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Referrals to independent fostering agencies 2019-2022

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England, Scotland and Wales

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Interpreting trends and improving process

February 2023

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Introduction

During the pandemic and as the country emerged out of lockdown, it became apparent that independent fostering agency (IFA) members of the Nationwide Association of Fostering Providers' (NAFP) were seeing changes in the volume and patterns of referrals from local authorities seeking foster care for children.

In addition, IFAs also started to witness changes to the practices being adopted by both local authorities and IFAs in their efforts to find appropriate foster carer matches for children. NAFP has undertaken focused work to explore and better understand these changes.

Many shared experiences, opinions and views have been captured in this report. Given that NAFP's IFA members are not a homogenous group, it is unsurprising that there were some differences of view about what works well. Being located across different geographical areas also meant there was variation in provider experiences of referral activity. This did not only depend on the type of fostering provider and/or the geographical area they worked in, but other factors such as time of year, current or recent procurement exercises, relationships with individuals working in local authorities, developments in local authority fostering services and changes in local authority policy and procedures. All these would impact on referral patterns, trends and IFA experiences of matching and placement processes. This report captures the main messages we heard and makes recommendations which could support both local authorities and IFAs to improve current arrangements for matching and placing children in foster care.

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Summary and recommendations

Referrals from local authorities to IFAs increased year on year for the period 2019 to 2022. During the height of the Covid pandemic in 2020, overall referrals increased, but at a lower rate than the preceding and following year.

Although quantitative data has not yet been captured for 2022, NAFP members have reported a significant rise in referrals over the year. Since spring 2022, IFAs have seen a particular increase in referrals for large sibling groups and younger children, including babies. Parent and child referrals are increasing, with providers telling us they are seeing greater complexity in parental need. In the latter half of 2022, and particularly during the last three months of the year, IFAs had an increase in referrals for unaccompanied asylum seeking children. Whilst most of these are for older teenage males, some were for children as young as ten and increasingly this cohort of children have more complex needs. Since mid 2022 many local authorities have expanded the geographical area of their searches, meaning that providers are increasingly receiving referrals from local authorities located some distance away, and with no prior commissioning or contracting relationship in place.

IFAs shared concerns about local authorities seeking to place children in placements inappropriate to meet their needs. The most common example was where a referral requested a 'standard placement' (a common contractual term), when the provider felt the child's needs warranted a placement with a higher level of specialist care. IFAs are seeing an increase in emergency referrals (care required within 24 hours, often on the same day) with the majority of these appearing to result from local authority sequential sourcing procedures.

IFAs felt local authorities and providers could work together to improve placement procedures. There was a common view that IFA and local authority placement teams worked in silos, often having insufficient understanding about each other's roles and internal processes. IFA placement teams highlighted several barriers that made it difficult to access, understand or process a referral, meaning some potential matches were not made or even offered. Placement portals were heavily criticised with around half of the providers admitting to making the decision not to routinely use these. They told us the number of referrals they received outside of portals was so high that they did not consider it a risk to abstain from using them.

The following recommendations are made:

Messages for local authority placement teams:

- When there is a need for a child to move to a new foster care home, local authorities should ensure that the individual(s) currently caring for the child and those who know the child best, contribute to referral information and 'sense check' the document for accuracy before it is sent out.
- Local authorities should adopt a transparent approach to placement finding and inform providers if they are pursuing other options in addition to a search within the IFA sector (for example, if they are 'parallel planning' and also considering in-house carers, kinship care or reunification).
- Referrals should be explicit regarding timescales and convey if the date required is fixed or flexible.
- Providers need clarity regarding which referrals are for children who NEED a move that day, where there is genuinely no alternative, and which are for children where there is potential to manage a move over a few days.
- Review placement procedures and decision making processes to reduce demand for emergency placements, particularly on Fridays.
- As well as including information about the child's likes and dislikes, referrals should include what the child knows about the move and what involvement they have had and will have in matching.
- Providers emphasised how it is important to see key information at the top of the referral, including where possible, which criteria are essential and which are desirable. Further messages are also reflected in the [NAFP Placement Referral Briefing](#).
- Consideration should be given to enabling older children to have greater involvement in placement finding, matching and decision making as this could positively impact on stability.
- Where a child is in residential care and there is a move planned to foster care, it is critical to ensure the child is in agreement. The transition to foster care needs to take place at a pace that is appropriate and tailored for each individual child.
- Where a child is in residential care and there is a move planned to foster care, referrals are best co-produced with the residential provider. The prospective fostering provider should be encouraged and enabled to make contact with the residential provider during the referral process for clarification and further information.
- To ensure IFAs can quickly and easily contact the local authority placement officer directly by telephone. Each referral should be accompanied with the name and telephone number of the officers responsible for managing the referral.
- If sending referrals by email, to ensure the subject heading contains the child's gender and age along with the location and date required.
- If a re-referral is made, ensure the reason for this is given. On a revised referral highlight changes made (including omissions as well as additions). If a larger geographical area is being considered, make it clear if there is flexibility over education and contact.
- To ensure placement officers can connect a prospective IFA with someone who knows the child well. The earlier an IFA has direct discussions with someone who can answer queries, the sooner they can determine if they have a potential match.
- Local authorities should consider the risk of insisting that providers complete a prescribed matching form, as this can deter an offer due to duplicated administration. Instead consider if a copy of a provider's matching record will suffice.
- Placement teams should stop requesting a copy of carer assessments (sometimes referred to as a Form F) when a placement offer is made ([see NAFP briefing on the risks of sharing carer assessments](#)). Instead, local authorities should insist on high quality, comprehensive carer profiles.
- To review the local authority's internal arrangements for collating the information on a child that is required by a provider at the point of placement. To consider if changes can be made that enable children's social workers to assemble this information in a more timely manner.

Messages for commissioners and senior leaders:

- Local authority websites should have a page with information on how they commission services for children in care. This should include a copy of their sufficiency plan, details of frameworks or dynamic purchasing systems in place which the local authority is a member of, any relevant reports, policies and procedures. It should also include the telephone and email contact details for the named manager responsible for managing the overarching contract.
- A high quality assessment must inform the decision about the type of placement a child needs. Local authorities should stop sequential placement procedures that are unrelated to a child's needs and ensure the 'type' of placement being sought meets the assessed needs of the child and is compatible with their wishes.
- Sufficiency plans should be explicit as to whether the council places a priority on 'local placements' or 'local authority placements' in its decision making.
- IFAs told us some unaccompanied asylum seeking young people have been unhappy about being separated from those they had bonded with whilst travelling. These children are more likely to be at high risk of running away from their foster homes to reunite with peers and known communities. IFAs stressed the need for effective advocacy and for a high priority to be placed on enabling unaccompanied asylum seeking young people to be located close to the people they feel are important to them, whilst acknowledging this challenge.
- IFA foster carers need to feel respected and supported by professionals within local authority and partner organisations. Providers said professionals whose work impacts on foster carers should be trained in trauma informed practice. There needs to be a greater awareness and appreciation of the type and level of support that even the most skilled and experienced foster carers need when caring for children with increasingly complex needs.
- Too many 'emergency' referrals arise due to sequential sourcing. Providers said they see referrals towards the end of a notice period and this does not afford enough time for them to consider the referral and undertake an effective and safe matching exercise. To increase the likelihood of a placement offer, local authorities should consider the recommendations made in the NAFP managing contacts notice briefing.
- Placement teams should consider facilitating virtual information sessions alongside referrals, particularly when seeking care for children with more complex needs. (p33)
- IFAs are experiencing increased pressure to inform local authorities if they are unable to offer a placement. This is resource intensive and a better approach would be for local authorities to provide a deadline to respond and then deem a lack of response as confirmation that the IFA does not have an option. This would provide efficiencies for both IFAs and local authority placement teams.
- IFAs said that, once the type of placement needed is ascertained, the local authority should simultaneously consider all available options for a child, but ensure greater transparency around the placement decision. They felt this would lead to improved provider engagement and build trust. Some providers said scrutiny of the placement decision would assure providers that decisions were made with integrity and ensure the needs of the child were at the forefront of decision making.
- IFAs felt some local authority decision making policies were flawed. There was a particular frustration with the way funding panels operate and a view that they did not always ask the right questions to enable the panel to make an informed decision.
- There was a view that, in some local authorities, information shared with funding panels was copied into referral forms, meaning the same information was being used for different purposes. This could result in a lack of a placement offer or a child being placed in a placement that did not best meet their needs.

Some felt it would be helpful if local authorities consulted with providers when developing guidance for funding panels and considered the impact on referral documentation.

- We heard that when discussions take place between a provider and social worker regarding potential changes to a placement, relevant finance or contract officers were not always included or informed early enough. This could cause delay, sometimes with negative consequences for a child. Local Authorities should ensure there are robust mechanisms in place for social workers and finance / contract officers

to exchange information when there are any proposed changes in a child's placement.

- To consider how IFA referral coordinators and local authority placement officers can have the opportunity to come together and share experiences of placement finding and matching procedures and policies. This could be at a regional level and could also provide joint training on trauma informed practice and attachment.

Messages for national government:

- A national IT solution is required to enable local authorities and providers to effectively identify and shortlist foster care matches. This should be co-designed with local authorities and providers and provide flexibility for providers to filter the referrals they wish to receive and provide an easy interface for users that integrates with other systems. (see pages 25-28 for more detailed information)
- Currently, unaccompanied asylum seeking children who wish to remain in their foster homes, are at risk of being moved to new areas under the transfer scheme. They should be enabled to

remain settled where this is in their interests and wishes, with funding responsibility transferred to a new authority through the transfer scheme.

- Working with the foster care sector to develop a national recruitment campaign.

Messages for IFAs

- To support and encourage foster carers to care for a child who previously lived in residential care, IFAs could consider ways of supporting foster carers to better understand the realities of residential care, including the varying needs and wishes of children in residential care and their care journeys.
- Given that local authorities and providers have access to a number of different contracts, referral coordinators should ensure there is clarity about the overarching terms that apply at the point a placement offer is made.

- Where appropriate, consider providing a local authority with a deadline for a response when a placement offer is made. The aim of this is to maintain carer morale through preventing unnecessary delays in decision making.
- To ensure that, when there is any proposed or required change in a child's placement, the IFA checks that the relevant finance / contract officer is being included in correspondence as early as possible.

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Methodology

The initial plan was to design a method of collecting information from IFAs who all have different methods of defining, collecting, storing and analysing referral information.

During our scoping exercise it became evident that our IFA members have well established placement teams that are supported by managers, most of whom have been in post long term and who have in-depth knowledge of the patterns and trends of referrals across the geographical area in which they work. They also have significant knowledge and experience of the varied referrals procedures in operation across the country. It was for this reason that our research took a primarily qualitative approach, backed up with data where this was available.

It was not possible to collect data for Scotland and Wales as fewer members gathered and retained data on referrals using a common methodology, so the graphs shown provide an indication of the referral trends being seen by IFAs across England. We did however, interview IFA referral coordinators in Scotland and Wales

and have commented on how referrals for various cohorts appear to differ in those nations.

Interviews were conducted with 17 individuals who had responsibility for overseeing referral activity in their branch and/or entire organisation. Some individuals coordinated referrals for more than one registered agency and as such, the interviews captured the experiences across 23 fostering agencies. Interviewees were invited to complete a data collection template and were provided with a set of interview questions in order to consider the information required, liaise with colleagues and prepare for the interviews. Each interview took between 1.5-2.5 hours.

NAFP holds six weekly meetings with members across each of the nine English regions and in Wales and Scotland. After the information had been gathered through the data collection and interviews, we also used these meetings to sense check the intelligence we had gathered. We are confident that the patterns and trends shared in this report are an accurate representation of activity across the sector.

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Terminology

Throughout the report certain terms have been applied. Their definitions, for the purpose of this report, are:

- Placement - this term has been used to refer to the foster care arrangement (it does not refer to the child or the foster home)
- Placement officer - the local authority member of staff responsible for identifying a foster carer for a young person
- Referrals coordinator - the IFA member of staff responsible for working with the local authority to identify a foster home for a young person

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Patterns and trends

This section provides a high level picture of referral trends at a national and regional level. The graphs reflect data shared with us by IFAs and reflect over 110,000 referrals sent over a three year period (January 2019 - December 2021).

The numerical information supporting the graphs has been removed. The main reason for this is due to the difficulty in distinguishing the number of original referrals from re-referrals (more about this is included in the report). Nevertheless, we made the decision to publish the graphs as they do provide an illustration of the referral trends from January 2019 to December 2021. The graphs do not include trends for 2022, but members' observations on referral activity during 2022 was captured in interviews and is included in the narrative. **Importantly, the illustrated referral trends only capture what local authorities are seeking from independent fostering agencies. This does not necessarily reflect the patterns and trends of placement needs for all children entering/in care. This is due to most local authorities implementing 'look in house' first policies which mean that the option of being cared for by an IFA carer is not considered for an unknown % of children in care.**

The graphs illustrate data captured across regions in England only. Under each section we have included feedback from interviews with colleagues in Scotland and Wales relevant to the specific cohort of children.

