

Chapter 5

YOUR FIRST PLACEMENT

— Martin Barrow —

It can take between four and six months to be approved as a foster carer. But the reality is that for many fostering families the journey to foster care takes much longer, sometimes several years.

It begins as a random conversation, inspired by a film, or a book, or a chance meeting with a foster carer. It is a thought, an aspiration that is tucked away for another day, for when the time is right. You hear advertisements on the radio and read articles in the local newspaper about foster carers, and look into it in more detail, yet still the timing is not right. Your children are too young, the family home is not suitable, work (and life in general) is too complicated. But as weeks become months, those radio commercials continue to play, and the obstacles to becoming foster carers are no longer intractable.

You make the first move, attending an open evening, and meet families who have the same aspirations as you, and the same anxieties. You realise that they have gone through a similar process and, like you, are slightly surprised to find themselves signing up for the approval process. You attend the courses, submit to the interviews, and present yourselves to a fostering panel. When you leave the building, you leave as foster carers.

It is a huge moment: you are excited, proud even. And not a little frightened, as the responsibility of what you have signed up to begins to sink in. In the immediate aftermath, I remember having doubts about whether we would be up

to the challenge, or whether what we were proposing was actually fair on other members of the family, not least on our own children.

We began to see our home through different eyes, spotting previously unnoticed dangers, even though we had already invested considerable time and money in addressing safety concerns.

Once we were approved we wanted our first placement to begin as quickly as possible, to prove to ourselves that we were capable of rising to the challenge. We also wanted to show the fostering team that they were right to have faith in us as a fostering family.

How long you have to wait for the first placement depends on a number of circumstances, including the local need for foster carers, and the parameters you have set for the children you are ready to look after. You will have the opportunity to agree a range of ages, or whether you will have boys or girls (or both). Physical and mental disabilities should be a consideration, particularly for your first experience of foster care. Distances you are prepared to travel, for school or parental contact, are important. Do you have pets? The more versatile you are, the shorter you are likely to have to wait for the first placement. Nonetheless, some new foster carers wait several weeks for their placement, while others are kept busy from the moment they are approved.

The assessment process for foster carers can feel intrusive and over-complicated at times. But it does give the fostering team the chance to get to know your strengths, and the type of children who will be a good match for you and your family. Their understanding of your capabilities, and your stated preferences, should limit the scope for surprises when the first placement arrives.

Family history

Before accepting your first placement as foster carer you will have access to the child's family history, which will also explain the reason why they were taken into care. The level of information available will depend on the length of time a child has been known to social workers. A children's department may have been providing support to a family for an extended period before a decision is taken to place the children in care. Or a child may previously have been in care but returned to the family home, only for a further intervention to be considered necessary. It is also possible that a child has been living with another foster family but there are reasons why this placement cannot continue.

Under these circumstances, foster carers will be provided with a significant amount of information about the children who may come to live with them. It is important for you to read these notes very carefully. Be warned that the notes can contain information about the children that you may find distressing, so it is advisable not to read them alone. The notes are written in a factual way, and collated from information provided by a wide range of people, from social workers and health visitors to police and teachers.

The notes will inform you about the child's relationship with the birth family, particularly parents and siblings; about living conditions; about physical and emotional health; about educational attainment; and about the child's life outside the family home, including significant friendships and leisure interests.

You will also learn about the level of deprivation the child has endured, and about any injuries. You will read about emotional abuse as well as physical. It is possible that this abuse has taken place over an extended period, before it came to the notice of the authorities.

The standard of these notes does vary according to the information that is available but also depending on the care

that has been taken to document a child's history. Sometimes there will be gaps, and sometimes the information does not add up. Do not be afraid to ask questions, or to request additional information that has not been included in the notes. Experienced foster carers learn to assume that a child's history will be even more complicated than the notes suggest, and that the level of difficulty will be more severe than the information implies.

When possible, try to speak to people who have had contact with the child, such as the social worker or previous foster carer, rather than relying on the notes alone. Encourage them to tell you positive things about the child, and not just the issues of concern. Sometimes a child makes significant progress during the first few weeks in care, simply by virtue of being removed from conflict, and eating and sleeping well. So, notes may already be slightly out of date, and the child's previous carer will hold invaluable information about what has already made a profound difference.

