'there for them'
- Reassurance
- Someone who was there when carers needed them

Most carers interviewed were very positive about the support they received and trusted the advice given, tending to believe this when it differed from that given by their fostering provider. They commented that in contrast to other professionals involved in the allegation, the people they contacted got back to them quickly and were often available outside standard office hours:

*The man I spoke to was really good, he went through and explained the allegations and things like that, and then, obviously, he mentioned about needing a solicitor. And, he just said, if I did need to, just give them a ring back, gave me his name, and said, give me a ring back if you need any more help. So, that was quite good.*

Foster carer LA

Only one of the 30 carers interviewed described a poor experience and this focused on accessing the service. The carer contacted what she believed to be a 24-hour service but was only able to leave messages. It took four days until she actually had contact with a human being and even then she felt this person was not clear about their role.

### Face-to-face support

Several managers reported that face-to-face support is always available if needed and that this is something that is purchased additionally, either through one of the main independent support services or from counselling services. One IFP said that all carers who are subject to an allegation are offered six sessions of counselling immediately. In others, the offer was less proactive.

In seven of the 12 families interviewed who accessed independent support, carers received face-to-face support. For one carer this was after making a complaint and for another it was perceived as too late to be of any real value. The other five families were not offered face-to-face support. Carers who received face-to-face support mostly used this to accompany them to formal and informal meetings and perceived the main benefit as having someone to back them up when there were contentious issues with the social work team. Usually this involved differences in perception about what both social workers and carers had said. Taking notes in meetings was also useful simply because carers found it difficult to remember everything that had been said.

*so she was there taking a lot of notes which come in handy at some point because the principal had said something and the legal team were writing it down and then when she went back to the question that she'd wrote down, the principal had backtracked and said, "I never said that," she said, "You have because I've got it wrote down here,"*

Foster carer IFP

Independent support workers could also ask social workers salient questions that carers might not have thought of and could prompt carers when they knew they had questions but had forgotten them because of their emotional state. They were sometimes seen as more productive in getting answers because, for example, they included managers in emails.

Carers who received this type of support were positive about it and felt that all carers who were subject to allegations should access this:

*I recommend to everyone that they have them. Even if they don't think they need them because it's just the support that's there. You go in meetings and you think, did they say this, did they say that, well, she knows because she's writing it down. She's not emotional, she's detached from it, so she gets the facts right, the facts down and then you've got them then which is good, it really is good*

Foster carer IFP

Although independent support and, in particular, face-to-face support were highly valued there was no suggestion that their involvement made a major impact on the process. Rather, they made the journey through the process easier and more comfortable for the carers.

## Outcomes following allegations

This section reports firstly on the fostering outcomes following the allegation and then on the impact beyond fostering outcomes such as emotional, financial and family consequences.

### Fostering outcomes following the allegation

Following the unproven allegation, 84% (160) of families in Phase 1 continued to foster. This is a much higher proportion than in the small sample in the pilot study. In a very few cases this was after a change in registration. Two more were reported to have continued but resigned subsequently and three to have continued but subsequently been deregistered. Twenty foster carers resigned immediately though not always due to the allegation (e.g. for family reasons). Five were deregistered.

### CHARACTERISTICS OF FOSTER CARERS ASSOCIATED WITH OUTCOMES FOLLOWING ALLEGATION

No association emerged between being single and resigning or continuing to foster

TABLE 11: THE RELATIONSHIP BETWEEN NUMBER OF YEARS FOSTERING AND OUTCOME OF ALLEGATION

		Number of years fostering (%)								Total (%)
		0–4	5–9	10–14	15–19	20–24	25–29	30–34	35+	
Outcome	Continued	86 (83)	34 (81)	22 (88)	9 (90)	1 (100)	1 (100)	1 (100)	2 (100)	4 (100)
	Continued – subsequently deregistered	1 (1)	0 (0)	2 (8)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	3 (2)
	Continued – subsequently resigned	0 (0)	1 (2)	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1)
	Deregistered	3 (3)	2 (5)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	5 (3)
	Resigned	14 (13)	5 (12)	0 (0)	1 (10)	0 (0)	0 (0)	0 (0)	0 (0)	20 (10)
Total		104 (100)	42 (100)	25 (100)	10 (100)	1 (100)	1 (100)	1 (100)	2 (100)	190 (100)

Table 11 shows that 54% of those who continued to foster following the allegation had been fostering 0–4 years and 70% of those who resigned had been fostering 0–4 years though this represents a difference of only three people. Comparing this with Table 3, which shows the length of time all carers in the sample had been fostering, those with less fostering experience were slightly more likely to resign following an allegation. However, this relationship did not hold in relation to the number of children that they had fostered.

The number of children previously fostered was not associated with outcome following allegation. 50% of those who resigned and 47% of those who continued had fostered up to four children (a similar percentage to those fostering up to four children in the study overall). Of those who continued, most (82%) had fostered less than 15 children but 16% of those who continued had fostered 25 or more children and none of those who resigned had fostered 25 or more children. It is possible that the relatively small proportion of carers who had fostered many children were less likely to resign following an allegation. However, of the carers who had fostered no other children before the allegation, 20 continued (14% of those who continued) and three resigned (17% of those who resigned).

Table 12 shows the relationship between outcomes following allegation and training reported but there is a further discussion of training issues in a later section of this report.

TABLE 12: OUTCOME OF ALLEGATION BY TRAINING

Training	Outcome (%)					
	Continued (%)	Continued – subsequently deregistered (%)	Continued – subsequently resigned (%)	Deregistered (%)	Resigned (%)	Total (%)
Left blank/ Don't Know	8 (73)	1 (9)	0 (9)	1 (9)	1 (9)	11 (100)
None	7 (88)	1 (12)	0 (0)	0 (0)	0 (0)	8 (100)
The Skills to Foster only	11 (61)	1 (3)	0 (0)	0 (0)	6 (33)	18 (100)
The Skills to foster + other (not allegations)	63 (90)	0 (0)	0 (0)	3 (4)	4 (6)	70 (100)
The Skills to foster + allegations	10 (91)	0 (0)	0 (0)	0 (0)	1 (9)	11 (100)
Allegations but not The Skills to Foster	30 (94)	0 (0)	0 (0)	0 (0)	2 (6)	32 (100)
Other	31 (77)	0 (0)	2 (5)	1 (3)	6 (15)	40 (100)
Total	160 (84)	3 (2)	2 (1)	5 (3)	20 (11)	190

Table 12 shows that only 43 foster carers (23%) from the Phase 1 sample were reported to have had any training specifically on allegations and of these only three resigned following the allegations.

According to the analysis of the responses in Phase 1, 23 of the 30 carers interviewed had continued to foster and seven had resigned. Only three of these families had resigned completely, the others either doing so temporarily (for reasons unrelated to the allegation) or moving to another provider. The two moving from IFP to LA both felt that the allegation caused considerable delay in their assessment and approval delaying their subsequent fostering. One of them also felt that the panel for the local authority had been particularly exacting, asking a lot of questions about the allegation focusing on it being closed as unsubstantiated rather than unfounded.

#### CARERS WHO RESIGNED

In one case reported in the interviews, the first child the carers had fostered made the allegation; a long-term placement who had been with them several years. These carers felt very sad that their fostering career, which they had assumed would continue for years, had ended so abruptly. They decided to resign pretty much as soon as they heard about the allegation, but felt they might have changed their minds if they had been treated more favourably and felt better supported subsequently. Their complaints about treatment focused more on the child's placing authority than on the IFP.

*But then they just drop you like that and I think that is why they're losing all the foster carers, because the support after is disgusting... it destroyed my faith in the actual fostering system to be truthful with you... I would never ever foster again... I feel gutted that we can't really help any more children, but I am not prepared to take that risk... if anyone said what do you think of fostering? I'd say never do it.*

Foster carer IFP

The second family were also relatively new and inexperienced carers. The final straw for this family was the response of the reviewing office who talked to them as if they were guilty even though the police had said there was insufficient evidence to take it any further.

In the third case, the carer felt the allegation had 'set the ball rolling' in terms of the decision to give up fostering but she also felt that with a different and more supportive SSW she might have continued. The carer did not feel able to discuss her feelings around the allegation with this social worker who she saw as generally unsupportive. When the children the allegation concerned moved on, the SSW told the carer she had 'done a fantastic job with them' and the carer said this was the first time ever she had given them any positive feedback.

#### REMAINING UNCERTAINTY ABOUT RESIGNING

One family that had not resigned were considering moving from an IFP to a LA due to the lack of placements made with them since the allegation which they believed was related to the allegation. A couple of families who wanted to see through a current placement were seriously considering whether they wanted to foster after that or had not ruled out resigning in the future.

