

**A THESIS SUBMITTED TO THE UNIVERSITY OF
BIRMINGHAM FOR THE DEGREE OF DOCTOR OF
CLINICAL PSYCHOLOGY**

by

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THESIS OVERVIEW

The author is a practising consultant clinical psychologist working alongside a Local Authority Fostering and Adoption Team. The review and research presented here are founded directly on clinical service issues arising in this context.

The thesis comprises three sections. The first is a Literature Review covering UK published studies over the past twenty years on psychologically based interventions for foster carers. With increased recognition of the crucial role that foster carers play in promoting the psychological well-being and mental health of children in care, there has been a corresponding proliferation of consultation and training programmes aimed at assisting carers with this task. The Review examines the effectiveness of these, with pointers for further research in this area.

The second section describes a qualitative study related to unexpected positive outcome in foster care. The specific aim is the exploration of perceptions of 'family', 'commitment' and 'belonging' in foster carers who are providing a placement for a young person who has succeeded with them 'against the odds'. The study employs Interpretative Phenomenological

Analysis to identify common themes in the carers' accounts and the findings are presented in the Results section of the paper, followed by discussion and personal reflection on the enquiry process. The implications of what these 'successful' carers reveal are considered with a view to the training and support of foster carers generally.

References for each of the first and second papers are included after each respectively. The third section consists of Appendices, including a Public Domain briefing paper, quality estimations of the research studies reviewed and tabulated summaries of each article. The participant information, consent and ethics documentation relating to the Empirical paper are also included in the third Section, as well as the Interview schedule and examples of two stages in data analysis. Finally, this section includes Notes for Authors for the chosen publication journal and a submission letter.

DEDICATION

In memory of Marge Roberts, a truly inspiring foster parent.

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CONTENTS

Title Page

Thesis Overview

Dedication

Acknowledgements

I LITERATURE REVIEW What do we know about working through foster carers? A review of psychologically based consultancy and training approaches in the UK.	1
Abstract	2
1.0 Introduction	4
1.2 Scope of Review	7
1.3 Terminology	8
2.0 Search Criteria	10
2.1 Review method	10
2.2 Search terms	10
2.3 Search outcome	11
3.0 Overview of Findings	12
3.1 Range of studies identified	12
3.2 Theoretical considerations	13

3.3 Assessing outcomes	14
3.4 Assessing the quality of the studies	16
4.0 Consultation and Training Studies	19
4.1 Consultation studies	19
4.2 Observations on consultation studies	21
4.3 Training studies	24
4.4 Observations on training studies	33
5.0 Discussion and Implications for Further Research	35
5.1 Discussion of review results	35
5.2 Review conclusions	39
5.3 Pointers for further research and interventions	40
References : Literature Review	42
II RESEARCH PAPER ‘Against the Odds’ : Foster carers’ perceptions of family, commitment and belonging in successful placements.	54
Abstract	55
1.0 Introduction and background	57
1.0 Introduction	57
1.2 Placement stability in foster care	58
2.0 Rationale and Aims of the Study	61
2.1 Rationale	61
2.2 Aims of study	64
3.0 Methodology	65

4.0 Participants and Criteria for Selection	67
5.0 Interview Format and Procedure	70
5.1 Interview schedule	70
5.2 Ethical approval	71
5.3 Interviewees and process considerations	71
6.0 Data Analysis	74
6.1 Interview transcription	74
6.2 Credibility and validity of analysis	75
7.0 Results	76
7.1 Themes identified	76
7.2 ‘My child’	76
7.3 ‘Jam in the sandwich’	84
7.4 ‘Repair and rebuild’	90
7.5 ‘Sticking with it’	95
8.0 Discussion	98
8.1 Were the interviews a useful way of exploring carers’ perceptions?	99
8.2 What can the carers tell us about family, commitment, belonging?	99
8.3 What factors were claimed as supporting commitment?	102
8.4 What did the interviews reveal about placement stability and carer ‘stickability’?	103
8.5 What did the interviews reveal about being a ‘carer’?	104
8.6 Can we predict successful placement outcome?	105
8.7 What about other view points?	107
9.0 Reflections and Conclusions	108
9.1 Personal reflections	108
9.2 What to do about love	109

9.3 Pointers for foster carer training	110
9.4 Final remarks	112
References : Research Study	113
III APPENDICES	123
Appendix 1 Public Domain Briefing	124
Appendix 2 Literature Review: Summary of Studies	131
Appendix 3 Literature Review: Quality of Studies	139
Appendix 4 Ethical permission	143
Appendix 5 Foster carer Questionnaire	146
Appendix 6 Information for Foster carers	148
Appendix 7 Worked Transcript: first stage	154
Appendix 8 Themes: Third and final clustering	156
Appendix 9 Notes for authors: Child Clinical Psychology and Psychiatry	159
Appendix 10 Letter of submission to nominated journal	163

SECTION I

**Paper to be edited for possible submission to Child Clinical Psychology
and Psychiatry**

WHAT DO WE KNOW ABOUT WORKING THROUGH FOSTER CARERS?