You may be asked to read notes about a number of children from different placements, which can expose you to harrowing details of cases that you will subsequently hear nothing more about. This is because you may be put forward as the proposed carer in a case that is then resolved in a different way. Sometimes information comes to light during a care application that affects the outcome. The outcome itself may not be known until just hours before the child is due to arrive at your home. This can be upsetting, as well as frustrating, especially if you have spent time getting ready for the arrival, or have prepared your own children to welcome a particular child. But the decision is taken in the child's best interests.

Ideally, you will have time to consider the notes, raise questions about the case, make arrangements with family and home and be ready to welcome the new arrival. What's more, the child will have been told about you and your family, and may have been shown photographs of you.

It won't always be like this, and foster carers must quickly learn to be adaptable, above all else. We have learned to take nothing for granted until the doorbell rings and children are delivered safely into our care.

A positive outcome is particularly important for new foster carers. A difficult placement at the beginning of your lives as carers can have a detrimental impact on you and your family, as well as on the child who has been placed in your care. It is important that you feel supported, and that you are equipped to accept the challenge. Just as you have the right to ask for more information, you also should feel empowered to say no if you feel that the first placement you are being offered is not right for you and your family. Of course, this remains true for all foster carers, but new foster carers, sometimes through a lack of experience or because of their eagerness to get started, may go along with an arrangement that is not right. Be firm and raise any concerns that you have. Make sure that the right support is actually in place, rather than brushed off as something to be discussed at a later stage. This is your moment to influence the terms of the placement.

By looking after yourselves, you will be doing your best for the child. This is important to remember for as long as you are foster carers. Even as you rush around to get everything ready in the final hours before your first placement begins, make time for you and your family. Think about going out for a meal together, or to the cinema. Maybe take a long walk as a family, or order a takeaway and play games. Fostering does not mean that you won't ever be able to do this again, of course, but inevitably there will be fewer opportunities. If you have your own children it is also a good moment to tell them how proud you are of them. Sometimes we forget that we foster as a family, and that our sons and daughters make sacrifices to find room in their lives for other people's children.

You should also remind yourself that your home, for all its imperfections and peculiarities, is safe. It is also warm and dry, and there is food on the table. But above all, it is a safe haven away from the dangers and strife that most children who come into care have faced every day. Yes, the colour of the bedroom walls matters, and maybe the lampshade is a bit faded. But what foster children are most likely to remember, years later, will be the fresh, clean sheets and pillow, or the warm greeting when they come home from school, or the bedtime story at the end of the day.

But final preparations are undoubtedly important. If you are expecting a young child, think of the toys and games they will enjoy. Consider which rooms in the house the child can play in, and move treasured items out of reach of little hands. Younger children tend to follow you around, particularly in the early days, so give thought to how you might manage this, particularly in the kitchen. Older boys and girls will want space of their own and are likely to spend more time in their bedrooms. How practical is this? Does the room have a TV, and does the wi-fi work in there? Where will the child do homework? They will need far more support than you might have been used to with your own children, so make a room where you can be available, even when you are busy with the household chores. If you are awaiting the arrival of a baby, make sure that you have enough nappies of different sizes, in case the information you have is already out of date.

The arrival

Each time a foster child arrives it is a unique and special experience. It is a critical moment, which can set the tone for the duration of the placement. As new foster carers, you will be both excited and apprehensive. But your mixed emotions will be nothing compared with the child's.

If the child has just been placed in care, it is possible that they are coming to your home against their will, so they may be angry and hostile, as well as scared. The child may be unable to understand the reasons why they have been separated from their birth family. No matter how much children have been neglected or abused, physically or emotionally, they will want to go back to mum and dad. If the police or health services were involved, they will be anxious about their parents' safety and well-being. They may also blame themselves for what has happened. They will have, at best, a hazy idea of where they actually are in relation to their home. They are probably only just beginning to process the implications of what this means in terms of their school, their friends and their extended family. They are unlikely to know whether they are staying with you for days, weeks or even months.

You must not judge the child based on their arrival or appearance. You are strangers; what's more, in their eyes you probably represent the same authority that broke up their family. Under these circumstances of a sudden and extreme change, you cannot expect too much from a newly arrived child. There will be no instant connection.

Managing this tension requires a deft touch, and no small amount of compassion. Our preference is for children to arrive during the day, partly because they are likely to be less tired than at the end of the day but also because our house, in a semi-rural location, can seem intimidating at night time.

How we welcome children depends on the nature of the placement. As the main carer, my wife will always be present. Generally, I will also be there. Sometimes we encourage our daughters to join us, but we also are mindful that a small crowd can be intimidating. Having another child present can help to break the ice, particularly if the foster child is very young.

