

Foster Care Survey



A short feasibility study

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**Final report of a study undertaken for
The Department for Education and Skills**

Dina Poursanidou, Mike Gatehouse & Harriet Ward

Centre for Child & Family Research

Loughborough University

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Summary

This study has shown that it is feasible to collect reliable data from local authorities in England to describe and partially quantify the foster care services they provide, and the households which supply foster care places.

In order to provide this data, however, most local authorities will have to modify both the way they record and the way they store and retrieve information. The former will require changes in practice, the latter modifications to their information systems software. It may take a number of years to build up the staff experience and expertise, as well as the consistency of recording and information retrieval required to achieve full and reliable data at national level.

Participating local authorities were unanimous in their concern to be given time to prepare for the introduction of any new data collection. They placed particular emphasis on the need for a clear understanding of the purpose of such a collection, of the use to which the data collected would be put by government, and of how they themselves could use and benefit from it. At the same time, however, staff interviewed during the fieldwork expressed keen interest in the details of the study, especially the attempt to codify the complexities of foster care services, and emphasized the usefulness of this work for their own planning, commissioning and monitoring.

At present, most information is recorded on the fostering household and it is difficult to gather data on the characteristics of the individuals who comprise the foster carer workforce. Much of this data is recorded only manually during the approval process and is not included in the register of approved foster carers held, usually in electronic form, by all authorities.

Collection of detailed financial information on the costs of foster care provision and remuneration of foster carers was considered to be beyond the scope of this study.

The Commission for Social Care Inspection (CSCI) is at present conducting a comprehensive review of its procedures for inspection of foster care services and the data it collects from local authorities. This provides an excellent opportunity to harmonise the data collection requirements of DfES and CSCI and to minimise any duplication of work by local authorities.

The principal output from this study is a set of two questionnaires, the Foster Care Baseline Survey and the Foster Care Questionnaire, and a document containing Guidance Notes¹. Together, the questionnaires and guidance constitute a tool designed to be used for collecting data from local authorities.

This report describes the background to the study and the methodology adopted. However, the main part of the report needs to be read in close conjunction with the questionnaires and the guidance, for which it supplies the context and a detailed commentary.

Background

Children looked after by local authorities are amongst the most vulnerable in our population. Government objectives to ensure the development of secure attachments and to improve the life chances of this group will not be achieved unless they can be provided with stable and supportive placements. Much of the research indicates that placements with foster carers are the most appropriate for the majority of children; however authorities repeatedly claim that they are unable to recruit sufficient numbers of foster carers, and those who have been recruited are often asked to take more children and/or for longer periods than specified in their approval. In order to identify how far they are able to meet the current needs of their care population and to make plans for the future, authorities need to collect routine information about their foster carers, the placements they can offer and the ways in which they are utilised. At a national level such data are necessary to inform programmes to improve and reform the foster carer workforce and to ensure that authorities have the capacity to meet the needs of those children for whom they hold responsibilities.

In 2003, the Office of National Statistics (ONS) undertook a feasibility study to determine what information can be routinely collected in this area. All 150 authorities in England were sent a questionnaire requesting basic information on foster care provision, capacity and recruitment and 112 responded. However, many expressed concerns about the definitions used in the ONS questionnaire and only 48 authorities returned questionnaires with data that were reliable enough to analyse. ONS recommended 'that a further study is carried out to deal with the problems and inconsistencies which were noted in this study' (Meltzer and Taylor, 2004). The Centre for Child and Family Research at Loughborough (CCFR) was commissioned to undertake this work.

¹ The final draft of all three documents is Version 4.4, dated 15 October 2005

Unfortunately, ONS data protection rules did not permit the disclosure of the data and completed questionnaires from the original feasibility study. The CCFR research team concluded that major changes were necessary to the original ONS questionnaire and that a new version would need to be thoroughly field tested.

The ONS Study

The ONS study found that local authorities faced significant difficulties in providing data on the following:

- **individual foster carers** – local authorities tend to manage their fostering services, collect and store data on fostering households or units rather than on individual foster carers;
- **socio-demographic characteristics of foster carers** such as age, gender, religion, language, ethnicity, education and employment – this information is usually collected during the approval process and is often not held electronically; the authorities had great difficulty tabulating numbers of foster carers by age bands;
- **family and friends carers** (kinship care) – data on these carers was difficult to access because they are sometimes managed by childcare rather than foster care teams;
- **foster care ‘vacancies’** – these were difficult to quantify because of problems in distinguishing between places which are genuinely available and those which at any one time may be unavailable for various reasons such as illness of the foster carer, complaints under investigation, and so on.

In addition, the ONS study did not distinguish different types of foster care other than mainstream fostering and family and friends/kinship care. Finally, many authorities commented on the need to develop detailed definitions and clear guidance for the use of such terms as ‘foster care’, ‘fostering service’, and ‘approval’.

Designing new questionnaires

In designing a new data collection tool the research team aimed to address the issues identified by the ONS study. In doing so, the following main principles were followed:

- To provide precise and comprehensive definitions, especially of types of foster care, and detailed guidance for the completion of the new questionnaires.
- To separate questions about the structure and management of foster care services from those collecting statistical information about the current operation of those services and the characteristics of the fostering households and individual foster carers.
- To collect data only from local authorities, not from Independent Fostering Agencies², the latter being beyond the terms of reference of this study.
- To collect data for the most part on *fostering households* rather than on *individual foster carers*. One foster care manager commented, in terms that were endorsed by several others, that 'asking, for example, about numbers of individual foster carers would not yield meaningful and useful information about the resources available...it is the number of fostering households that counts...you could not assess the resources available from the number of individual foster carers as the number in question is an inflated number that creates a false/distorted picture when it comes to resources.'
- To establish clear and consistent criteria to define what constitutes foster care and what local authority fostering services comprise.
- To collect data both on in-house provision of foster care by local authorities and on their purchase of foster care from external providers (IFAs and other local authorities).
- To collect most data relating to a particular point of time (March 31st), using time period data (during the previous or the next 12 months) only where required.
- To collect only minimal financial data; it was evident that local authorities would have great difficulties in providing detailed financial information and that information in this area might be best captured by a separate, in-depth survey of a representative sample of authorities.

The Foster Care Baseline Survey and the Foster Care Questionnaire

The fieldwork indicated that there are considerable differences between local authorities in the types of foster care they distinguish and in their organisation, management and

² However, with up to 15% of children in England in placements provided by IFAs, it will clearly be necessary to collect information from IFAs also. In particular, short break care for disabled children is provided in many cases by voluntary sector IFAs. Professionals and policy makers we interviewed stressed the importance of collecting information from IFAs in order to establish a comprehensive picture of foster care provision.

operation of fostering services. It became apparent that many of the questions designed to capture this information would not need to be repeated each time data was collected. A decision was therefore made to draw up a separate Foster Care Baseline Survey, designed to establish a baseline picture of the structure, organisation and management of the fostering service in each local authority, to provide the background and context for understanding the information they would supply on a routine basis, recorded in a separate Foster Care Questionnaire which could provide the basis for a regular, possibly annual, return.

The Foster Care Baseline Survey

The Baseline Survey is intended to collect data once, prior to or at the same time as the first Foster Care Questionnaire. Following the initial data collection it may be repeated on an occasional basis, when the need arises to update the picture, but not at frequent intervals. The Baseline Survey covers the following issues:

- **The structure and organisation of the authority's fostering service**

This includes information concerning the management, support and approval of foster carers; how exemptions and extensions are approved; issues concerning allocation of places and matching children.

- **Types of foster care**

This includes the types of foster care used and the service providers

- **Use of Independent Fostering Agencies**

- **Use of foster carers approved and managed by other authorities**

- **Training, staff development and support**

- **Payment and employment conditions**

The survey gathers data concerning about how foster care is remunerated, but does not attempt to gain a comprehensive picture as this would require a separate, more intensive investigation.

- **Recording of information**

This section seeks to ascertain what key information that will be required for the routine Foster Care Questionnaire is already recorded, and how data items may be accessed.

The Foster Care Questionnaire

The separate Foster Care Questionnaire is intended to collect routine data about the operations of foster care services and the numbers of foster care places provided and purchased. It therefore contains those questions which could be asked at regular, possibly

annual, intervals and which could provide the basis for a routine return made by all local authorities in England. The Foster Care Questionnaire covers the following issues:

- Numbers, capacity and characteristics of approved households
- Numbers of approved, filled, vacant and non-available places in fostering households provided in house and number of filled places purchased from external providers
- Number of filled places by type of care and provision
- Number and type of exemptions and extensions in operation
- Shortage, recruitment and purchasing expectations by type of foster care and by attributes of children
- Recruitment of new fostering households and loss of previous households³
- Budget and methods of recruitment.

Methodology and fieldwork

Instead of repeating the ONS methodology and sending a revised questionnaire to all 150 local authorities in England, a decision was taken to choose a much smaller sample and use in-depth telephone interviews and visits to develop, discuss and refine successive drafts of the data collection tools and accompanying guidance. At each stage efforts were made to interview both foster care managers with detailed knowledge of their authority's service and the staff responsible for compiling statistical returns to government who have first-hand experience of extracting data from their management information systems.

A number of local authorities were selected and invited to participate in the study. The aim was to achieve a balanced mix by size, type and location of authority, and to choose some which had been non-respondents in the ONS study and others whose responses had indicated either interest or particular difficulties.

Ten authorities were finally recruited for the fieldwork which comprised the following four components:

³ Some of these questions derive from the work of Sinclair et al (2004)

Telephone interviews

Telephone interviews with foster care managers and staff responsible for information/statistical returns exploring:

- the structure and organisation of the fostering service;
- the different types of foster care recognised, approved and supported;
- the collection and recording of statistics on foster care and difficulties attending this process;
- the content of Draft 1 of the Foster Care Baseline Survey and the Foster Care Questionnaire, especially the clarity and usefulness of questions and definitions, and feasibility of completing data items.

Following detailed analysis of the telephone interview notes, Draft 2.0 of the questionnaires was prepared, incorporating major changes and considerable refinement to the definitions and guidance notes.

First fieldwork visit

Five of the ten participating authorities were selected for fieldwork visits and face-to-face, in-depth interviews with foster care managers and staff responsible for information/statistical returns. The face-to-face interviews explored some of the issues discussed in the telephone interviews in greater depth and examined in detail the revised Draft 2.0 of the Foster Care Baseline Survey and the Foster Care Questionnaire.

Analysis of the interviews led to further substantial revisions to both questionnaires and the guidance. This led to Draft 3.0 of the questionnaires.

Second fieldwork visit:

The same five authorities were visited in a second round of fieldwork visits and face-to-face, in-depth interviews were carried out with foster care managers and staff responsible for information/statistical returns. After checking the viability of the revised Draft 3 of the questionnaires, the visit focused on the practicalities of collecting the data required, especially for the Foster Care Questionnaire. Interviewees were asked:

1. How time consuming would it be to collect the data?

2. What sources would the respondents have to consult to provide the data (for instance paper files, electronic files, the main childcare database system, stand alone databases, documents and spreadsheets maintained by the foster care team)?
3. Would the data be readily available in the required form, or would some processing be necessary?
4. Which staff would need to be involved or consulted in order to complete each question?

Consultation with professionals and policy makers

A number of key professionals and institutions were consulted throughout the research. These included academic experts, policy makers, senior local authority officers and agencies concerned with aspects of foster care. All were provided with copies of the draft questionnaires and interviewed by telephone, e-mail or in person.

In addition, presentations about the study were made to and discussions held with members of the CCFR Benchmarking Group⁴, the DfES Children's Working Group and the Methodology Group of the Commission for Social Care Inspection.

Key findings from the fieldwork

The fieldwork revealed many problems which had not previously been identified. These related to:

- Differences concerning which services to include and which to exclude in a definition of foster care;
- Differences in the organisation, management and practice of foster care;
- Differences of terminology used to describe the types and other aspects of foster care;
- Different ways of recording, storing and retrieving information about foster care.

Each of these differences led the team to improve the terminology and definitions; to establish data categories which would be understood and, as far as possible, used in the same way by all; to reword the questions and to abandon the attempt to collect data which was unlikely to be available in at least the majority of local authorities.

⁴ The Benchmarking Group of the Centre for Child and Family Research, Loughborough University, comprises representatives of 12 local authorities that participate regularly in CCFR research.

A few questions were left in place despite evidence that local authorities might have difficulties in answering them. These questions will produce information necessary for planning and monitoring service provision and they have been retained in the expectation that authorities would put in place the necessary recording, storage and retrieval mechanisms once the value of the data becomes apparent. The most important of these is the breakdown of places filled and the numbers of places purchased from IFAs by type of foster care.⁵

These successive attempts at refinement produced four distinct versions of each questionnaire and more than 25 intermediate drafts. The Guidance went through similar processes of revision, being initially included in the questionnaires and then separated out only at the final stage.