**A REVIEW OF PSYCHOLOGICALLY BASED CONSULTANCY AND
TRAINING APPROACHES IN THE UK**

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ABSTRACT

The review aims to critically evaluate UK research evidence over the past twenty years on the effectiveness of psychologically based interventions with foster carers. An electronic search was conducted of major relevant data bases for UK published research papers, from 1988 to date, on foster carer consultation and training. Chosen studies were restricted to evaluated interventions targeted primarily at foster carers. Thirteen papers met required criteria; of these, four evaluated consultation services for foster carers and nine described training programmes. The quality of papers was examined from a research standpoint, based on study design and methodology and on the inclusion of outcomes measures in four domains: child behaviour and adjustment; carer attitudes and knowledge; carer/child relationship and placement outcome.

Papers described interventions based on a number of theoretical approaches. All were characterised by reports of positive carer feedback although the effectiveness of interventions to reach through carers to effect changes in child behaviour and attitudes was limited. The effects of interventions primarily aimed at understanding behaviour, and of those providing skills in behaviour management and change are compared. Further research to supply sound evidence for

interventions with carers is outlined.

Key words: foster carer, consultation, parent training, research evidence

1 INTRODUCTION

1.1 Context of literature review

At any one time in the UK, up to 70,000 children are in public care (Fostering Network, 2004). The majority are cared for in foster homes, with one in six of these placed with family or friends (Department for Children, Schools and Families, 2008). Foster carers therefore play a key role in looking after children who are unable to live with their family of origin. In the guidance following the UK 1989 Children Act, the Department of Health (1991 p.140) described the duty of the foster carer 'to care for the child as if he were a member of the foster parents' own family and ... promote his welfare having regard to the Local Authority's long and short term arrangements for the child'.

Foster care has been described as 'the fundamental bedrock on which we build our looked after children services' (Wheal, 1999 p.17) and this is recognised through present government initiatives to introduce national minimum standards, a tiered fee structure reflecting levels of child need and a qualifications framework offering a career path for foster carers (*Care Matters*, Department for Education and Skills, 2006).

The main reason for children being in care is parental abuse and neglect (Sinclair, Baker, Lee & Gibbs, 2007). Linked with the prevalence of early disadvantage and subsequent loss and dislocation through removal from birth family, children in the care system are known to show higher rates of psychiatric and psychological disturbance (McCann, James, Wilson & Dunn, 1996; Dimigen, Del Priore, Butler, Evans, Ferguson & Swan, 1999; Meltzer, Gatward, Corbin, Goodman & Ford, 2002). Because of this, they place significant emotional and social stress upon foster families (Sinclair, Wilson & Gibbs, 2004). The task of foster care is complex, requiring an understanding of the needs of children in public care, skills in parenting and in communicating with child welfare professionals and members of the child's birth family (Colton & Williams, 1997). The role ambiguity implicit in being a foster carer, with limited authority in influencing social worker decision-making about a child, means foster carers undertake difficult work in a compromised space, doing a 'public' job in a 'private' setting, acting parentally without normal parental autonomy (Nutt, 2006). A good deal is expected of foster carers, not only in providing for the ordinary needs of the child in care, but also in providing an environment in which change is facilitated in a child's social, emotional and behavioural functioning (Wilson, 2006).

Effective methods of providing on-going assistance to foster carers in developing relevant skills and understanding in caring for the children placed with them is an important aspect of their support (Triseliotis, Sellick & Short, 1995; Sellick & Thoburn, 1996). Guidance from the Department of Health (*Promoting the Health of Looked After Children*, 2002) notes the contribution of child mental health professionals in offering ‘training on promoting mental health and emotional well-being, and strategies to deal with behavioural difficulties and when to seek specialist help’. The Guidance also indicates that child and adolescent mental health teams ‘may work more effectively through input to the carer than working directly with the child’ (2002 Guidance summary, Sections 7.4 and 7.5). A recent revision of the Guidance (Department for Children, Schools and Families, 2009) has consolidated this, re-emphasizing the role of Child and Adolescent Mental Health Services in consultation and training for foster carers (Sections 4.4, 8.1 and 10.7).