#### CARERS WHO CONTINUED TO FOSTER

Carers said they usually came to the decision to continue after discussion with family members. Most of the carers interviewed who continued to foster had seriously considered resigning, only six families said they had not. Carers considered resigning both because of the traumatic impact and because of the way the allegation was handled. Some felt they would never be able to foster in the same way again because of the fear of another allegation and what the outcome of this might be. Many also felt pressure from their children (often adult) to resign or felt it was unfair on their children (usually minor) to continue. One LA carer explained how her immediate response was "I'm not doing it any more" because she was so hurt. Subsequently she decided to continue: "And, I just thought, well, I'll give it another try... My two daughters went ballistic. They said, mum, don't do it..." An IFP carer commented:

*And you are expected to sacrifice so much of your life and so much of yourself in order to meet the very high standards that are expected of you to look after these children ... that when you get an allegation you think 'Forget it, I've done the best I can do, and this is what I get'...you know I could end up in jail here (laughs) It's really serious and I don't think people understand the ramifications it has on your life. And I mean if something bad goes on your CRB and you do come out of fostering, getting another job is like... [really difficult]*

Foster carer IFP

The most common reason carers gave for continuing to foster was coming to a realisation that they were not willing to let the allegation or the perpetrator 'defeat them' or stop them from doing something they loved. They reminded themselves of what they had achieved and that they were good foster carers. One family said they would not have continued if the very young child the allegation concerned had not been returned to them. Some said they continued because they were committed to other children who were placed with them long term. For example, in a family where another child placed had had numerous placements previously the IFP carer noted:

"And I don't think we would have wanted to carry on if it wasn't for the fact that [other long term placement] needed to come back to us to know that it wasn't her fault."

Carers sometimes decided to limit any further placements because they worried about the impact on the long-term children placed with them.

Some were worried that resigning would make them look guilty and one manager confirmed this saying that they tend to believe that when carers resign there is some truth in the allegation. Others had more practical reasons for continuing such as fostering suiting their lifestyle and allowing a parent to 'be at home' with their own children. One carer who was concerned that the child might make more allegations in the future believed that continuing to foster would provide legal cover if this was to happen. Some carers were persuaded to stay by talking to other foster carers:

*And [other carer] said, but then you're letting [child who made the allegation] take over your life... why let this thing that you've not done ruin something that you wanted to do to help other children? And that's the reason that we carried on, for that other foster carer's words.*

Foster carer IFP

Whilst some carers felt the way the allegation was handled contributed to their wish to resign, especially when they felt professionals had been dishonest with them, others decided to continue because of the support from a particular professional:

*She stepped in and sort of took everything over and it was all sorted out you know, so yeah I mean I suppose if it wasn't for her I'd look at it as would it still be going on? Would I still be fostering?*

Foster carer IFP

One carer who continued to foster explained that her attitude to recruiting new carers had changed as a result of the way the allegation against her was handled:

*I used to do a lot of fostering meetings for getting people into foster care, I would not do them now. Because, all you did was sugar coat fostering. When I first fostered, I loved fostering, what social services did has dampened it for me.*

Foster carer LA

The six carers who had not considered resigning included those who saw the allegation as not very serious or expected it due to the child's behaviour or history of making allegations.

## Impact of allegations closed as unproven on the foster carers and their family

### EMOTIONAL IMPACT

Carers described a wide range of emotions. The most common initial reaction to being told about the allegation was shock. Many said they cried, sometimes repeatedly and over apparently unrelated events and several felt physically sick.

*I used to cry for stupid little things, you know, I think, at the time, I was emotionally and physically it drained me, the whole episode drained me, and it took me weeks to get out of it.*

Foster carer LA

Many felt angry, sometimes towards the child or parent (where they were the source of the allegation) but usually towards the system. They were particularly angry when they felt the fostering provider had not listened to their concerns, or might have prevented the allegation if they had provided the help that was requested. Carers felt guilty, both because they doubted their own innocence even when this was not rational, but also because the system treated them as 'guilty until proven innocent'

*... and the whole thing - you're guilty until proven innocent. And I kept saying if we'd gone into a court of law you're innocent till proven guilty, but this is the other way round - you know you are guilty, everybody treats you as you're guilty and you've got to prove yourself innocent ... which then took sort of like 7 months ... or 9 months to do.*

Foster carer LA

Some also felt that people would know what they had been accused of and worried that they would believe it.

*It's hell on Earth it really is. We thought everyone was looking at us... we thought everybody knew what she had said about us. It was a very harrowing, very harrowing experience.*

Foster carer IFP

Carers had to explain to friends, neighbours and other carers where the children placed with them had suddenly gone. Most had a cover story for anyone other than close family:

*We used to say 'Yeah we're having a break, break in fostering, just to sort our lives out.' And inside you're thinking 'I'm dying and I can't tell anyone.'*

Foster carer LA

Many carers felt fearful about a whole range of issues including involvement with the police, being sent to prison, fear that children (both fostered and their own) would be removed, that the allegation might relate to their children rather than them and have a major impact on their lives and simply of the unknown. An LA foster carer commented: "Every police car that went past, I thought they're going to stop here. Absolutely terrified that week, wasn't we?" One

fostering family was frightened of the family of the child who made the allegation:

*I mean, you'd worry driving back from work, am I going to find something? Am I going to find 'rapist' written all over my door when I get back? I was scared that they might even break in and kill my dog. It's stupidness, but ...*

Foster carer IFP

Some carers felt that not knowing what they had been accused of was the worst part. Many got through the waiting time until they were told the nature of the allegation by either reassuring themselves (it can't be that bad or they would have taken the child away/involved the police immediately) or torturing themselves (it must be terrible if they have not let the child come home).

*...it is not nice not knowing what you've been accused of, as your mind then goes into overdrive, trying to work out what you've done... it is the not knowing, the fear of the unknown.*

Foster carer LA

When children had been removed as a result of the allegation, carers tended to talk in the interview about the good times they had had with those children, explaining what a devastating way this was for a placement to end.

A few carers interviewed felt that the emotional impacts had been minimal. This related to having information (e.g. knowing that the child had made previous allegations), but also to the carers' ability to rationalise and depersonalise. For example some carers were able to say they had expected an allegation based on the behaviour of the particular child, or that they understood that the child had just wanted to find a way to return to their family. It also related to the nature of the allegation if, for example, it was perceived as not very serious on the scale of potential allegations.

Overall, the impact of the allegation was a very personal experience. Carers who had been subject to sexual and more serious physical allegations were very upset. Equally there were carers who became tearful and got very upset because their standards of care, on which they prided themselves, had been questioned. Carers pointed out that they had become carers because they wanted to care for children so to be accused of any cruelty (physical or emotional) towards them was very hard. Other carers became upset in the interview when they talked about the impact on their birth children or in the case of one carer who resigned because she felt so sad that she had felt forced to give up doing something she loved. Most carers were upset about both the allegation itself and the ensuing treatment they received though a small number said they were far more upset by the way they were treated than by the allegation itself.

### THE NEED FOR AN EXPLANATION

Carers felt the need to understand what was behind the allegation. By the time of the interview, many had rationalised this, and in effect knew that they had created an explanation that they had needed to help them move forward. For example, one IFP foster carer commented: "I've just made up my own little story that's made me

kind of like feel better... I know why he said them... in my head it's very simple, you know."

### IMPACTS ARE LASTING

Carers explained that impacts stayed with them for months or years. Many either became upset or said they still felt very raw when talking about the allegation in the interview anything from eighteen months to nearly three years later.

*...even this year, I said to [partner], "Christ, this time two years ago we was in the police station." so it's impacted on me badly... We just shut down. And even now, I haven't got any confidence*

Foster carer LA

### SOCIAL WORKER PERCEPTIONS OF THE IMPACT

Some of the managers interviewed felt that social workers did not always appreciate the full impact of an allegation on carers' emotional state, well-being and their livelihood. However, SSWs generally demonstrated a good understanding of how their carers had felt at the time, with just a few underestimating the impact. SSWs were not always aware of the breadth of impact experienced for example, saying they did not think the allegation had impacted on the carer's sleep or health when the carers were very clear that it had done so. Other SSWs focused on their role in rebuilding confidence:

*But obviously I think when these things happen it does scar you. There is a bit of a mark there which carers I think feel. Because I suppose for them, they end up questioning their competence, their practice... and all those sorts of issues really. And it's trying to build her up again in terms of confidence and in terms of let's look at what was positive from the placement and let's look at what perhaps you need to do differently.*

Social worker IFP

### ONGOING RELATIONSHIP WITH CHILD WHO MADE THE ALLEGATION

Where children who had made allegations remained in placement some carers found it difficult to continue caring for them. This might be to do with a change in the child's behaviour which carers perceived to result from 'getting away with' making a false allegation:

*... after that they got into the mindset as you can't make us do that because we're foster children. We have human rights... they'd seen they'd made all stuff up and they'd got away with making all the stuff up and got us into trouble and there were no consequences for them. ...[child's] behaviour after that got terrible.*

Foster carer IFP

In some situations carers found that their own feelings about the child made it difficult for them. They could also feel that they were 'on tenterhooks' worrying about every subsequent phone call from social workers. In some of these cases placements eventually broke down and whilst this was not directly related to the allegation it was felt to be a contributory factor. In other cases, carers felt they should 'see

the placement through' for the sake of the child, but expressed how relieved they were when the placement did come to an end.

*...you look at your phone and you see the agency's number 'God, what could it be now, has she said something else? What's gone on, or what didn't I do, what should I have done?' And you just have this constant anxiety about it.*

Foster carer IFP

Other carers were willing to continue with the placement but felt that the allegation changed the way they worked with that child. Sometimes this could lead to encouraging children to undertake personal care tasks for themselves before they were really ready, or to particular adults in the household becoming unwilling to undertake certain tasks. Where parents had made allegations about young children, carers became anxious about every bump and bruise. Not all foster carers felt this and those that said the allegation had no impact on their relationship with the child explained that this was because they understood why the child had made the allegation.