What is foster care?

A major obstacle to the collection of comparable data on foster care provision is the absence of a recognised definition of the parameters of this service. It was evident from the fieldwork that authorities differ in what aspects of the service they define as foster care. Particular issues are as follows:

Short break care

Some local authorities took the view that questions relating to short break care, especially short break care for disabled children, should not be included in the return because they manage it separately and regard it as a different service. The children concerned have not been placed in the care of the local authority but live primarily at home, being accommodated under Section 20 in an agreed series of short-term breaks. However, any short-term break which includes an over-night stay falls under the terms of the Fostering Regulations 2002 and the Placement of Children Regulations 1991, and has to be provided by foster carers approved by the local authority. Moreover, such carers may provide other types of foster care (for instance continuing care for a disabled child looked after under a care order). Responses from the majority of those consulted suggested that short break care should be treated as a type of foster care and included in the main typology.

Day care

Some local authorities provide shared or support care for disabled children with approved foster carers, but during the daytime only, without an overnight stay. These children are not

⁵ Question C.1 in the Foster Care Questionnaire

looked after and different legal and regulatory provisions apply; day care was therefore excluded from the typology, making an overnight stay one of the defining criteria of foster care.

Immediate Care

Family and friends carers are an important category of foster carer. Under Regulation 38 they must be approved as foster carers for the specified child if they continue to care for him or her for more than six weeks⁶. However, at any one time there may be a number of family and friends carers providing what is termed 'immediate care' within the six-week time limit, who have not yet completed approval procedures. It seemed appropriate to include these as a type of carer, the only exception to the rule that foster carers must be approved.

Foster care :

- is care provided for children looked after by the local authority. Private fostering and kinship care where the child is not legally looked after are thus excluded;
- is care provided in the home of the foster carer. The many forms of hostel and residential home are thus excluded;
- involves an overnight stay for at least one night. Day care, even where this is provided by approved foster carers is thus excluded;

Within these parameters the following types of provision are included:

- accommodation of looked after children with approved 'stranger' or kinship foster carers in 'family placements' for any period of one or more nights;
- care either provided in-house by foster carers approved by the local authority, or purchased from another local authority or Independent Fostering Agency (IFA);
- short-break accommodation for disabled children with approved foster carers;
- respite and other forms of short-break accommodation for children with approved foster carers;
- immediate care provided under Regulation 38 by family and friends carers not yet approved by the local authority.

Such decisions made it possible to reach a definition of what does – and what does not – constitute local authority foster care, a necessary step in the process of ensuring comparability of the data from a national return. The definition above is based on findings

⁶ Foster care managers pointed out that it is extremely difficult to complete formal approval procedures within the 6-week limit, but it is not clear what happens if the deadline is passed.

from the fieldwork undertaken for this study and has been used as the basis for developing the Survey and Questionnaire documents that accompany this report. It is also given in full in the Guidance Notes.

Defining what is meant by foster care was the first of several issues to be resolved. The study also raised questions concerning how the various types of care can be meaningfully categorised and how certain carers and placements should be included in a return in such a way as to reduce the risk of double counting.

The typology of foster care

A return which simply identified the number of foster care places provided would be of very limited value in that would not reflect the complexity of the task of providing sufficient placements to meet the diversity of need displayed by those children who become looked after. Once the parameters of the service had been identified and defined, it was necessary to find a means of categorising the different types of care included. In the course of the study a comprehensive typology of foster care was built up and successively revised, in consultation with the local authorities and other informants. Full details of this typology, including full definitions and alternative terminology in common usage, are included in the accompanying Guidance Notes (p.3). Wherever possible the most generally recognised term was used for each type of care, with alternative names being provided where these were detected, and precise definitions included. However it was apparent that the same term can have different meanings in different local authorities, and that the boundaries between one type of care and another are similarly ill-defined.

The resulting typology is, inevitably, a compromise. Nevertheless foster care managers approved the attempt to provide clarity and felt that it would assist them in their work. It identifies eight distinct types of foster care, together with a number of subsidiary types, as follows:

- FC1: Long-term care (including *permanent* and *continuing* care)
- FC2: Time-limited care
- FC3: Emergency care
- FC4: Short break care (including short break care for both disabled and non-disabled children and foster carer respite)
- FC5: Family and friends care

FC6: Parent and baby care

FC7: Intensive fostering (including remand care, specialist care, treatment care and other specialist fostering schemes)

FC8: Supported lodgings

Some of the terms in the typology merit specific discussion:

Long-term, continuing and permanent care

A number of local authorities distinguish between varying lengths of 'long-term' care and 'permanent care'. The term 'permanent care' is related to the concept of permanency described in care plans and permanency plans, but is not necessarily used in the same way. Foster care teams will tend to regard as 'permanent' a placement which is stable, long-lasting and expected to continue until the child reaches 18 or leaves care. It was difficult to find a term to use for other forms of *relatively* long-term care, which falls short of being *permanent* care, irrespective of the technical question of whether the child has a permanency plan. The problem with 'long-term' is that it is impossible to specify how long is long. In the end a new term, 'continuing care' was coined. Local authorities commented that while they do not themselves use that term, they understand it.

Family link care

For disabled children there is often an agreement for a ('family link') carer to provide short break care on a continuing basis for a particular child. One carer may be linked in this way to several children, providing short break care for them either together or at different times. Counting places, in this situation, is complex. One foster carer might provide only one place at a time, but be linked to two different children, providing short break care for each child on alternate weekends. The questionnaire asks authorities which use family linking in this way to count both the number of places (beds) and the number of links (children).

Attributes of children

Although certain types of foster care (parent and baby or specialist foster care, for instance) are intended for children with specific needs or attributes, it is evident that there are other attributes of children which determine their needs and should be taken into account in matching them to foster carers able to meet those needs. If the return is to be of real value both to government and to local authorities, it should reflect both the types of care provided and the attributes of particular groups of children with common needs. In the course of the

study the following seven types of attribute which influence the choice of placement were identified⁷ :

1. Age
2. Ethnicity
3. Religion
4. Unaccompanied asylum seeker
5. Disability and/or other medical, mental health or behavioural problem
6. Need to be in a particular geographical area
7. Need to be placed with siblings

Counting foster care places

If a key purpose of the return is to measure the capacity of current foster care provision, then it will be important for it to reflect both the number of filled places, any spare capacity (i.e. the number of vacant placements that can be offered to new entrants) and any shortages. For a long time it has been painfully evident that demand greatly exceeds supply, and one of the primary objectives would be to determine the extent of the shortfall. However both children's attributes and the types of placement required are important factors to be taken into account in any attempt to estimate capacity and shortfall, for these clearly relate to the varying levels of provision available – in one authority, for instance, there might be a small surplus of carers able to provide long-term care for children without additional needs, but an acute shortage of those able to provide short break care for disabled children, with the result that most places in the latter category have to be purchased from an independent fostering agency.

Shortages

It proved extremely difficult for local authorities to calculate shortages of places. Foster care managers indicated that they had only a rough idea – the numbers of places needed changes every day and from year to year and there may be either a general shortage or an acute one. The acuteness of shortage differs also according to the type of foster care considered (for instance, it may be perceived as more acute for mother and baby care than for short-term care for school aged children). Shortage is also linked both to the issue of placement choice and also to that of staffing for recruitment and support. One foster care manager commented 'I may say I need fifty carers but do I have the staff to support them?'. Another said 'You

⁷ See Foster Care Questionnaire, Question D2, further details are given in the Foster Care Guidance Notes, p.17

always want a bigger choice of carers...e.g. you want unlimited carers for teenagers for better matching!’

Counting shortage is problematic, because it is difficult to observe it. Children may remain at home longer than they should, because no suitable foster care place is available; they may remain in an unstable or unsatisfactory placement because there is no available alternative; or some fostering households may be ‘overcrowded’ by extending the terms of approval to allow for the placement of additional children, to the possible detriment of all concerned – the child being additionally placed, other children already there and the foster carers and their families. Yet none of these types of shortage is easy to detect and quantify.

If the local authority’s policy is to provide all foster care places of a given type in-house and it becomes necessary to purchase a number from external providers, then arguably each purchased place is one place short. Moreover, a well-managed local authority might well take the view that it should maintain a small surplus, a number of vacant places for each type of foster care, in order to respond to sudden increases in demand and to make it easier to match the needs of children to the characteristics and skills of foster carers.

When asked to include shortages of places in their calculations, local authorities were advised to estimate and take into account such a notional surplus. However there was no consensus as to any specific number or rule of thumb by which this might be estimated. The absence of such a formula may make it difficult to make comparisons between authorities.

In addition, it was considered important to collect data on the number of filled places for which an exception or extension to terms of approval had been granted⁸, as this should provide some *prima facie* evidence of shortages.

Vacant and available places

Devising a means of counting places that reflects the diversity of types of foster care proved to be fraught with difficulties. Fostering households are often approved, explicitly or implicitly, to provide more than one type of foster care. For example, a fostering household which is approved for two places might be available for several different types of care, for instance long-term, time-limited and emergency care. This makes it impossible to say with certainty for which type of foster care a vacant place exists. Any attempt to count vacancies

⁸ Foster Care Questionnaire, Question C2

by type would inevitably lead to much double-counting. It was therefore decided to ask only for the total number of places approved, filled, vacant and non-available⁹.

Location, provision and purchase of foster care places

Out of county places

Authorities need to know how many places they are using outside their area. Such places may be provided either by independent or voluntary agencies, or by other authorities. They have long been regarded as problematic, both in terms of the costs involved, and of the perceived detriment to children's well-being of being placed at a distance from family and familiar surroundings.

However, the term 'out of county' is too crude to be used as a measure of this dislocation. London Boroughs commented that, because of the demography of the capital city, many of their foster carers are technically 'out of county', though it makes little sense to describe them as such. Elsewhere, too, the particular geography of local authority boundaries may mean that some foster carers are located 'out of county', for instance in the suburban periphery beyond the metropolitan authority border line. A measure of distance, though difficult to record, might be more relevant¹⁰.

It would be possible to partially capture this information by asking a question in the Foster Care Baseline Survey such as 'Of your approved fostering households, how many are located outside your authority's boundaries'. However neither the Questionnaire nor the Survey ask for specific details about out-of-county places, since the numbers used and the distances involved can be determined, at any point in time, from the placement data reported in the SSDA-903 return. We would, however, recommend that the two returns (the foster care and the SSDA903) are carefully aligned so that they complement one another.

For the Foster Care return we took the view that the important distinction was not geographical location but approval and management, so that both Questionnaire and Survey focus on the distinction between foster care places provided in-house (wherever located) and those purchased from other local authorities or independent providers (IFAs¹¹).

⁹ Foster Care Questionnaire, Question B1

¹⁰ Distance has recently been added to the SSDA903 return.

¹¹ Some independent fostering agencies (IFAs) prefer to be called 'Independent Fostering Providers (IFPs)'. We used the term IFA throughout, as that is the term used in the Care Standards Act(2000) and in government regulations.

Externally purchased places

A local authority may provide foster care places in-house, that is to say with foster carers approved, managed and remunerated by the authority itself. It may also purchase them from external providers who may be either another local authority or an independent fostering agency (IFA). The external provider approves, manages and remunerates the foster carers, while the purchasing authority has a contractual agreement with and pays the provider, not the carer. We abandoned the attempt to distinguish between voluntary and private sector IFAs, when local authorities warned us that the distinction is not always clear and that it would not appear in their records.

Attributes of individual foster carers

ONS attempted to obtain a tabulation of individual foster carers by age range. Many local authorities were unable to supply this data. Although date of birth is one of the fields required to be kept in the register of approved foster carers¹², most authorities do not keep this register in their central childcare database. They may have a stand-alone database or spreadsheet, a simple list stored in a Word document, or merely a paper file or set of index cards. Retrieval of information from such disparate sources is seldom easy.

There is no requirement to enter in the register details of the foster carer's ethnicity, language, religion, education or employment. National Minimum Standards for Foster Care¹³ require that 'placement decisions consider the child's assessed racial, ethnic, religious, cultural and linguistic needs and match these as closely as possible with the ethnic origin, race, religion, culture and language of the foster family' (Standard 8), which presumes that these characteristics are known and recorded for each foster carer. In fact these and other attributes (e.g. current and past employment) are required to be determined when a prospective foster carer is being assessed prior to approval. Schedule 3 of Regulation 27 sets out the information required, which includes:

'6. His religious persuasion, and his capacity to care for a child from any particular religious persuasion.