Ages

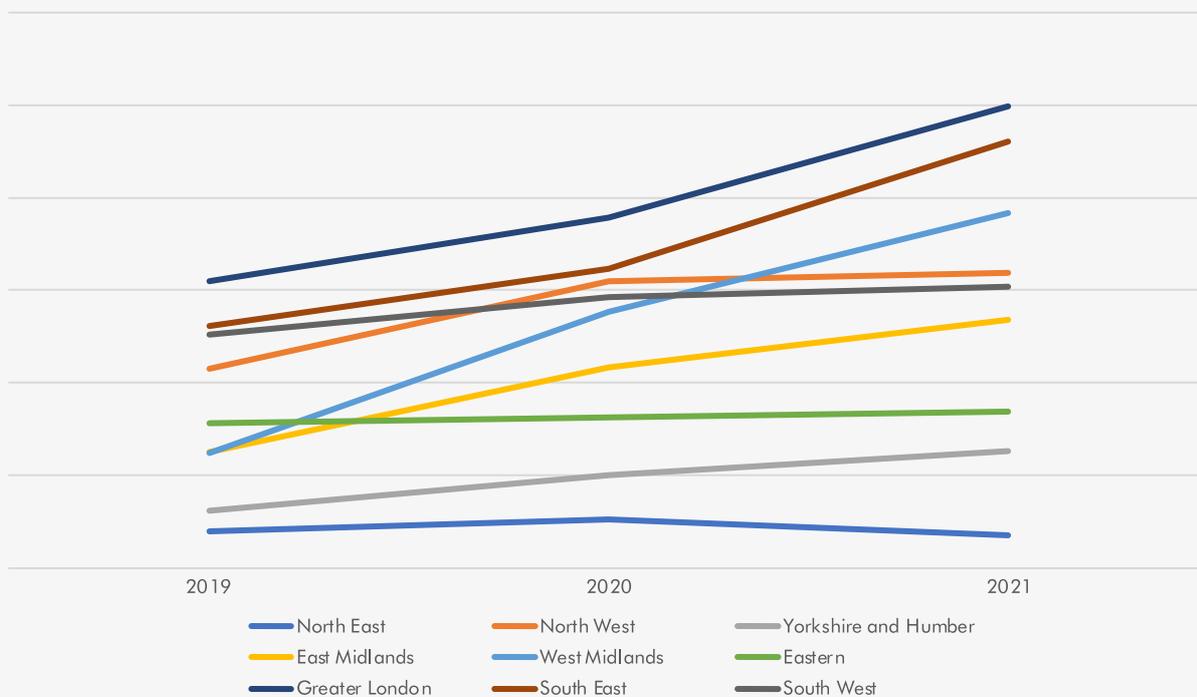
A significant number of IFAs shared that prior to, and at the start of, the pandemic, there was increased demand for foster care for teenagers. As the UK emerged out of lockdown, there has been a decline in the number of referrals for teenage children requiring foster care. IFAs shared a view that referrals for under 12s were increasingly due to court orders. IFAs shared the following observations:

- All interviewees said that they are seeing a growing complexity of need in children under 12 (with it being harder to find foster carers for some younger children than it is for some teenagers)
- Local authorities increasingly do not have sufficient in-house foster carers available to care for younger children, resulting in local authorities seeking a wider range of care from IFAs
- IFAs are reporting seeing an increase in referrals for babies, some of whom do not have complex needs. In areas where these referrals are increasing, some IFAs are reconsidering recruitment strategies and relevant policies so that carers able to care for babies can be recruited.

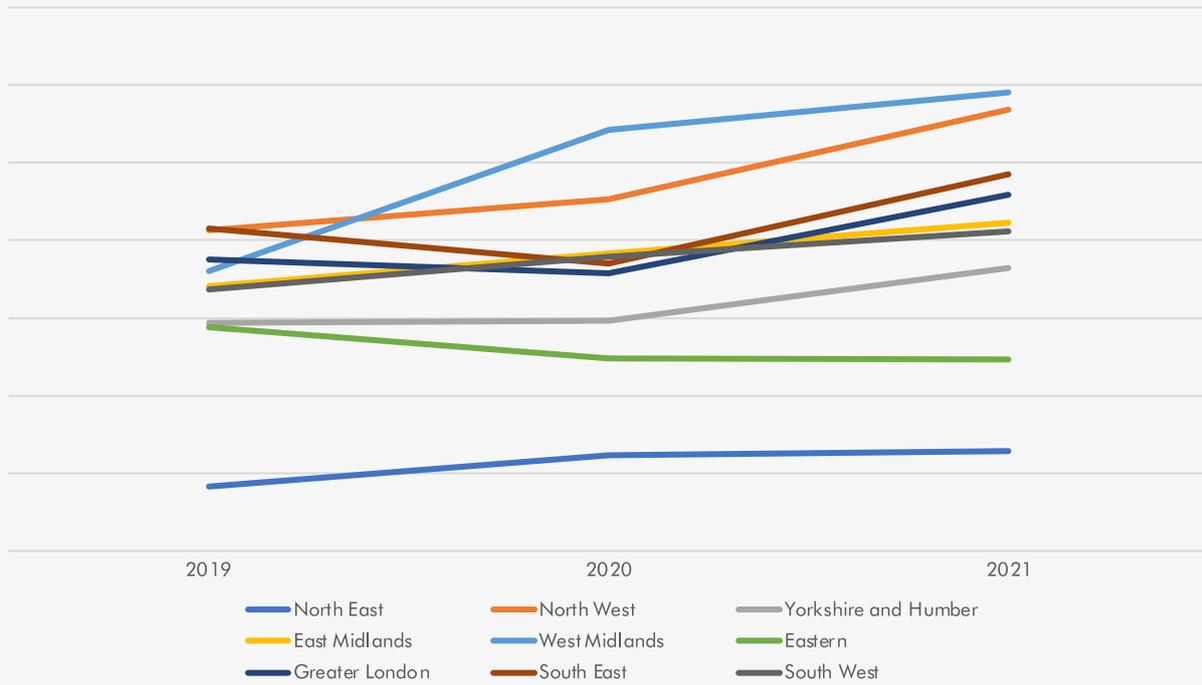
Referral trends by age group



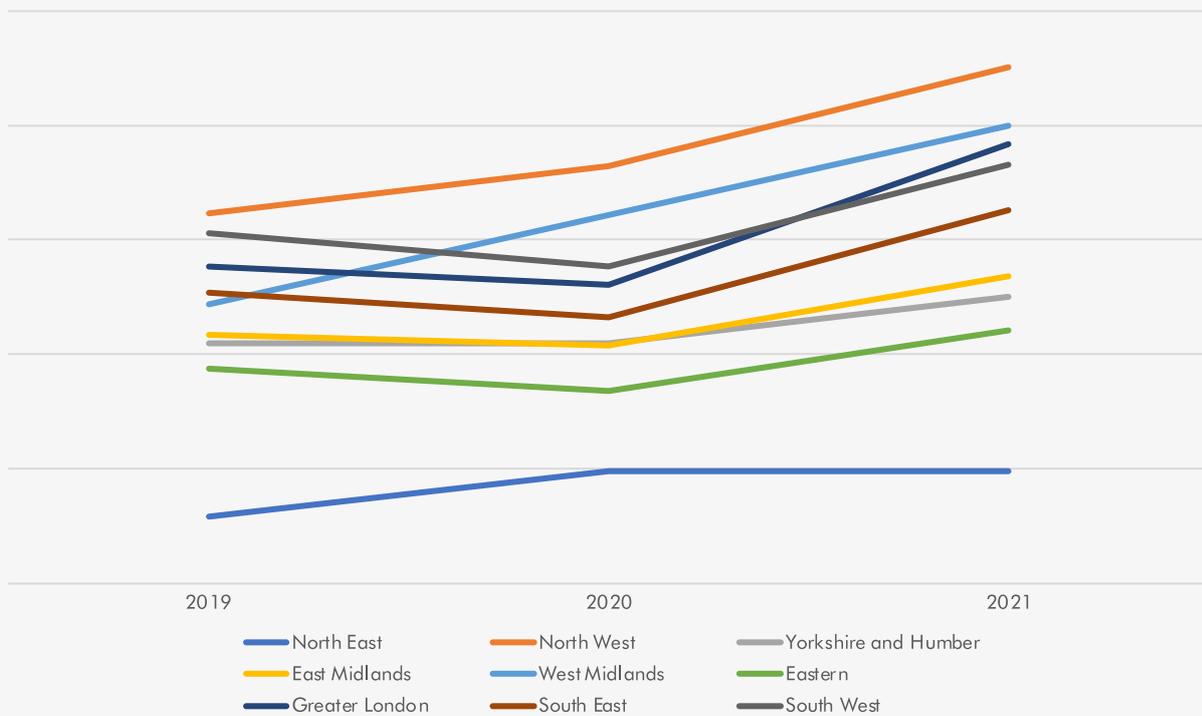
Trend in referrals of 0-5 age group by region 2019-2021



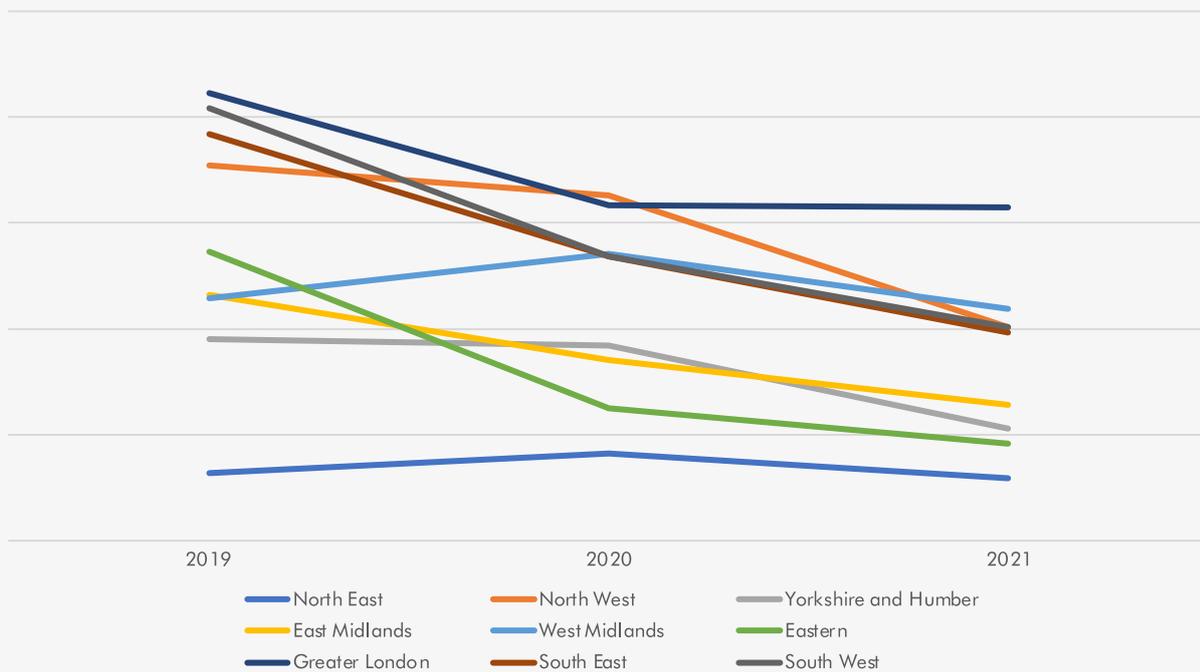
Trend in referrals of 5-11 age group by region 2019-2021



Trend in referrals of 11-15 age group by region 2019-2021



Trend in referrals of 16-18 age group by region 2019-2021



- England - Whilst most referrals received continue to be for children between the ages of 11 - 18, there has been a decline in referrals for over 15s and an increase in referrals for children under 12, including referrals for children under the age of 5.
- Scotland - IFAs in Scotland told us that they have seen a slight increase in referrals for younger children. However, this increase has not been as high as the increases seen in England and Wales. There was a view that effective early intervention and family support in Scotland has prevented some younger children from entering care.
- Wales - Across 2019 to 2021, IFAs did not see the same trend in increased referrals for younger children and saw continued demand for older children (many due to placement breakdowns). During 2022 IFAs in Wales tell us that they are now starting to see more referrals for younger children and these children have a higher level of need than those of the same age referred pre-pandemic.