*When you know in your heart this child has been rejected, has not been loved, all her behaviour is about 'reject me, internally I'm not loved.' So if I'm aware of that, and plus this is a tiny body, it is like when you look at her you feel it is a little needy child. So you can't...*

Foster carer LA

In one case the allegation was seen by the foster carer and the social worker to have strengthened the young person's relationship with the foster carer because the young person had seen that his concerns were taken seriously and the carer was willing to work with him. When his social workers wanted to move him from the placement he realised how much he wanted to stay.

*...there are some real good lessons that had come out, and [child] could actually see, after being let down and even abused by [previous] foster carers that he should have been able to trust, that there was the person that he wanted to be with who was able to say, "If I've got this wrong for you, I'll hold my hands up." I think that moved them on considerably in their relationship, to be honest, in hindsight, it was traumatic. It caused a lot of paperwork for us but in a funny sort of way by default, that really built his trust. It was like, "God, I really can trust you. I've mucked up as well and I hadn't respected you but you still want me here."*

Social worker IFP

#### IMPACT ON OTHER CHILDREN IN PLACEMENT AT THE TIME OF ALLEGATION

Where other children in the placement were removed from the placement quickly this undoubtedly had a detrimental effect on them but it impacted on carers and their relationship with the child too. In one case this was very badly handled and the carers were left having to explain to the child why they had not collected her from school (as

the social worker going in their place was late and the child phoned them). The child repeatedly phoned and texted the carers throughout the time she was away and they had to ignore her. Subsequently this child returned to the carers and they had to rebuild their trust and relationship with her. Where other fostered children were not removed carers had to cope with their anxiety that this might happen. The police interviewed some children. As well as being traumatic for them it gave them an insight into what was happening and they knew there had been an allegation even if they were not told the nature of this. Some carers reported changes in behaviour where such children had later challenged them saying for example 'are you going to hit me?'

All of one family's placements were removed just before Christmas which had a devastating effect on an already traumatised family. As well as dealing with all their own issues the carers worried about the impact on these children and on their own child for whom Christmas had in effect been ruined. A fostered child in one family was attacked and bullied at school by the child who made the allegation. The carer felt she was not supported by professionals in resolving this and that the needs of the child who made the allegation were given priority. The carer told professionals: "she's a looked after child too what are you doing to protect her?"

#### THE ACCUSED CARER NOT BEING ALLOWED TO BE WITH CHILDREN

In cases where the allegation was of a sexual nature there were limitations placed on carers' contact with all children during some stages of the investigations. This could mean not being allowed to see grandchildren unsupervised or even that birth children (or the alleged perpetrator) had to leave the family home. Such children were not necessarily used to being separated from their parents and found this a difficult experience.

*She wasn't eating properly, she was so tired, wasn't she? You could see she was, like, worried and everything, so we put her through that for that bloody week unnecessarily, I suppose, but we went along with what social services wanted.*

Foster carer LA

#### IMPACT ON FAMILY RELATIONSHIPS

Less than half of the carers who were part of a couple felt the allegation had impacted negatively on their relationship. Where there were arguments, these usually related to whether to continue fostering or not. None of the carers reported ever doubting their partner's innocence. Any arguments directly relating to the allegation took place in the early stages when carers did not know the nature of the allegation or who it was against. In a small number of cases, primary carers felt their family blamed them for bringing this situation into the household. Some attributed arguments to the length of the investigation and not knowing what was going on.

Carers who felt the allegation did not impact negatively on their relationship felt this was because it was strong, open and honest. These carers felt that their partner had been supportive and most felt that if anything the allegation had brought them closer and strengthened

their relationship. In one family where both adults were subject to the allegation, they reported that this made it easier for them to understand and support each other. Some social workers described positives in the way couples had coped and saw useful outcomes for them:

*...the impact on the family was that they have grown stronger. They've tended to embrace fostering more as a family, rather than it just be [the main carer]*

Social worker LA

#### DIRECT IMPACT ON FOSTER CARERS' CHILDREN

In a few cases a carer's child or grandchild was the subject of the allegation or there was direct impact on carers' children because, for example, they were interviewed by the police. One child was interviewed at school before their parents had even been made aware of the allegation, and had been very embarrassed to be pulled out of class when classmates had all seen the police car arrive.

Some carers were very angry about the impact on other children, and particularly about the way professionals treated this. They felt that the needs of the looked after child had been treated as paramount and the needs of other children ignored. One talked about the irony of the concept of safeguarding in this respect. In this case, several other children had been involved in the process, including witnessing the police take the carer away and being interviewed by the police themselves because the child had implicated them in the allegation. The carers felt that 'the authorities did not safeguard' these children:

*That's four other children, but the one child who's looked after, oh she's up on a pedestal. She can do no wrong... they took that one child and rode over four others in the meantime. They didn't come into it these other four.*

Foster carer IFP

In several cases, the allegation followed some sort of altercation within the home which was witnessed by younger birth children. Carers were upset by this and worried about the impact on them. One carer explained that while her social worker was checking that she understood the implications of the allegation for herself she was just thinking about her child. Her priority was:

*...looking at [child], and dealing with what he had seen, which nobody was actually talking about, or how it had affected him. And, if another child did come in, how would he relate to that, would he think the same thing was going to happen again, all that was going through my head.*

Foster carer LA

#### FEAR THAT FOSTER CARERS' OWN CHILD COULD BE THE SUBJECT OF THE ALLEGATION

Carers reported that it was only when an allegation was made that they really realised the potential risk for their children. For many carers, one of the first thoughts was to question who the allegation

was against, and most managed to persuade social workers to tell them their children were not involved.

*We were so worried that it was about [son], because of this case we'd heard that was in our head, and [social worker] did say ...she shouldn't have done, but you bullied it out of her that it was not about [son], it was about one of us. And we ...we felt a little bit better at that, didn't we...*

Foster carer IFP

#### INDIRECT IMPACT ON FAMILY MEMBERS

Carers explained that even when children had no direct involvement in the allegation they were affected because of the impact on the foster carers and because they were worried for their parents.

*They had a horrendous couple of months, every day they would come home from work, have you heard anything yet mum, have you heard anything yet mum, it was on their mind the whole time, so it was horrid. It was on their minds all the time, because they were worried about us... and, how is it going to affect the family. I'm guessing they probably thought, what if mum or dad has done something.*

Foster carer LA

Carers also said that when fostered children were removed from their care their birth children suffered the loss of 'family members' they were fond of and had sometimes lived with for a long time. This could lead birth children to step back from fostered children in subsequent placements.

Some carers felt that the experience had impacted on their relationships with all children in a lasting way:

*[With] my own grandchildren, believe me I'm very aware now. It never used to bother me, but like ... they'll slide down your leg and I'm afraid now if they get into the area of my crotch area I actually do move them away. I'm so much more aware you know and that is terrible.*

Foster carer IFP

#### INFORMING CHILDREN ABOUT THE ALLEGATION

A number of carers chose not to tell their children, including adults, about the allegation, or about the details. Often this was because they knew their children would want them to give up fostering.

*We tried to keep it quiet, so our kids couldn't know what was going on, and they still don't know. They know we've had an allegation, but I don't want them thinking that kids could do this, because they wouldn't want us to foster if they knew how bad this was.*

Foster carer IFP

Indeed in the families where children were told about the allegations, carers invariably reported that they wanted them to stop fostering.

In the event carers continued to foster but it added another level of pressure within the family.

### **ONGOING RELATIONSHIP WITH SOCIAL WORKERS AND THE IFP/LA**

Some carers interviewed felt the allegation and its management had had an ongoing impact on their relationships with their SSW and the IFP or LA, some noting that they could no longer trust professionals. In three cases they felt that the SSW had written inaccuracies about the allegation in their household reviews (in all cases upheld by managers to some degree). More common however, was a concern about the way professionals saw them.

When foster carers had a new supervising social worker shortly before the allegation both parties felt the allegation impacted on them building a relationship. In some cases it was reported to make it more difficult and in others it was seen as helpful in getting to know each other well. Two carers were so unhappy with the support they received that they requested a new supervising social worker.

Social worker interviews suggested that some had a good understanding of how hurt and angry carers were and demonstrated patience towards them. Some suggested that carers' interactions with the fostering provider and other carers had been damaged due to loss of trust in both directions. Some felt they had worked very hard to maintain relationships and had discussed the allegation with the carers and been supportive over a prolonged period. They acknowledged how upset carers were and accepted a certain amount of them being rude or shouting, but occasionally questioned carers' professionalism in this regard. Some felt there had been more serious difficulties with carers refusing to take any responsibility for events leading up to, and following the allegation.

### **PLACEMENTS WITH CARERS AFTER THE ALLEGATION HAD BEEN MADE**

In many cases the child the allegation concerned was reported to have remained in the placement.

Respondents completing the Phase 1 forms were invited to add any information they felt helped to explain why carers have or have not had placements made with them since the allegation, or whether it has been more difficult to place with them. Children still being in placement, and thus a lack of vacancies was by far the main reason given for carers not having further children placed with them since the allegation. A few other explanations were given for example: "Carers on hold because there have been subsequent issues or concerns". And "As a result of the allegation, the carers requested a change of approval criteria to a very narrow group (e.g. babies) so a match had not yet been found."

The allegation was made after the child left the placement for nine of the 30 carers interviewed, but the child was removed in only seven of the remaining 21 cases and one of these was later returned. Carers in four of the families interviewed felt there had been a reduction in the number of placements offered to them following the allegation.