7. His racial origin, his cultural and linguistic background and his capacity to care for a child from any particular origin or cultural or linguistic background.

¹² Fostering Services Regulations (2002), Regulation 31

¹³ National Minimum Standards for Fostering Services (2002), published by the Secretary of State for Health under section 23(1) of the Care Standards Act 2000, London: HMSO.

8. His past and present employment or occupation, his standard of living and leisure activities and interests.'

However the regulation does not set out how or even whether the information is to be stored for subsequent retrieval.

Fortunately, most local authorities use standard forms for the approval process, the F1 (for unrelated prospective foster carers) and F2 (for family and friends carers) forms produced by the British Association for Adoption and Fostering (BAAF). These provide for recording all the characteristics considered above, although educational achievements are merely listed with other items in a chronology¹⁴.

Because of the importance attributed to ethnicity in matching foster carers to the needs of children and to educational qualifications of carers in affecting children's educational outcomes, questions on these were included in the Foster Care Questionnaire¹⁵. If, in future, local authorities routinely extract information on other attributes such as language, religion and employment, it should be possible to add questions on these.

Ethnicity of fostering households

After much discussion it was decided that ethnicity should be collected as an attribute of the household rather than the carer, and that where a fostering household consists of, for instance, a mixed-race couple, both of whom are approved foster carers, the ethnicity of the household should be recorded in the appropriate 'mixed' category.

The reason for this was that interest in the ethnicity of foster carers is focused primarily on the ability of local authorities to match children of particular ethnic groups to carers of a similar group. In this matching process, the ethnicity of the fostering household, expressed as the conjunction of the ethnicities of the approved carers in the household, is arguably the relevant factor.

In the fieldwork, participating local authorities were initially sceptical about this data item as the idea of a household having ethnicity is unusual and to determine it they need to know the individual ethnicities of each approved foster carer in the household. But after some discussion, they accepted it.

¹⁴ If DfES conclude that it is important to record the exact educational attainments of foster carers, this part of the BAAF F1 and F2 forms might be revised to make it easier to record and retrieve precise data.

¹⁵ Foster Care Questionnaire, Questions A4 & A5

Financial information

A considerable amount of research has been conducted into the costs and remuneration of foster care, among them the studies by Kirton, Beecham and Ogilvie (2003), Tapsfield & Collier (2005) and the routine surveys carried out by the Fostering Network. In line with these studies, the fieldwork revealed substantial variations in payment schemes; however findings also showed that the collection of accurate and comprehensive data in this area would be fraught with difficulties. It seems evident that better and more accurate information might be obtained by a well resourced and in-depth study of a representative sample of local authorities than by an onerous and possibly unsuccessful attempt to collect this type of data routinely on a national basis.

How difficult will it be for local authorities to collect this data?

The question of the *practicality* of the Foster Care Questionnaire was addressed in the second fieldwork visit. Specific questions in the questionnaire are referred to in the following text and headings.

Issues concerning the storage and retrieval of data

In some authorities, certain types of foster care are not managed by the main foster care or family placement teams. In particular short break foster care for disabled children is often managed by a disability team, who recruit and manage the foster carers. Also permanent care is in some cases managed by an adoption rather than a foster care team. Elsewhere it may be managed by a looked after team or, in the case of children over 16 (or sometimes younger), by a leaving care or pathway team.

Where responsibility for the service is held jointly by a number of specialist teams, files and data on the foster carers concerned are likely to be held separately from those managed by the foster care teams. This, and the earlier studies by Gatehouse & Ward (2003) and Gatehouse, Statham and Ward (2004), have revealed numerous instances where specialist teams have compiled their own databases of information that is held separately from the children's services central database system and therefore likely to be overlooked in the compilation of returns.

In addition to those anomalies that arise because of the way in which the service is managed and organised by different authorities, there are also questions concerning the availability

and accessibility of some of the data required to provide a national profile of foster care services available.

Issues concerning the accessibility of data required for the Baseline Survey and Questionnaire

It should be noted that the data required for the Baseline Survey is not routinely collected and would need to form the basis of a specific 'one off' exercise undertaken by the authorities. The majority of fieldwork authorities already collect most of the data items in the Questionnaire, but many of these are not currently held centrally on electronic management information systems. The fieldwork explored the feasibility of accessing each of the data items required for the Questionnaire, and the findings are as follows:

Questionnaire A1-A3: Most authorities do not hold their register of approved foster carers on their central children's services database and most of the data on individual foster carers is not stored electronically. Thus although they hold these data it would take time to input the items onto the central management information system.

Questionnaire A3.4 : Data concerning the presence of foster carers' own children in the household is usually recorded on the F1/F2 forms and in other notes held on foster carers' files. Manual processing will be required to answer this question.

Questionnaire A4-A5: Socio-demographic data concerning individual foster carers is collected at the time of approval through the standard BAAF Forms F1 and F2 or equivalents. Items such as foster carers' language, religion, ethnicity, education and employment, all of which are of key importance in matching children, are thus collected in a standard format. Although the forms are supplied both as paper documents and in electronic format, in none of the authorities studied is the data transferred to a database. Even where a local authority uses the electronic form for capturing and recording information, there is no guarantee that it is subsequently saved and can be located and retrieved electronically. The most likely outcome is that the completed form is printed out and placed in the foster carer's file.

At present it would be necessary to retrieve such data manually – a potentially long and arduous task, especially where files for different types of foster carer are held by different teams. In consequence, the questions A4 and A5 in the Foster Care Questionnaire may present difficulties for some authorities. Even where ethnicity is recorded in the register, some processing will be required to establish the 'ethnicity of the household'.

Nevertheless, local authorities could be encouraged to retrieve the required information from their F1/F2 forms and record them in a foster carer database or an extension to their existing register of foster carers. Since most of these characteristics (except employment) are unlikely to change, most of the data entry would need to be carried out only once, not annually.

Questionnaire B1: Data on approved places that are vacant but not currently available (because, for instance, of illness or an outstanding complaint or investigation) are not usually held electronically. This information will require manual counting.

Questionnaire B2: Some authorities will have difficulty in distinguishing places purchased from IFAs from those purchased from other local authorities. The SSDA903 codes do not provide this distinction.

Questionnaire C1: This question asks authorities to show the number of filled foster placements by type and provider of care. The importance of being able to make these distinctions has been discussed above (pp14-16). However at present recording of placements is generally geared to the requirements of the SSDA903 form, which does not distinguish type of foster care. All the fieldwork authorities agreed that they could not complete Table C1 from their existing electronic records and that this was the most problematic issue raised by the Questionnaire. However all were sympathetic to the attempt, considered that the table would gather important and useful information and were at pains to discuss how this might be captured in future. Many authorities will need to put in place new arrangements to record, for each placement, the type of foster care. Most envisaged that these will need to be complemented by changes to the requirements for the SSDA903 return to ensure that both data collections are properly aligned.

Questionnaire C2: Exemptions and extensions are likely to be recorded by the agency decision maker or administrative staff who support the Fostering Panel. They are unlikely to be recorded electronically in either the main children's services database system or the register of approved foster carers.

Questionnaire D3.3: By definition, records of immediate (Regulation 38) carers will not be on the register. Counting them is likely to involve manual methods by the foster care team and looked after team managers.

Questionnaire D4: Sinclair and colleagues' (2004) study of foster carers' motivation demonstrated the importance of monitoring attrition and its causes. However reasons for loss are not always recorded electronically and would have to be accessed manually.

CSCI's data requirements for inspection

During the fieldwork for this study several local authorities commented that much of the data in the Foster Care Questionnaire is similar to that which they supply to the Commission for Social Care Inspection (CSCI) for inspection. They expressed the fervent hope that they would not have to make two different data collections with differing definitions and time periods. We subsequently discovered that CSCI is currently reviewing its methodology for the inspection of foster care services provided both by local authorities and by independent fostering agencies.

Extensive discussions with CSCI followed and copies of earlier drafts of the questionnaires and guidance were provided to them. CSCI was very supportive of this study and in early drafts of its own data sheets has adopted the typology of foster care and a number of the questions from the Foster Care Questionnaire.

An excellent opportunity exists to concert the data collection requirements of CSCI with those of DfES so that local authorities can provide the same core data, using the same categories, definitions and time periods, to both agencies.

The response of the local authorities

All of the local authorities participating in the study welcomed the attempt to improve collection of information on foster care services. They specifically commented that 'the

information the proposed Foster Care Questionnaire aims to collect is the kind of information we should be gathering for our own purposes' and 'this information would be really helpful for our planning and commissioning'. They also commented that the proposed Foster Care Questionnaire provides a useful template for internal use, for example, in planning their recruitment strategy. They made a number of points, many of which are included in the following list of recommendations from the research team, and which form the conclusion to this paper.

Recommendations

- Care should be taken to communicate to local authorities the purpose of any new data collection, the use to which the data collected would be put by government, and how they themselves could use and benefit from it.
- Local authorities should be given time to put in place the recording and data retrieval procedures and systems required for the collection of the information in the questionnaires. Data on the attributes of approved foster care households, shortages, vacancies and exemptions will be difficult to retrieve and collate until changes have been made to existing systems.
- It would be very helpful to local authorities to have a 'dress-rehearsal' (pilot) data collection prior to the establishment of a new return. Appropriate forums for discussion and collection of feedback would help to refine the data collection instruments, to win acceptance for the new collection and to improve the quality of the data collected.
- If possible a separate Baseline Survey should be conducted before or at the same time as the first regular data collection. This would provide the context for understanding the data collected in the Foster Care Questionnaire, serve to check and, if necessary, refine the typologies employed and encourage each local authority to analyse their own fostering service.
- Given the current rapid pace of change in children's services, we recommend that the Baseline Survey should be repeated periodically.
- Clear guidance should be given concerning the definition of what does and what does not constitute foster care, and how services and children's attributes should be categorised.

- Local authorities should be encouraged to record electronically in their register of approved foster carers some of the key attributes of individual foster carers (language, religion, ethnicity, education and employment) which are gathered during the approval process on the BAAF F1 and F2 forms, or their equivalent.
- Local authorities should be encouraged to bring together the different databases held by family placement teams, looked after teams and other specialist teams relating to the approval of foster carers and the provision of services to ensure that the central management information system holds all the relevant data required for the proposed return.
- The counting of filled foster care places by type of foster care will initially impose a challenge for local authorities. They should be given time and support to complete this task.
- It is important that the SSDA903 return and the proposed foster care return are carefully aligned so that they complement one another. Consideration should be given to revising the SSDA903 return to include recording of type of foster care for each placement. It would be helpful if this recording could be supported in the Integrated Children's System. Breaking down foster placements into specific types of care provided would also enable agencies to cost care episodes more accurately.
- The SSDA 903 return does not distinguish between filled places purchased from IFAs and those purchased from other local authorities. It would be helpful if in future the coding allowed for this distinction to be made.
- To form a full picture of foster care provision it is essential to gather data also from independent fostering agencies (IFAs). It would be very helpful if such data could be collected using definitions, typologies and questions identical to or compatible with those developed in the present study.
- Discussions should be continued with CSCI to ensure the harmonisation, as far as possible, of the data collection requirements for inspection with those for returns to the DfES. There would be great benefits for all concerned if CSCI and DfES could collaborate to establish a single, shared data collection based on identical definitions and time periods. Local authorities, in particular, would be spared much complex and time-consuming work.

GUIDANCE NOTES
for the completion of
The Foster Care Baseline Survey &
The Foster Care Questionnaire
DRAFT 4.4 15 October 2005

Preamble

These Guidance Notes are intended to accompany a suite of two questionnaires, the Foster Care Baseline Survey and Foster Care Questionnaire, designed to facilitate the collection of consistent and reliable information from local authorities in England to assist both national government and the local authorities themselves in the planning, commissioning and management of foster care services for children.

As well as giving detailed instructions for completing the two questionnaires, the Guidance Notes also provide comprehensive definitions, especially of types of foster care, which should assist anyone who needs to describe and analyse the provision of foster care for children looked after by local authorities in England.

The two questionnaires were designed exclusively to gather information from local authorities. Different instruments may be required for gathering information from independent fostering agencies (IFAs). Hopefully, however, the same definitions and categories could be used.

The questionnaires may be used to establish a new regular data collection. In designing them, it was necessary to make a number of compromises in order to arrive at a set of questions to which most local authorities should be able to provide answers. Once the questionnaires become established it may be possible, in consultation with local authorities, to refine them to yield more precise data. Several of the local authorities participating in the fieldwork noted that even to collect and report the data in these initial versions they will have to modify both the way they record and the way they retrieve information. The former would require changes in practice, the latter modifications to their information systems software.