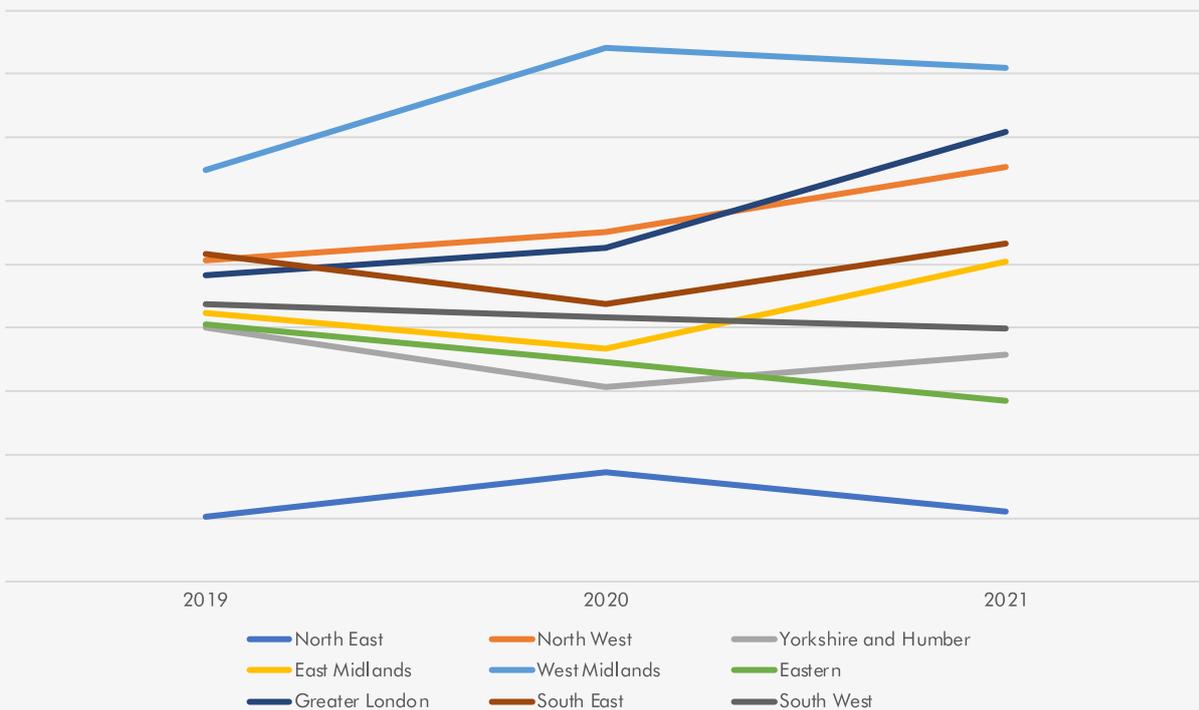
Siblings

Overall, IFAs have seen referrals for sibling groups increase over the previous 18 months with an accelerated rise in referrals since spring of 2022. IFAs referred to the need for creative approaches to meet the needs of siblings and to ensure that they were placed together or as geographically close as possible.

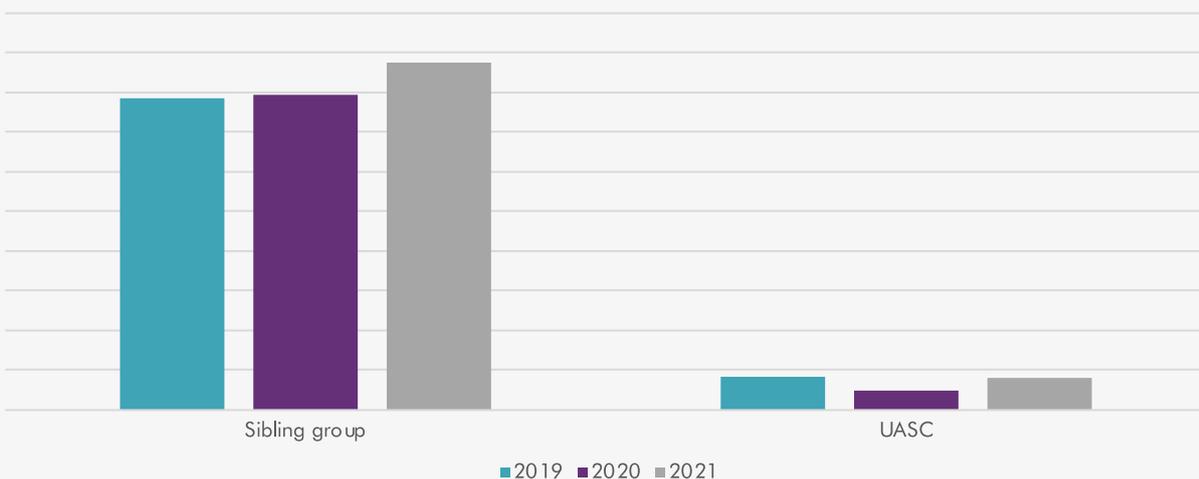
For example, considering if one sibling group could be placed in two households that were geographically close and where there was confidence that the foster carers could enable siblings to spend time together on a regular basis. IFAs hypothesised that the recent increase

in sibling groups has been due to both the impact of covid as well as other socio-economic factors. There was also a view that social workers were better able to assess families in crisis when lockdown came to an end, gathering evidence to inform a court order.

Trend in sibling group referrals by region 2019-2021



Sibling group and UASC referral trends



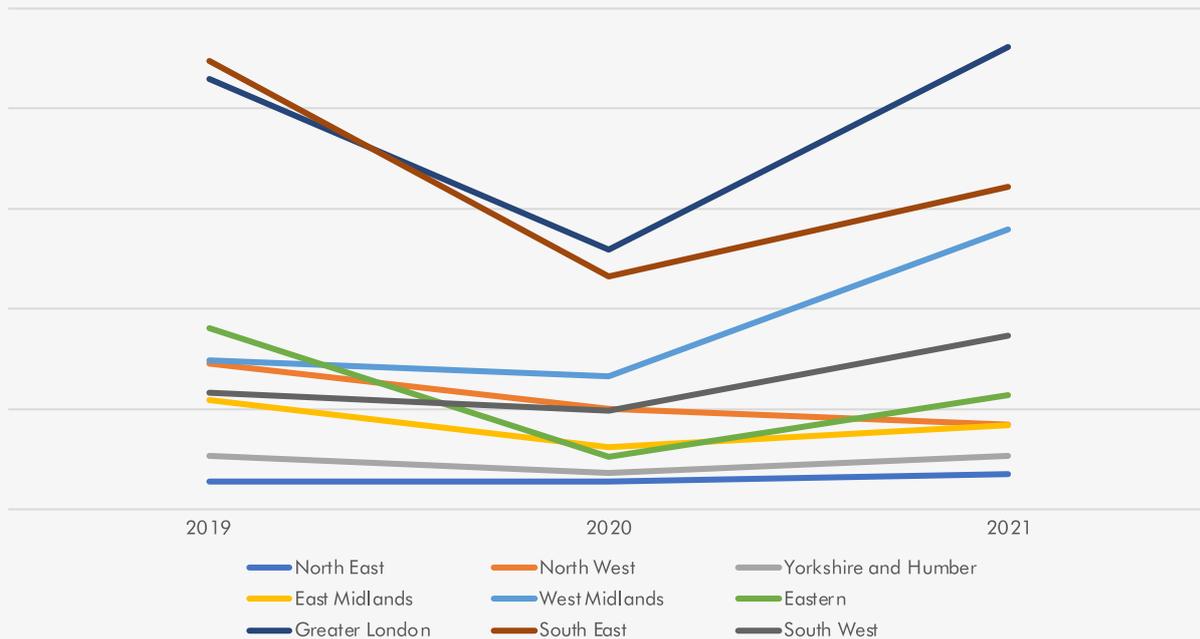
- England - In both interviews and NAFP meetings, IFAs told us that they are seeing much larger sibling groups and, overall, sibling groups now consist of more children under 12. The age ranges within sibling groups is greater and the number of babies and toddlers within referred sibling groups has grown. IFAs also commented that they are seeing some (by no means all) sibling groups being referred with less complex needs in some areas. Interviewees said that this may be because there is little in-house capacity available for sibling groups at the time a search is being made. (The conversations that they have had with local authority placement officers had also led them to this conclusion). Whilst trends for the west midlands, north east and eastern England regions show as declining between 2020 and 2021, interviewees in all these regions confirmed referrals for siblings in these regions is now on the increase.
- Scotland- IFAs in Scotland are seeing an increase in sibling groups, in particular large sibling groups. There has been an increased focus in Scotland on keeping siblings together and this is thought to be largely down to The Promise's Stand Up for Siblings.
- Wales - IFAs in Wales are seeing an increase in sibling groups, in particular large sibling groups. The Social Services and Well-being (Wales) Act 2014 Code of Practice (Looked After and Accommodated Children) placed a duty for local authorities to keep siblings together where this was reasonably practicable

UASC

IFAs said that it is difficult for IFAs to develop services for unaccompanied young people as there is a lack of information to inform future planning. There was a shared consensus that the number of referrals for unaccompanied young people was not as high as anticipated when lockdown first ended and this was attributed to local authorities' in house first policies and placing these children with in-house carers at that time. IFAs said that there was a perception amongst foster carers that unaccompanied asylum seeking young people could be less challenging to care for. IFAs told us that some unaccompanied asylum seeking young people have been unhappy about being separated from those they had bonded with whilst travelling. These children are more likely to be at high risk of running away from their foster homes to reunite with their peers and known communities. IFAs stressed the need for effective advocacy and for a high priority to be placed on enabling unaccompanied asylum seeking young people to be located close to the people they feel are most important to them.

IFAs also shared that whilst there was a perception about the characteristics of unaccompanied asylum seeking young people, they had also seen referrals for these children and young people with more challenging needs. Some had experienced significant trauma and some were younger (a child of 10 having been referred to one agency). IFAs said that referrals for unaccompanied asylum seeking young people often contained little information and that the risks of unknown information had to be taken into account when considering a match. Given the wide ranging needs of unaccompanied asylum seeking young people, there was a degree of frustration with the way that this cohort of children are often described as a homogenous group in local authority procurement documents.

Trend in UASC referrals by region 2019-2021



- England - IFAs said that there had been a reduction in referrals for unaccompanied young people during the pandemic, but in the last 18 months a small but steady increase had been observed (although regional variations are being seen). More recently, our IFA members have been telling us that there has been a sharp increase in the number of referrals for unaccompanied young people during the last quarter of 2022. Most referrals were for young men over the age of 14 who were relatively independent and keen to focus on engaging in their education. Interviewees also felt that the increased use of other forms of provision and the impact of the dispersal scheme in some areas had resulted in relatively low referrals to IFAs during the first half of 2022. There was also a view shared that, rather than requiring children to experience a move, those who were settled and who wanted to remain in their foster homes, should be enabled to do so, with the funding responsibility transferred to a new authority through the transfer scheme. Some unaccompanied asylum seeking young people who have been placed with IFAs through the dispersal scheme have found themselves in unfamiliar communities that are not well equipped to meet their cultural needs.
- Scotland - IFAs in Scotland reported receiving a very low number of referrals for unaccompanied asylum seeking young people. Towards the end of 2022 it was not evident that IFAs were seeing any notable increase in referrals for these children.
- Wales - IFAs said that they have not seen the numbers of unaccompanied asylum seeking young people expected to date, although there are some signs (late 2022) that referrals may be starting to increase. When a referral is received for an unaccompanied child, this is usually not facilitated through the national placement portal (CCSR). IFAs shared that these referrals are more likely made by email and/or may be initiated by a phone call. Referrals often contain very little information about the child. Local authorities in Wales also seemed more keen to keep unaccompanied asylum seeking young people in the large cities where there

is greater access to relevant services and community support. IFAs in Wales also told us that they were starting to see an increase in referrals from English authorities for this cohort of children. This was thought to be due to the desire to retain any available IFA provision in English authorities for English children.

Type of needs

Across the UK, local authority contracts typically categorise foster care placements into different 'lots', each one specified to meet the needs of a particular cohort of children. Descriptions and definitions vary across the numerous contracts and taking aside the referrals received for UASC, siblings, parent and child, we considered the remaining (and majority) of referrals as falling into two categories:

- referrals for a child with needs specified as core or standard. (standard)
- referrals for a child with needs specified as enhanced, complex or specialist. (additional needs)

IFAs shared that referrals for standard placements reduced at the start of the pandemic but gradually levelled and had started to increase in early 2022. Referrals for placements for children with additional needs gradually increased between 2019 and 2021, with providers saying that they have seen accelerated increase in these referrals during 2022. **An important point that all interviewees made was that a referral may not accurately reflect a child's needs.** IFAs said that referrals are sometimes received requesting a standard placement for a child. However, after considering the referral information and following discussions with professionals, a provider may consider there to be a need for the

child to be placed with carers who have a higher level of expertise and access to wrap-around support. Our members referred to the need for high quality assessments to better inform decisions about the type of placement that was being sought for each individual child.

Almost every provider interviewed said that local authorities would sometimes seek a foster care placement when this was arguably not the best option for a child. Several IFAs gave examples of having seen repeated referrals for children who had already experienced numerous foster placements. Some providers who offered both fostering and residential care explained that on occasion they had offered a residential placement where they felt a child was not suited, at that particular time, to a foster care setting. They said that some local authorities could be reluctant to consider residential care and often continued to pursue foster care for a child. Providers themselves had mixed views about using residential care. Some felt that some children with complex needs could have their needs met well in foster care, but to enable this, there needs to be a robust therapeutic model with access to the necessary therapy and clinical supervision.