In recognition of this need, psychologists have become increasingly involved in contributing to the further training and support of foster carers (Golding, Taylor, Thorp, Berger & Stevenson, 2004). Although in this country there has been a diversity of research and approaches in this endeavour, there is a lack of available UK review articles

which bring the field together to inform practice and further study. A review of US foster training programmes has been published recently (Dorsey, Farmer, Barth, Greene, Reid & Landsverk, 2008) and a Cochrane review of behavioural and cognitive-behavioural interventions with foster carers was undertaken in 2007 by Turner, MacDonald and Dennis. This comprised two US and four UK studies that met required criteria. The present paper will include these UK studies within a broader spectrum of theoretical models and approaches, incorporating other published evaluations of consultation and training services to foster carers.

1.2 Scope of review

This review examines UK literature, over the past two decades, on psychologically based interventions with foster carers. The UK focus is related to the particular social and legal context here, warranting a ‘local’ perspective on a foster care system that is unique to this setting. The review aims to inform the development of practice and further research by exploring what the literature indicates about the usefulness of different kinds of training and consultation interventions deployed in the UK setting with foster carers, in terms of the effects on foster carers, on the behaviour and adjustment of the children they care for and on overall placement stability. The

focus is on foster carer interventions, so studies of interventions that include the child and social worker and others in the network around the child, for example Treatment Foster Care (Chamberlain, 2003), are excluded.

1.3 Terminology

The terms ‘foster carer’ and ‘foster parent’ are used interchangeably in literature about foster care. ‘Foster carer’ is used more commonly, in line with the trend for increasing professionalisation of fostering in the UK (Wilson & Evetts, 2006). Accordingly the term ‘foster carer’ will be used throughout and denotes an adult looking after a child from another family in the adult’s own home, approved by a Local Authority or Independent Fostering Agency, and paid for this task. A significant minority of foster carers are related to the child cared for (‘kinship care’); this review covers interventions in both kin and non-kinship care settings.

The term ‘Looked After’ was introduced as a descriptor of children accommodated by the Local Authority through ‘*Quality Protects*’ (Department of Health, 1998) as a way of stressing the corporate parental responsibility across all agencies for children in care. In the Care Matters documentation (Department for Education and Science,

2006) there is a reversion to 'children in care' with a stress on the centrality of the child as the focus of provision and decision making. In the review this term will be used throughout and covers or replaces the terms 'looked after' or 'accommodated'.

'Psychologically based intervention' is a deliberately broad identifier aimed at capturing through the literature search any practice which is founded on recognized and coherent psychological theory, research and treatment. The search was alert to two commonly used descriptions of interventions with foster carers (Golding, Dent, Nissim & Stott, 2006): psychologically based *consultation* on matters related to the social, emotional and behavioural adjustment of individual children in placement, and specific *parenting skills training* for groups of carers on ways of conducting the parental task with children placed with them. Both intervention types may include a *psycho-educational* element, which aims to inform foster carers about various aspects of child development, attachment and the likely effects of abuse and trauma (Golding, Taylor, Thorp, Berger & Stevenson, 2004).

2 SEARCH CRITERIA

2.1 Review method

The review includes all published journal articles that refer to consultation, training and psychoeducation with foster carers in the UK over the past twenty years. An electronic database search was made of Allied & Complementary Medicine, British Nursing Index, CINAHL, Cochrane Library, DH-DATA, EMBASE, King's Fund, MEDLINE and PsychINFO for published research papers. Searches were limited to English language studies in the years 1988 to 2009. The search strategy was designed to cast a broad net, initially including all parenting interventions, with a subsequent focus on those representing a modification for foster carers of a more broadly applied programme, or which were specially designed for this group. Likely descriptors of psychological approaches were also included.

2.2 Search terms

The search terms, including Boolean logical operators, applied for each database were: [((foster\$ AND parent\$) OR (foster\$ AND carer\$) OR (foster\$ AND home\$)) AND (training\$) OR (parent\$ AND training\$)]

OR (parent\$ AND intervention\$)) OR (psychoeducati\$) OR (consultati\$) OR (behavio\$) OR (cognitive AND behavio\$) OR (system\$) OR (attachment) OR (psychoanaly\$)], where \$ represents any word beginning with that prefix.