Food and mealtimes

Food and mealtimes are frequently major issues in foster care. Children who have not been fed regularly or consistently bring with them a survival mentality towards food. They are inclined to hoard food, or to overeat when it is available, and fret over the next meal even when they have a full stomach. Some children gorge themselves and eat until they are sick.

They will not be used to seeing food stored in cupboards or in the refrigerator, and might steal food to hide in their bedroom. They feel less anxious if they store food for later. It is not unusual for children in care to ask, just before they go to sleep, what they will be having for breakfast the following morning. When breakfast is finished, they will ask what lunch will be, and so on. 'Food', when it was available at home, often meant chips, so they may have a craving for junk food that is difficult to satisfy. By the same measure, they may reject foods that are alien to them, including vegetables and fruit.

Food can become the subject of a complex struggle for control. It can be further complicated if children have no eating skills or table manners. It is not unusual to care for children with no, or limited, experience of sitting at a table and using a knife and fork. This can be highly disruptive of your own mealtimes. However, it is important for children to observe how you eat food and conduct yourself at the table. They will learn from your example. So, try to share mealtimes, even if you don't do it every day.

This anxiety over food is likely to be a part of their lives well into adulthood, and without the right support it can develop into eating disorders that will require medical treatment. As a foster carer, you are in a position to help them begin the journey towards understanding, and trusting, food. But it will require patience and perseverance. Progress will be uneven, influenced by anxiety arising from the crises that inevitably come with being in foster care.

Trust your instinct, but do not hesitate to seek advice from a medical professional if you are concerned.

In the early days, be prepared to compromise between the food they *will* eat and the food they *should* eat. Show how you enjoy foods that they might not be familiar with, and encourage them to begin with tiny helpings. Be explicit about the foods that you will not serve in the house, and explain why. Never use food as a punishment.

Involve the children in cooking and baking. It is fun and an essential life skill. It also helps to break down any concerns they have about food. Many of the children we have cared for have no understanding of where their food comes from. Preparation of vegetables and fruit for cooking provides an opportunity to talk about food, and gives children a real sense of achievement when something they have cooked or baked is served at mealtimes. It also helps to involve the children in shopping for food, when you can talk about why you make certain choices and what you plan to make with the ingredients you buy. This is the sort of early instruction that many of their own parents missed out on when they were younger.

School

We often say that the success of a foster placement is secured at the school gate. It is here that a foster carer can make connections with the parents of your foster child's classmates that can be converted into invitations for tea, or birthday parties and sleepovers. These are essential building blocks for a child or young person's social life.

But it can be tough. If a child continues at the same school, there may be some hostility towards you from mums and dads who know the birth family. Some will mistrust you, because they do not differentiate between foster carers and social workers, and mistrust you as an extension of the local authority. Others will know your

foster child's family by reputation, and will give you a wide berth. These are barriers that must be overcome, but it is not easy. Sometimes it requires help from the teaching staff, particularly if unfounded rumours have been spread about why the children have been taken into care.

Often the best way to break down barriers is through the children themselves. A child who is suffering neglect or abuse at home is more likely to be bullied and also to be a bully. They struggle academically and have few friends. Removal from a tough environment at home should be the catalyst for change. In my experience, a child or young person in foster care can make quick and significant progress simply by arriving at school looking smart and clean, with well-kempt hair, a new school bag and energised by a proper breakfast.

Classmates are quick to spot the difference and keen to be seen with a kid who is suddenly cooler, smarter and happier. Parents feel the vibe and become curious about the new set-up, which sparks those important conversations at the school gate. Once they realise that it is safe to engage, marvellous things can happen.

Some schools are better than others at responding to having a child in care. It may come down simply to previous experience and having a protocol in place which is understood by all teaching staff. Other schools can be defensive, particularly if there is a suggestion that there were failings in their own safeguarding procedures. Either way, it is important for a foster carer to engage with the school at the earliest opportunity. The headteacher needs to be informed of the change of guardianship, and staff must be made aware of the difficult period their pupil is living through.

More importantly, they all need to know that you, as a foster carer, will spare no effort to make sure that your foster child gets all the support they need to achieve, and even exceed, expected levels of attainment. Teachers are

usually galvanised by the fresh start and willing to go the extra yard if they know that their efforts are reciprocated at home.

Health

Children in care are more likely to have physical and mental health problems as a consequence of their experiences. They may have suffered severe neglect and lived in substandard accommodation which has caused or aggravated underlying health conditions. Poor diet and personal hygiene are contributory factors. They also suffer because of their birth family's inability to manage a child's health condition, or through poor access to medical care.