In addition to this, carers need to be supported by professionals across the local authority and partner organisation who are trauma informed and willing and able to support the placement. Providers said that there needed to be a greater awareness and appreciation of the type and level of support that even the most skilled and experienced foster carers need when caring for children with complex needs. Many providers believe that high quality and specialist residential care has an important role to play if it is used well by local authorities. Some said that proactive use of a therapeutic residential care model, for some children, at the time and duration appropriate to individual need, could potentially support a child to

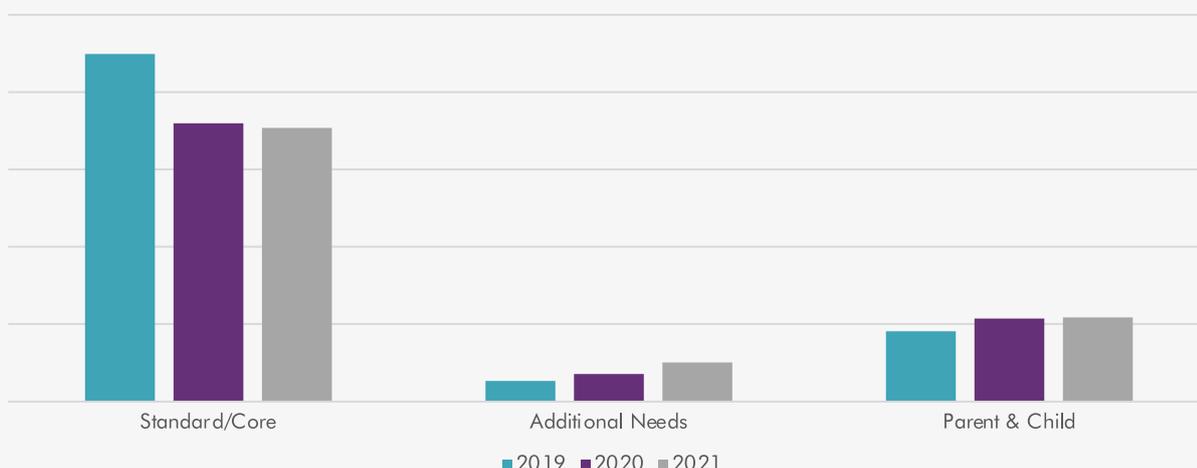
successfully transition to long term foster care. Some providers also shared a view that using residential care to stabilise and provide therapy to some children in crisis could reduce risks to foster carers and reduce foster carer burnout. Some providers said that they thought there was merit in exploring hybrid models of fostering and residential care.

Parent and child arrangements

Most interviewees said they had seen an increase in referrals for parent and child foster care with providers being asked to support more parents with mental health needs, particularly since the end of lockdown. Some IFAs also referred to receiving an increase in referrals for parents with several children. Referrals for parent and child foster care were described as intermittent by many interviewees. IFAs gave examples of experiencing a month where referral numbers were high, followed by a period of 6-8 weeks where few referrals were received. This was attributed to court related reasons. (We did not seek evidence to support this hypothesis)

IFAs said that historically parent and child placements would typically last around 12 weeks but there was a growing trend for these placements to continue for much longer periods. IFAs also said that where a parent was unable to continue caring for their child, the child would often remain placed with the foster carer until a long term plan was in place. This could sometimes be as long as 2 to 3 years meaning that the foster parent would continue to care for the child and would not be available as a parent and child foster carer during this period. IFAs commented that they were seeing a wider variety of parent and child foster care referrals and that parents and child foster carers were highly sought after due to their reduced availability. Parent and child fostering was described as a distinct type of fostering that required a specific skill set and knowledge base. As well as recruiting individuals keen to provide parent and child foster care, some IFAs were providing existing carers with the opportunity to undertake training in parent and child care, giving them and the agency the opportunity to consider if this may be an option for them.

Referral trends by placement type



- England - The age range of parents has increased with more older parents being referred, some being in their 40's and 50's. The age range of children has also increased and whilst most placements sought involve a baby or young toddler, IFAs said they are also seeing some referrals which include an older child. There was a common view shared that there was an increase in referrals for parent and child foster care where a residential assessment had concluded that a parent was unable to safeguard their child and this had led to the authority seeking a parent and child foster placement. Some providers said they had noticed a small increase in referrals where support was being requested for both parents and their child/ren.
- Scotland - IFAs shared that they are seeing a slight increase in these referrals. There was also a view shared that the age of parents is, on average, higher than those referred pre-covid.
- Wales - IFAs in Wales said that during the latter part of the covid period there was a reduction in the number of parent and child referrals. In 2022, IFAs are starting to see more referrals for this cohort, saying that they are seeing a greater need for placements where both parents need support and where parents' needs are complex.

Children with physical disabilities and health needs

On average, interviewees estimated referrals for children with physical disabilities and/or health needs are between 5-10% of all referrals received. IFAs said that foster carers caring for these children need to have specialist knowledge, skills and expertise, along with a home environment that may need to be specially adapted for an individual child's needs. Specific

transport may also be needed (for example a wheelchair adapted vehicle). In addition, some occasional specialist short break care may be required nearby, or in the carers home. With an unclear picture of emerging needs and not knowing what services may be being developed by other IFAs or by in-house services, providers said it was difficult to plan and develop services for children with these needs.

Children with learning difficulties or learning disabilities

It was difficult to gain a clear picture of the patterns and trends of referrals for children with learning difficulties or disabilities mostly due to IFAs not collecting this data. Some interviewees shared that some children were referred prior to having received a formal diagnosis and that a child's learning needs sometimes became apparent after they had been placed in foster care. Some children with learning difficulties or disabilities also have adverse childhood experiences and therefore need to be cared for by foster carers who not only know how to support children with learning needs, but who also know how to provide this care in a trauma informed way. Estimates of the % of referrals received for children with learning needs ranged from 20-30%. However, interviewees estimated that, because some children were diagnosed after having been placed in foster care, the number of children with learning needs was likely to be 10-20% higher than referral information would indicate. A small number of providers said that their own data led them to believe that referrals for children who had learning needs and who had adverse childhood experiences, could be as high as 50% of all referrals received. All providers talked about the complexities in assessing children with both learning needs and adverse childhood experiences.

Children with adverse childhood experiences (ACEs)

Interviewees said that the majority of referrals they received were for children who had suffered from abuse and/or neglect and who had experienced or witnessed violence in the home or community. Most interviewees estimated this to make up between 80-90% of all referrals received. Children who had experienced adverse childhood experiences are more likely to present with behaviours that resulted in increased risk to themselves and/or others. Providers talked particularly about:

- Children with self harming behaviours. Interviewees said that there had been an increase in referrals for children with self harming behaviours since the pandemic began. However, they also said that it could be extremely difficult to get information which put self harming behaviours into context and as such, assessing the potential risk was difficult. Some interviewees said they were starting to see an increase in children (particularly teenagers) presenting with suicidal ideation. This was not always captured in referral information.
- Children involved in gangs/at risk of gang involvement. Referral levels for these children vary across local authorities with providers saying this was partly due to the varying gang related activity in the areas, but also due to variances in the way that local authorities were identifying the indicators of gang related activity. IFAs commented that they are seeing more referrals for children involved in gangs at a younger age.
- Children involved in county lines¹. IFAs said there was a growing increase in referrals for children who are involved, or perceived to be at risk of becoming involved, in county lines. IFAs said that it was difficult to gain detailed information about potential risks, particularly to families of foster carers, and this meant many foster carers were cautious about offering to care for these children.
- Children at risk of Child Sexual Exploitation (CSE). Most interviewees said that they believe there had been a slight decrease in referrals for children at risk of CSE. However, they also shared a view that historically some placing social workers may have taken a risk averse approach, ticking the 'at risk of CSE' box on referral forms even when there was no known CSE risk. It was therefore difficult for providers to provide an accurate view on referral trends for children at risk of CSE.
- Children displaying verbal and physical aggression. Providers said it was fairly common to see referrals for children who had been verbally or physically aggressive to others. All said that they had seen an increase in referrals for children under 12 with these behaviours.
- Children who go missing. Most interviewees said that the percentage of children at risk of going missing had more or less remained the same. They said that the risk level could often be attributed to the location of the placement and the suitability of the match between child and carer. A child that may frequently go missing in one placement may not ever go missing in another. IFAs said that missing behaviours were more prevalent in older children and they shared a view that enabling these children to have greater involvement and say in the placement finding and matching process, including decision

¹ <https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines>

making, would likely reduce the risk of missing episodes.

- England - All providers commented that there had been a sharp increase, particularly since spring of 2022, in referrals for children experiencing deteriorating mental health needs. They noted that this was also being seen in some very young children.
- Scotland - Although referrals to IFAs in Scotland are not increasing at the same pace as in England and Wales, IFAs told us that they were definitely seeing an increase in referrals for children with adverse childhood experiences. They also shared that there can be overlaps with undiagnosed learning needs and trauma which come to light after a placement has been made.
- Wales - Providers in Wales echoed much of the above. We heard that in 2022 there had been a slight reduction in referrals for 'standard' placements, but an increase in referrals for children with additional needs. Whilst IFAs in Wales had not yet seen the increase in referrals for younger children with additional needs as was being experienced in England, some shared that there were signs that referrals for this cohort of younger children may be starting to grow.

Emergency referrals

Emergency referrals were defined as either being required within 24 hours or a same day placement. (IFAs interviewed used one of these two definitions). We received a mixed picture of patterns and trends in relation to emergency placements and demand appears to vary across geographical locations and at different times. Emergency referrals declined during the pandemic although some emergency care was

still sought during this period, particularly for teenagers who struggled to abide by lockdown rules. Providers said that as the country emerged out of lockdown, emergency referrals have continued to increase. IFAs talked about receiving two different types of emergency referral:

1. Where an urgent placement is needed due to an unpredicted, sudden and significant change in a child's circumstances. This applied to both children entering care or already in care. Providers said they tried to prioritise these types of referrals and did their best to work closely and creatively with local authorities in these circumstances.
 2. Where an urgent placement is needed due to the local authority having a policy of searching for placements sequentially, looking in house first and then looking at external services in an order reflecting the intensity (and often cost) of the service offered. The time it takes to exhaust each stage of a sequential search means that there can be very little time left to identify potential carers for a child. This then becomes an emergency situation, due to the design of the placement procedures. NAFP has published a briefing to support local authorities and providers to manage notice periods effectively with the aim to reduce the need for some emergency referrals caused by sequential sourcing. In NAFP meetings, IFAs continue to share some frustration that, on the whole, local authorities are not adopting the recommendations set out in the [NAFP Managing contacts notice](#) briefing.
- England - Providers told us that the majority of emergency referrals arise due to the sequential sourcing arrangements that they believe the majority of local authorities have. Providers said that too often they are seeing

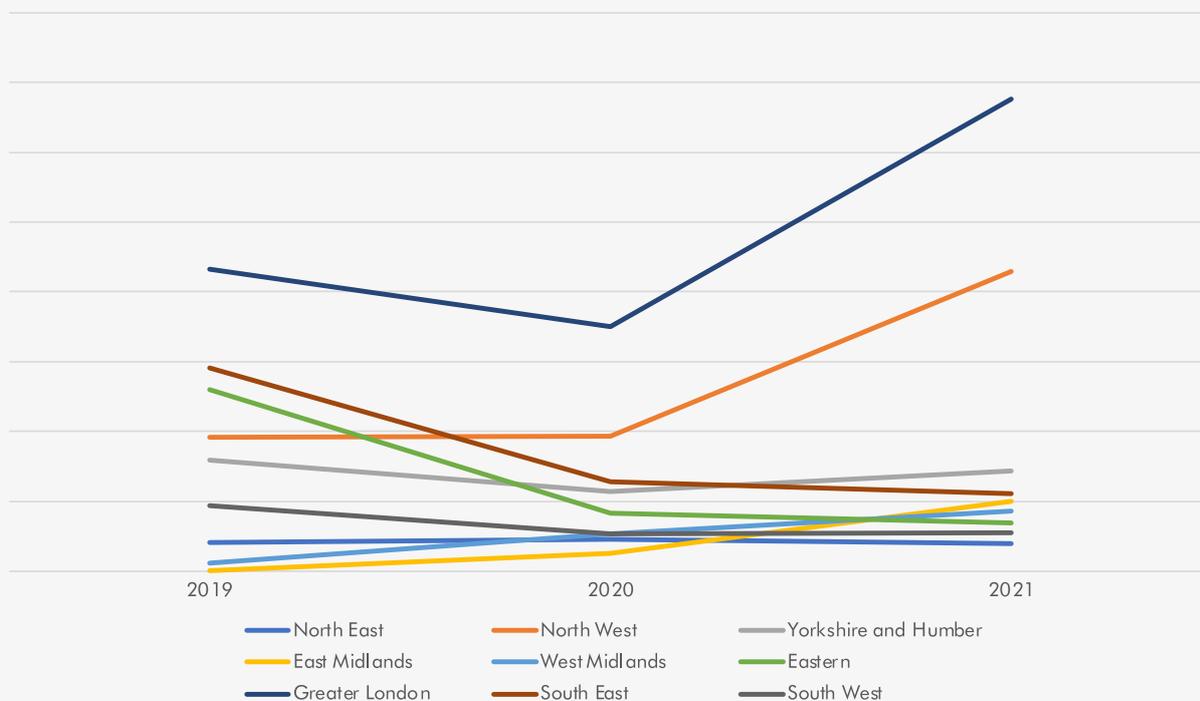
referrals being sent to the independent sector towards the very end of a notice period. Providers did tell us that a small number of local authorities appeared to be occasionally sending referrals out earlier, but that this practice could be inconsistent and so the local authority's policy on whether they looked in house first or not remained vague.