It was noted that, in order to count the number of foster care places filled by type of foster care, it will be necessary to record, for each foster care placement, the type of foster care provided. It would be helpful if this could be done at the time new placements or changes of placement are recorded and it may be possible in future to include 'type of foster care provided' as a field in the SSDA 903 return.

The Foster Care Questionnaire is designed to collect data on a regular basis, possibly annually. For the sake of clarity the usual data collection census date (March 31st) has been specified, but any other date could be chosen. Most questions relate to the single point of time, March 31st, but a few seek information about occurrences during the previous twelve or expectations for the following twelve months.

At present all fostering services, both local authority and independent, are inspected annually by the Commission for Social Care Inspection (CSCI). During and in preparation for these inspections a considerable amount of data is gathered. It is hoped that the two questionnaires and this accompanying guidance may in future provide much of the data for inspection, thus reducing duplication to a minimum and ensuring a common source of compatible data that can be used for inspection, government monitoring and oversight, as well as for the internal management, planning and commissioning processes of local authorities.

The Foster Care Baseline Survey & the Foster Care Questionnaire

The Baseline Survey is intended to establish a profile of the structure, organisation and management of the fostering service in each local authority. It will provide the context for understanding the statistics collected in the Foster Care Questionnaire. The Baseline Survey should not need to be repeated frequently but an occasional collection would help to capture the changes which many local authorities are making in their children's services. The Foster Care Questionnaire is intended to be a regular, possibly annual, data collection made by all local authorities.

General Definitions

Fostering Service

In general, your fostering service comprises:

1. **In-house Provision:** all support, operation and management of foster care services in the family home of foster carers where these are approved by your authority under the terms of the Fostering Services Regulations 2002.
2. **Purchase:** foster care services purchased from other local authorities and Independent Fostering Agencies (IFAs) where these are provided in the family home of foster carers.

Include:

- Recruitment, training, approval, support and review of foster carers to provide a fostering service for the authority.
- All forms of foster care, where the carer has been through a formal process of approval by the local authority, except those listed under 'Exclude', below.
- Accommodation of looked after children with foster carers in 'family placements' [see Guidance Notes to SSDA 903 Return] for any period of one or more nights.
- Training, approval, support and review of 'family and friends' (also known as 'kinship' or 'relative carers') who provide foster care for particular, named children.
- Foster care provided immediately by 'family and friends' carers under Regulation 38, before full approval procedures are completed.
- Provision of short-break accommodation for disabled children with approved foster carers.
- Provision of respite and other forms of short-break accommodation for children with approved foster carers.
- Provision of any form of foster care by means of joint or consortium arrangements with other local authorities.
- Purchase of any form of foster care from external providers, including:
 - other local authorities (by bilateral or consortium arrangements);
 - independent fostering agencies (IFAs¹), including both private sector and voluntary organisations.

Exclude:

- Private foster care: when a child is not looked after by the local authority but is cared for under a private arrangement with the parent or person with parental responsibility for a period of 28

¹ IFAs: some independent fostering agencies prefer to be called 'Independent Fostering Providers (IFPs)'. The term IFA has been used throughout this document and the questionnaires as that is the term used in the Care Standards Act(2000) and in government regulations.

days of more. The carer is an adult who is not a foster carer approved by the local authority and is not a relative or someone who has parental responsibility for the child.

- Kinship care where the child is not looked after by the local authority.
- Day care (without overnight stay) for children, even where the carer is a foster carer approved by the local authority.
- Accommodation in residential settings [see definition of 'placements in residential settings' in Guidance Notes to SSDA 903 Return].

Types of foster care

Local authorities use a range of different terms to refer to the same type of foster care. In some instances the same term has different meanings in different authorities and in others the boundaries between categories are different.

Type of foster care	Also known as	Definition & notes
FC1 Long-term care		Foster care for looked after children which is of indefinite duration (necessarily limited only by the child reaching the upper age limit for being looked after).
FC1.1 Permanent Care		Permanent Care is long-term foster care which envisages the child remaining with the same foster carer until reaching the upper age limit for being looked after (and possibly beyond). Note: Some local authorities distinguish permanent from long-term care and support and manage permanent care differently.
FC1.2 Continuing Care		Foster care which is expected to be of long duration but which has not yet been confirmed as permanent .
FC2 Time-limited care	Non-permanent; Short and Medium Term; Task focused; Task centred; Temporary	Foster care for a limited period of time, often while parent(s) or regular carer(s) recover from some temporary disruption, incapacity or illness. Some local authorities use the term task focused care for some types of long-term care (e.g. when the 'task' is to prepare a young person for independent living)
FC3 Emergency care		Care provided with an approved foster carer, usually for a period not exceeding 24 hours, when it is essential to remove a child immediately from a particular situation of neglect or danger
FC4 Short break care	Family link; Shared care; Salaried care; Professional care; Specialist fostering; Support care; Crisis care.	Used to provide a recurring break or respite for the parent(s) or usual carer(s) of a child, often on the basis of weekends or several days per month. The care is provided in the home of an approved foster carer and includes one or more overnight stays. The child's main place of residence and parental responsibility remain with the parent(s) or usual carer(s). Short break care is sometimes called shared care because care is shared between the parents and a foster carer. There are two main types, for disabled and for non-disabled children. For disabled children: there is often an agreement ('family link') for a carer to provide short break care on a

Type of foster care	Also known as	Definition & notes
		<p>continuing basis for a particular child. One carer may be linked in this way to several children, providing short break care for them either together or at different times.</p> <p>For non-disabled children: short break care is sometimes described as support care or crisis care.</p> <p>Carers may be paid a retainer and provide the care under a contract with the local authority which normally specifies the number of places and nights the carer will provide, for which they will receive payment whether or not the places are filled. Carers are sometimes described as 'salaried', though most remain self-employed.</p> <p>Carers may be described as 'professional' or 'specialist' because of health-care or other recognised skills or qualifications for looking after disabled children, or because of the particular special needs of children which they can meet.</p>
FC4.1 Short break care for disabled children ²	Family Link; Shared care	<p>Disabled children: in practice this tends to mean those children who are identified by the local authority as being disabled and whose support and care is usually managed by a separate, disability team.</p> <p>For definitions, see under D, above.</p> <p>Note: In many authorities these carers are managed, recruited and supported by a disability team rather than by a foster care team. Physical requirements of the children (e.g. wheelchair access, lifting, turning, night supervision, feeding, medication) may considerably limit the availability of foster carers.</p>
FC4.2 Short break care for non-disabled children	Support care; Crisis care	<p>Children requiring this type of care may have disabled parents, siblings with special needs, or may themselves have behavioural problems; their families require support or respite for brief, recurrent periods, rather than a single period of continuous care</p> <p>For definitions, see under D, above</p>
FC4.3 Foster carer respite		Short break foster care provided to give a break to the regular (time-limited or long-term) foster carers (often when these take their own family holiday) but where, after the break, the child returns to the regular placement.
FC5 Family and Friends care	<p>Kinship care, Relative Care</p> <p>Immediate Care</p>	<p>Continuing care provided for a child looked after by the local authority by a relative or friend who is approved by the local authority to care for a particular child (or possibly children, usually siblings).</p> <p>Also Immediate care provided by a relative or friend under Regulation 38, for a period not exceeding 6 weeks, before full approval procedures are completed.</p>

² Some local authorities contract out some or all of short break care for disabled children to voluntary sector providers or IFAs.

Type of foster care	Also known as	Definition & notes
FC6 Parent and Baby care	Mother and Baby care	Care provided with approved foster carers in a family setting for a parent together with her/his baby. Usually, but not necessarily, for a teenage mother and baby. Mother and baby units in residential settings are excluded. Note: Either the parent or the baby or both may be looked after by the local authority. The parent may be an adult.
FC7 Intensive Fostering	Specialist Fostering	Continuing care provided ³ in family settings for children with complex needs, mental health problems or self-harming, challenging or sexualised behaviour, young offenders, and children on remand. Exclude care provided in residential (as distinct from family) settings.
FC7.1 Remand care		Care provided for children on remand, or committed for trial or sentence under CYPA or CDA, or detained in local authority accommodation under PACE, or subject to a supervision order with residence requirement. Residential and secure units should be excluded.
FC7.2 Specialist care	Contract care ⁴ , Salaried care	Continuing care for children with complex needs, mental health problems or self-harming, challenging or sexualised behaviour and/or histories of offending. Carers may be paid a fee, different from or additional to the usual allowance, and often a retainer. They usually provide the care under a contract with the local authority which specifies the number of places and nights the carer will provide, for which they will receive payment whether or not the places are filled. They are sometimes described as 'salaried', though most remain self-employed.
FC7.3 Treatment care		Continuing care for children with complex and/or mental health needs (for instance, children who display severe levels of challenging/anti-social behaviour, and/or are self-harming, and/or are involved in crime and may be at risk of custodial sentence) who are supported under a scheme where co-ordinated, round-the-clock multi-agency support is provided both for the children and their carers (typically involving health, CAMHS, education, social services, YOTs, etc.) Carers may be introducing specific behaviour modification programmes as in the Oregon model of Treatment Foster Care
FC7.4 Other Specialist Fostering Schemes	Please specify	Note: Many local authorities have special schemes to provide particular types of specialist continuing care

³ Some local authorities contract out some or all of intensive fostering to voluntary sector providers or IFAs.

⁴ The terms 'Contract' and 'Salaried' refer to the contractual relationship and method of payment rather than to the nature of care. However, in some local authorities they are used to designate particular types of short break or continuing care where these contractual and payment arrangements predominate.

Type of foster care	Also known as	Definition & notes
FC8. Supported lodgings	Accredited lodgings	<p>Usually provided for looked after young people over 16 and up to 18 as a stepping stone towards independent living. Count as foster care only if the support is provided by approved foster carers in or adjacent to the carers' family home.</p> <p>Note: This is likely to be exceptional – most supported lodgings do not count as foster care.</p>

The Foster Care Baseline Survey

A. Structure and organisation of your authority's fostering service

A1 Teams: What teams does your authority use to manage the fostering service?

Describe how your fostering service is organised: which teams undertake the approval, management or support of foster carers and/or the provision of foster care. How many staff does each team have? Does the team cover the whole local authority area or a region or district? What are the team's responsibilities? Does it cover all foster care or only certain types?

Teams: Generally local authority fostering services are managed by specific teams with titles such as 'Fostering and Adoption Team', 'Family Placement Team', etc. However, in some local authorities short break care for disabled children is managed not by a Foster Care Team but by a Disability Team. Elsewhere Family and Friends care is sometimes managed by Looked After teams.

Include

- all teams which undertake the recruitment, approval, management or support of foster carers and/or the provision of foster care.
- any childcare teams (e.g. a 'Disability Team') which themselves manage the foster carers who provide care to the children for whom the team is responsible.

Exclude

- adoption teams unless they also have responsibility for foster care.

No. of staff: Give the number of Full-time Equivalent (FTE) Establishment posts, whether or not all posts are currently filled; include qualified social workers, senior social workers, managers, fostering officers who are not qualified social workers, and administrative and support staff who are members of or are allocated to the foster care team.

Geographical Area: write 'All' if the team has responsibility across the whole geographical area served by the local authority.

Specific Responsibility: e.g. 'Recruitment of all foster carers', 'Allocating and managing short-break care', 'Managing permanent placements', etc. If the team's remit is specific to certain types of foster care (e.g. Short break care for disabled children; or Permanent care) please indicate.

A2 Approval of foster carers

Describe how prospective foster carers are assessed; the composition of your Fostering Panel; the process for approving foster carers; the official Agency Decision Maker for approvals; how approval takes into account partners and other adults living in the household; and the different terms of approval used.

Fostering Panel: The Fostering Services Regulations 2002 state that the Fostering Panel should consist of no more than 10 members of whom at least 4 should be independent. The Chair may also be independent.

Terms of approval: may be for the number, age and/or gender of children; or for the type of foster care or fostering task (such things as full-time, short break for disabled children, etc.)

A2.3 Approval: What is the process for granting approval to foster carers? Who is involved in this process? Is the process the same for all types of foster care? If not, explain the differences

Give details of the formal approval process only, not the preparatory steps, assessment, completion of Form F1s, etc. e.g. 'Foster Care Team presents completed file on prospective carer to bi-monthly Fostering Panel Meeting. Panel may approve, defer pending further information, or reject. Preliminary consideration of foster carers providing Short Break Care for disabled children is

carried out by separate Disability Fostering Panel which submits recommendation to Fostering Panel meeting.'