Where carers had had further placements made with them there were a few comments relating to the allegation. One LA is reported to have

asked a lot of questions of a carer before eventually placing a child with them. In another case, the area team who were responsible for placing the children who the allegation related to, refused to place a further sibling group with the carers.

Other carers were determined to be more cautious about which placements they accepted and to be firmer about making the LA stick to 28 days notice: "Because we realised now that we was going to ask questions and get more information and we wasn't just going to take the first child through the door." One carer said the panel had subsequently approved them for fewer children and another, who had been moving to another provider when the allegation occurred, said it had impacted on the number of children for which they were initially approved with the new provider.

---

### **Financial impacts**

Managers in four of the local authorities described the system for payment when a child is removed following an allegation as broadly the same. The carer would continue to receive the fee or reward element of their payment at whatever level they are approved for each child who is removed, but not the allowance part of their payment (i.e. the bit that would be spent on the child). However the carers' allowance is often payable according to how many children were in placement at the time of the allegation. So if a carer was approved for three placements but had been caring for just the one child they received just one payment for the length of the investigation. This was felt by the carers to be particularly harsh because in some cases they had agreed not to take extra placements alongside the child who made the allegation because of the level of their needs.

There were slight differences in terms of how long this would be paid for; until the final decision of the Local Authority Designated Officer (LADO) or until the panel<sup>18</sup>, at which point the carer will either be approved to continue fostering or deregistered. There was a suggestion in one LA where carers were only paid if they were officially suspended, that there had been some cases where carers were not suspended to avoid having to pay them. In another LA, there was a more complex scheme with a decreasing scale of payments over three months and after this decisions were discretionary.

Managers of IFPs reported a lot more variation in terms of financial arrangements. In most IFPs carers reported that all pay stopped immediately a child was removed. In some cases the child was removed just for a few days and carer payments were stopped for these days. In some there was no set scheme and payments were always discretionary. In others, payments were continued only if the placing LA continued to fund the placement. Even when discretionary payments were made they would often be for a set period of time, for example two weeks and would only include the fee element of the payment or a set fee, for example £175 per child. Other IFPs had fixed schemes which could be more generous.

---

<sup>18</sup> In England, the Fostering Panel makes clear recommendations to the agency as to whether, in its view, individual applicants should be approved/re-approved.

Some carers felt the time in which they could not foster, and thus earn income was extended by the length of time the investigation took and by having to wait for an available date to return to panel. Several also felt that fostering providers had been slow to place with them after the allegation was completed, further extending the period for which they received a reduced payment or no payment.

Clearly it was easier in families where there was a partner with a job so that they were not dependent on fostering income. However, in these cases the allegation could impact on the partner's job if it involved working with children. Carers felt as if they had been financially punished for trying to care for children with a high level of need.

*so we'd gone 100% into looking after these kids and then we had no kids, no money, nothing, no retainer, no nothing then. It just discourages you from giving 100% commitment when there's no backup for us.*

Foster carer IFP

Some carers had previously had jobs that they could return to during the period of the investigation but this was not straightforward, as they never knew how long it was going to take. Also carers were not necessarily in an emotional state to work, as explained by this LA carer who was very glad to continue receiving the carer's allowance: "...cause I don't think we could have ever got a job. Because it was just... it was quite distressing."

Whatever their personal circumstances and stories, many carers did feel that they and their families had suffered financially. Some were able to survive without fostering income but clearly this has implications for single carers and those where the partner earns a lower income.

*And so that was financial ruin in a way, you know. We had to max out the credit card to pay the mortgage and to pay our normal bills.*

Foster carer LA

## Factors contributing to unproven allegations being made

### INFORMATION ABOUT THE CHILD AND POOR MATCHING

Carers (and some social workers) interviewed often felt that children were placed without sufficient information, although they acknowledged that such information was not always available. This was only an issue in terms of perceived impact on the allegation when it led to placements that were felt not to be a good match. Several carers reported that they would have 'thought twice' about accepting the placement of the child who made the allegation if they had had more accurate and timely information. This was most likely to happen in emergency placements and two carers reported being given the information that they felt would have led them not to accept the placement when the child was on their way or already at the placement. New carers were particularly vulnerable to this, suggesting that they had not learnt how to ensure a good match or felt that turning down potential placements would reflect badly on them.

*I think we didn't know the questions to ask, so yeah I think you need a lot more information I think because it sets the carers up for a fall.*

Foster carer IFP

A social worker commented that less experienced carers were being asked to take more challenging young people which might contribute to our over-representation of these carers in the study. She also emphasised the need for better and regular training:

*I'm finding ...even more the newly-approved carers, are managing more complex young people... it's about prevention ...they've got to really have a really good bit of knowledge, more so on good understanding of these young people, right from the get-go. And it's something that needs to be constantly kept up to date within their training.*

Social worker IFP

Social workers challenged some carers' reports of inadequate or inaccurate information but noted that the child sometimes behaved very differently than in previous placements, for example because they were responding to a different level of rules. Social workers reported that conversely carers were sometimes resistant to information from previous placements, because they felt it was not relevant to the way the child would behave with them. There was only one case where the carers believed the child had made allegations previously and they had not been made aware of this. They reported that this information would not have stopped them taking the child but would have 'raised their guard a bit'. The social worker in this case believed the carers had been given this information.

### PLANNED MOVES AND MOVING TO PERMANENCE

In several cases, carers felt that planned moves had not been executed well which had resulted in difficulties for children. In one case where a child made allegations subsequently to being adopted, the carers felt the overall way the adoption was handled contributed to the child's feelings of abandonment and thus upset and anger towards them as foster carers. In particular, the child needed more time to get used to the idea of a move and more chance to discuss feelings in response to this. In several cases, planned moves to family members (both returns to birth families and kinship care placements) became protracted. This was acknowledged to be unavoidable but still seen as unsettling for the children and likely to have contributed to the allegations. In a couple of cases children made allegations during the period preceding the move which were seen as likely to be attempts to hasten the move. One carer described the child's attitude at the time: "Well, I'm going home now, that's it, because I don't want to be here, I shall create."

### POOR PLANNING RELATED TO RESPITE

In one case, children were perceived by the carer and their social worker to have been placed in respite (where the allegation was made) with poor preparation and no understanding of why respite was necessary. Both carer and SSW suggested this might have contributed to the allegation. In another case where the allegation was made by

birth parents, this was immediately following a short period of respite about which they had not been informed.

### COMPLACENCY IN LONG TERM PLACEMENTS

In two cases there was acknowledgement from carers and social workers that complacency can creep into long-term placements where children 'become part of the family' and carers treat them as their own child. This could lead to slips in safe-caring practices and impact on recording and reporting leaving carers in a more vulnerable position when an allegation was made. It was also seen to make the emotional impact of the allegation more devastating. One social worker commented:

*...I have to say to them, but something could happen, there could be a blip, you're still continuing to treat them as your own children... other carers, are not as, what can I say, emotionally involved with some children, and there are very few allegations with those families, because it's done by the book.*

Social worker LA

This is an ambiguous issue for carers. Are they meant to treat the fostered child as a member of the family but not too much so (see Schofield et al. 2013)? Accusations of complacency could also relate to social workers. One long-term carer complained about unannounced visits taking place when the children were not present. She felt that if social workers had made unannounced visits after school hours they would have had a clearer picture of the way the children were cared for which would have helped them put the allegations into context.

### SOCIAL WORKER VISITS

Most carers reported that children's social workers carried out visits according to statutory requirements and saw children alone. In some cases, however, carers were not happy about the length or quality of visits and some reported that children had experienced frequent changes of social worker and sometimes gaps with no social worker. Opportunities to raise with their social worker any concerns about their placements were limited by the challenge of building new relationships with a series of social workers.

*We had him, all in all, 16 months before [the allegation] and, I think he had six social workers in that time, and there were times when he didn't have any. And, we were down at that office, banging our heads against that wall, he wants a social worker, he needs a social worker... I said, look, it's not on, he hasn't got anyone, he's angry, he's getting frustrated ...nobody cares, I said, that's what it feels like to him.*

Foster carer LA

Supervising social workers also suggested that it was harder for foster carers when children had no social worker. When an allegation was made retrospectively, one carer realised that it related to a time when they did not have a supervising social worker and the child's social worker was on long term sick leave. This made them feel extremely vulnerable:

*...that's why when this happened, we were so scared, we was thinking, well, that six weeks, we didn't have a supporting social worker. And [child who made allegation]'s social worker was off ill, so we hadn't even been seeing her in all that time, and that's why it was like ...oh, my God, and we were so alone at that time.*

Foster carer couple IFP

In contrast, a few carers described their shock at the allegation, commenting that the child had had plenty of opportunity to talk to their social workers if there was a problem.

### LACK OF SUPPORT FOR CHILD

In several cases, carers had repeatedly asked for therapeutic help or life story work for the child and felt that had this been provided it might have made the allegation less likely. Some had tried to access support through other avenues, including education and health services:

*we kept telling them that... the times we phoned up, he needs help, he needs help, and then they'd just ignore you, that's what I got so mad about. And, I was doing that for 12 months, every review, every social worker...*

Foster carer LA

And:

*...if they'd have listened to us in the beginning, and given that young lady the support, [she needed] I don't think it would have happened... If they had supported her, given her the additional support in school, been out, seen her a bit more, I don't think it would have happened, I really don't.*

Foster carer LA

## LACK OF SUPPORT FOR CARERS

Carers reported that they had asked for support for themselves that had not been forthcoming. In IFPs this could sometimes be the result of disagreements about whether the IFP or LA should meet the costs of this:

*...and we were also asking for respite ...but we didn't get the respite until after the allegation. They wouldn't pay for it! Because they didn't think the behaviours were at that time bad enough.*

Foster carer IFP

Additionally, some carers felt that the child's social worker had not supported them in managing the child's behaviour which had led to the child feeling they could do whatever they wanted to:

*Do you know what it is? It's like a set of parents. You've got social services and us and they're like their mum and we're the dad, and it's like we're saying x, y, z, you must do this and do that and they're saying oh no, she don't have to.*

Foster carer IFP

However, in other cases carers saw the child's social worker as very supportive in managing the child's behaviour, both in terms of providing advice and direct work with the children.