- Scotland - Providers in Scotland do not appear to be receiving the same level of emergency referrals as their counterparts in England and Wales. IFAs shared that local authorities in Scotland were generally better at managing notice periods and most would

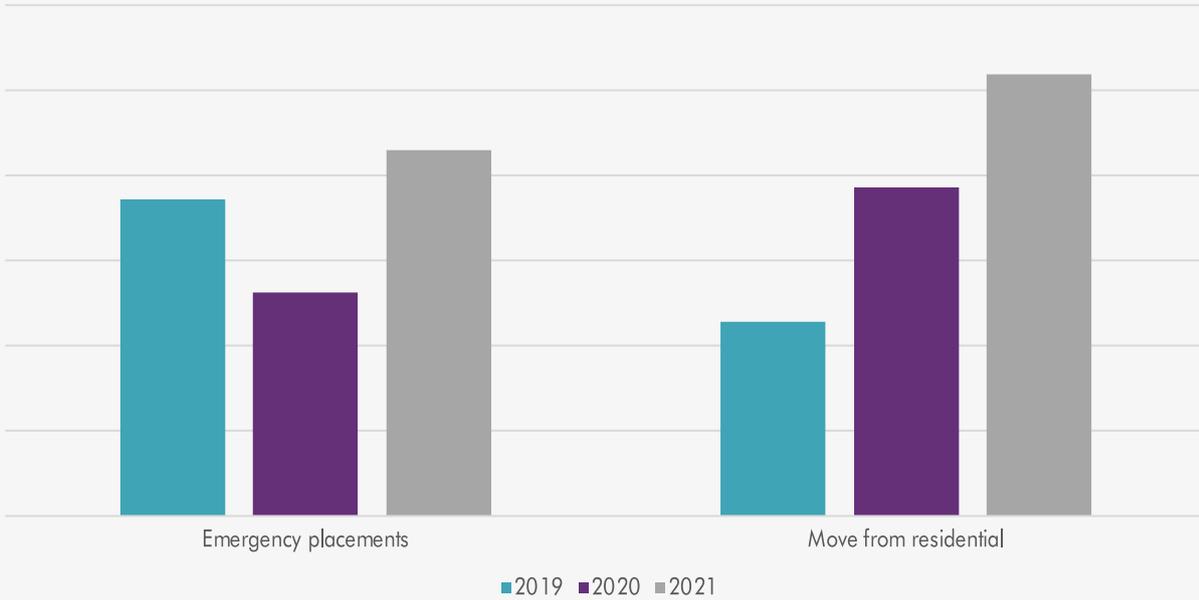
send referrals to IFAs fairly early in a notice period.

- Wales - IFAs in Wales said that emergency referrals in Wales have always been high. They also said that in Wales, there can be a lack of clarity as to whether or not a referral is an emergency, as often when providers responded with an offer, they did not always receive a response from the inquiring local authority within a 24 hour period. For this reason it was difficult for IFAs in Wales to have an accurate picture of the emergency provision that is needed.

Trend in emergency referrals by region 2019-2021

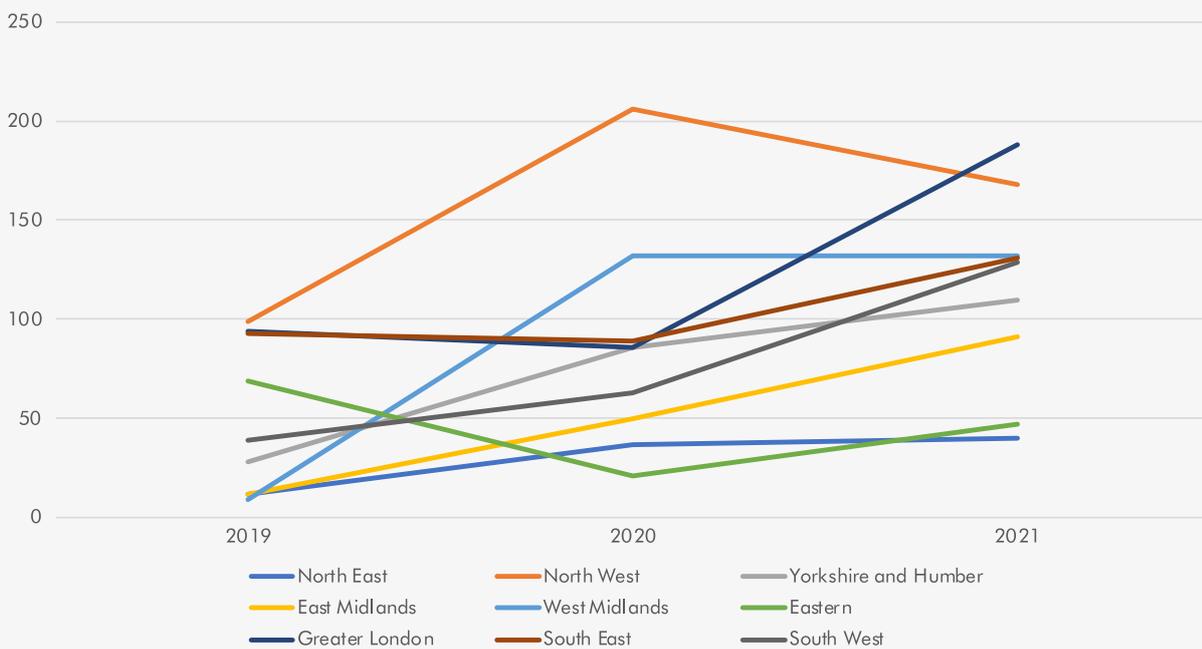


Emergency and moves from residential referral trends



Referrals for children living in residential care. (Step Across)

Trend in move-from-residential referrals by region 2019-2021



Providers said they had seen an increase in step across referrals (where a child is living in residential care and there is a plan for a move to foster care). Interviewees shared stories of successful and failed transitions with many conveying how critical it is to ensure the child is in agreement with the plan and how the transition needs to take place at a pace that is appropriate for each individual child. Providers shared various thoughts regarding the reasons for an increase in step across referrals including:

- The growing sufficiency crisis has resulted in some children being placed in residential care and yet these children would prefer, and be more suited to, foster care. These referrals were therefore commonly for children who had been recently placed in residential care on a temporary basis. The aim being to move these children on to foster care as quickly as possible.
- Some children had made significant progress in their residential placement. Due to effective therapeutic intervention from the residential provider, the child was now better equipped, ready and willing to be placed in a family setting.
- Local authorities were increasingly concerned about the high cost of residential care and were interested in identifying potential options that could be shared with a child to aid discussions regarding a potential move to foster care.

Some providers talked about the differing needs for children in residential care and how transition plans needed to be individually tailored. They said that some children are able to move to foster care fairly seamlessly in a relatively short time frame, whereas others may need a well planned transition which can involve several professionals and which may

take several months to achieve. Several also referred to it being fairly common for children to experience anxiety and change their minds about a move. This could result in the transition plan being paused and this would need to be carefully managed. IFAs shared frustration that some local authorities attempted to apply a blanket approach to step across transitions and stressed the importance of plans being designed in accordance with a child's individual needs and circumstances.

Several IFAs shared that it could be difficult to encourage foster carers to consider offering a home to a child who was in residential care. They said that many carers held a belief that children placed in residential care would have extremely high levels of needs and that risk factors would be difficult to manage. IFAs said that as residential care was commonly used by many local authorities as a placement of last resort, carers were often under the impression that it would be extremely difficult to keep these children safe in a fostering setting. Some IFAs talked about the need for work to be undertaken with foster carers to better understand the varied needs of children in residential care and their care journeys.

- England - In interviews and in NAFP meetings, IFAs told us that, since spring of 2022, they had started to see increases in step across referrals across all regions. North west and west midlands England local authorities referred fewer children to step across foster care in the latter part of the pandemic but providers said they were careful not to make assumptions about the reasons for this.
- Scotland - IFAs in Scotland said they occasionally saw some referrals for step across foster care, but these were not as high as the levels being seen in England. They

did not know if this was due to there being a lower need for step across care in general or if this was due to local authorities in house fostering services meeting this need.

- Wales - IFAs in Wales said that they are seeing a gradual increase in the number of referrals for step across foster care. They said that these referrals were often difficult to assess as they rarely included the voice of the residential provider and it could be difficult to make any contact with the residential provider during the referral process to seek clarification and further information. For this reason, some IFAs said that they sometimes decided not to pursue these referrals.

Re-referrals

Members told us that an area of significant change in referral activity has been the sharp increase in re-referrals. This is where a local authority will re-refer the same child or sibling group within a short period. We ascertained that not all our members have the same way of defining a re-referral, but most we spoke to considered it a re-referral if the same child was re-referred within a one month period. Providers had identified that re-referrals occurred for various reasons including:

- a) A temporary placement had been identified since the initial referral and the re-referral is to provide updated information and identify another home for the child to move to.
- b) The local authority is concerned about the feasibility of identifying a placement in the limited time available and has decided to extend the search across a wider geographical area (IFAs are increasingly seeing local authorities changing the original local/regional search to a national one)

- c) It had suddenly become apparent that the original referral form contained information that was incorrect or it did not contain essential information
 - d) A placement search has not resulted in any offers / any suitable match.
- England - IFAs told us that they started to see an increase in rereferrals in 2021 and that this trend had continued. They shared that it is now not unusual to see the same referrals several times for the same child over several months.
 - Scotland - IFAs in Scotland said they see some rereferrals and there was a view that there has been a slight increase in some areas. However, it was clear from interviews and NAFP meetings, that IFAs in Scotland have not seen the sharp increase in rereferrals that are being seen by IFAs in England and Wales.
 - Wales - IFAs said that there has been a gradual increase in rereferrals over the last three years, with a particular increase in the number of rereferrals since the beginning of 2022.

Children not looked after

A small number of providers in London and south east England had received several referrals over the last year to provide care and support (sometimes to both a parent and child/ren) where no individual was looked after. Members told us that although they could see why and how such an arrangement may be beneficial and could potentially avoid a child coming into care, they were unable to offer placements in these circumstances due to issues related to regulations & insurance.

6

Geographical considerations

Providers said that all local authorities are striving to place children as close to their family home as possible.

However, this is increasingly difficult as placement searches are often bound by time constraints and every local authority is aware that there is scarce provision which is also being sought by other local authorities. IFAs said it was increasingly common to see a re-referral with a notification that the geographical area being considered was now being expanded.

Providers were clear that whilst matching (against carers skills and experience and alongside any other children in the home) must be the paramount consideration, they do their utmost to identify local carers for local children so that links with school, family, friends and community can be maintained. However, providers are aware of the low sufficiency and the difficulties local authorities are having in finding placements, so at times they may make the referring local authority aware of potential matches they may have further afield.

Several providers said that many local authorities operated in-house first policies which meant that a place with local authority foster carers was always prioritised. IFAs gave examples of when they had offered a local IFA carer, yet the local authority would opt to place a child with in house carers living at a greater distance (than the IFA carer) from the child's family and school. There was a strong view that local authorities needed to place a priority on placing children in 'local' foster care over 'local authority' foster care, especially where this was in the child's best interests.

- England: IFAs told us that whilst local authorities in England convey a strong desire to place children as close to their families as possible, local authority placement teams are aware of the critical shortage of foster carers and, therefore, the need to extend their geographical search. Local authorities are also mindful that other local authorities will also have been forced, due to the short supply, to look at potential options further afield. This then has a knock on effect meaning that local authorities are increasingly extending their searches to give themselves the best chance of identifying any available vacancies. IFAs said that this practice was becoming increasingly common in England.
- Scotland: IFAs in Scotland said that on the whole they feel they work well with local authorities to place children as close to home as possible. IFAs located in the north of Scotland said this was much harder due to there being a lower proportion of carers in the large rural areas. IFAs in Scotland reported seeing an increase in referrals from English local authorities. These are not restricted to the authorities just across the border, but are being received from local authorities as far away as south east England.
- Wales: IFAs in Wales shared a view that many Welsh local authorities focus on placing with 'local authority' carers, rather than with 'local' carers. They shared a view that geographical consideration did not always appear to be a priority for Welsh authorities. They said that, from discussions with local authority placement teams and social workers and through responding to referrals where there had been a placement breakdown, it was apparent that some local authorities are opting for in-house carers at a distance over local IFA carers.

7

Overarching contracts inc. (frameworks/dynamic purchasing systems)

Whilst the interviews did not seek to explore the various issues and factors relating to the use of overarching contracts, the following came to light during the course of the interviews:

- IFAs are increasingly being more selective over whether or not to bid for a framework contract/DPS. Some IFAs are choosing to only bid for particular lots. Contract terms and conditions, monitoring requirements, value of the contract, relationships, levels of demand/supply and ease of applying are all factors that contribute to this decision. This is having some impact on if, how and when referrals are received.
- Some providers shared that they considered there to be more benefits than risks in remaining off, or even leaving, some of the frameworks in the current climate. These providers said that this would provide them with more control over what they perceived to be some unfair terms and conditions and in their experience this could often result in a more harmonious relationship with an authority. Providers who were not on a framework contract shared that they continued to receive high levels of referrals.
- IFAs referred to the importance of ensuring that the overarching contract terms (that apply to a placement) are clear at the point an offer of a placement is given. Some local authorities will use more than one overarching contract and on occasion difficulties have arisen later down the line due to the ambiguity of the terms and conditions that were perceived to apply. For this reason, IFAs are increasingly putting in policies so that referral coordinators ensure there is clarity about the terms that apply at the point an offer of a placement is made.