A child's health needs should be given the utmost priority when a placement begins. It is important to remember that fostering, unlike an adoption or a residence order, does not transfer parental responsibility to a foster carer. So, the parents must be involved in decisions around medical treatment.

However, the foster carer can and should take a lead in seeking medical attention for the children in their care. This should be done in partnership with social workers and with the birth parents. In practice, this means taking children for routine appointments to the doctor, dentist or optician. When children need to see a specialist, it is incumbent on the foster carer to ensure that appointments are secured and kept. The key is to ensure that you inform the children's social worker, who is responsible for discussions with the parents.

It is often the case that a routine appointment may be the first time a child has been seen by a GP for several months, or longer. So, this is an important opportunity for a thorough health check, and to agree a course of action if care or treatment is needed. The same applies to visits to the dentist.

Some of the health issues you have to deal with will be complex and serious. Although you may have some experience of managing paediatric conditions, you may not have a medical background, so it is vital to seek advice from healthcare professionals. Keep a record of these contacts, and of the advice they give you, in case of any subsequent challenge, particularly by the child's birth family.

You can make a profound difference simply by applying the same standards that you do for yourself and your children. You are able to advocate on their behalf, in a way that the birth family could not. You are also likely to find strong support from healthcare professionals for the work that you are doing as a foster carer. They, like you, want only the best for your child.

Bathroom routines, hygiene and belongings

Give thought to bathroom routines, particularly to the need for privacy. Obviously, life is easier if you have more than one bathroom, but that won't always be the case. It is extremely important for children to feel safe, and private, when they are washing and dressing and going to the toilet. You and other members of the family will have to wear appropriate clothing at all times to avoid embarrassment. In foster care, bath time is particularly important for younger children in helping them to trust an adult, and it is good to establish a routine as early as possible in the placement. This is often the moment when children talk openly about their concerns and past experiences, so be prepared for difficult, emotional conversations in the bathroom.

Children often come into care with a very limited understanding of the importance of personal hygiene. Even older children may need help with some of the most basic aspects of personal care. They may not be used to washing or brushing their teeth. They may not use the toilet properly. Bathroom fittings that are not securely fixed are likely to

be pulled apart. Children will go through extraordinary quantities of toilet paper. And remember to make sure that the bathroom door can be unlocked from the outside.

Be ready to respond to bedwetting. Even children with no previous history of bedwetting can lapse as a consequence of the upset caused by being removed from their family. Some children wet themselves during the night simply because they have never been told not to. But most learn very quickly with the right support and encouragement, which, in turn, is a real confidence booster when it comes to addressing other issues. In the meantime, cover mattresses with protective undersheets and have a good supply of spare sheets, duvets and blankets.

Children and young people generally arrive with very little. Their belongings often fit in a small holdall, or a couple of carrier bags. What they do bring is very precious to them and should be treated with respect, even though items of clothing or shoes may be threadbare and worn. Their clothes remind them of home – they smell of home, which brings comfort. Belongings frequently get lost in transit, which can cause distress to the children as well as leaving them without important items, so it is best to assume that you will have to provide everything they need (flannels, toothbrush, pyjamas, underwear, socks, slippers and so on). Do all that you can to try to recover items that have been left behind in cars and waiting rooms, and let the children see that you are already fighting on their behalf.

Although we assume that a child will arrive with precious little, we don't stock up on everything we need in advance. Instead, we like to go shopping with children to give them the opportunity to choose things like clothes and toys. Often it is the first time that somebody has actually asked them what *they* want or given them a choice. They have a voice and they are being heard. Thus, an everyday experience like shopping can become the beginning of a journey towards empowerment.

Keeping a written record

There is nothing in the assessment process that quite prepares you for the amount of paperwork that comes with being a foster carer.

You are required to keep a diary to record each day's events. The sorts of things you might write about include improvements and achievements, happy moments, first words, or a commendation at school. You should also record changes in behaviour or mood, setbacks and what was happening in the build-up to a crisis, and how you responded.

It can be a challenge to keep the diary up to date, but it is an essential part of foster care. Your diary serves as a history for the child or young person. It is also used to inform care planning. Your records may provide evidence for what triggers particular behaviour, how children respond to contact or whether a particular way of working with the child is producing the desired outcome. They also give an opportunity to reflect on a child's progress.

Your records may also be used in court proceedings. The information gleaned from your diary may influence the decisions that are taken regarding permanency for the child.