2.3 Search outcome

After duplicates were removed, the search identified 146 references, abstracts of each of which were read to determine eligibility. Thirty-one studies describing interventions in the UK, which are the focus of this review, were separated for further scrutiny. Of these, ten were excluded as theoretical papers proposing interventions, or which described a service without reporting results. A further eight were excluded as they described interventions that included participants other than the foster carer. The remaining 13 papers were considered appropriate for inclusion in this review on the basis that they reported interventions designed for foster carers and included an evaluative element. Outcomes were assessed on measures standardised or non-standardised, and there was an attempt to assess effectiveness of intervention. The reference sections of these articles were checked for possible further unidentified studies, although none was found.

3 OVERVIEW OF SEARCH FINDINGS

This section will give a picture of the range of studies identified, followed by three further subsections - on the diversity of theoretical underpinnings to the interventions; on issues in measuring outcome; on a rationale for assessing the relative quality of each study.

3.1 Range of studies identified

The search looked for studies over the past twenty years in the UK that described psychologically based interventions with foster carers.

Of the 13 studies identified, four were evaluations of consultation services to foster carers (Nissim & Blow, 2000; Sprince, 2000; Emmanuel, 2002; Golding, 2004) and nine described parenting training programmes (Minnis & Devine, 2001; Hill-Tout, Pithouse & Lowe, 2003; Pallett, Scott, Blackeby, Yule & Weissman, 2002; Golding & Picken, 2004; Macdonald & Turner, 2005; Allen & Vostanis, 2005; Herbert & Wookey, 2007; Northey, 2007; Laybourne, Andersen & Sands, 2008). Four of the training studies employed randomised controlled trial methodology. There were no studies describing

interventions that were titled as explicitly psychoeducational in intent. It is of note that there were no training programmes which focused specifically on kinship foster carers despite the fact that, as noted above, a sizeable minority of children in care are fostered by relatives.

Tables 1 and 2 in Appendix 2 summarise the designs and outcomes of the consultation and training studies. The following section examines the range of theoretical approaches in the identified studies.

3.2 Theoretical considerations

There is striking diversity in the range of theoretical approaches underpinning the interventions studied, which may in itself reflect the complexity and wide ranging nature of the tasks that foster carers are asked to provide (Nutt, 2006).

Two articles described consultation models informed by psychoanalytic theory (Sprince, 2000; Emmanuel, 2002). One study employed a systemic theoretical stance (Nissim & Blow, 2000) and

one (Golding, 2004) combined a systemic and attachment theory approach.

Four accounts of training programmes for foster carers (Minnis & Devine, 2001; Golding & Picken, 2004; Allen & Vostanis, 2005; Laybourne, Andersen & Sands, 2008) were also based on, or incorporated, attachment theory and research.

Six papers described carer trainings using behavioural and cognitive-behavioural understanding and practice as a main or comparison approach (Hill-Tout, Pithouse & Lowe, 2003; Pallett, Scott, Blackeby, Yule & Weissman, 2002; Golding & Picken, 2004; Macdonald & Turner, 2005; Herbert & Wookey, 2007; Northey, 2007).

3.3 Assessing outcomes of interventions with foster carers

All the published studies identified described outcomes in one or more of the following areas: *carer focused* (parenting skills, knowledge, attitudes, understanding of foster child); *child focused* (behaviour, emotional state, attachment status); *carer/child focused* (quality of communication and relationship between carer and foster child); *agency focused* (placement durations and disruptions; foster child population educational and health proxy measures).

All the training studies included measures, usually rated by the carers themselves, of the first two outcome areas. The consultation studies were marked by paucity of outcome measures; in two cases (Nissim & Blow, 2000; Golding, 2004) specially designed carer questionnaires were used although the quantitative results are not presented. No consultation study used child focused outcome assessments or measures of child/carers relationship.

In six of the training studies (Minnis & Devine, 2001; Hill-Tout, Pithouse & Lowe, 2003; Pallet, Scott, Blackeby, Yule & Weissman, 2002; Golding & Picken, 2004; Northey, 2007; Laybourne, Andersen & Sands, 2008) child focused outcome was assessed using the Strengths and Difficulties Questionnaire (Goodman, 1999) and in two others (Macdonald & Turner, 2005; Herbert & Wookey, 2007) carers completed the Child Behaviour Checklist (Achenbach, 1993).

Carer focused outcomes were assessed in all the training studies and in the two consultation studies noted earlier. The Parenting Stress Index (Abidin, 1995) was used in two training studies (Pallet, Scott, Blackeby, Yule & Weissman 2002; Laybourne, Andersen & Sands, 2008) and the Knowledge of Behavioural Principles (O'Dell, Tarler-

Belolo & Flynn,1979) was used in two studies (Macdonald & Turner, 2005; Herbert & Wookey, 2007).