A3 Management exceptions: Are there any types of foster care (e.g. Family and Friends care) which are not managed by the foster care team(s)? If so, which and how are these managed?

In some local authorities, short break care for disabled children is managed by the Disability Team which recruits, assesses and supports the foster carers. There may be other separate arrangements in place for other types of foster care (e.g. Permanent Care managed by the adoption team).

A4 The allocation of foster care places.

Describe how the allocation of placements is managed and authorised in your authority, both for placements provided in-house and those purchased from external providers (IFAs and other local authorities).

Decisions on allocation may be taken by a social worker in the family placement team, or by the team manager, or may require to be made or subsequently ratified by a placement panel. Different processes may apply, for instance, to short break care, to children over or under a certain age, to emergency placements, to long-term/permanent placements, etc.

Different procedures may be followed when the placement is purchased (from another local authority or independent fostering agency) rather than provided in-house.

A5 Matching

How do you match children's assessed needs to the characteristics and skills of fostering households in order to ensure appropriate placements?

National standards for fostering services⁵ state that placement decisions should consider the child's assessed racial, ethnic, religious, cultural and linguistic needs and match these as closely as possible with the foster family. Your authority may take additional needs into account.

A6 Exemptions from and extensions to terms of approval

Describe what processes you follow to allow the placement of a child with a fostering household where the existing terms of approval for that household would preclude the placement.

Exemptions: an exemption is required in the specific situation in which a foster carer is asked to look after more than 3 children who are not all part of a sibling group.

Extensions: an extension to or variation in the terms of approval is required when a placement falls outside the foster carer's terms of approval (for instance the number, age or gender, type of foster care or fostering task or the duration of the placement).

B. Types of foster care

B1 Types of foster care (use; in-house provision; purchase): what types of foster care do you use, what do you call them, and for each type, do you provide it in-house, purchase from external providers or both?

Name the different types of foster care you distinguish in planning, managing and operating your fostering service. For each, state whether you provide it in-house, purchase from external providers or both.

⁵ National Minimum Standard 8, National Minimum Standards for Fostering Services, Department of Health, March 2002

Types of foster care: Some types are listed and then broken down into sub-categories. For instance FC1 Long-term care is broken down into FC1.1 Permanent care and FC1.2. Continuing care. If you do not distinguish between the sub-types, ignore the boxes for these and enter your responses only for the type (e.g. FC1 Long-term care) and enter any appropriate comments in the 'Known in this authority as' box.

Use: In the table, please tick the Use box against each type of foster care which your authority uses in the approval, management and allocation of foster care.

Known in this authority as: enter the name you give to this type of care (if different from the specified name) and comment on any specifics of the way you define and understand this type of care.

Provide and Purchase: if possible indicate the percentage of placements/ places of each type of care which you provided in-house and the percentage which you purchased from external providers (IFAs and other local authorities) in the 12 months to March 31st. If you cannot provide exact percentages, please estimate the proportion and indicate by using the following codes. Estimates should be based on the proportion of required places of a specific type.

Provide/Purchase Proportion codes:		
Code	Level	Percentage of required places
N	None	0
L	Low	<25
M	Moderate	25-75
H	High	>75
A	All	100

Rationale: how do you decide whether to provide particular types of care in-house or to purchase them from external providers? Are decisions based on particular categories of children (e.g. teenagers with challenging behaviour, etc.) rather than on the type of care? Describe the policies and practice on which these decisions are based.

B2 Types of Short Break Care

If the categories presented in Table B1 are inadequate to describe those used in your authority, use Table B2, below, to describe the different types of short break care recognised in your authority.

Short Break Care is complex. In many local authorities it is managed separately from other forms of foster care. In most cases short break care for disabled children is separate from short break care for other children. If the categories presented in Table B1 are inadequate to describe those used in your authority, use Table B2 to describe the different types of short break care recognised in your authority.

Use the same guidance and definitions as for question B1.

C. Use of Independent Fostering Agencies (IFAs)

Describe the use your local authority makes of Independent Fostering Agencies and the policies which govern their use and determine whether foster care places will be provided in-house or purchased from external IFA providers.

D. Use of Foster Carers approved and managed by other authorities.

Describe the use your local authority makes of foster carers approved and managed by other local authorities and the policies which govern that use. Describe any foster care consortium arrangements you may have with other local authorities.

E. Training, staff development and support for foster carers

Describe what training, staff development and support you provide for foster carers

E1 Foster carer training: What are the training programmes for foster carers available in your authority, and what do they consist of? Who provides the training? Is it mandatory for foster carers? Is it the same for all types of foster carer?

Brief course titles are sufficient. If your training programme is described in an electronic document (.doc or .pdf) you may attach it and enter 'See attached document:' in the table, together with the file name.

E5 Support for foster carers: what systems does your authority have in place to provide support to foster carers and their families? Do you have any of the following?

Provide: tick if you provide this type of support and give details in the Description/Comment box

F. Payment for foster care

Describe how foster care is remunerated in your authority.

This survey does not attempt to gain a comprehensive quantitative picture of reward, payment and remuneration for foster care, which would require a separate and more extensive investigation.

Tick the appropriate boxes for:

Allowance: a standard allowance usually paid per child per night in placement.

Fee: fee paid to foster carers who have a contract with the local authority, usually to provide a certain number of places for a number of nights per month or year. Such carers are often described as 'contract', 'fee-paid' or 'salaried carers', although most remain self-employed. The contract will usually define whether the fee is payable in full or in part for periods when no child is placed with the foster carer (see 'Retainer', below).

Retainer: amount paid to foster carers who have a contract with the local authority to retain their service even when it is not being used (because there is no child currently placed). The retainer may be the full amount or part of the normal fee. Some local authorities may pay a retainer to a foster carer to 'advance book' a place for a child whose placement will not start for some days or weeks. Some authorities may continue allowance or fee payments for a fixed period of several weeks after a placement has ended.

Higher rates: higher rates of allowance or fee paid to some carers in recognition of the qualifications, skills or experience they have, additional training they have undergone or the more complex needs of a child they are caring for.

Extras: additional payment to some carers, which may be made:

- for specific times when extra expense is anticipated (e.g. school holidays; religious festivals; birthdays). Use the Details column to explain.
- for specific requirements of the child (e.g. school uniform, music lessons, sports training, etc.)
- for equipment for the fostering household (e.g. a computer)

If details of 'extras' and/or other aspects of your payments are described in an electronic document (.doc, .xls or .pdf) you may attach it and enter 'See attached document:' in the Details column of the table, together with the file name.

Details – if possible, give details of amounts or scales and criteria used to determine eligibility for payments.

F2 Employment of foster carers : Does your local authority employ any foster carers? Give details:

Generally foster carers, including those under contract, are self-employed for legal and tax purposes. However, some authorities may make foster carers salaried employees in some situations.

G. Recording of information about fostering service and foster carers

What information about specific aspects of your fostering service do you record? How and where is the information recorded?

These questions ask about the way you record information on your fostering service and on attributes of foster carers. Please tick and add comments as appropriate.

Not recorded: tick if this information is not recorded

Paper only: tick if this information is recorded only on paper, index cards, etc.

Main IT system: most local authorities have a single electronic information system for handling the client index, referrals, placements and other operations of children's services (some of these also handle adult services). Tick if the item is recorded in this main information system.

Separate IT system: tick if information is recorded electronically in a system which is not part of your main electronic information system for children's services (e.g. a database or spreadsheet maintained by the Family Placement Team)

G2 How do you record information about individual foster carers?

Local authorities differ in the amount of information they record on individual foster carers and whether they record the information on all approved foster carers, or only some (usually the 'main' carer in a fostering household). You may record the information on all individual foster carers, or only the 'main' carer in a couple or household where there is more than one approved foster carer⁶.

Instead of ticks, please use the following codes to indicate for which carers, and how the information is recorded.

Which foster carers codes	
Code	Which foster carers?
A	All individual, approved foster carers
M	'Main' foster carer only in a fostering household where there is more than one approved foster carer

⁶ The Fostering Services Regulations 2002, Regulation 31 states that each local authority must keep a Register of Foster Parents, including the name, address, date of birth and sex of each foster parent; the date of approval and of each review of that approval; and the current terms of the approval. Regulation 27, Schedule 3 requires the collection of additional information, including most of the details in questions G2.1 to G2.11, but only during the assessment of prospective foster carers (i.e. during the approval process). If this information is only recorded at time of approval, much of it (e.g. current employment) may be out-of-date for a carer who was approved some time ago.

Educational qualifications: details of carers' formal educational qualifications, if any (GCSEs, A Levels, NVQs, University degrees, etc.).

Other relevant qualifications & Other relevant training: i.e. in areas of health, education, psychology, social care, etc. of relevance to fostering.

Current employment: any job or paid work the carer currently has (other than the caring undertaken for the local authority)

Previous fostering experience: this asks about any previous experience of foster caring prior to the most recent approval and registration, with either this or another local authority or IFA.

The Foster Care Questionnaire

A. Numbers of approved fostering households

At March 31st, how many approved fostering households did you have, what was the capacity of the households and what was their composition?

Fostering Service: *See above, under General Definitions.*

Fostering Household: a fostering household', (or 'fostering home' or 'fostering unit') is a single dwelling unit where one or more adult foster carers is approved by the local authority to provide a place or places, where a 'place' signifies a bed for the night, for children. A fostering household consists of at least one approved foster carer and any other adults and children living in the household. These may include the carer's spouse or partner, any other adults of either gender and any children. The spouse or partner or other adults may also be, but are not necessarily, approved foster carers.

A1 Total number of approved fostering households: at March 31st what was the total number of approved fostering households

Please calculate the total number of fostering households currently approved by your authority at March 31st, including all types of foster care/carers used in your authority.

Include

- All fostering households approved and managed by your authority, irrespective of whether they are located within the authority's boundaries.

A2 Capacity of fostering households —how many foster households were approved for...

Determine the maximum number of children for which each household is approved. For households providing short break care count the maximum number of children **at one time** for which the household is approved (e.g. a family link carer might be approved to care for up to two children at once, but be linked to four different children, caring for them alternate weekends. In this case, count two, not four.). Then count how many households are approved for a maximum of 1 child, how many for two children, etc.

N.B. A2.1 + A2.2 + A2.3 + A2.4 should equal A1.

A3 Composition of fostering households: at March 31st, how many approved fostering households were there...

A3.1 (households where two or more adults are approved) includes households headed by a couple, where both partners are approved, as well as other types (for instance where two sisters sharing a home are both approved foster carers).

N.B. A3.1 + A3.2 + A3.3 should equal A1.

A3.4 is not exclusive of households counted in A3.1, A3.2 and A3.3.

A4 Ethnicity of fostering households

How many approved fostering households were there in each of the categories of ethnicity?

Ethnicity: The 'ethnicity' of a fostering household is considered to be the same as that of the approved carers in the household. If there is only one approved carer, or all the approved carers share the same ethnicity, then that is the ethnicity of the household. If two or more approved carers in one household have different ethnicities, then the ethnicity of the household should be recorded in the most appropriate 'Mixed' category. If the ethnicities of a couple, for instance, are respectively White and Black Caribbean, then the ethnicity of the household is A4.4. If however, the ethnicities

of a couple are Black Caribbean and Asian, then the appropriate category for the ethnicity of the household is A4.7 'Any other mixed background'⁷.

A5 Caring and educational qualifications of fostering households

What was the level of caring and educational qualifications of fostering households?

Training and qualifications are undertaken by individuals. To determine the level achieved by a household, take the highest level achieved by any of the approved foster carers in that household.

Other relevant qualifications: i.e. relevant to foster care, in areas of health, education, psychology, social care, etc.

Educational qualifications: the levels are described in full in the National Qualifications Framework, revised version September 2004, published by the Qualifications and Curriculum Authority (QCA). Full details of the levels defined in the framework can be found at www.qca.org.uk/493.html

B. Numbers of places in fostering households provided in-house by the local authority or purchased from external providers

*What was the total number of **approved, filled, vacant and non-available** foster care places in approved fostering households provided in-house by the local authority?*

In addition, how many currently filled places were purchased from external providers, whether IFAs or other local authorities?

Place – a bed for one child for one or more nights in an approved fostering household provided in-house by the local authority or purchased from an external provider. Count the maximum number of children, including siblings, for which the household is approved; (e.g. where a household is approved for one child, or two if siblings, count two). For households providing short break care count the maximum number of children at one time for which the household is approved. (e.g. a family link carer might be approved to care for up to two children at once, but be linked to four different children, caring for them alternate weekends. In this case, count two, not four.)