8

IFA placement teams - structures and arrangements

IFA referral teams vary in their size, structure and design and this is largely dependent on the size of the organisation and the geographical area covered. The vast majority of providers, although not all, said those responsible for processing referrals were largely based in registered offices and worked face to face with colleagues.

Small providers will usually have one or two people responsible for triaging and managing all referrals, whilst larger providers, which typically cover a larger area, may have around ten referral coordinators working in one office. Referral coordinators will have an understanding of the availability of the IFA's carers. They will know where these carers live, their approval terms and they will have some knowledge of their skills and experience.

Providers have dedicated email/s to which local authorities send referrals. Some organisations have one central email address which all local authorities can use whilst others have separate email addresses for different geographical areas. Some agencies allocate referral coordinators to particular local authorities as this can help to build and support effective relationships. Where fostering agencies exist in the same group, some referral coordinators process referrals for more than one agency. Referral coordinators who work for an IFA that is part of a group, or for an IFA that has more than one registered office, said that it was increasingly common to share referrals across their organisation/s, either with other IFAs that are part of the same group and/or with other

registered offices that are part of the same IFA. Interviewees had a varied understanding about the 'rules' around doing this with some seeking permission from the local authority before sharing the referral whilst some didn't request permission (particularly in emergency situations), but would inform the local authority that the referral had been shared internally.

"We don't always ask for approval when there are time constraints and in those situations local authorities tell us they appreciate that we're exploring options."

We identified that where an IFA has a team of referral coordinators, there are various ways in which these individuals are allocated to referrals. This may be related to geography, specific local authorities, placement types or other factors. We also identified that, if a referral is received for a child already known to the agency and known by a referral coordinator, effort would be made to ensure the same referral coordinator was allocated to manage any new referral for the same child.

9

Methods of receiving referrals

There are typically two main methods of receiving referrals:

By email: IFAs interviewed in England and Scotland said that the majority of referrals (approximately 80%) were received as attachments in an email. Interviewees reported that referrals were sometimes received via a secure email system such as Egress, but not always. Views about use of secure email systems varied with some providers pointing out that the email systems being used by local authorities and providers already have their own encryption and that additional unnecessary barriers to access the information further delays the matching process. Emails will include an attachment (the referral) which provides information about the child and the type of foster placement being sought. Providers said that the referral document itself was almost always password protected but that it was not always easy to locate the password to open the document. On very few occasions it had taken hours or even several days to retrieve a password from a local authority placement team.

IFAs said one particular benefit of receiving referrals by email was that there was usually an email signature and phone number at the bottom of the email so that direct contact could be made with the local authority officer managing the referral.

IFAs also admitted that they have become used to receiving referrals by email and have invested in setting up systems and processes to manage these. They expressed a reluctance to make changes to their established procedures unless they could see the benefit of this.

Interviewees said that local authorities did not have a common approach to using subject headings in emails and that better use of these would enable more effective filtering. That at the very least the subject heading should include the child's gender, age, geographical area desired and date required. Emails (with referrals attached) usually include a paragraph giving a brief overview of the fostering household being sought. Providers said it was helpful if this paragraph included the age and gender of the child, if the location being sought was essential or desirable and how fixed or flexible the proposed timescales were.

By portal: Some portals were considered to be poorly designed and described as 'clunky'. IFAs commented that all current portals in use had been designed from the perspective of the party seeking to procure services (the local authority) but without adequate consideration to how providers may need to receive, triage and manage referrals.

"We have needed additional resources to manage the portals. Local authorities are creating a busier environment with duplicate emails."

Providers said that there were some characteristics of some portals which did work well but generally portals were difficult to navigate, information could be difficult to find and two way communication was often ineffective through a portal. We asked providers what they believed would be necessary to consider, if the use of portals became mandatory. They fed back:

- Providers would be more likely to engage if there was just one national portal that is designed properly with providers. Providers were adamant that a national portal would not increase the likelihood of more children

being placed further afield, but in fact, if properly designed, could actually identify local placements more quickly and potentially lead to more children being placed closer to home.

- It would be critical that the portal enabled providers to manage their own filter settings and to be able to adjust these as and when necessary. This would mean that providers would be able to see the referrals most appropriate for their available carers at a particular point in time.
- Arrangements should require that local authority placement teams use the same portal to source inhouse placements, with the system providing transparency to providers over whether or not the local authority was also looking at inhouse options or had exhausted these (parallel planning).
- The purpose of a portal should be to support local authorities and providers to shortlist options. Providers said that matching itself needed to be undertaken by experienced professionals and this task could never be replaced by technology. Interviewees talked about the importance of ensuring that a system was not a barrier to the face to face / virtual discussions that are critical to shortlisting and matching.
- Ensuring that there is access to effective and routinely available training which could be jointly attended by both local authority placement officers and referral coordinators.
- A portal will only be truly effective if accompanying placement procedures and decision making arrangements are fair, transparent and designed with children's needs at the forefront.
- Both providers and local authorities should have access to high level information produced

through the portal so that both local authorities and providers were able to make informed decisions about commissioning and business development.

- Any portal would need to support and strengthen relationships. IFAs said they would benefit from knowing which local authority officer has been allocated to lead on each placement search and to be able to message them directly and easily through the portal.

“No portal is going to work well if placement procedures are flawed in the first place”

“Some complex technical issues will need to be addressed”

Interviewees recognised the benefits of a national portal in enabling both local authorities and providers to have a more accurate picture of emerging needs and of available provision. There was also a view that, if designed properly, intelligence could be harvested from the portal at a local, consortia, regional and national level. Some shared a view that providers would be more likely to engage if they were able to access intelligence about demand and supply.

Whilst the vast majority of referrals are received via email and then via a portal, providers also said they had started to see an increase in direct telephone calls. This was more likely if the local authority was already aware that a carer was available or likely to become available. IFAs said that these calls were followed up with provision of a referral document, but increasingly local authorities were keen to ensure local providers had the 'heads up'. Some providers said that they appreciated these calls, not to alert them to the referral, but because the call itself usually allowed a better understanding of context. The majority of providers said they valued phone calls but noted the importance of having information confirmed in a follow up email. Some providers said that their

referral coordinators often needed access to more than one telephone due to the need to manage both outgoing and incoming calls.

- England - almost every provider interviewed was critical of placement portals with some admitting to avoiding them at all costs, instead prioritising referrals that came in via email. Interviewees also pointed out that a portal will automatically generate an email to the provider notifying them that a new referral is on the portal. At the same time, the responsible local authority placement officer may also manually send an email to ensure the referral is picked up by any providers who do not use the portal. As a result, two identical referrals can be received for the same child. The provider will have to manually cross reference these, a task made more difficult if it is not easy to match the emailed referral with the referral on the portal. Providers also shared a view that sending out a referral using email and a portal can skew statistics and response rates. Around half of the providers interviewed openly admitted to making policy decisions not to routinely use some of the portals saying that the number of referrals they were receiving outside of the portals was so high that they did not consider it a risk to abstain from using portals at this time.

“Emailed referrals are prioritised, as they tend to come in from authorities who know us, and have worked with us before, achieving good outcomes together, who appreciate the service that we offer and with whom we have an established historic connection. The referrals received by e-mail are often sufficient to fill any vacancies that we have, before we get to the portals. Some LAs have their own, very secure portals where an interest has to be declared before the password is released to access the details of the referral. These LAs do not get a response from us at all unless we are matching against the characteristics of the child they wish to place and have highlighted those details – we don’t request the password to reply that we are full, so they often don’t hear from us

at all. As the easier ones to access are actioned first, in the case of us having a vacancy, that vacancy may well have been filled before we return to ask for access permissions.”

Another difficulty for some providers, particularly those that worked across a larger area, was having to administer numerous different portals. Some IFA referral coordinators talked about the need to operate various screens at one time due to having to work with various portals. IFAs were particularly critical when local authorities used their corporate procurement portals to attempt to identify placements for individual children saying that these systems were not at all fit for the purpose. When asking interviewees what would need to change to encourage them to embrace portals, most were apprehensive and some shared a view that no portal would be as effective as the current system of emails.

- Scotland - all referrals are sent via email and discussions that follow mostly take place by phone call. IFAs said these phone calls are used as a primary filtering process. From discussions with providers, it appeared that it is, on balance, not too difficult for IFAs to make direct contact with the child’s social worker, or with someone who knows the child well, to ask questions about the referral.
- Wales - the CCSR portal in Wales was more accepted by IFAs largely due to it being a national portal. Providers said its functions were relatively basic and that improvements could be made so that it was more efficient for providers to use. For example, enabling providers to self create accounts for multi officer use. Providers also spoke about the need to be able to access intelligence reports from the CCSR so they could have a better overview of referral activity across Wales. Providers did say that over the last six months they have seen an increase in referrals made by telephone. These were usually followed up with the referral being placed on CCSR, but this did not always happen.

10

Triaging referrals

IFAs referred to the need to triage every referral that was received. Different approaches were adopted for this exercise dependent on the size and make-up of the fostering agency.

In smaller agencies it was more common for a senior social worker or manager to triage referrals and to make a decision on whether or not to pursue a referral. In medium to larger organisations, experienced referral coordinators usually take responsibility for triaging referrals, having a good understanding of the skills, competencies and availability of foster carers. Where a potential match is identified, this is then passed on to a senior manager so that a decision can be made about pursuing the referral.

IFAs said that sometimes they would take into account whether or not the local authority was also looking at in-house options (parallel planning) or if the authority had exhausted an internal search. If a local authority is parallel planning, a provider will have to consider the likelihood of the local authority placing the child with an internal foster carer. Providers explained how they have to consider; their past experiences of receiving referrals from the authority, their knowledge of the local authority's matching policies along with the strength of any potential match they may have alongside other referrals received. Providers said that if they felt there was a high risk of a local authority placing in-house, regardless of any external offer, they may decide not to invest time in pursuing the referral.

Providers said that they needed local authorities to let them know if they were parallel planning

or if they had exhausted an internal search. Several providers talked about their preference of working with local authorities who are open and transparent about the status of placement searches and their plans and intentions for progressing these. IFAs said it was becoming increasingly more difficult to maintain an understanding of each local authority's placement procedures, this making it difficult for IFAs to work in partnership with local authorities to identify matches.

IFAs shared how the high levels of re-referrals being received could be counterproductive as it added to the volume of referrals received and impacted on the providers ability to triage as effectively as they would like. With regards to triaging emergency referrals, providers said that timescales could often be vague and that wherever possible they need to have as much clarity as possible regarding which referrals are for children who need a move that day, where there is genuinely no alternative, and which are for children where there is potential to manage a move over a few days.

Providers talked about the struggles in triaging emergency referrals. IFAs shared a view that the emergencies that occurred due to sequential sourcing were those most likely to appear on a Friday afternoon. Some providers said this was counterproductive as emergencies, by their very nature, carry a higher risk due to the lack of information and inability to plan. IFAs said that risk can be mitigated by ensuring that the IFA has a full team available to support carers offering emergency placements. Where children are accommodated late on a Friday, it can be difficult to provide carers with access to the same level of

support as is available during the working week. Because of this some providers said that they were less likely to offer emergency foster care at the end of the week or over a weekend. They also shared a view that a change in local authority internal decision making processes could help reduce the demand for emergency placements on Fridays.

Interviewees said that emergency referrals need to recognise that an identified placement is more likely to be a temporary one and as such it is important to include some detail about the local authorities plans for identifying a longer term placement. We heard how some emergency carers look to only provide short term emergency placements, but have been in situations where the referring local authority has not identified a follow on placement, this having a detrimental impact on the carers and often the child. Having some confidence that the local authority has robust procedures in place to look for more permanent solutions is helpful for triaging and can be assuring for carers.

- England - IFAs told us that they see a wide variety in the way that local authorities process referrals in England. As pressure on a local authority's placement team increases or decreases, this can result in a change in the authority's procedures and associated protocols. IFAs also shared that in some areas they are seeing increased turnover in managers and staff that work in local authority placement teams. They felt that the changing knowledge, experience and skills in placement teams was also impacting on the way placement procedures were being implemented. Moreso, they told us that the procedures used by a local authority did not always match the call off processes in contractual agreements.

- Scotland - IFAs in Scotland told us that generally local authorities tend to send out referrals out to the independent sector relatively early. There is greater transparency over parallel planning and local authorities will, on the whole, update providers and inform them of the progress of internal and external searches.
- Wales - some providers said there were signs that a small number of local authorities are starting to send referrals out earlier in the notice period (in line with NAFP's briefing). They commented on how positive this was . *"Local authorities don't recognise the work involved when we have to undertake matching exercises. Where they provide us with more time to undertake the matching process, there is less risk of time being wasted"*

11

Quality of referrals

All IFAs said that the quality of referrals varied within, not just between, local authorities. Local authority social workers could be affected by time pressures, knowledge of a child and by internal policies and procedures.

These factors could impact on their ability to develop a high quality referral and this meant an individual social worker could produce referrals of varied quality. The lack of consistency (with regards to quality) was mentioned by all those interviewed. Providers spoke about how important it was to get an accurate picture of a child. They valued referrals that included not just information on the child's likes and dislikes, but which also conveyed what the child knew about the forthcoming move and what was most important to them with regards to the people they would be living with and what they felt they would need when moving to a new home.