Some days there will not be much to add, but other days' entries will require time and thought, particularly when you are recording events or conversations that caused distress. It can be upsetting to relive these moments. Because your days will be so full, diary writing tends to get left until the late evening, when the children are asleep. That means you end up writing them just before your own bedtime, and find that your own sleep is disturbed as you keep going over what you have just written. Over the period of an extended placement this is not sustainable, so try to make time for diary notes earlier in the day, particularly when you know there are difficult moments to record, and do something nice before bedtime.

Even if you keep your diary up to date, you must still inform social workers immediately of any concerns you have over a particular incident, rather than wait for them to read your diary.

Footnote

We found our first placement enormously challenging. It involved a young teenager who had suffered neglect in a family with a history of alcoholism. She was angry and confused. Although she did not feel safe living at home, she had a strong bond with her family and found it difficult to be apart from them. Despite her young age, she was already a heavy smoker. She was doing poorly at school, had little interest in school work and habitually played truant.

For us as new foster carers, this was always going to be a tough placement, but we were determined to show her that this could be her home, and that our family would make room for her as one of our own. She ran away on several occasions, only to be returned by the police, and struggled to settle. Yet we could see small, positive changes that suggested to us that we were making a difference.

With the benefit of experience we can now recognise the mistakes that we made during that first placement, which could not be compensated for by our undoubted determination to be loving and compassionate foster carers.

Sadly, the placement came to an unexpected and sudden end when my wife Lorna was diagnosed with cancer, requiring urgent treatment. For our foster child, it felt like a betrayal that we should ask her to leave. She was too young, and too vulnerable, to understand the seriousness of my wife's condition.

Lorna made a full recovery, and a year later we were fostering again, this time for three siblings. During her treatment we promised ourselves that we would return to fostering. We both felt that we had let down our first

foster child, and the memory of her difficult departure still troubles us.

CASE STUDY

Our first fostering experience

We received our first proper placement of Darren and John in December 2012. We had three children of our own: Marcus aged ten, Daniel aged six, and Carl aged two. John was 17 months old and Darren had just turned four years old the previous month. John had only been crawling for four weeks and as yet couldn't walk. We were told that the boys were so neglected that Darren used to use a broom handle to knock food down from a cupboard to eat when they were hungry, and the nursery that Darren had attended had made referrals to the council regarding his welfare. The nursery said that he was always in unclean clothes and told them every day that he had not had any breakfast. It was believed that they were often left alone in the house while their mum was out overnight. Darren told me that he and John would often wake up alone and that he would climb into the cot with John to play with him until his mum returned.

Their mother had a drug and alcohol addiction. She was also involved in a domestic abuse relationship and had left the boys home alone while she visited the local A&E department after a physical fight with her boyfriend which had left her face in need of medical treatment and an x-ray. The police visited her address several times but Darren had been told to hide when someone came to the door. The police finally saw Darren through a window eating a yoghurt. They asked him to let them into the property. Darren was able to open the door for them to gain access and they found John in his pushchair facing the wall. The police took

the children to the police station and bought them fish and chips from the chip shop nearby. This is a memory that Darren carried with him for the next few years he spent with us.

The boys were placed into emergency foster care with a local carer. She already had two young children in placement, and when Darren and John arrived she had four children all under the age of four. Darren quickly found that to get as much attention as the younger children he had to behave just like them and sometimes poo in his pants in the morning as the other babies did in their nappies. He would be cleaned up with baby wipes and he enjoyed this attention from the carer. When we received the phone call from our social worker about Darren and John, Steven and I decided to take the boys into our home. We drove up to meet the boys and we were to pick them up a few days later and bring them home with us. When we first met Darren he was very over-friendly and wanted us to play with him straightaway. He especially liked doing jigsaws. There were boxes and boxes of toys the foster carer had collected over the years, all very tidily put into stacking boxes. We were shocked at so many boxes of toys for small children. Darren wanted to sit on our knees and was not shy. A little later the male foster carer brought John down from his nap and he called John a 'little treasure'. John was not shy and he crawled over to us and wanted to be picked up by us holding his hands up. We were shocked to hear the stories of neglect that these two little boys had suffered.

Darren and John were having contact with their mum three days per week, transported there by the contact worker who supervised contact. A few days later they were home with us, and the next morning Darren had soiled his pants again. I devised a reward chart that soon put an end to this behaviour. The boys soon made friends with our son Carl, who was two at

the time, and they became great friends over the next two years. Steven and I used to call them the Three Musketeers as they were so close.

