

The Role of a Residential Placement in Preparing Children for Placement with a Foster Family

Clíona Murphy

Research Fellow, Children's Research Centre, Trinity College, Dublin.

Introduction

Placement in residential care is one element of the Lisdeel Family Placement Initiative. Children referred to the Initiative stay in a residential placement in Lisdeel House for a number of months, while a range of interventions is combined to prepare the child for living with a foster family. This paper details the role of the preparatory residential placement, and the roles of those service providers involved in the preparatory process.

The paper documents two simple innovations which are built on the interrelationship between residential and foster care. The first feature described is the co-location of the residential and fostering services, the fostering service being based in an office in the residential unit. This aspect of the service has facilitated the opportunity for responsive and inventive work with children and their birth and/or extended families. The availability of friendship families is the second innovative feature of the preparatory process discussed. Friendship families are used to provide an experience of being with a family to those children who have had limited experiences of family life. They also act as respite families to these same children once they are placed with a long-term foster family.

Background to the Service

Lisdeel House was established by a voluntary body in 1995 as a short-term residential emergency and assessment unit. Late in the first year of its operation, the unit became blocked as children placed there were unable to return home and the Health Board (the state provider of family support and child care services in Ireland) was unable to provide appropriate onward placements for the children. All but one of the children in Lisdeel House at that time had been assessed as needing foster care. A working group was set up to address why children were not moving on from Lisdeel House and to try and identify a way forward. Arising from the recommendation of the working group, the Lisdeel Family Placement Initiative (LFPI) was established in May 1999, and is based in an office extension to Lisdeel House.

The key aims of the service can be set out as follows:

1. To provide foster care, or relative care, for children who are assessed as in

need of placement by Lisdeel House

2. To provide all necessary support, financial and otherwise, to enable foster carers to care for the children placed with their family
3. To prepare children to benefit from their placement
4. To reduce the risk of placement breakdown by aiming for a placement experience which meets the needs of both child and carer
5. To explore and test alternative models for enhancing the delivery of fostering services
6. To work in partnership with the local Area Health Board (AHB) to secure stable, successful foster placements for children in the care of the AHB.

Lisdeel House provides residential placements solely as part of the LFPI.

Background to the Research

This paper arose from an evaluation of the LFPI which took place over a 30 month period from November 1999 to May 2002 (Murphy & Gilligan, 2002). Methods of qualitative research using semi-structured interviews, focus group interview and participant-observation were used to gather data for the evaluation. Data used for this paper are largely based on interviews with all fostering staff (three social workers and one resource worker); three members of the residential staff; a focus group with residential staff who are keyworkers; nine foster carers; eight birth and extended family members; six senior managers from the Lisdeel service and the AHB; and three AHB social workers.

Children's names have been changed for the purposes of confidentiality.

The Preparatory Placement

The Role of the Preparatory Placement

In essence, the role of the preparatory placement is to assess need, to provide a period of stability, to address behavioural and emotional issues, and to prepare children to benefit from their placement with foster carers. The focus of the residential placement, indeed, of the whole service, is on what would help a foster placement to succeed. As one member of the residential staff said:

... there is no point putting a child in a situation where you are not sure that s(he) is going to have a good chance of surviving. So we were trying to look at these things, what would help a child, rather than just being another move in the child's life. Make it that it was going to last. [Residential staff - 2]

The process is one that is creative and customised to suit the needs of each child and their birth and/or extended families. In his discussion of the functions

of residential care, Hill (2000) outlines the five main functions identified in the Wagner Report (Wagner, 1998). Two of those functions are identified as preparation for placement, and keeping sibling groups together. These are key functions of Lisdeel House. The need to provide children with a period of stability was a function further identified by Berridge (1985). He warns us not to underestimate the damaging effects of fostering breakdown and continuous movement on children, which can often leave children 'emotionally shattered'.

The first five children placed stayed in the unit for a period of a year, the next two children for 20 months and the child most recently placed, at the point of completion of the evaluation, stayed in the preparatory placement for nine months.