## PLACEMENTS THAT WERE CLOSE TO BREAKING DOWN

In a few cases social workers felt that placements were close to breaking down when the allegation occurred. Whilst this might have impacted on the allegation being made, there were no clear alternative placements at the time. For example, in one case the carers had given notice but no suitable placement had been found for the child. The social worker said:

*I do think that the fact that we couldn't move him when we originally wanted to, that really put pressure on the child, and it put pressure on the foster carers... Whether that pressure caused him to go, "d'you know what? I'm getting out of here, and I'm going to get out of here however I want to get out of here" ...I don't know*

Social worker LA

In other cases, social workers said that with hindsight it might have been preferable to end the placement, but that if they had they would have now been wondering if they could have made it work.

## CONFICTING ADVICE ABOUT RECORDING AND REPORTING

Carers and social workers commented on improvements in safe caring practices and recording and reporting following the allegation. Whilst this is generally a positive outcome, it did cause anxieties for some carers. Many said they were more likely to 'over record' and call the social work team to report every tiny little incident, seeing everything as a potential allegation. Some said they were more likely to call duty teams, when previously they would have waited to report events to the social work team the following morning.

Sometimes newer carers in particular, felt they had been given conflicting advice about recording and reporting. This was sometimes relevant to what happened following the allegation and how complex and difficult the investigation became.

*When we had [previous placement] the [child's] social worker, and our social worker, would say we don't want you phoning us every day about anything that you put in your log book, you can leave it two or three days for when you might see us next... how come they were totally different to our new social worker, and the new child's social worker... they're doing it strictly to the letter, within 24 hours, which we didn't know anything about.*

Foster carer LA

Some social workers thought they had been very clear about recording but others acknowledged the potential difficulties for carers and reflected on their learning to be clearer in future, while acknowledging the subjective judgments involved:

*But you know it is difficult when you're caring for a child for a number of years that is always chucking themselves around and is always getting a bruise. How, when, when do you report and I think that is where carers struggle...*

Social worker IFP

Several social workers said the main thing they had learnt from the allegation was to be even clearer with carers about the need for reporting and recording. This included encouraging carers towards electronic recording that can be emailed daily rather than being collected at supervision and possibly not seen for several weeks.

## SOCIAL WORKER AND MANAGER PRACTICE

In terms of factors that might contribute to allegations, social workers and managers suggested that in future they would:

- Go over behaviour strategies with the carer more often to reduce the likelihood of them using methods that might be misunderstood;
- Talk to carers more when children are being prepared for adoption, to check whether they have any concerns about the process;
- Be more aware of communication difficulties between the carer and their SSW, which can put carers at a heightened risk, and either introduce joint working or consider a change of SSW;
- Be more aware of linguistic and cultural barriers and offer more support on these to carers.

## Training provided to foster carers on allegations

### PRE-APPROVAL TRAINING (E.G. THE SKILLS TO FOSTER)

All managers reported that the subject of allegations is covered in pre-approval training. This includes procedures and support following an allegation as well as safe caring to prevent allegations. Both managers

and social workers suggested that information about procedures and support in the event of allegations was 'brief' or covered 'the basics'. The main reason given for brevity was simply the amount of work that needs to be covered in such courses within limited time. One IFP manager suggested that about half an hour was spent on the specific subject of allegations: "It's really to plant a seed and make people aware of, a) the possibility that it could happen, but, b) to think about the impact that it would have."

Those carers fostering for many years could not remember what was covered in preparation courses, or had a memory that allegations were mentioned but not of any detail. Just under a third agreed that all aspects (safe caring, recognising the potential for allegations and what would happen if an allegation were made against them in terms of procedures and support) were covered. Some only remembered the safe caring aspects being discussed. Carers felt that safe caring had been well covered, but that they could not really appreciate what it meant in practice until they fostered their first children. One carer felt certain that allegations were not discussed at all and that although they had asked specific questions they had not been answered.

Social worker reports were very similar to those of carers. A few suggested there was more emphasis on procedures than carers had remembered, but most suggested that the main emphasis was on safe caring and preventing allegations. Several carers suggested that the fostering provider had not wanted to scare off potential applicants, which according to social workers and managers was an accurate perception. Both social workers and managers talked about the need for balance and not frightening carers away or over emphasising the risk of allegations or some of the possible outcomes of them. They acknowledged that they do lose some carers at this point in the pre-approval training.

*We've had to really think about how ... I know our workers who do it are very skilled, but we've had to think about how we do that, so that it's balanced. And so that they don't get a sense that ... because it's actually extremely rare for the carer's own children to be removed. And it would have to be shown that they had brought children to ... caused children to suffer significant harm, so it's trying to keep it in perspective.*

Manager LA

The aspects of pre-approval training that most carers specifically remembered were that the police might be involved and that both fostered children and their own children could be removed from their care. Several carers felt that discussion about allegations had 'gone over their head' or they had believed it related to people who would harm children and had not appreciated the risk of unproven allegations. Again managers were aware of this and commented that it is very difficult to get through to carers at this stage as they never think it will happen to them. Some talked about attempts to deliver training in ways that are most meaningful, for example using scenarios and interactive sessions rather than just delivering information. Social workers gave more detail about how the training was delivered, talking about working through case studies and scenarios and bringing in carers who had experienced allegations and in one case the Local Authority Designated Officer.

## POST-APPROVAL TRAINING

In some cases social workers go through policies and procedures with carers straight after panel approval because placements can be made within the next day or so. Most managers said that SSWs should be going through the handbook with carers as part of their induction, but were not always certain that this was actually happening. Some suggested that the section on dealing with allegations was an important part of the handbook that would be specifically discussed with carers, especially where this was something they had raised anxieties about. An LA manager explained: "...from the early days, when they're being assessed, we talk about things like allegations, it's the one big thing that people are frightened of, and need that information very early on." All managers said that policies and procedures were readily available to carers, usually on the intranet, and that there was written information and guidance about what would happen in the event of an allegation in the Carer Handbook. Managers recognised, however, that this information was not likely to be very meaningful until an allegation happens and is therefore unlikely to be retained.

In only one case was there any suggestion by a manager that a carer had been reluctant to attend training and this was a respite carer who worked full time. There was no suggestion that any other carers had been unwilling to attend training. In fact many were described as keen to attend. Reports from carers and social workers and data from the Phase 1 forms suggest conflicting views of the training. There were situations where carers reported that they had attended specific training on managing allegations and social workers said there was no record of this, and vice versa. There were also disagreements about when such training had been attended, i.e. before or after the carer was subject to an allegation.

Safeguarding was a mandatory course in all cases. Most people said this had to be completed within the first year of fostering and repeated every three years, and sometimes more often. However, there was some doubt about whether long-term carers always achieved this and in some places about whether it was even a requirement any more.

*Well, we used to say every three years, to update their core training, which safeguarding is one of their core training, but I don't think we say that any more, if they've completed the core training we wouldn't expect them to then do that again, I think that's the case at the moment.*

Social worker LA

Some managers spoke of encouraging foster carers to attend multidisciplinary training offered by other organisations such as the LADO or Local Children's Safeguarding Board. This was seen as useful in being very relevant to the particular area people live in and in one case described by the social worker as 'fantastic'. One IFP provided a workshop open to all carers and social workers, support workers and managers. A LADO presented a talk about allegations in foster care, explaining the procedures and then took questions. A carer who attended the event after she had been subject to an allegation felt it was a shame that only a few foster carers had attended. She had found the session very useful and stressed how useful it would have been

for all carers. The mixture of professionals was seen as particularly helpful as foster carers have reported in other studies<sup>19</sup>.

#### SPECIFIC TRAINING REGARDING MANAGING ALLEGATIONS

Eight of the thirteen managers interviewed reported that they offered a specific course relating to allegations and five did not. In two IFPs, a specific course had been introduced recently. Just over half of the carers reported that they had attended a specific course relating to managing allegations. For one third of these, this was after they had been subject to an allegation. There were no differences between local authorities and IFPs in these findings.

Most managers stated that training specific to managing allegations was mandatory and expected to be completed within 12-18 months of approval. In one IFP they aimed for carers to complete this before approval. Carers and social workers however usually believed that such training was not mandatory but some said carers were expected to do it within the first year or 18 months of fostering. In only two cases was there a requirement to repeat allegations training. Managers of fostering providers that do not offer a specific course covering allegations usually reported that they had made a conscious decision not to do so. This was justified by the need to provide balance and embed it in wider training:

*...I think by running it within safer caring and within safeguarding it contextualises it. If you make it a standalone issue then sometimes you need to make those links for people... Recording skills for example... we talk about, "If you were subject to an allegation your logs would be removed, they would be reviewed, this is your way of protecting yourself, this is how you demonstrate what's going on in your household, this is how you identify what's out of the norm."*

Manager LA

However another local authority manager reviewing their response to allegations was questioning whether their existing strategy of covering allegations within safeguarding training was sufficient: "...from the feedback I'm getting from foster-carers that have been through complaints and allegations, I'm not sure that it's really hitting the mark ...".