All said that they needed referrals to capture context and dynamics and that this needed an in-depth knowledge and understanding of the child. Some IFAs said that in areas where there is social worker 'churn' the quality of referrals is deteriorating. Several IFAs expressed frustration that when it had been necessary for one party to serve notice, it was not common practice for the new referral to be co-produced. They said that the knowledge and experience of the foster carer and/or supervising social worker (or sometimes residential staff) was often not harnessed to ensure a new referral was accurate and reflective of the child's needs and wishes. IFAs said that local authorities held differing attitudes and policies regarding how they engaged with current

care providers to create a new referral for a child when a move was necessary. Most IFAs echoed the messages shared in the [NAFP Managing Contract Notice Periods](#) briefing regarding the need for genuine coproduction and not just contribution. All said it was critical that someone who knew the child well was able to check that referral information was accurate. They noted that this may at times be someone outside of the local authority.

Providers emphasised how it is important that they are able to see key information at the beginning of the referral form, including where possible, which criteria for a match are essential and which are desirable. Further messages captured in interviews are also in the [NAFP Placement Referral](#) briefing.

IFAs noted that there could be specific issues in respect of re-referrals. They said that sometimes changes to re-referrals were not highlighted on the document or in a covering email and a referral coordinator would be required to re-read the entire document and cross reference it against the original version. IFAs rarely had time to do this and it could mean a rereferral was dismissed due to the amount of work required to gain clarity on the information. Some providers shared that they had experienced receiving re-referrals with some of the original information redacted. The IFA would not always know if this was due the information not being accurate in the first place or if information had been removed to increase the chance of identifying a placement. Providers said that if there was a lack of explanation regarding the reasons for any changes to referral forms, they may discount the rereferral due to potential and unknown risks. Some providers said

that they have evidence that, in some instances, safeguarding information had been knowingly retracted before a referral had been issued. These situations are difficult for providers who may have a duty to report this malpractice, whilst at the same time trying to maintain a positive relationship with the local authority concerned. To prevent this, it is essential that local authorities do not remove critical information from referrals but instead offer to look at ways in which risks can be shared.

IFAs also shared that when a re-referral is sent out due to the local authority having to consider national options, the referral form may not have been amended to reflect that there would be a willingness to reconsider a change of school or make concessions to the frequency and way in which any time with family and/or significant people will be supported. IFAs said this clarity is needed in order for them to consider any potential matches. With regards to time with family and/or significant people, providers said that too often there is an expectation that a child will have to travel, rather than the adults. This often being the case if children are placed far from home. Providers shared that greater consideration needed to be given to supporting adults (who may be important to a child) to travel to the area in which the child is placed.

- England - Providers said that the design of referral templates could vary which meant that some time was wasted trying to look for information on unfamiliar templates. Some said that a co-produced consortia or national template may be helpful, but emphasised that it was more important that the person completing the referral had a comprehensive knowledge of the child. Providers shared that in England most local authorities would now redact the name of the child on referral forms for GDPR purposes replacing this with the child's initials on a referral form. One interviewee had witnessed a pseudonym used by one local authority in the past and said this had worked well.

- Scotland - IFAs shared that despite sharing referrals relatively early and having good arrangements to discuss referrals, the actual quality of referrals in Scotlands varied between poor and average. IFAs shared a view that the quality of referrals could be improved.
- Wales - it is still fairly common for local authorities to include the full name of the child on a referral form. There are also occasions where the details of current carers and family members are included in referral forms. Providers expressed concern about this, both for themselves as an organisation as data processors, but also out of concern for the child being referred and their family. IFAs were positive about work having already taken place in Wales to develop a national template but some noted that it had possibly led to increased 'cut and paste' which carried risk. IFAs also shared that it was less likely for Welsh authorities to seek to coproduce referrals with IFA foster carers and supervising social workers. Providers felt this was a missed opportunity to improve the accuracy and quality of referral forms.

12

Seeking clarification on referral documents

If a provider decides to pursue a referral (based on the initial information received), they will contact the local authority for a more detailed discussion.

IFAs shared that it can be difficult to make contact with someone who knows the child well. Regardless of the reason, all interviewees said that the earlier they were able to have direct discussions with someone who knew the child well, the sooner they were able to determine if they had a potential match to put forward. Providers said that some referrals would include the details of named individuals who knew the child well, along with their phone numbers, whereas other referrals may not even contain the number and contact number of the local authority placement officer leading on the search. Providers said that due to the need to use their time effectively and efficiently, they would prioritise referrals where contact details, especially phone numbers, were readily available. Unfortunately, providers shared that, even with the right contact information it could be hard to get hold of someone when they had a question about a referral. More than half of interviewees felt there was a reluctance or difficulty in some placement teams to answer queries by telephone, many preferring, or being instructed, to respond by email or via a portal. The lack of timely and effective responses to queries meant that some referrals were not pursued and some potential offers not made.

In certain circumstances (i.e. when searching for a placement for a child with additional needs), a referral may be accompanied with an invitation

for providers to attend a virtual information session. The purpose of these sessions is so that providers can meet collectively with individual/s who know the child well (i.e social worker, current foster, residential carer) and discuss the referral in more detail. These sessions may be attended by several providers, each of whom have a potential carer in mind or who feel they need more information to determine if they have a potential match. Overwhelmingly providers spoke very positively about these sessions saying that it enables them to get a much better understanding of a child's needs and wishes. Interviewees said that certain factors made these sessions successful but particularly:

- Having the referral paperwork at least 3 days beforehand.
- Having an effective and experienced chairperson.
- Ensuring there is someone present who knows the child well and who is able to answer questions. Where there is a plan for a child to move from residential care to foster care, providers shared how it can be helpful and reassuring to listen to a residential carer talk about a child.

Providers said that, on the whole, these sessions worked very well, but that sometimes they were not as effective as they could be due to late paperwork, ineffective chairing or having the wrong people involved. Not all local authorities offer these virtual information sessions and providers said that they would like to see an increase in the availability and quality of these.

NAFP also heard of one local authority videoing these sessions so that the video could be shared with potential carers leading to a greater chance of a placement being offered. (NAFP is planning to develop a good practice guide on virtual information sharing sessions.)

- England - IFAs told us that, in some local authorities, there appears to be a policy whereby placement officers are required to be the conduit between the child's social worker and the IFA. Providers assumed that this could be for a variety of reasons; potentially due to risk averse call off procedures and a strict application of procurement principles at the call off stage. Some said it could potentially be due to a desire to make best use of social worker time, especially if they could be spared from having duplicated conversations with several providers.
- Scotland - IFA shared that there are relatively good systems for providers to follow up referrals and questions. However, they felt that improving the quality of referrals in the first instance would negate the need for some clarification questions being asked.
- Wales - The CCSR has a system whereby clarification questions (on each referral) are supposed to be asked on the portal so that information is available to all IFAs. Providers shared that when they submitted questions through the system, there could be delays in getting a response meaning that interested IFAs cannot progress the matching exercise. IFAs in Wales shared that it can be hard to make contact with someone who knows the child.

13

Work undertaken to consider a match

If, after having considered the information received on a child, an IFA considers that there may be a suitable and available carer, more detailed conversations will take place between the potential foster carers, child's social worker, supervising social worker and registered manager to see if any identified risks can be safely managed and the carer feels confident that they can meet the child's needs.

These conversations sometimes include the carers currently looking after the child. A small number of providers spoken to said that whilst they could see the value in linking current carers (fostering or residential) with prospective carers, they also recognised that there were some risks in this as potential carers could be unnecessarily dissuaded from offering a placement.

However, overwhelmingly providers spoken to said that the benefits that came from facilitating these conversations largely outweighed the risks involved.

Some local authorities require that providers complete a local authority matching form, often referred to as a Service Provider Response Form (SPRF). These forms have been designed by local authorities with some requiring little detail but others requiring that providers provide a comprehensive explanation of their matching process. Some providers shared high levels of frustration with this requirement saying that they already had their own internal matching

documents to complete and that the need to duplicate information in different formats was inefficient.

"We could respond to more local authorities if we didn't have to complete these forms. They are such a waste of time"

The work by Ofsted on matching (2019) was also mentioned, with some providers saying they had seen an increased focus on this during inspections with Ofsted requiring evidence that a robust matching exercise had taken place. Many providers had created their own internal matching templates to evidence their considerations and decision making. IFAs said that matching is an exercise that needs to be carried out jointly and that local authorities and providers need to work together to find more time-efficient ways of evidencing the matching process. Many IFAs said that they wanted local authorities to accept providers' own completed matching forms and not request that a separate one is also completed.

14

Offer and information sent to the local authority

If, after having considered the information shared and discussions held, the carer agrees to care for a child and this is approved by the appropriate IFA manager, a formal offer is made to the local authority.

There is variety in what local authorities request from providers and also in what providers will provide to local authorities at this stage:

Offer from the IFA (information to inform the Individual Placement Contract)	Names and address of carer, proposed start date and expected duration of placement. The fee for the placement. Confirmation of the overarching terms and conditions under which the placement is being offered. Stipulating if any additional resources are to be negotiated / have been verbally agreed. Any specific conditions that may apply.
Carer profile	Most providers send the carer profile either during a matching exercise or when making an offer (dependent on urgency and circumstance). IFAs told us they are reviewing and improving their carer profiles so that these documents include enough information to avoid the need to send a carer assessment.
Carer assessments (often referred to as Form F's)	In 2022 a NAFP briefing was produced to highlight the risks of sharing carer assessments. There is a growing awareness, across both IFAs and local authorities, of the potential risks associated with sharing these documents. IFAs told us they were in the process of reviewing their policies of sharing carer assessments. Some IFAs shared that there can be delays or even withdrawal of placement offers if local authorities insist on these documents, as to provide it would likely be a GDPR breach. We ascertained that local authorities in Wales and Scotland are less likely to ask for carer assessments.
Annual Review	IFAs overall said they were more likely to share annual reviews than carer assessments, but this was dependent on the requirements of the local authority. Some said that due to potential risks of sharing annual reviews they were considering changing their policy on this and instead ensure that all relevant information is captured in a regularly updated carer profile.
Service Provider Response Forms	From our interviews, we estimated that around 50% of local authorities ask providers to complete Service Provider Response Forms (SPRFs) which were also referred to as matching forms. Some providers told us that they sometimes sent their internal matching documentation instead of completing the local authority template and that this was increasingly acceptable to local authorities.
Details of information required	Providers will provide a list of information and documents required or requested from the local authority before a child can be accommodated. (Some providers appeared to be more insistent than others that these be provided prior to the child moving into the carers home).
Welcome book / carer profile for child	All IFAs spoken to said that they had child friendly information prepared for each fostering household that would be made available to a local authority at the most appropriate time. The timing of this may depend on how involved the child is in the placement process, but it would always be provided prior to the child arriving in the foster home.

Providers shared that they are under increased pressure to inform local authorities if they are unable to offer a placement. Providers said the main reason for this appears to be due to the local authority placement officer needing to provide evidence to senior managers / funding panels that a foster carer cannot be identified so that authorisation can be obtained to start a search for a placement on a different lot/tier or for a residential placement. Providers working across England said the way in which referrals were received (varied portals and by email) made it more difficult for them to respond to individual referrals. Some said they struggled to respond to every referral received with the current limited capacity they had for triaging referrals. IFAs said that it would be a much better use of time if local authorities provided IFAs with a deadline to respond and then deem a lack of response by the given time as confirmation that the IFA does not have an option to put forward. This would create efficiencies within both IFAs and local authority placement teams.

- Wales - most providers in Wales receiving referrals through the CCSR portal said that it was relatively simple to respond to each referral as there was a simple way of accepting or declining the referrals. However, local authorities were then asking providers to complete a more detailed response form detailing the reason for the decision (to accept or decline a referral). Providers said this was time consuming to complete and they simply did not have capacity to do this as well as complete their own paperwork. Providers also shared how the increase in referrals is impacting on their workload and how some local authorities do not appear to have robust and effective systems for knowing who they are contacting and what they have discussed. Members shared a concern that

local authorities are not placing a priority on matching and IFAs can be placed under considerable pressure to agree a placement. Providers said they were also seeing more referrals from England and Scotland (acknowledging that Welsh local authorities are also at times looking for placements outside of Wales). IFAs spoken with shared that they are holding firm on the need for quality matching as this prevents difficulties that may otherwise arise further down the line. Members also shared that they are seeing an increase in phone calls with local authorities using CCSR retrospectively, this contradicting the purpose and agreed approach for using the system.

15

Placement decision making

Interviewees said that after making an offer of a placement the timeliness of responses from local authorities is varied.

Sometimes a response is received almost immediately, however there are occasions when a response from a local authority may take days or even weeks and sometimes no response is received at all. Almost all interviewees shared concern about local authority internal arrangements, particularly the timescales, for considering placement offers and making decisions. Most providers said they did not have set retainer policies as this could be dependent on the views of the foster carer and how long they were willing to wait for confirmation that the child would/wouldn't be placed with them. Retainer considerations could also depend on the provider's relationship with the local authority and the extent to which they were deemed a 'good authority to work with'. We also heard how delays in decision making created a feeling of 'being in limbo' for carers and impacted on morale. Some providers told us that due to some of the delays in decision making they have started, in certain circumstances, to provide a deadline when an offer of a placement is made. If the local authority does not respond by this date, either to confirm a retainer or the placement, the IFA will start to consider the carers as potential matches for other referrals being received.