Referral

To be considered for admission to Lisdeel House, children must be in the 5-12 age range, although there is some flexibility at either end of this age range where children are part of a sibling group. Indeed, the Lisdeel Family Placement Initiative prioritises sibling groups among its referrals and there were four sibling pairs among the first ten children accepted into Lisdeel House. Children referred need to have a high potential to be placed in foster care following work undertaken in Lisdeel House, and referrers are expected to have ruled out the option of children returning home. All of the children come from the community care area covered by the local AHB.

Who Does the Preparatory Work?

The Child's Keyworker

Before coming to Lisdeel House, each child is allocated a keyworker who acts as the key person with responsibility for the child during the child's placement. One keyworker detailed the responsibilities of the role as follows:

You've got responsibility for one child... You've got the main responsibility for the physical care of this child in terms of clothes, hospital appointments, following up dental appointments, that's your responsibility... The main thing would be special work... also, talking to teachers, dealing with teachers, getting feedback from the school, organising clubs, organising access, being here for reviews, being here for carers meetings. That would be the main responsibilities. [Residential staff -1]

Lisdeel House has now developed a working document entitled *Special Work Programme*, and it outlines subject areas to be covered between keyworker and children, followed by a list of ideas for exploring each subject. Headings include:

- getting to know Lisdeel and keyworker;
- starting the 'all about me' book/life story book;
- preparation for fostering; and
- starting 'special work'.

'Special work' differs for each child but the purpose remains the same: to have an opportunity to build up trust and friendship with an adult; and to give the child time to express how they feel and think without having to compete for attention with the other children. 'Special work' was described as having social, emotional and therapeutic aspects.

Advocacy is another key element of the role:

The keywork role is about getting his feedback, putting across his ideas, being his advocate. Part of my role [as keyworker] is liaising with him, getting him ready and moving him on. [Residential staff - 4]

Closely related is the task of giving the child information about key issues, such as plans concerning moves. Knowing the child and his/her history allows the keyworker to take account of past experiences that may impact on current and future plans for the child. The keyworker also has responsibility for preparing a report on the child, in consultation with the wider residential staff team. When the child is ready for fostering, the report is then presented to the placement committee that matches the child with a foster family. The effective management of information concerning the child is central to the keywork task.

The Residential Team

Although the keyworker is the person with the main responsibility for a child, all residential staff are involved in preparing children for fostering. This was seen as important in ensuring that the information given to children was consistent, while acknowledging that the keyworker could not be there every time their key child needed information or clarification. Information about the children in Lisdeel House, and staff responses, are shared at daily handover meetings, weekly team meetings and through recording. The involvement of the whole team is also important as keyworkers and residential staff continue to play a role during the child's move to foster care and in the early stages of the foster placement itself.

LFPI workers

Although the main role of the LFPI workers concerns recruitment and preparation of carers, and the support of carers to foster, the LFPI staff themselves play a key role in the preparation of children for fostering. This

role is detailed below under the heading of co-location.

The Child's Statutory Social Worker

Area Health Board social workers are the social workers given responsibility for children in state care. Three Health Board social workers described their own role in relation to the preparation of placements. In relation to the child, social workers said that they had the job of: ensuring the children are safe and that their placement is meeting their needs; liaising with the children about what they want; and listening to their concerns and fears. Social workers also attend reviews of the child's care, usually with a social work team leader, where available. Social workers have a crucial and ongoing role in relation to the child's family, giving them information and involving and supporting families with regard to plans for their child's care. Social workers also arrange and facilitate access with the child and their families.

Co-operation between the various service providers and carers involved with a child, in addition to linking with parents, is essential in making a placement work (Berridge, 1985; Triseliotis et al., 2000).

Developments in the keywork role

The two aspects of this role that have been most developed are work with behaviour and social skills, and work with birth and extended families. With regard to the first aspect, there has been an increase in the number and types of children's challenging behaviours, and staff have been creative and resourceful in their responses. New and different ways of working for the team are continuously developed, as the children who come to stay in Lisdeel present with differences of age, different experiences of loss and grief, and different experiences of families.