We took them on holiday to Turkey and for the first time the boys went on an aeroplane; they were very good and slept for most of the flight. On holiday it was enjoyable but with stressful points. John messed himself twice in the evening after dinner, which was tough to clean up in an unfamiliar place.

During the two years that they stayed with us John learned to walk and Darren started nursery in our village, then went into Reception and Year 1. Darren was very bright and did not struggle with his school work. He was, however, very needy and desperate to please everyone, but he could be destructive and loud too. John started nursery a little while later and his attention-seeking behaviour was not easy for the nursery staff to cope with. John made a big hole in the wall of the nursery from repeatedly bashing a wooden trolley against it until the plaster came off. He moved to the village nursery when he was three years old and they managed his behaviour much better there, but he still tried to escape through doors regularly, and frequently held his hands up to be picked up.

The care plan was for the boys to be moved on to adoption after the birth mother was ruled out of their lives due to her lack of commitment and ongoing problems. No suitable family members were able to come forward to take the boys. The boy's mum had another baby, this time a little girl, and she was to be placed with the boys for adoption with a couple who had had fertility problems and had been through four failed IVF attempts. Adoption was their only hope to have children. The couple both worked full time but were willing to change their work commitments to have children.

There was a very carefully devised plan to enable this to happen, which had been tested time and time

again with other cases. This included meetings with child and adolescent mental health services, where Darren and John would talk about meeting a new mum and dad who would be special to them and would always look after them properly. There were counselling sessions for Darren with discussions about his past life with his mum, how things were with us and how they might be with his new mum and dad. John was too young for this level of discussion, so he had a separate play session. I found one of these sessions very emotional as we talked about the boys leaving our home and how we would miss them. It was brought home to me that they would soon be leaving us and I didn't want Darren to see me cry, but the counsellor said that Darren should see my emotions. He tried to comfort me by saying that I could visit him. I felt that Carl needed this kind of help also, and I was worried about how he would deal with the loss of his two foster brothers. A two-week rota was devised whereby the boys would spend a careful amount of time with their new parents, which would increase every day, starting at our house and transitioning to time at their new home before the big day.

Every day some of the boys' things would be transported over to their new home. It was sad to see the bikes go as they had played on them together so much in the back garden with Carl. I attended a big meeting at the social services offices where all the professionals and the new parents were invited. I was upset to discover a recommendation to change John's first name to a name chosen by the adoptive parents. It was felt that there was a risk of their birth mother tracking them down. So many people knew him as John. His photo album and his memory box was full of things which said 'John'. This was extremely difficult for me to process and I took a break from the meeting to compose myself. John called me 'Mum' during his time

with us and I tried to discourage this, but he was my little John and I felt like his mum. I made my feelings clear, as I didn't agree that there was a risk. Their birth mother had no home and had become lost in drugs. She no longer had access to the boys and wasn't even trying to see them. My social worker was there for me professionally and emotionally, for which I was grateful. I was told that I couldn't visit the boys at their new home because they would think that I was going to take them away from there, so we had to meet on neutral ground if we were to keep in contact.

For the next few weeks the boys said goodbye to their friends at school and Darren found this emotional. We started the meetings with the new parents and things went well. I thought they were a nice couple and pretty 'normal'. I was glad for them and for the boys to finally have what they deserved, a family. The big day arrived; Darren and John said goodbye to Marcus, Daniel and Carl with hugs and kisses. My friend Kim came with me to take them; she wanted to be there for me as she knew it would be difficult for me. Darren was excited and he wanted to show me his bedroom and John's bedroom straightaway. I was there with the boys' social worker and we chatted and had a coffee, and then I felt that it was time for me to leave. I hugged and kissed the boys and then left, hoping that I would see them soon. I came out of there feeling devastated, but pleased for their new ready-made family. I only saw the boys once after that at a play barn, but I kept in contact through messages and pictures for a short time. Carl developed a stammer in his speech after they left, and the consultant said it was because he was so used to talking with his foster brothers on that level and now he had to talk on an adult level; it took some months before he was able to talk properly.

Conclusion

You will never forget your first placement. You will learn so much, and what you learn will carry through every subsequent placement that you have. Never be afraid to ask for help and support, from your social worker and from fellow foster carers. Fostering is a relationship, a two-way process, and you will learn as much from your foster children as they will learn and take from you. This starts with your first placement, so be open to this learning and be open to the fact that you may have to adapt and change your approach because your child has taught you that there are many ways to be a good and effective parent.