Approved – the fostering household has been formally approved by the local authority to care for one or more children, under terms of approval which usually stipulate the number, age and/or gender of children; or the type of foster care or fostering task (such things as full-time, short break for disabled children, etc.).

Filled – a place which has been allocated by a child being placed there, even if the child is not present on March 31st (for instance because the child is in hospital or in a respite placement on that day). Some authorities may 'pre-book' a place for a particular child with a foster carer, before the placement formally begins. Such a place may be counted as filled unless the child is currently in a different placement (which is therefore counted as currently filled). Normally one child can 'fill' only one place unless her/his care is provided simultaneously by two different placements (e.g. one for weekdays, another for weekends).

Vacant – an approved place which is available and is not currently filled. For short break foster care places count a vacancy as one vacant place (i.e. one bed), and count a place as vacant only if no child is currently linked to it.

⁷ It is difficult to determine the ethnicity of a household or, to be more precise, the combination of ethnicities of the individuals who make up the household. However this is important when attempting to match children to carers and to determine whether there is a scarcity of carers of appropriate ethnicity. If the first data collection with this questionnaire yields a very large number of households reported as 'Any other mixed background', it may be necessary in future to refine the way mixed ethnicities are recorded. For the present, the standard census categories have been used.

Non-available – a place to which a child cannot currently be allocated, although the place remains approved. Reasons may include illness or temporary change of circumstances in the fostering household; an outstanding complaint or investigation; the complex needs of a child already placed in the household, etc.

B1 Total number of approved, filled, vacant and non-available foster care places provided in-house by the local authority: at March 31st, what was the total number of approved, filled, vacant and non-available foster care places in approved fostering households provided in-house by the local authority?

Include all types of foster care, including short-break care

B2 Total number of filled foster care places purchased from external providers: at March 31st, what was the total number of filled foster care places purchased from external providers?

Include all types of foster care, including Short-break care. It is possible that some local authorities may purchase, or pay retainer fees for, some places provided by external providers, even if the places are not actually filled. However count only *filled* places.

Independent Fostering Agencies (IFAs⁸): organisations or agencies, whether private or voluntary, which provide foster care services and approve, manage and pay the foster carers.

Other local authorities – include both individual authorities and groups or consortia of authorities.

C. Numbers of filled foster care places

How many foster care places were currently filled at March 31st in each category/type of foster care? How many were provided in-house by the local authority and how many purchased from external providers (IFAs or other local authorities) ? For how many places had exemptions or extensions to the terms of approval been granted and were in operation?

Types of foster care: local authorities use a range of different terms to refer to the same type of care. In some instances the same term has different meanings in different authorities and in others the boundaries between categories are different.

Short break care for disabled children – local authorities may use different definitions of ‘disabled’. Some may include or exclude autism, or distinguish degrees of severity on the autism spectrum; some may also include learning difficulties, emotional and behavioural problems, etc. In counting filled places and links for this table, use the definitions currently in use in your authority to distinguish short break care for disabled children from short break care for other children.

Place – a bed for one child for one or more nights in an approved fostering household provided in-house by the local authority or purchased from an external provider.

Filled – a place which has been allocated by a child being placed there, even if the child is not present on March 31st (for instance because the child is in hospital or in a respite placement on that day).

In-house provided filled places – places provided in-house by the local authority with its own approved foster carers and filled at March 31st.

Externally purchased filled places – places purchased by the local authority from external providers, either other local authorities or IFAs, and filled at March 31st.

⁸ Many IFAs prefer the term ‘IFP’ or Independent Fostering Provider. However, we have retained IFA, which is the term used in the Care Standards Act(2000) and in government regulations.

Links – for short-break care, especially that provided for disabled children, the same bed may be occupied by different children on different nights. Often this is described as a ‘family link’ place. In this case, count one **place** (i.e. one bed), and count one, two or more **links** for each named child to whom the bed is currently ‘linked’. Count the links if children are currently allocated to them, even if the children are not present in the place on March 31st because that date does not fall within one of their short break periods.

C2 Exemptions and extensions: At March 31st, in your authority, what was the number of filled places for which an exemption or extension had been granted and was in operation?

An **exemption** is required in the specific situation in which a foster carer is asked to look after more than 3 children who are not all part of a sibling group.

An **extension** or variation in the terms of approval is required when a placement falls outside the foster carer’s terms of approval (for instance the number, age or gender, type of foster care or fostering task or the duration of the placement).

Reason – where an extension is granted for more than one reason (e.g. number and gender), count only the most important or the first reason given, i.e. count only once.

D. Shortage, recruitment and approval of fostering households

What was the shortage of foster care places provided in-house and the expectation of purchasing from external providers? What were the plans for recruiting new foster carers? How were shortage, expected purchase and recruitment figures distributed by type of foster care and by characteristics/attributes of children?

D1 Shortage, recruitment intentions and purchasing expectations by type of foster care: at March 31st, what shortages of foster care places provided in-house did you have, by type of foster care, and what were your recruitment priorities and purchasing expectations for the next 12 months?

Shortage and recruitment relate only to fostering places provided in-house by the local authority. If you have a stated policy of purchasing all places from external providers (e.g. for short break care for disabled children), then no shortage of in-house provision exists. However, if the policy preference is for providing all places in-house, then each purchased place denotes a shortage of in-house provision.

It is very difficult to quantify vacant foster care places and shortages. Often places which are approved and vacant are not in fact available for various reasons such as temporary absence or illness of the carer, pending complaints or inquiries, etc. A particular point in time, such as March 31st, may not be typical of the situation prevailing over a longer period. In addition, most local authorities would ideally wish to have a small surplus of places available in order to provide flexibility when making placements, to be able to match children to fostering households (e.g. by ethnicity, language, religion, carer skills and experience, geographical location, etc.) and to respond to sudden influxes of children into care. The number of places required for such a surplus is a matter of judgement.

Date: Describe the current situation prevailing at March 31st.

Shortage: If possible, indicate the approximate number of **additional** places which would have been required at March 31st to provide appropriate places for all children in the given type of care **and** to provide the surplus required to maintain desired flexibility. For short break care places, count the number of children for whom places(beds) are short, ignoring the possibility that one place might be linked to more than one child. If you are unable to provide approximate numbers of places, make estimates using the shortage level codes, below. These estimates should be based on the proportion of currently filled places of a specific type as reported in Table C1.

Shortage level codes:		
<i>Code</i>	<i>Level</i>	<i>Percentage of currently filled places</i>
<i>N</i>	<i>None</i>	
<i>L</i>	<i>Low</i>	<i><10</i>
<i>M</i>	<i>Moderate</i>	<i>10 – 20</i>
<i>H</i>	<i>High</i>	<i>>20</i>

EXAMPLES

– **to calculate approximate number of places:** for foster care type FC4.1 (Short break for disabled children), you might have reported in Table C1 that you had 59 currently filled places, all provided in-house at March 31st. There were 2 currently available vacant in-house places but you estimate that at the time you needed 10 available places to provide appropriate places and maintain flexibility. The shortage was therefore $10 - 2 = 8$ places.

– **to estimate proportion:** using the same example as above, you know that you had 59 currently filled places at March 31st. You estimate that the shortage is Moderate (i.e. between 10 and 20% of 59 = between 6 and 12 places).

Recruitment intentions: If possible, indicate the approximate number of additional places which you seek to provide in-house by recruitment over the next 12 months. If you cannot provide numbers, use the recruitment level of priority codes listed below to indicate the priority which it is intended to give to recruitment for this type of foster care.

Recruitment Priority codes	
<i>Code</i>	<i>Level</i>
<i>N</i>	<i>None</i>
<i>L</i>	<i>Low</i>
<i>M</i>	<i>Moderate</i>
<i>H</i>	<i>High</i>

Purchasing expectation: If possible, indicate the approximate number of places which you expect to purchase from external providers (local authorities or IFAs) over the next 12 months. If you cannot provide approximate numbers, use the purchase proportion codes listed below to indicate of all required places of a particular type the approximate proportion you expect to purchase.

Purchasing Proportion codes:		
<i>Code</i>	<i>Level</i>	<i>Percentage of required places</i>
<i>N</i>	<i>None</i>	
<i>L</i>	<i>Low</i>	<i><30</i>
<i>M</i>	<i>Moderate</i>	<i>30-60</i>
<i>H</i>	<i>High</i>	<i>>60</i>
<i>A</i>	<i>All</i>	<i>100</i>

EXAMPLE

– **to calculate approximate number of places:** for foster care type FC4.1 (Short break for disabled children), you might have reported in Table C1 that of the currently filled places at March 31st 39 were provided in-house and 20 purchased from IFAs. There were no currently available vacant in-house places. You estimate that there will be an increase of 7 in demand for places and that you will lose 6 of your existing in-house places for various reasons and that you

will recruit two new in-house foster carers providing 3 places. You therefore estimate that you will need to purchase $20 + 7 + 6 - 3 = 30$ places from IFAs during the next 12 months.

– **to estimate proportion:** using the same example as for calculating approximate number of places, you know that you had around 40 currently filled in-house provided and 20 currently filled purchased places at March 31st. You estimate that the number of required places will grow to around 70. Of these you estimate that you will need to purchase somewhere between 30 and 60 percent (between 22 and 42 places) from external providers (a Moderate proportion).

Comment: use to provide further comments on shortages, recruitment intentions and policy and practice in regard to purchase of places from external providers.

D2 Shortage, recruitment intentions and purchasing expectations by attributes of children: at March 31st, what shortages of foster care places provided in-house did you have, by attributes of children, and what were your recruitment priorities and purchasing expectations for the next 12 months?

Date: Describe the current situation prevailing at March 31st.

Shortage, recruitment priority, purchase proportion: Use the same definitions and codes as for D1, above.

Children with particular disabilities and/or other medical, mental health or behavioural problems – if possible, use the categories and sub-categories of disability suggested in the CIN Census 2005 (mobility; hand function; personal care; incontinence; communication; learning; hearing; vision; behaviour; and consciousness/fits); you may wish to include autism. However, if you have identified other sub-groups of children you may specify them under D2.7.

Comment: use to give further comments on shortages, recruitment intentions and policy and practice in regard to purchase of places from external providers.

D3 New fostering households: approvals, family and friends immediate care (Regulation 38) households and recruitment losses.

Fostering households – all fostering households including family and friends households.

'New' fostering households:

Include:

- all households which were approved for the first time and added to the register during the 12 months to March 31st
- households 'returning' and being re-approved during the 12 months to March 31st after previously being removed from the register for whatever reason.

Exclude:

- households where the approval process was not completed by March 31st, except where (Questions 3.3, 3.4) these are specifically to be counted
- households where one adult was already approved and a spouse or other adult is added to the list of approved foster carers (this is a new foster carer, but not a new fostering household).
- households already approved but where there is a change in the terms of approval.
- family and friends approved households – family and friends fostering households approved by the local authority to care for a particular child (or possibly children, usually siblings) during the 12 months to March 31st.

Family and friends immediate care (Regulation 38) households – family and friends households providing immediate placements under Regulation 38⁹, which had not completed approval procedures by March 31st.

Applications from new prospective fostering households – exactly what constitutes ‘making an application’ may vary from one authority to another. Some have a specific application form. ‘Application’ should be taken to mean the start of formal approval processes and will usually lead on to commencement of a Form F1.

Form F1. The standard Form F1 ‘information in connection with an application for approval as foster carers/adoptive parents/other carers’ issued by the British Association for Adoption and Fostering. Some authorities may use their own equivalent form. Include only F1s completed for foster carers, exclude those for adoptive parents and other carers.

Form F2. The standard Form F2 ‘information on prospective carers for a specific known child’, for family and friends carers, issued by the British Association for Adoption and Fostering. Some authorities may use their own equivalent form.

D4 Loss of fostering households and places

Fostering households lost – count all households which were removed from the list of approved fostering households, with the consequent loss of all the foster care places they provided, during the 12 months to March 31st.

Reasons for loss – *if possible give the number lost by the principal reason for the loss. If possible break down the total number lost through Retirement and resignation into the specific reasons listed.*

Lost fostering places – count the number of places lost, counting for each lost household the maximum number of places for which it was approved (e.g. if the household is approved for one child or 2 children if siblings, then the maximum number is 2).

Include:

- Include Family and Friends households in the counting of lost households. A Family and Friends household may be lost (a) because the named child no longer requires foster care; (b) because the carers are unable or unwilling to continue to provide care ; (c) because approval is terminated , for whatever reason. By definition, Family and Friends households are approved only for the care of a named child or children, and once that child or children move on from the family and friends placement (whether or not they remain looked after), the household ceases to be a fostering household.

Exclude:

- Households where one or more or all of the places become temporarily unavailable.
- Households where not all the approved places are lost (e.g. where one child is adopted or placed on a residence order, but one or more places remain available for other children.