Staff work with behaviour and social skills on the basis of how they might impact in a family environment, as it is a family that the children are moving on to live with.

We concentrate more now on anticipating what could cause problems in a family.
[Residential staff - 6]

The example of bedwetting was given by one childcare worker who stated that although a foster carer may not find this a big problem initially, it was often these kinds of behaviours that became very wearing on a placement.

One valuable element of the placement, as described by residential staff, is its capacity to deal with previously unidentified needs and behaviours. One member of staff stated that:

The children's behaviour and emotional needs are more extreme than initially presented. [Residential staff - 6]

The other key aspect of the work that has been further developed over the past year is involvement with the children's families. One childcare worker who was involved in developing the LFPI stated that, from the early stages of the service, the idea of keeping up family links was considered important for fostering to succeed:

...that there would be some sort of way that their own family could be involved but in a positive way, because if the child is not getting any permission from their own family, then it is very, very hard to get it [foster placement] to work. [Residential staff - 2]

Another member of the residential team who was also involved in the development of the service further stated that:

Birth parents are entitled to be part of their child's upbringing, to be involved in their child's life. [Residential staff - 4]

One member of the LFPI staff gave an example of how she observed the residential staff working in this way. She spoke about how one of two siblings recently admitted to Lislede House would run home to his parents who live locally. After this had happened a few times, the residential staff asked the child to let them know when he wanted to go so that they could take him home for a short time.

He hasn't run since. He can phone when he wants to phone. And that is part of the huge openness and acknowledgement of family. Even though the family are very chaotic and have huge problems. There is a great awareness of the importance of family for those kids. In the beginning they would have phoned their mum to say goodnight. Very thoughtful stuff like that. [LFPI social worker- 2]

Many interviewees described the work of Lislede House as placing a major emphasis on the child's own family.

Families' perspectives on their involvement

Families spoke about how they were involved in the preparation process; being made to feel welcome in Lislede House was spoken about in a number of ways. Two relatives spoke about how they were always offered a cup of tea and a sandwich or biscuits. One aunt spoke of her experience of being welcomed, and the similar experience of her sister who is the children's birth mother:

They always have been there for us, if we ask. And then when you go up, like they wouldn't leave you out. Like [birth mother] often goes up now and if the dinner is there in time, [birth mother] would get her dinner and that. Or like they'd ask you, would you like your bit of dinner, do you know? [Family member - 8]

Family members were also involved through attendance at the children's parties, collecting the children from school, phoning the child's school, and one said that staff had invited her to use the kitchen to cook with the children if she wanted.

All of those interviewed had access with their related child in Lisdeel House, with only one relative unhappy with the nature of her access to the children. Five interviewees spoke about how Lisdeel House supported them around access, and the supports described included: Lisdeel staff giving lifts to parents and relatives; bringing the children to access; and paying for taxis when staff were unable to give lifts. This facilitation of access was appreciated by all those who spoke about it.

All but one relative attended reviews and meetings about the child in Lisdeel. Levels of attendance of those interviewed varied, for different reasons. Those who couldn't attend as often as they would like said that the child's keyworker rings them after reviews to update them on what happened.

Information was usually given to relatives in the form of a phone call with the House manager or the child's keyworker, and half of the interviewees spoke at length about how good the level of contact was:

... they always keep in touch with me – let me know what is going on and if he is in bad humour... [Family member - 4]

There was only one interviewee who said she was not getting very much information about the child.

Five interviewees spoke about how they supported staff in dealing with the child's upset and challenging behaviour. One parent spoke about how he talks to his child about why he is in Lisdeel, his behaviour there, and how he encourages the child to work with staff.