In some cases only one carer in the household had attended allegations training and this was not necessarily the carer who was subject to the allegation. The difficulty of providing training to second carers and support carers (undertaking respite placements) who often work full time was also raised as a more general issue. In the interviews, second carers often said they had completed safeguarding or safe caring training electronically, but this was not always seen as effective. In one IFP, a social worker had developed her own way of dealing with this by giving the second carer the training material at supervision, going over it with them in 'a mini training session' and in effect 'testing' them on it a month later.

#### THE CONTENT OF TRAINING

The general view amongst managers interviewed was that post-approval courses covered the same material as pre-approval courses but in more depth and detail. Some fostering providers used outside trainers for more advanced training. Some managers mentioned key points they felt it was important to get across including stressing why carers cannot be told what the allegation is, that the relationship between SSW and carer changes and the fact that the fostering provider is not in control of the investigation. They reported that courses covered processes following an allegation and the right to independent support.

*...the foster carers start off and, you know, obviously say it's not a very nice subject..., but you go through stages and by lunchtime I actually think they're all about to resign. You do ...draw them back in, and I think the videos of the foster carers talking about the experiences that they've had, and then despite that why they continue to foster, are very helpful in pulling people around.*

Manager IFP

Foster carers interviewed felt that training adequately covered aspects of safe caring and providing care for children in a way that minimised the opportunity for allegations to be made. This included the importance of good recording and reporting. However, more than a quarter of the carers interviewed (both LAs and IFPs) felt they had received no training that prepared them for what would happen if an allegation was made against them. They said they had not for example, covered processes and procedures, the potential emotional and financial impacts, the fact that the child may be removed from their care or what support they would receive. They had had no idea how long investigations could take.

Carers identified relevant training as covering: policies and procedures, potential involvement of the police and solicitors, lack of contact with their SSW, the availability of independent support, the different types of allegations children make, the reasons behind unproven allegations and being told not to take them personally.

A few carers remembered working through case studies or hearing from a carer who had been through an allegation. This was seen as powerful:

*...and she said, how it happened, when it happened, and what she did, and I think everybody in the room, you could hear a pin drop...they didn't, kind of, put you into a situation where you were naive in any way..*

Foster Carer LA

Very few social workers interviewed could confidently report on what had been covered in courses attended by the carers who participated in the study. Some confirmed carers' views that safeguarding training focused on preventing allegations and only looked in very general terms at what would happen if an allegation was made, or acknowledged that certain aspects of managing allegations were not covered as a IFP social worker commented: "I know it is covered, I've looked at it, and actually, it's covered in quite depth by the trainer,

<sup>19</sup> Sebba, Luke, Plumridge et al. (2016) Evaluation of the London Fostering Achievement Programme. London: GLA

but only around the processing, not the emotional feeling ..." Carers confirmed this need for content that addressed emotional impact.

Some carers felt that training should be provided earlier, before they had any children placed with them:

*Respondent F: I think looking back you should be made to do the allegation course before you even become a foster carer*

*Respondent M: ... because when it happened, we just sort of went into melt-down, whereas I think if we'd have had the training, even if during that training, say, look, it is a risk, if it happens, pick this list up, it tells you who to phone, when to phone, and what to do.*

*Respondent F: Yeah. And we had nothing...*

*Respondent M: We was running round like headless chickens, we just didn't know which way to turn.*

*Foster carers IFP*

Carers were keen to point out that no amount of training can prevent allegations. They felt that training could not prepare them for 'the real thing' especially in terms of the emotional impacts.

*...they do go through so much stuff with you, and they do try and brace you for ...that possibility. But I don't think that you could be thoroughly prepared enough for the windstorm that is an allegation, I don't think you can be psychologically prepared for it, ...physically prepared for the knots in your stomach when someone does say an allegation's been made against you.*

*Foster carer IFP*

## OTHER FORMS OF INFORMATION AND SUPPORT ABOUT ALLEGATIONS

Several social workers mentioned sections on allegations in carers' handbooks. These are readily available to carers, often online and frequently updated. There was, however, an acknowledgement that carers did not look at the handbook as often as they could or should.

All social workers said that safe caring was discussed routinely in supervision, in many cases linking this to a section on the supervision document. This usually included updating household and child safe caring polices and reminding carers about the importance of full and timely recording and reporting of any incidents to social workers. Foster carers confirmed that safe caring was routinely discussed in supervision, a few felt it had been discussed more since they had been subject to an allegation. Some managers reported that allegations were also covered on a one-to-one basis with carers during supervision and in one case as part of their induction which should be delivered by their SSW within two weeks of their approval. Foster carers, contrary to the managers' and social workers' views, did not feel that allegations were often discussed in supervision, only when they happened.

Most of the carers in the study said they attended support groups regularly or 'when they could'. Very few remembered allegations being discussed except informally when a carer who had been subject to an allegation had raised the subject. Only three remembered it being raised as a topic in a more formal, educative way. More social workers and managers suggested that this did happen, sometimes including invited speakers (e.g. a LADO, foster carers who had experienced allegations and a representative of FosterTalk) but managers pointed out that there is no obligation for carers to attend.

Some carers did not understand why, when the allegation was made against them, they could not 'just be believed'. They felt that their previous record, the child's behaviour, and the child having said they wanted to move out of the placement should be taken into account. In the words of one such carer, "professionals should be able to see through this".

There was also a small group of carers who did not appear to be able to depersonalise the allegation. They were angry with the child and their narratives focused on "everything they had done for the child" and the child being ungrateful and 'repaying' them with an allegation. This suggests that these carers needed better support at the time of the allegation but also training. It suggests a need for a better understanding of the various motivations for making allegations, and of the reasons why all allegations have to be investigated properly, but also a better understanding of looked after children and why children might not be grateful to them. The strong feeling of being let down by a child was more common in longer-term placements where perhaps training needed to be updated to remind them of the differences in fostering and parenting.

There were positive outcomes for some foster carers in terms of involvement in developing related training or policies or in recruiting new carers. However some other carers were invited to contribute in similar ways but this never materialised in practice.

## Limitations of this research

This research addresses a sensitive topic. As such, recruitment to both phases was challenging and while 190 responses of allegations were received, 200 had been our initial target. Furthermore, we interviewed 30 rather than the 39 foster carers initially targeted and some of the social workers and managers that had been involved in their cases could not be traced or did not wish to participate. The sample cannot be assumed to be representative, though we have been explicit in drawing similarities and differences between it and the national population of foster carers. Our main omission is in the failure to have secured interviews from any carers that were deregistered by recruiting through fostering service providers. It is likely that these carers, as the small number in the pilot study showed, might have provided the most extreme and negative feedback on their experience.

As with many studies, with hindsight there are aspects of the design that could have been improved. In particular, the responses in Phase 1 suggest some ambiguities on a few questions, responses to which were completed by fostering service providers without the researcher present. These suggest that the questions could have been clearer. We did not ask explicitly whether the child was removed immediately though we have this information for those interviewed. We also did not ask for the length of time between initial allegation and the case being closed.

Drawing conclusions about who provided support is complicated by the fact that some respondents have listed therapeutic or carer peer support as 'independent' whilst others have not. In reality, carer support can be provided by known colleagues, or by specially trained carers from other regions, and therapists can be employed by a fostering provider or brought in from outside. However without further information we cannot know for certain. This only involves a small number of cases but adds some uncertainty to the data.

In this study, even more so than in others in the fostering field, sensitivities run high and extreme care is needed to time and word interviews in a way that can get the best possible information without causing undue pain by re-opening the wounds. We feel we have acted ethically and responsibly in not causing further damage and indeed there is some evidence from the carers involved in Phase 2 that the interviews were cathartic. We have very rich and helpful data – the most extensive collected in the UK in recent years on the impact of allegations on carers – but acknowledge that a few important questions remain unanswered.

## Conclusions

### CHARACTERISTICS OF CARERS AND CHILDREN

The carers in the study were not significantly different from those in the overall population of foster carers except that they were on average slightly younger and less experienced. The interview sample had even less fostering experience with 67% having fostered for less than five years and none over 14 years when the allegation was made. However, they had fostered similar numbers of children to the wider population of foster carers.

There were no significant characteristics that distinguish the children who were the focus of the allegations in the study from the wider population of looked after children. A somewhat higher proportion in this study was looked after under a Care Order compared to the overall population. A slightly greater number of young teenagers and fewer children aged 5–9 years or over 15 years were the focus of allegations in this study compared to Biehal et al.'s (2014) study of substantiated allegations. Placements were reported to fit with the carer's approval criteria though special arrangements emerged in a few cases in the interviews but were not documented in the responses provided in Phase 1.

Most children were not in placements with birth children of the foster carer and only 30% were in placements with siblings and a similar proportion with non-sibling fostered children. There is little evidence from the interviews that the presence of other children was a significant factor in the allegations. Nearly 60% of the children had been in placement less than one year and 50% of children were in their first placement. This might belie the theory that many children have learnt to 'play the system' using an allegation to prompt a move of placement. Twenty-five percent of those who had had previous placements were reported to have made a previous allegation. 21 of the 190 allegations were reported to have been made after the placement ended, suggesting that carers need to be aware of this possibility.