⁹ Regulation 38 of the Fostering Regulations 2002 states: “Where a local authority are satisfied that the immediate placement of a child is necessary, they may place the child with a person who is not a foster parent after interviewing him, inspecting the accommodation and obtaining information about other persons living in his household, for a period not exceeding six weeks, provided that—

(a) the person is a relative or friend of the child;

(b) the person has made a written agreement with the local authority to carry out the duties specified in paragraph (3); ...”

This implies that, if the family and friends placement is to continue, full approval procedures should be completed within 6 weeks.

D5 Recruitment —Budget and methods

D5.1 Budget: Do you have a specific budget for recruitment? Approximately how much do you budget in the next 12 months per foster care place you intend to recruit?

Recruitment intentions are detailed in tables D1 and D2. If you were able to state the numbers of places you intend to recruit in the next 12 months, and you know the recruitment budget total, you can calculate the amount per place.

FOSTER CARE BASELINE SURVEY

DRAFT 4.4 15 October 2005

PREAMBLE: This is the first in a suite of two questionnaires which are designed to facilitate the collection of consistent and reliable information from local authorities in England to assist both national government and the local authorities themselves in the planning, commissioning and management of foster care services for children.

The Foster Care Baseline Survey will establish a baseline profile of the fostering service in your authority and provide the context for understanding the statistics collected in the separate Foster Care Questionnaire. While the Questionnaire is intended to collect data on a regular basis, possibly annually, this Survey will be conducted on a less frequent, occasional basis.

GUIDANCE: Full guidance on how to complete this survey, together with definitions, can be found in the accompanying Foster Care Guidance Notes.

A. Structure and organisation of your authority's fostering service

A1 Teams: What teams does your authority use to manage the fostering service?

Describe how your fostering service is organised: which teams undertake the approval, management or support of foster carers and/or the provision of foster care. How many staff does each team have? Does the team cover the whole local authority area or a region or district? What are the team's responsibilities? Does it cover all foster care or only certain types?

A1Teams: What teams does your authority use to manage the fostering service?						
Team Name	No of staff FTE Establishment posts				Geographical Area	Specific Responsibility
	Managers & Senior Social Workers	Social Workers	Non-SW fostering officers	Admin & Support		

A2 Approval of foster carers

Describe how prospective foster carers are assessed; the composition of your Fostering Panel; the process for approving foster carers; the official Agency Decision Maker for approvals; how approval takes into account partners and other adults living in the household; and the different terms of approval used.

A2.1 Assessment: Who conducts the assessment of prospective foster carers? Is this the same for all types of carer? If not, explain the differences.

A2.2 Fostering Panel

A2.2a Do you have a single Panel which approves all foster carers?

Yes/No	Details & Comment

A2.2b List the positions and/or agencies of the Chair and the *independent* members of your Fostering Panel.

Panel member	Position or Job Title	Agency or place of work
Chair		
Ind. Member 1		
Ind. Member 2		
Ind. Member 3		
Ind. Member 4		
Ind. Member 5		
Ind. Member 6		

A2.3 Approval: What is the process for granting approval to foster carers? Who is involved in this process? Is the process the same for all types of foster care? If not, explain the differences

A2.4 Decision Maker: Who is the official 'Agency Decision Maker' for granting approvals for foster carers? Is the 'Agency Decision Maker' the same for granting approvals for all types of foster carers? If not, explain the differences.

A2.5 Couples and other adults: Where the foster carer is one of a couple, or lives with one or more other adults, how does the approval process take into account the other adult(s)?

A2.5a Is it your practice to approve both partners in a fostering couple?

Yes/No	Details & Comment

A2.5b Where the foster carer lives with one or more adults (other than a partner), how does the approval process take into account the other adult (s)?

A2.6 Approval for: What is approval granted for? List the different terms of approval (or approval for different types of foster care or fostering tasks) which can be conferred.

A3 Management exceptions: Are there any types of foster care (e.g. Family and Friends care) which are not managed by the foster care team(s)? If so, which and how are these managed?

Yes/No	Details & Comment

A4 The allocation of foster care places

Describe how the allocation of placements is managed and authorised in your authority, both for placements provided in-house and those purchased from external providers (IFAs and other local authorities).

A4.1 Allocation of placements provided in-house: What process is followed to allocate and authorise a foster care placement with a particular foster carer provided by your own authority? Are decisions made by your 'Children's Placement Panel' or similar body? Do you use the same procedure for all types of foster placements? If not, explain the differences.

A4.2 Allocation of placements purchased from external providers: What process is followed to allocate and authorise a foster care placement which is purchased from an external provider (other local authority or IFA)? Is special authorisation required for the expenditure? If so, who gives such authorisation? Are decisions made by your 'Children's Placement Panel' or similar body? Do you use the same procedure for all types of foster placements? If not, explain the differences

A5 Matching

How do you match children's assessed needs to the characteristics and skills of fostering households in order to ensure appropriate placements?

A5 Matching: What policies and criteria does your authority have for the matching of foster carers with the needs of the children they look after? Are they the same for all types of foster care? If not, explain the differences. If you use a form or have written guidelines, you may attach the documents to your reply.

A6 Exemptions from and extensions to terms of approval

Describe what processes you follow to allow the placement of a child with a fostering household where the existing terms of approval for that household would preclude the placement.

A6 Process: What processes are followed to apply for and authorise an exemption or extension to a foster carer's terms of approval? Does the duration of the exemption or extension determine the process to be followed?

B. Types of foster care

B1 Types of foster care (use; in-house provision; purchase): what types of foster care do you use, what do you call them, and for each type, do you provide it in-house, purchase from external providers or both?

Name the different types of foster care you distinguish in planning, managing and operating your fostering service. For each, state whether you provide it in-house, purchase from external providers or both.

See Foster Care Guidance Notes for definitions of types of foster care.

If you cannot provide percentages, please estimate the proportion and indicate by using the following codes:

Provide/Purchase Proportion codes:		
Code	Level	Percentage of required places
N	None	0
L	Low	<25
M	Moderate	25-75
H	High	>75
A	All	100

B1 Types of foster care (use; in-house provision; purchase): what types of foster care do you use, what do you call them, and for each type, do you provide it in-house, purchase from external providers or both?

Type of foster care	Use ✓	Known in this authority as	Provide	Purchase		Rationale
			In-house	IFA	Other LA	
			% or None/Low/Moderate/High/All			
FC1 Long-term						
FC1.1 Permanent						
FC1.2 Continuing						

B1 Types of foster care (use; in-house provision; purchase): what types of foster care do you use, what do you call them, and for each type, do you provide it in-house, purchase from external providers or both?

			Provide	Purchase	
FC2 Time-limited					
FC3 Emergency					
FC4 Short-break					
FC4.1 Short-break for disabled children					
FC4.2 Short-break for non-disabled children					
FC4.3 Foster carer respite					
FC5 Family & Friends					
FC6 Parent and baby					
FC7 Intensive fostering					
FC7.1 Remand					
FC7.2 Specialist					
FC7.3 Treatment					
FC7.4 Other Specialist (please specify)					
FC8 Supported lodgings					

B1 Types of foster care (use; in-house provision; purchase): what types of foster care do you use, what do you call them, and for each type, do you provide it in-house, purchase from external providers or both?

			Provide	Purchase		
Other types (specify and provide definitions in Your Name column)						

B2 Types of Short Break Care

If the categories presented in Table B1 are inadequate to describe those used in your authority, use Table B2, below, to describe the different types of short break care recognised in your authority.

B2 Types of Short Break care					
Type of Short Break care	Definition & Description	Provide	Purchase		Rationale
		In-house	IFA	Other LA	
		% or None/Low/Moderate/High/All			

B2 Types of Short Break care					
		Provide	Purchase		

C. Use of Independent Fostering Agencies (IFAs)

Describe the use your local authority makes of Independent Fostering Agencies and the policies which govern their use and determine whether foster care places will be provided in-house or purchased from external IFA providers.

C1 Use of IFAs: Do you purchase foster care places from IFAs? What determines whether you provide foster care places in-house or purchase them from IFAs? Please give details of any policies, as well as practical and financial constraints on the purchase of places from IFAs and state whether these relate to all foster care or only to certain types.	
Yes/No	Details & Comment
C2 IFA contracts: does your authority have a block purchase contract with one or more specific Independent Fostering Agencies? Please give details.	
Yes/No	Details & Comment

C3 IFA spot-purchase: Do you spot-purchase some foster care places from IFAs as required? Please give details.

Yes/No	Details & Comment

D. Use of Foster Carers approved and managed by other local authorities.

Describe the use your local authority makes of foster carers approved and managed by other local authorities and the policies which govern that use. Describe any foster care consortium arrangements you may have with other local authorities.

D1 Use of foster carers provided and managed by other local authorities: Do you purchase any foster care places from other local authorities? What determines such purchase? Please give details of any policies, practical and financial constraints which govern the use of foster carers approved and managed by other local authorities and whether these relate to all foster care or only to certain types.

Yes/No	Details & Comment

D2 Other local authority contracts: does your authority have a block purchase contract with one or more specific other local authorities? Please give details.

Yes/No	Details & Comment

D3 Other local authority spot-purchase: does your authority spot-purchase some places from other local authorities as required? Please give details.

Yes/No	Details & Comment

D4 Consortium working: Do you have any foster care sharing, pooling or consortium arrangements with any other local authority or group of authorities? If so, please give details.

Yes/No	Details & Comment

E. Training, staff development and support for foster carers

Describe what training, staff development and support you provide for foster carers

E1 Foster carer training: What are the training programmes for foster carers available in your authority, and what do they consist of? Who provides the training? Is it mandatory for foster carers? Is it the same for all types of foster carer?

Pre/Post Approval	What mandatory training is provided and for what types of carers?	Who provides it?
Pre-approval		
Post-approval		

E2 Staff Development: In addition to formal training, what other staff/professional development opportunities are available to foster carers? Please give details:

E3 Consortium for staff development: Do you have any foster care training sharing, pooling or consortium arrangements with any other local authority or group of authorities? If so, please give details:

Yes/No	Details & Comment

E4 Supervision of foster carers: What does supervision of foster carers by social workers in your authority involve? (e.g. type and frequency of contact and visits to fostering households, requirement for foster carers to submit reports, etc.). Please give details.

E5 Support for foster carers: What systems does your authority have in place to provide support to foster carers and their families? Do you have any of the following?

E5 Type of support	Provide ✓	Description/Comment
E5.1 Foster Care Associations		
E5.2 Support groups for foster carers		
E5.3 Out of Hours support for foster carers		
E5.4 Mentoring/buddying schemes for foster carers		
E5.5 Support groups for the children of foster carers		
E5.6 Other (specify)		

F. Payment for foster care

Describe how foster care is remunerated in your authority.

F1 How is foster care remunerated in your authority?						
Type of care	Allow- ance ✓	Fee ✓	Retainer ✓	Higher rates ✓	Extras ✓	Details

F2 Employment of foster carers: Does your local authority employ any foster carers? Give details.	
Yes/No	Details & Comment
F3 Higher rates for training/experience: Do foster carers approved by your authority receive higher rates for additional skills gained through training and/or experience?	
Yes/No	Details & Comment

F4 Higher rates for children's needs: Do foster carers approved by your authority receive higher rates in recognition of the more complex needs of a particular child for whom they are caring?

Yes/No	Details & Comment

G. Recording of information about fostering service and foster carers

What information about specific aspects of your fostering service do you record? How and where is the information recorded?

G1 Approvals and exemptions/extensions to terms of approval: How do you record information about approvals and exemptions/extensions to the terms of approval?

	Not reco- ded ✓	Paper only ✓	Main IT system ✓	Separate IT system ✓	Comment
G1.1 Approvals					
G1.2 Exemptions/ extensions to foster carers' terms of approval					

G2: Use codes instead of ticks (see Guidance Notes)

G2 Individual foster carers: How do you record information about individual foster carers?

	None	Paper only	Main IT system	Separate IT system	Comment
	A=All individual, approved foster carers M=Main foster carer only				
G2.1 Date of birth					
G2.2 Ethnicity					
G2.3 First language					
G2.4 Other languages spoken					
G2.5 Religion					
G2.6 Educational qualifications					
G2.7 Other relevant qualifications					
G2.8 Foster care training					

G2 Individual foster carers: How do you record information about individual foster carers?					
	None	Paper only	Main IT system	Separate IT system	Comment
	A=All individual, approved foster carers M=Main foster carer only				
G2.9 Other relevant training					
G2.10 Current employment					
G2.11 Previous employment details					
G2.12 Previous fostering experience					

FOSTER CARE QUESTIONNAIRE**DRAFT 4.4 15 October 2005**

PREAMBLE: This is the second in a suite of two questionnaires which are designed to facilitate the collection of consistent and reliable information from local authorities in England to assist both national government and the local authorities themselves in the planning, commissioning and management of foster care services for children.