I can only try to support them in dealing with his behaviour. [Family member-1]

An aunt described how she and the keyworker work together with the child and discuss how best to manage the child's behaviours. Four other interviewees spoke

about how Lisdeel House staff ring them at times and ask that they speak to the child when the child's behaviour is very disruptive or the child is upset and distressed. Relatives said they would speak to the child on the phone and try to calm them down and encourage the child to work with staff. One couple said that one or both of them would sometimes call at the house on these occasions to help calm the children.

The nature of the involvement of family members is a sharing of decisions and caring for the child on a day-to-day basis. Some relatives felt actively involved:

We're not just looking from the sidelines. [Family member - 6/7]

And, in talking about this way of working, they said that staff 'tend to work with us and not against us.' An aunt said that staff told her:

You're very important to [Darren]. You're very important to stay in the picture, you need to be there for [Darren]. [Family member - 8]

It would seem that Lisdeel works in a way that tries hard to involve parents and relatives who care about the child in decisions about the best care options for the child. In the main, relatives were clear about how staff were dealing with challenging behaviours and what the plans for the child were. It is apparent that both staff and the children's families strive to support each other in being clear and consistent in their care of the children.

Unique Features of the Preparatory Placement

Co-location of fostering and residential services

The co-location of Lisdeel House and the LFPI has been identified by service providers as the key factor in facilitating communication and joint work. Berridge's (1985) study of children's homes repeatedly highlights the interrelationship and the importance of continuity between residential and fostering services. Co-location was described by service providers as facilitating consistency and clarity for all: children, birth and extended families, and service providers. One member of the residential team stated that:

The development of the service is very dependent on a lot of communication and co-operation which is happening. [Residential staff - 3]

It is also important to note that within the unit the subject of fostering is one that is 'in the air', that is there is ongoing talk about fostering. Sharing of information from both fostering preparation processes (i.e., preparation of children and preparation of carers) was viewed as an essential way of working

in Lisdeel House:

While it's all done on a very casual, informal basis, it's a huge part of the fabric of how this place works. [LFPI social worker 2]

One LFPI social worker spoke about how children usually start raising questions about fostering in the context of the direct work with their keyworker, who in turn can talk to fostering staff about the child's queries or concerns, or arrange for the child to meet with a fostering social worker. Sometimes children initiate meetings with fostering workers themselves. The keyworker may also sit in on some of the sessions with the child and LFPI staff, and issues or questions from the session may then come up for further discussion at another time. Fostering staff stated that when they meet with a child, they inform residential staff or keyworkers about the meeting and the information given to the child. This sharing of information allows for consistency in the information that all staff give to a child and in their approach to the issue of fostering with each child. LFPI workers also attend Lisdeel House staff meetings in order to obtain full information about the children and to enhance clarity of communication.

Both LFPI and residential staff explained that when the children arrive at the House, they are told that they are welcome to call to the LFPI office when they like. This access by children and their families to LFPI staff was something built in to the service from the outset:

We always thought it was good to be available because if a child has a question or they have a worry about it [fostering], they have it that day. [LFPI social worker - 3]

One of the benefits of this way of working is that the children can talk to the fostering workers in their own time, when they are ready:

We don't push the fostering at the kids at all, we have it according to their pace, of where they're at. [LFPI social worker 3]

The children were described as curious about foster families in general and often asked what they look like, as if they all look like a particular thing! Curiosity as to how a family becomes a foster family was also a common query:

The children want to know how do the family become a foster family, how long it takes ... I think in some ways it helps their self-esteem that they know all that goes into it [finding a family], that it's not just like a family appears one day and we say, you can foster ... [LFPI social worker 3]

Some of the more common concerns and worries that children had about

fostering included what would happen if they went to a family and the family didn't like them, whether children would be able to see their own family and whether they could continue in their current school. Some children worried about whether they would be left on their own, once placed. One LFPI fostering social worker stated that she thought it helped the children in Lisdeel House that staff talk about the children that have left, so the remaining children know they will not be forgotten when they move. Children were also reminded that their keyworker will visit them, for a limited time, when they move and that Lisdeel fostering staff will have contact with them.