### INDEPENDENT AND LOCAL AUTHORITY FOSTERING PROVIDERS

The research aimed to identify any differences in the experiences of those foster carers fostering for local authorities and those fostering for independent services. No highly significant differences between them emerged from the analysis except on one factor – continuity of payment. Carers working for local authorities were much more likely to continue being paid following an allegation and pending the outcome, than those fostering for independent fostering services, though on average local authorities offer lower levels of pay. While no differences emerged between the support provided by supervising social workers, the wider agency (e.g. manager) was more likely to offer support to those fostering for the independent services and FISS was much more likely to be offered in those services.

### OUTCOMES OF ALLEGATIONS

In the Phase 1 responses, 84% of carers were reported to have continued fostering. In Phase 2 the figure was similar with 26 of the 30 carers interviewed (86%), including those who moved to a different agency, having done so. This is a much higher number than would have been predicted from the pilot study but the sample in the pilot was much smaller and recruited through the provider of independent support so likely to have included more serious cases.

### SUPPORT FOLLOWING ALLEGATIONS

In 55% of cases in Phase 1, support was offered on the day the carer learnt about the allegation. In 108 cases (57%) in phase 1 support (other than that listed as independent support) was provided only by the SSW or family placement social worker. 40% percent of responses in Phase 1 stated that carers were not offered independent support. In many cases, whilst carers received support from their SSW they felt abandoned by the wider agency.

### OVERALL IMPACT ON CARERS

The main impact on carers and their families of allegations closed as unproven was emotional and financial. Phase 2 interviews suggested that emotional distress, which was often linked with subsequent health and relationship issues, partly related to the severity of the allegation. Most carers interviewed

were upset by the allegation itself but equally by the ensuing treatment. They felt that the lack of information about the allegation itself, the process that would take place and the support to which they were entitled led to confusion, destruction of confidence and dismay. Impact on their children and on their subsequent relationship with both the fostered child and subsequent fostered children as well as with the fostering provider all suffered badly.

## What would improve the consistency and quality of the treatment and support provided to foster carers when an allegation occurs?

### A BETTER UNDERSTANDING OF THE INVESTIGATION PROCESS BY CARERS

The study has shown that most carers experiencing an allegation have little idea of what to expect of the investigation process. Whilst social workers generally felt they had given written and verbal information about the investigation immediately following the allegation, many carers did not remember this. They stressed that expecting them to think of looking in their handbook at such times is fruitless, and that being told not to worry is not helpful.

*Someone telling you what's going on, "but don't worry". You sit here for five weeks and "don't worry". Have the police have a chat with you, "no don't worry about it" ... I said, please don't tell me not to worry, because I'm ready to explode. That's horrible, it's quite patronising.*

Foster Carer LA

Although most understood the reasons behind it, carers were particularly unhappy about not being told 'what they were accused of'. A very few social workers said they checked regularly with their manager or the LADO what they could tell the carers but there were occasions where carers were kept in the dark longer than necessary. Clarity of information was also compromised by 'jargon' For example 'strategy meeting' 'position of trust meeting' and even 'the LADO' were all used interchangeably.

### CLEARER DEFINITION OF 'ALLEGATION'

There is not a universal understanding of 'allegation' and managers suggested this was a longstanding concern. Some issues, such as sexual or physical abuse are clearly allegations, but in practice there are many others for which it is not clear where a serious concern or standard of care issue ends and an allegation begins. This is further complicated because issues raised by or on behalf of fostered children often include both allegations and concerns or standard of care issues. There were additional concerns for IFPs where managers commented that different LAs and sometimes individuals within one LA, had different thresholds in terms of defining allegations.

### DIFFERENCES IN THE WAY LOCAL AUTHORITIES DEAL WITH ALLEGATIONS

Managers of IFPs also felt there were differences between and within LAs in the way allegations were dealt with. They felt that some

LAs were better equipped than others to deal with allegations, for example because LADOs are more readily available. The knowledge of children's social workers was also variable both between and within LAs. IFP managers felt that the investigation was outside of their control and inconsistencies and difficulties often led to delay and additional distress for their carers. SSW in IFPs felt that LAs were not always clear about their procedures or reported that they had to challenge their timescales as they thought carers had been waiting for long enough.

### ROLE OF THE POLICE

Some carers were given very little notice about a police interview, which meant they were unable to bring in their preferred solicitor via independent support services. The police were felt to be responsible for considerable delay in several cases. When they had finished their investigations they sometimes told carers but not social workers of a decision of no further action. This caused confusion for carers who thought this meant that everything was resolved. They were angry that social workers had not told them this and had not understood that it still had to go back to the LADO for final decisions.

### AVAILABILITY OF PROFESSIONALS

There is a need for professionals' roles to be covered when they are absent for more than a few days. In several cases delay was caused because of a specific professional being unavailable. A six month delay was reported by one carer, during which time no placements were made but the carer had not been told of the allegation so did not know why. The SSW commented:

*The [child's] social worker at the time was off sick, so I didn't get to speak to her, so I spoke to her manager. Her manager was also on sick leave at the time, wasn't returning till the end of January ...so I asked to speak to a duty worker. The duty worker said that she couldn't help me, I needed to ring back when the manager was back. So obviously we couldn't say anything.*

The manager commented that the manager in the placing authority should have taken responsibility to say "well actually you know what we will take this over". This delay caused considerable distress to some carers and prolonged the time they were suspended and thus not earning. It could also prolong the time children were separated from their carers which was reported to have an impact on the ongoing placement.

### CONSISTENT UNDERSTANDING OF THE ROLE OF THE SUPERVISING SOCIAL WORKER

There was not a consistent understanding of the role of the SSW following an allegation and carers described very different experiences in terms of the support received from their SSW. In most cases it was understood that they could not discuss the allegation with the carer but could still offer emotional support and advice and updates about procedures. However, some carers said they were not allowed any further contact with their SSW. Some carers said they spoke to their SSW over the phone but were not allowed to see them. In some cases

the perceptions of carers and their SSW of the support that had been provided were very different.

### **SUPPORT FROM THE WIDER AGENCY**

Carers often differentiated support from their SSW (good) and the agency as a whole (not good). Carers noticed a lack of communication from other staff they knew within the fostering team. Feeling isolated and as if no one from the team or agency was contacting them added to the uncertainty and fear about what people were thinking about them. They often felt that professionals assumed they were guilty, although no social workers suggested this had been the case. Carers who had little contact with the agency not only felt that they did not know what was going on, but were not always confident anyone was making sure the investigation was progressing.

### **CARERS WANT SUPPORT FROM SOMEONE THEY KNOW**

Carers highly valued receiving support from someone they knew. Some did not see any value in receiving support from an alternative social worker and turned this offer down. Dealing with the allegation was more difficult for carers who had had a recent change in SSW, and those who felt the most supported often said this was because their social worker knew them really well. Some suggested they had had many changes of SSW which was difficult because they all worked differently.

### **MORE POSITIVE REINFORCEMENT**

Many carers suggested that if they felt they were held in higher regard generally this would have mitigated against some of the feelings engendered by the allegation and made them less likely to believe everyone thought they were guilty. Some carers had made mistakes, usually related to poor recording or reporting that had made their situation worse than it might have otherwise been or made the investigation more complicated. Some carers felt that the social workers focused on 'what they had done wrong' rather than reassuring them. Social workers and other professionals were seen to subsequently view them in terms of the allegation. Carers needed their confidence in themselves as foster carers rebuilt.

### **TRAINING FOR CARERS**

It is clear that the experience of training reported by foster carers is far removed from the position set out by the DfE in England and the fostering providers. All parties agree that no training can address the totality of the impact of allegations. Nevertheless, only 43 carers (23%) of the larger sample in Phase 1 were reported to have attended any training that specifically addressed allegations and carers interviewed in Phase 2 felt training they had received left them ill-prepared to handle an allegation. Undertaking training focused on allegations might contribute to the retention of carers. While acknowledging the danger of discouraging applicants, high quality initial and regular training that better prepares foster carers for the situations likely to lead to allegations, the processes following allegations and the possible impact of allegations, is urgently needed.

### **TRAINING AND SUPPORT FOR SOCIAL WORKERS**

Findings suggest the need for training around allegations particularly for newly qualified social workers and those who have not worked in child protection. Examples of good practice in this respect included all new SSW being given protected time to read policies and procedures which was then followed up in supervision and the SSW attending all training courses with carers. The chance to shadow an experienced social worker through an allegation was also suggested. They did not always feel prepared to deal with the uncertainty that some of the more complex cases engendered particularly when more than one police force or several LAs were involved. Familiarity with procedures was enhanced for those involved in delivering training. Social workers sometimes needed emotional support for themselves especially when dealing with very upset and angry people and this was not always available.

### **SEPARATING THE ALLEGATION AND STANDARDS OF CARE ISSUES**

The National Minimum Standards make it clear that investigations into allegations should be treated separately from procedures reviewing poor standards of care. In this study, issues of practice (often around recording and reporting) were highlighted that could be improved and which sometimes had contributed to concerns about standards of care. But these issues were not always kept separate from the allegation. Carers tended to perceive everything as resulting directly from the allegation. Some allegations were not linked to carers' practice but follow-up work such as a recommendation for further training or talking through strategies to minimise future occurrences was needed. Social workers explained this in terms of regular monitoring but foster carers sometimes interpreted it as questioning their abilities and attributing responsibility for the allegation to them.