The Foster Care Questionnaire is intended to be used to make a regular, possibly annual data collection. Unless otherwise stated, all questions are asked about the situation at a particular point in time, March 31st.

GUIDANCE: Full guidance on how to complete this Questionnaire, together with definitions, can be found in the accompanying Foster Care Guidance Notes.

A. Numbers of approved fostering households

At March 31st, how many approved fostering households did you have, what was the capacity of the households and what was their composition?

	Number
A. At March 31st...	
A1 TOTAL —What was the total number of approved fostering households?	
A2 Capacity of fostering households —how many fostering households were...	
A2.1 approved for maximum of 1 child?	
A2.2 approved for maximum of 2 children?	
A2.3 approved for maximum of 3 children?	
A2.4 approved for sibling groups of more than 3 children?	
A3 Composition of fostering households —how many approved fostering households were there...	
A3.1 where two or more adults were approved?	
A3.2 where only one person, female was an approved carer?	
A3.3 where only one person, male, was an approved carer?	
A3.4 which included at least one child of one or more of the adults in the household, who was under 18 and living at home?	

A4 Ethnicity of fostering households

How many approved fostering households were there in each of the categories of ethnicity?

Guidance Notes explain how to determine the ethnicity of a household.

A4 Ethnicity —what was the number of households, currently approved at March 31 st , where the ethnicity was:			
	Group	Sub-group	Number
A4.1	White	White British	
A4.2		White Irish	
A4.3		Any other white background	
A4.4	Mixed	White and Black Caribbean	
A4.5		White and Black African	

A4 Ethnicity —what was the number of households, currently approved at March 31 st , where the ethnicity was:			
	Group	Sub-group	Number
A4.6	Asian	White and Asian	
A4.7		Any other mixed background	
A4.8		Indian	
A4.9		Pakistani	
A4.10		Bangladeshi	
A4.11		Any other Asian background	
A4.12	Black	Black Caribbean	
A4.13		Black African	
A4.14		Any other Black background	
A4.15	Chinese	Chinese	
A4.16	Other	Any other ethnic group	

A5 Caring and educational qualifications of fostering households

What was the level of caring and educational qualifications of fostering households?

Guidance Notes explain how to determine the training and qualifications level of a household.

A5 Caring and Educational Qualifications —At March 31 st , how many approved fostering households were there where the most highly qualified of the approved carers:	Number
A5.1 Had achieved NVQ Level 3 in Caring for Children and Young People?	
A5.2 Was currently working towards NVQ Level 3 in Caring for Children and Young People?	
A5.3 Had achieved any other relevant qualifications (e.g. NNEB, or qualifications in nursing, teaching, social work or youth work)?	
A5.4 Was currently working towards any other relevant qualifications (e.g. NNEB, or qualifications in nursing, teaching, social work or youth work)?	
A5.5 Had achieved educational qualifications at the following QCA Levels:	
A5.5a Level 6 or above (university honours degree or equivalent)?	
A5.5b Level 4 or 5 (BTEC Level 5, HND, diplomas, certificates of higher education)?	
A5.5c Level 3 (A levels, NVQ level 3, and equivalents)?	
A5.5d Level 2 (GCSEs at A*-C, NVQ level 2 and equivalents)?	
A5.5e Level 1 (GCSEs at D-G, NVQ level 1 and equivalents)?	
A5.5f Entry Level, or no formal qualifications?	

B. Numbers of places in fostering households provided in-house by the local authority or purchased from external providers

What was the total number of **approved, filled, vacant and non-available** foster care places in approved fostering households provided in-house by the local authority?

In addition, how many currently filled places were purchased from external providers, whether IFAs or other local authorities?

B1 Total number of approved, filled, vacant and non-available foster care places provided in-house by the local authority: at March 31 st , what was the total number of approved, filled, vacant and non-available foster care places in approved fostering households provided in-house by the local authority?					
At March 31 st , the total number of:					
	Approved Places	Filled Places	Vacant Places	Non-available places	Comment
For all foster care places provided in-house					

B2 Total number of filled foster care places purchased from external providers: at March 31 st , what was the total number of filled foster care places purchased from external providers?		
Places purchased from:	Filled places	Comment
B2.1 IFAs		
B2.2 Other local authorities		
B2.3 TOTAL purchased		

C. Numbers of filled foster care places

How many foster care places were currently filled at March 31st in each type of foster care? How many were provided in-house by the local authority and how many purchased from external providers (IFAs or other local authorities)? For how many places had exemptions or extensions to the terms of approval been granted and were in operation?

C1 Number of filled foster care places by type of foster care and provision/purchase: How many foster care places were currently filled at March 31st in each type of foster care? How many were provided in-house by the local authority and how many purchased from external providers (IFAs or other local authorities)?

Type of foster care	Also known as	Number of filled places		Number of
		In-house Provided	Externally Purchased	Links
FC1 Long-term care				
FC1.1 Permanent Care				
FC1.2 Continuing Care				
FC2 Time-limited care	<i>Non-permanent; Short and Medium Term; Task focused; Task centred; Temporary</i>			
FC3 Emergency care				
FC4 Short break care	<i>Family link; Shared care; Salaried care; Professional care; Specialist fostering; Support care; Crisis care.</i>			

Type of foster care	Also known as	Number of filled places		Number of
		In-house Provided	Externally Purchased	Links
FC4.1 Short break care for disabled children	<i>Family Link; Shared care</i>			
FC4.2 Short break care for non-disabled children	<i>Support care; Crisis care</i>			
FC4.3 Foster carer respite				
FC5 Family and Friends care	<i>Kinship care, Relative care, Immediate care</i>			
FC6 Parent and Baby care	<i>Mother and Baby care</i>			
FC7 Intensive Fostering	<i>Specialist Fostering</i>			
FC7.1 Remand care				
FC7.2 Specialist care	<i>Contract care, Salaried care</i>			
FC7.3 Treatment care				
FC7.4 Other Specialist Fostering Schemes	<i>Please specify</i>			
FC8 Supported lodgings	<i>Accredited lodgings</i>			

C2 Exemptions and extensions: At March 31st, in your authority, what was the number of filled places for which an exemption or extension had been granted and was in operation?

Reason	No of filled places where an exemption/extension applied	Comment
C2.1 Exemption for more than 3 children, not siblings?		
C2.2 Extension for number of children (up to 3)		
C2.3 Extension for sibling group		
C2.4 Extension for gender of child?		
C2.5 Extension for age of child?		
C2.6 Extension for duration of placement?		
C2.7 Extension for type of foster care/fostering task		
C2.8 Extension for other reason (specify)		
C2.9 TOTAL		

D. Shortage, recruitment and approval of fostering households

What was the shortage of foster care places provided in-house and the expectation of purchasing from external providers? What were the plans for recruiting new foster carers? How were shortage, expected purchase and recruitment figures distributed by type of foster care and by characteristics/attributes of children?

D1 Shortage, recruitment intentions and purchasing expectations by type of foster care: at March 31st, what shortages of foster care places provided in-house did you have, by type of foster care, and what were your recruitment priorities and purchasing expectations for the next 12 months?

D1 Shortage, recruitment intentions and purchasing expectations by type of foster care							
	Shortage		Recruitment intentions		Purchasing expectations		
Type of foster care	Shortage level: None, Low, Moderate, High	Approx No of places	Priority: None, Low, Moderate, High	Approx No of places	Purchase Prop'n: None, Low, Moderate, High All	Approx No of places	Comment
FC1 Long-term							
FC1.1 Permanent							
FC1.2 Continuing							
FC2 Time-limited							
FC3 Emergency							
FC4 Short break							
FC4.1 Short break for disabled children							
FC4.2 Short break for non-disabled children							
FC4.3 Foster carer respite							
FC5 Family and friends							
FC6 Parent and baby							
FC7 Intensive Fostering							
FC7.1 Remand							
FC7.2 Specialist							
FC7.3 Treatment							
FC7.4 Other intensive (please specify)							
FC8 Supported lodgings							
FC9 Other types of foster care (specify)							

D1 Shortage, recruitment intentions and purchasing expectations by type of foster care							
	Shortage		Recruitment intentions		Purchasing expectations		
Type of foster care	Shortage level: None, Low, Moderate, High	Approx No of places	Priority: None, Low, Moderate, High	Approx No of places	Purchase Prop'n: None, Low, Moderate, High All	Approx No of places	Comment

D2 Shortage, recruitment intentions and purchasing expectations by attributes of children: at March 31st, what shortages of foster care places provided in-house did you have, by attributes of children, and what were your recruitment priorities and purchasing expectations for the next 12 months?

D2 Shortage, recruitment intentions and purchasing expectations by attributes of children							
	Shortage		Recruitment intentions		Purchasing expectations		
Category	Shortage level: None, Low, Moderate, High	Approx No of places	Priority: None, Low, Moderate, High	Approx No of places	Purchase Prop'n: None, Low, Moderate, High All	Approx No of places	Comment
D2.1 In particular geographical areas (specify)							
a.							
b.							
c.							
D2.2 For sibling groups?							
D2.3 Children of particular ethnicity (specify)							
a.							
b.							
c.							
D2.4 Children of particular religion (specify)							
a.							
b.							
c.							

D2 Shortage, recruitment intentions and purchasing expectations by attributes of children

	Shortage		Recruitment intentions		Purchasing expectations		
Category	Shortage level: None, Low, Moderate, High	Approx No of places	Priority: None, Low, Moderate, High	Approx No of places	Purchase Prop'n: None, Low, Moderate, High All	Approx No of places	Comment
D2.5 Unaccompanied asylum seekers							
D2.6 Children of particular age groups							
a. 0-4							
b. 5-9							
c. 10-15							
d. 16+							
D2.7 Children with particular disabilities and/or other medical, mental health or behavioural problems (specify)							
a.							
b.							
c.							
d.							
e.							

D3 New fostering households: approvals, family and friends immediate care (Regulation 38) households and recruitment losses

How many new fostering households were approved in the 12 months to March 31st, how many family and friends immediate care (Regulation 38) households were there at March 31st, how many applications were received and what were the recruitment losses in the 12 months to March 31st?

D3 New fostering households: approvals, family and friends immediate care (Regulation 38) households and recruitment losses	Number
D3.1 In the 12 months up to March 31 st , how many new fostering households were approved (including family and friends)?	
D3.2 Of the new approved households in D3.1, how many were family and friends households?	
D3.3 At March 31 st , how many family and friends immediate care (Regulation 38) households were providing immediate placements for children?	
D3.4 In the 12 months up to March 31 st , how many applications from new prospective fostering households were received?	
D3.5 In the 12 months up to March 31 st , how many Form F1s and Form F2s or equivalent for new prospective fostering households (including family and friends) were completed?	
D3.6 In the 12 months up to March 31 st , how many applications from households wishing to foster were rejected or withdrawn?	

D4 Loss of fostering households and places

D4 In the 12 months up to March 31st, how many approved fostering households were lost, for each of the following principal reasons?	No of households lost	No of places lost
D4.1 Adoption?		
D4.2 Residence order?		
D4.3 Special Guardianship Order?		
D4.4 Family & Friends carer — the child (or children) no longer placed with the family or friends carer		
D4.5 Approval terminated—carer unsuitable		
D4.6 Approval terminated—carer no longer active		
D4.7 Retirement or resignation (all grounds)		
D4.7a Retirement age grounds		
D4.7b Retirement/resignation health grounds		
D4.7c Retirement/resignation no longer wishing to foster		
D4.7d Retirement/resignation change in family circumstances		
D4.7e Resignation moving house out of area		
D4.7f Resignation to work for another local authority		
D4.7g Resignation to work for an independent fostering agency (IFA)		
D4.11 Resignation other reason (specify)		

D4 In the 12 months up to March 31st, how many approved fostering households were lost, for each of the following principal reasons?	No of households lost	No of places lost
D4.12 TOTAL number lost		

D5 Recruitment —Budget and methods

D5.1 Budget: Do you have a specific budget for recruitment? Approximately how much do you budget in the next 12 months per foster care place you intend to recruit?

No budget ✓	Have budget ✓	Amount budgeted per foster care place to be recruited	Comment

D5.2 Methods: Have you identified any methods of recruitment that have proved particularly effective? If so, give details.

E. Comments on questionnaire

E1 Did you have any difficulties completing this questionnaire? Do you have any other comments?