Foster carers were also involved in addressing one child's worries about fostering:

There was also the idea to invite foster parents in to have a chat with Michael about why they do fostering, as another child was saying they only do it for the money... [LFPI social worker 2]

The child was provided with the opportunity to meet with foster carers recruited by the LFPI and to ask them about their motivation to foster. The child asked numerous questions of the carers he met with. The residential manager described the child as appearing more settled as a result, and as having clearer ideas as to why people become interested in fostering.

A lot of the children's families knew little about the concepts of residential care and fostering. The co-location of the services allowed family members to take the time to listen to talk about fostering, and to ask questions about fostering. For example, one relative thought that foster carers could walk in off the street and be given children to look after without any assessment or training. She had concerns that her nephews would be fostered in this way. Formal meetings were arranged whereby relatives could meet with the fostering social workers to talk about any concerns they had and to raise questions about fostering. Discussion of relatives' concerns also happened informally while family members are in Lisdeel House, on access visits or at meetings.

Use of Friendship/Respite Families

The use of friendship/respite families is a second unique feature of the service. The idea arose in relation to the needs of a particular child. Kevin had lived in residential care since he was three years of age. He had little recollection of living with his birth family, and had very limited experiences of family living. One of Kevin's assessed needs was to increase his experiences of family living while he was in the preparatory placement. So as not to confuse him, the family who were to help provide him with experience of family life was named his friendship family. This family had already been approved as respite carers and agreed to have Kevin visit them, to stay overnights and he also went on a

weekend holiday with them. The questions that arose for Kevin, from the time he spent with the family, highlights the value of this experiential learning in preparing him to live with a foster family.

Kevin had many questions for his foster carers and residential child care staff about family life. The mother in his friendship family said that there were lots of basic things that Kevin did not know about families; she described him as 'clueless' about families. He did not know that all the children in the family had the same dad, and asked whether they were brothers. He also asked the father in the family where he lived and, when the father replied that he lived in the house, Kevin asked him where he slept. Access to a friendship family was then adopted as an option for all the children, with levels of contact varying according to the child's needs.

Families who act as pre-placement friendship families give a commitment to act as post-placement respite families to those same children, in an effort to reduce the children's experience of loss and change. It is also anticipated that if a foster placement breaks down, the child will be placed with their respite family, where possible, until another long-term placement can be made. A friendship/respite family may be identified in a child's extended family.

Residential staff spoke about the benefits of giving children the experience of routine family life through friendship families. One staff member stated that the time a child spends with their friendship family allows the child to see that it is usual in families to have boundaries and rules, such as times to go to bed, and that this may help the children understand why Lisdeel House and foster family homes also set rules and boundaries.

The manager of the LFPI added that friendship families are considered to be part of the Lisdeel team and play an active role in the preparation of children. Friendship families provide information about how the child is coping (or not coping) in their family context, and that information is then used by the residential child care team to adapt their preparatory work with the child. The friendship family's experiences can also be used by the fostering social worker in the preparation of the child's long-term foster family.

Conclusion

In the Lisdeel Family Placement Initiative, preparation of children for fostering involves a unique blend of residential care and social work inputs. The co-location of fostering and residential services allows children and their families to access the fostering service and information about fostering at their own pace. Co-location also facilitates increased clarity and consistency of information for

all stakeholders and allows for informal access by children and their families to service providers. Consistency and continuity is also increased for the children, in that the fostering social workers who will provide support to their placement and foster carers are already known to them through their placement in Lisdeel House.

The preparation process in Lisdeel House is creative and individualised for each child. Fostering and residential staff are continuously learning and trying out new ideas, such as the use of friendship families to provide children with an experience of family living. The commitment of friendship families to act as a respite family to the child's long-term foster placement also reduces the child's experience of loss and change of carers.

The Lisdeel Family Placement Initiative is successfully meeting its aims, although sustaining these positive and often creative interventions will become more of a challenge as the number of children placed by the Initiative increases.

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