Issues related to parallel planning were mentioned by every interviewee. This is where a local authority continues to search for another placement at the same time, most commonly within its in-house fostering service. As noted earlier, IFAs had mixed views on the practice of

parallel planning, recognising that there were risks and benefits, to children, carers, providers and local authorities, of the approach. Some providers did share a concern that some local authorities may sometimes opt for an in-house carer when an IFA carer had been offered who lived closer to the child's school and family and who appeared to be a more appropriate match. There was a view that perceived cost implications were having a bearing on placement decisions. Overwhelmingly, providers said that they felt the best approach would be for a local authority to simultaneously consider all available and appropriate placement options for a child at the same time, but for there to be greater transparency around the placement decision. Some providers said that independent scrutiny of the placement decision would provide assurance that decisions were made with integrity and would ensure the needs of the child were placed at the forefront of decision making.

Providers shared how difficult it could be to manage their carers expectations after an offer had been put forward. If the local authority had decided not to pursue the offer of an IFA carer, having feedback with the reasons for this was greatly appreciated as providers could share this with carers. This could help to identify skills shortages, training needs, or highlight the need to improve a carer profile. Unfortunately providers said that all too often there is little communication from the authority regarding the offer put forward. Providers said that if a local authority declined an offer with the reason being that they had identified an in-house carer, it was very difficult to explain this to their IFA carers, particularly when all had been confident that the match had been a positive one. They referred to the impact this has on carers

emotionally and the wider negative effect on the carer workforce.

- England - Not all providers were partners to framework contracts / DPSs. Some had not applied, some had failed to join the arrangement and some had made the decision to leave a contract. These providers said that being off contract meant it was more likely they would experience delays in local authority decision making. However, the majority of those spoken with said that under the current climate, they felt the benefits of being off contract outweighed the current risks of being part of these arrangements.
- Scotland - IFA said there is a retainer option on the main Excel framework and generally this works okay.
- Wales - IFAs said Welsh local authorities were less likely to offer or agree retainers and that there were, overall, longer delays in decision making. IFAs in Wales said that because of this, they were more likely to offer carers to more than one local authority. This could result in a local authority being disappointed and some relationships being adversely impacted, but some members shared a view that they had little choice due to the lack of retainers and delayed decisions. Providers in Wales also told us that local authorities in Wales would also sometimes look to use foster carers registered with other local authorities. This added an extra complication to considerations related to parallel planning.

16

Decision making where a change to an existing Individual Placement Contract (IPA) is requested

All providers shared a concern about the difficulty in securing additional funding when a child's needs increase or when it becomes evident that the child has needs which were not included in the referral documentation or during the matching exercise.

Providers shared a range of hypotheses as to why information may not have been provided at the point of referral. Some said that they appreciated that, for some children, a local authority may not have a full picture of a child coming into care and so referral information may be understandably sparse. However, some providers said that they had reason to believe that sometimes information was withheld from referrals, when this should have been included. Either because the local authority was under significant pressure to identify a placement, because the social worker was unclear about the detail of information that could and should be provided to external parties, or because of ineffective administration processes.

Providers said that when referrals do not include all the information to undertake a robust matching exercise, this increases the risk of placement breakdown. If, after a placement has commenced, it later becomes apparent that the child has additional needs, providers have to consider if these can be met within the agreed price. On occasion the provider may need to request that the individual placement contract be reissued at a new price. IFAs said that, even when providing evidence of additional needs, it can be extremely difficult to get a price reviewed. Some providers referred to some negotiations continuing for several weeks and some being at a 'stalemate' situation for several months. Providers said that they, and their carers, are highly reluctant to serve

notice on these placements, especially where the match is a good one and with additional support the child could experience stability and flourish. Providers said that where additional funding was not approved, this could sometimes lead to carers needing increased short breaks away from their fostering role. This, at times, could be unsettling for a child and costly for the local authority.

- England - Some providers shared that where a local authority has unreasonably refused to review a price (on the basis of reassessed needs), they may be more likely to make future offers, to that authority, at a price that reflects enhanced/additional needs, stating that it was sometimes easier for them to reduce a fee than it is to secure a valid uplift. Providers said this was far from ideal and that in some situations it was unfortunately impacting on the relationships they have with authorities and their willingness to offer placements to some.
- Scotland - IFAs said that it can take extremely long to renegotiate IPAs and that this seems to be becoming more difficult. They said that funding panels responsible for decisions do not always ask the right questions. Some felt that it would be helpful to do a focused piece of work around this to produce some guidance for funding panels. IFAs also shared concern that finance and contract officers were not always included early enough in conversations and this could further delay matters.
- Wales - Providers in Wales expressed particular frustrations with arrangements to review fees on the basis of increased needs. They told us that in Wales social workers are often unable to get involved in discussions about finance and that it can be very difficult for IFAs to know who to contact for these discussions.

17

Essential administration to support the placement

Interviewees referred to the need for effective arrangements to be in place to ensure that important documentation was shared between parties in a timely manner.

IFAs said that they provided local authorities with a list of the documents they needed prior to a confirmed placement starting, or within a specific timescale if the placement was made in an emergency. This included the delegated authority agreement, IPA, care plan, placement plan, PEP, EHCP (if appropriate), along with any documents identified as appropriate to share during the matching process. IFAs told us that it has become increasingly difficult to obtain the necessary paperwork from some local authorities in a timely manner and as a result there has been an increased need to escalate these requirements to local authority senior managers.

Some providers said that it could also be difficult to get updated statutory paperwork when a child is already placed with their carer(s). Examples were given of having to wait for several months for updated placement plans, risk assessments and care plans. Several providers said they often had to wait until the child's next review before receiving minutes from the last review. Because of this some providers create their own risk management plan and ask local authorities to sign this. Providers shared that this was necessary as Ofsted expected providers to have the information they needed about a child and placed the emphasis on the provider to ensure they received this. A small number of providers said that given the risks of not having the necessary paperwork, they had introduced a very strict policy whereby no child could be placed without this having been received. This had meant that they were highly unlikely to be able,

or willing, to offer emergency placements.

Providers said that some local authority finance departments will not pay an invoice without there being a signed IPA in place. This was particularly frustrating where the local authority had not issued an IPA and the provider had been making efforts to chase this. Providers told us that where there are significant delays, they sometimes need to consider issuing an invoice in line with the late payments act which helps to cover some of the costs associated with managing late payments.

It was clear that there are some frustrations related to administration and that providers perceive some local authorities to be better organised than others to ensure providers receive the paperwork they need in a timely way. Providers saw the sharing of paperwork as an essential part of partnership working. They said having access to up to date and accurate information helped them to keep a child safe. Whilst, for the majority of providers, it was not a dominant factor in deciding whether or not to offer a placement, providers said they did sometimes factor in the risks of working with a local authority that had poor administrative processes.

Providers told us that they felt the main reason for delays in receiving information, either at the time of making the placement or whilst the child was accommodated, was a result of high social worker turnover in local authorities. We heard a common view that IFAs are increasingly doing the work that the child's social worker should undertake or facilitate, mainly due to the lack of capacity that placing social workers have. Examples of this were life story work and sibling support. IFAs told us that most of this work is not charged for and that this is recognised by some placing social workers but certainly not by all.

18

The role of the referrals coordinator

The term referral coordinator has been used to describe anyone working in an IFA with the responsibility to receive, triage, consider and progress a match for a child.

This role does not necessarily include the responsibility to make the decision to offer a placement as this will sit with a registered manager or qualified social worker in the organisation. Different IFAs had different titles for the referral coordinator role. Interviewees were asked about the knowledge, skills, qualifications and experience that an individual would need for this role. Responses were varied and whilst different agencies had different job descriptions and person specifications, it was evident that IFAs see this as a demanding and valuable role that requires specific skills and expertise.

“Child development and attachment is a must. The post holder needs to understand behaviour management, GDPR etc, we tend to shadow and induct on all aspects.”

“They must have relevant background experience and have the ability to work under pressure. They have to be able to multitask and be extremely organised”

“It is about the person more than the qualifications. It’s project management with character, resilience, knowledge, skills.

“Ideally a (referral coordinator) will have experience of working in children’s social care but also have knowledge of contract law, GDPR, relevant fostering legislation and so much more. They need to be personable with good communication and IT skills. Able to remain calm under pressure and be highly organised”

Most providers said that they had developed their own induction and training for referral coordinators. Some required postholders to complete the skills to foster course to have an understanding of the fostering role. Providers talked about on the job training, workshops, reflective supervision and team meetings to support referral coordinators to develop in their roles.

Some providers said the tasks undertaken had emotional impact, recognising that referral coordinators spend large periods of time reading information that can be harrowing. Some providers said that they ensured referral coordinators had access to counselling services if this was needed and that regular team meetings were held to help people offload and feel supported by colleagues. Providers spoken with were very aware of referral fatigue and said they were looking at how to ensure they were retaining good staff in referral coordinator roles.

Some providers said that it may be helpful to have access to specific training designed for referral coordinators, but that this would need to be developed with IFAs. Some said that joint training with local authority placement officers may be beneficial as both need to understand and appreciate each other’s role in order to work together effectively. That having this training with a focus on attachment would be good.

19

Relationships

Interviewees were asked “How much does the quality of your agency’s working relationship with a local authority influence your ability, efforts and willingness to make a placement? Can you give some examples of the different types of relationships you experience?”

Providers were keen to emphasise that they experience some positive relationships with local authorities. Providers generally felt day to day relationships between referral coordinators and local authority placement teams were good, due to the fact their roles were similar so they were able to understand some of the difficulties and pressures their colleagues were experiencing. Referral coordinators gave examples of efforts made to support their local authority colleagues and going above and beyond where they could.

Providers had mixed views about their relationships with social work teams. This appears to vary across local authorities and can be dependent on senior management approach and attitude to working with independent providers. However, most providers felt these relationships were generally positive, although they felt there were some misconceptions amongst local authority social workers about the independent sector and that some ‘myth debunking’ would be beneficial.

Providers said that the more difficult relationships were usually with senior managers who understandably were under particular pressure. There was a view that where leaders in both local authorities and provider organisations took time to develop positive relationships and build trust, this had a positive impact. It helped staff and carers to feel secure and positive. Interviewees said that positive relationships at all levels aided communication, decision making was often more timely and risk sharing more apparent. This gave foster carers greater reassurance and confidence which in turn was beneficial for children.

20

Conclusion

IFAs told us that referral trends and patterns are difficult to predict and developments inside and outside the sector impact on this.

All IFAs analyse the referrals they receive from local authorities to get an understanding of the pattern of demand in their area. In addition, IFAs have conversations with local authority commissioners or attend provider events to further their understanding of emerging or changing demand. IFAs said it was helpful to know about development plans of providers in an area (both public and independent) as this could impact on a decision whether to invest in recruiting and retaining carers and staff with specific expertise. Some providers also keep an eye on developments in the residential care sector, along with how these services are used by local authorities, recognising that this can impact on the way fostering services are commissioned and used. Few providers felt sufficiency plans were valuable. There was a view that these were often not up to date and did not always include all the information providers needed. Providers said it was difficult to know how accurate these were as a change of a senior manager could affect a policy in a local authority.

There was a strong view that the tools, policies and procedures currently used to manage referrals are largely not fit for purpose and are not as effective as they could and need to be.

A key message we heard was that there needs to be a greater focus on securing the most appropriate placement for a child. That for each individual child, the local authority must ensure they are seeking the right type of placement

and this decision must be based on a robust assessment of the child's needs and not be driven by budgetary pressures or a policy preference for a particular type of placement. IFAs said when the right type of fostering placement is identified, the focus then needs to be on ensuring the right match is made. IFAs were clear this can only come from having access to the full range of fostering vacancies at the point in time. Despite this, many told us local authority placement teams are under pressure to restrict searches to in-house services first, thereby reducing the chances for IFAs to offer some preferable matches. The referral coordinators we spoke to in IFAs felt there should be an opportunity for local authority placement and IFA placement teams to come together to better understand each other's role.. Many felt there would be benefit in joint training and in co-designing tools and procedures.

There was a common view that a well designed and nationally used tool for identifying placement options would be extremely beneficial, not only to ensure there was local, regional and national access to the full availability of care placements, but this could also capture relevant data to inform commissioning. A crucial and common point made was the need for providers and purchasers to have equal input into the design from the offset.

IFAs felt that there was a need for senior leaders in the public and independent sector to build a culture of trust. This was needed to better recognise the value in sharing risks and benefits, and to develop and embed a co-parenting ethos. Many referral coordinators wanted to see children having a greater voice in the referral process, not only to contribute to their referral

documents but to be much better informed and included in the process. There was recognition of the challenges in improved inclusion, but also a view that this should not be shied away from just because this could be difficult. IFA's told us that, for children to be better included and to have a greater say in placement decisions, there needs to be trusting and respectful relationships between providers and local authorities so that, working together the adults can ensure children feel supported and involved when important decisions about their futures are being made.

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