### **SUPPORT FROM OTHER FOSTER CARERS**

Carers attending support groups regularly felt they had a group of carers who knew them well and could seek support from them. Carers who did not discuss the allegation with other carers often attributed this to a sense of shame. In a small number of cases, interviewed carers felt that other carers were avoiding them or judging them. Some fostering providers offered to put the carer in touch with another carer who had had an unproven allegation made against them. Some carers working for other fostering providers suggested that this would have been useful to them if had it been available.

### **SUPPORT FOR BIRTH CHILDREN IN CARERS' FAMILIES**

Whilst there were some examples of very good support for the children affected by the allegation, this was not universal and caused significant distress for some carers and their families. Carers often sought their own support for their children, for example via the GP. Some social workers suggested that carers would not have welcomed outside help for their children whilst the carers concerned said they would have liked this to have been offered.

## Recommendations for Department for Education, Association of Directors of Children's Services, Ofsted

- There needs to be a clearer definition of 'allegation' that is consistent within and between fostering providers and that is explicitly distinct from Standards of Care concerns.
- The Department for Education should issue revised Guidance on 'Protecting Children and Supporting Foster Carers during Allegations' to replace that issued in 2009. This should emphasise the need to provide independent support and training.
- Training for foster carers specifically on allegations should be mandatory within six months of approval and refreshed annually (see below).
- Ofsted should monitor more closely the extent to which the Minimum Standards for Fostering are being met with respect to foster carers being offered independent support and effective training (see below).

## Recommendations for Fostering Providers

- Fostering providers should give carers clear information on the role of the police and its relevance to the overall outcome. They should work with the police to ensure that social workers are informed at the same time as foster carers when they have concluded their part of the investigation.
- Fostering providers should ensure that foster carers complete high quality initial training within six months of approval and regular updates that directly address:
  - ▶ the situations likely to lead to allegations;
  - ▶ the procedure when allegations occur;
  - ▶ support for addressing the impact of allegations on themselves, their families and their longer-term prospects and well-being.
- Training needs to be interactive and include the experiences of carers who have been subject to allegations
- Fostering providers should ensure that newly qualified social workers and those who have not worked in child protection roles are trained around allegations and regularly updated.
- Fostering providers should provide additional support from other staff within the organisation when the foster carer has a new SSW at the time of the allegation.
- Fostering providers should offer foster carers independent support services making clear what they can offer, including face-to-face support, according to the individual needs identified by the carer.

## Recommendations for Social Workers

- Social workers need to provide information about the procedure immediately that an allegation is made and repeat this later in the process when carers are usually in a better emotional state to absorb it, check they have understood it and remind them that they have written information.
- Social workers should check regularly what information carers can be given so that they are not kept in the dark about the nature of the allegation any longer than necessary. They should use terms clearly and consistently, avoiding 'jargon'. They, and the fostering managers should continue contact with the foster carers while the investigation is carried out.
- Social worker managers must provide cover for key professional roles when they are unavailable for prolonged periods to avoid unnecessary delay.
- In providing face-to-face support, social workers should give the carer and their extended family an opportunity to 'vent' their frustration and helplessness during the investigation process.
- Social workers should discuss with the carer what support if any is needed for children in the carer's family.

## Recommendations for future research

Future research might consider:

- Investigating whether foster carers' experiences and subsequent fostering careers following allegations differ according to the content and timing of information they receive.
- Evaluating independent support services following allegations including face-to-face support.
- Evaluating foster carer training in allegations in order to identify the type of training, its efficacy and how this relates to the content covered, involvement of foster carers who have experienced allegations, use of allegation scenarios and timing in foster carers' fostering careers. This might be done through action research at local authority/Trust level.

These areas of research are sensitive and ethically challenging but further progress is needed in developing the evidence base to give fostering services the best possible chance of reducing allegations that are closed as unproven and limiting the damage experienced by foster carers, their families and the children who are the focus of these allegations.

# References

- Biehal, N. and Parry, E. (2010). *Maltreatment and Allegations of Maltreatment in Foster Care. A Review of the Evidence*. York, SPRU, University of York.
- Biehal, N., Cusworth, L., Wade, J. and Clarke, S. (2014). *Keeping children safe: Allegations concerning the abuse or neglect of children in care*. London: NSPCC.
- Bray, S. and Minty, B. (2001). Allegations against foster carers and the implications for local-authority training and support. *Adoption and Fostering*, 25(1), pp.55-66.
- Carbino, R. (1991). Child Abuse and Neglect Reports in Foster Care: The Issue for Foster Families of "False" Allegations. *Children and Youth Services*, 15(2), pp.233-248.
- Clarke, H. (2009). *The Age of Foster Care*. London: The Fostering Network.
- DfE. (2011). *Fostering Services: National Minimum Standards*. London. Retrieved from <https://www.gov.uk/government/publications/fostering-services-national-minimum-standards>
- DfE (2015). *Working together to safeguard children*. London. Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
- Dyson, P. and Sebba, J. (2014). *Pilot Study into the impact of allegations made against foster carers who accessed FISS or FosterTalk services*. Oxford: Rees Centre.
- Farmer, E. (2009). Making kinship care work. *Adoption & Fostering*, 33(3), 15-27.
- Farmer, E., Moyes, S., and Lipscombe, J. (2004). *Fostering Adolescents*. London: Jessica Kingsley.
- Hicks, C. and Nixon, S. (1991). Unfounded Allegations of Child Abuse in the United Kingdom. *Children and Youth Services*, 15(2), pp.249-260.
- McDermid, S., Holmes, L., Kirton, D. and Signoretta, P. (2012). *The demographic characteristics of foster carers in the UK: Motivations, barriers and messages for recruitment and retention*. Loughborough: Children Wellbeing Research Centre.
- Morissette, P. (1993). Towards the Prevention of Abuse Allegations in Foster Care: Exploring Interpersonal Dynamics. *Child and Adolescent Social Work Journal*, 10(6), pp.533-541.
- Nixon, S. (1997). The Limits of Support in Foster Care. *British Journal of Social Work*, 27(6). pp.913-930.
- Ofsted (2015). *Fostering in England 2014-15* Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/522126/Fostering\\_in\\_England\\_2014-15.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522126/Fostering_in_England_2014-15.pdf)
- Phillips, M. (2004). *Fostering can never feel the same for us: a study of foster families that have been the subjects of an allegation*. London: The Fostering Network.
- Schofield, G., Beek, M., Ward, E., and Biggart, L. (2013). Professional foster carer and committed parent: role conflict and role enrichment at the interface between work and family in long-term foster care. *Child & Family Social Work*, 18(1), pp46-56.
- Sebba, J., Luke, N., Plumridge, G. et al., (2016). *Evaluation of the London Fostering Achievement Programme*. London: GLA
- Sinclair, I., Gibbs, I., & Wilson, K. (2004). *Foster Carers: Why They Stay and Why They Leave*, London: Jessica Kingsley Publishers.
- Sinclair, I., Wilson, K. and Gibbs, I. (2005). *Foster placements: Why they succeed and why they fail*. London: Jessica Kingsley Publishers.
- Swain, V. (2006). *Allegations in Foster Care: A UK study of foster carers' experiences of allegations*. London: The Fostering Network.
- The Fostering Network Wales. (2003). *Fit to Foster*. The Fostering Network, Cardiff.

## Appendix 1: Glossary of terms relating to legal care status

Full Care Order	An order made under S.31 of The Children Act 1989. It is given by a court and allows a local authority (LA) to take a child into care. The LA shares parental responsibility (PR) with parents or other person holding PR at the time the order is made.
Accommodated under S.20	An accommodated child is looked after by the LA with the consent of those holding PR under S.20 of The Children Act 1989. It is based on co-operative working between the local authority, the young person and his or her parents - the court is not forcing the child or young person to be looked after.
Interim Care Order	An order made at the first hearing after Care Proceedings have been issued. It can last for up to 8 weeks and must be renewed every 4 weeks after that. This allows time for matters to be investigated further and plans to be made.
Parent and Child Placement	Where a parent and their child are placed together in a foster placement for support and/or assessment. Legal status can vary and both the parent and child may or may not be 'looked after'.
Special Guardianship Order	A special guardianship order is an order appointing one or more individuals, usually but not necessarily extended family members, to be a child's 'special guardian'. It is a private law order made under The Children Act 1989.
Other	<p>This includes:</p> <ul style="list-style-type: none"> <li>• Placements made as part of a Youth Rehabilitation Order - an order imposed by a court which is able to be given to young people under the age of 18 years old when they are being sentenced for having committed a criminal offence.</li> <li>• Placements made under a Residence Order - an order made under S.8 of the Children Act 1989 which puts in place the arrangements for whom a child should live with (now replaced by Child Arrangement Order)</li> <li>• Sanctuary Seeking young people</li> </ul>
Looked After	A child is looked after by a LA if he or she has been provided with accommodation (S.20) for a continuous period of more than 24 hours or is placed in the care of the LA by virtue of an order made under the Act (such as a Full Care Order or Interim Care Order).



## **REES CENTRE FOR RESEARCH IN FOSTERING AND EDUCATION**

Oxford University Department of Education  
15 Norham Gardens, Oxford OX2 6PY, United Kingdom

Director: Professor Judy Sebba

Tel: (0)1865 274050

<http://reescentre.education.ox.ac.uk>