In relation to carer/child focused outcomes, three (Minnis & Devine, 2001; Golding & Picken, 2004; Laybourne , Andersen & Sands, 2008) of the 13 studies assessed the quality of relationship with child cared for pre- and post- intervention.

Three studies included agency focused outcome measures in the form of estimates of child placement stability related to training interventions (Minnis & Devine, 2001; Macdonald & Turner, 2005; Herbert & Wookey, 2007).

3.4 Assessing the quality of the studies

Rating the quality of interventions with foster carers is complicated by the variation of purpose, and differences in outcome measures, across the reported studies. The ‘gold standard’ of randomized controlled trial, with adequate matching of carer and child-cared-for characteristics across control conditions, and with groups large enough to allow meaningful computations of statistical significance in differences, is rare in this field. This is reported as a consequence of the ethical, practical and resource implications in gathering enough

voluntary participants in the first place, and placing some in a control group where there might be a perception of denial of support (Turner, Macdonald & Dennis, 2007). None of the studies identified used a methodology involving 'blind' participants or training presenters; a practice judged to be 'unfeasible and unethical' (Minnis & Devine, 2001) in this context, in which openness, transparency of purpose and collaboration are presented as core values implicit in the interventions with the carers (Herbert, 1995; Herbert & Wookey, 2004). Of the 13 studies, only two (Minnis & Devine, 2001; Hill-Tout, Pithouse & Lowe, 2003) made use of independent outcome assessors.

In order to reflect a relative weighting for research quality, each of the 13 studies was rated according to its rationale and design, and in relation to sample size and outcome assessment. Outcome assessments in the domains outlined in Section 3.3 above were each assigned a single point, so that a study which assessed outcome in all four areas would score four points. A further single point was given for inclusion of each of the following features: presentation of a sound rationale for the study; replicable method; use of comparison intervention group; long term (9 month+) follow-up; adequate number of participants; assessment of outcome independent of intervention providers; adequate carer response rate.

Recognising the importance of randomized controlled trial, two points were assigned for a study with a control and a further two points if the control was randomized.

The maximum total score on these quality criteria is 15. This scoring system is intended to give an indication of the design and implementation strengths of each research study, and does not incorporate any judgment on the theoretical approach or content of an intervention. The results are presented in **Tables 3 and 4 in Appendix 3.**

The consultation and training studies will be considered in more detail in the next section.

4 CONSULTATION AND TRAINING STUDIES

4.1 Consultation studies

A significant feature of interventions relating to children in the care system focuses on indirect consultations with carers, social workers and other professionals involved (Golding, Dent, Nissim & Scott, 2006; Emmanuel, 2002; Sprince, 2000). It is claimed that direct therapeutic work with a child may not be feasible because of the temporary nature of a child's placement or because there are already a number of new relationships with adults that a child must accommodate on coming into care (Sprince 2000).

Consultation models vary enormously and may be viewed on a continuum from 'content' to 'process' focused interventions (Brown, Pryswansky & Schulte, 2001). Caplan & Caplan (1999) have elaborated a number of types of consultation in mental health settings in particular and of these, 'consultee-centred case consultation' is the model used in the reported consultative interventions for foster carers. The primary goal of consultee-centred case consultation is the acquisition of knowledge, skills and

awareness in the consultee (in this case foster carer or carers) so that they may function more effectively with the client (in this case the fostered child) they are caring for.

Of the consultation studies identified, two psychoanalytically informed interventions (Sprince, 2000; Emanuel, 2002) give qualitative accounts of consultation services for carers in which the principal focus is on assisting participants to become more aware of the unconscious processes hypothesised to be at work in the complex set of relationships surrounding an emotionally disturbed child in care. The social services system is described as reflecting the attachment disorganisation presented by the primary client, the child. Emanuel (2002) suggests that her consultative interventions to carers prevented placement breakdown; this is difficult to evaluate as there is no additional evidence from social workers or carers to support the claim, although the casework descriptions are persuasive. Sprince (2000) suggests that the consultation process may increase the psychodynamic understanding of the adults involved in the child's care. In both these reports there is rich description of the processes involved in consultation although there are no reported outcome evaluations other than the authors' assertions.

Golding (2004) describes a service to carers which focuses on providing psychological advice, giving understanding particularly from an attachment theory viewpoint. The relationship between consultation and carer confidence is described as 'complex'; the increased self-reported carer confidence may have resulted from the carer's appreciation of their own effectiveness, or possibly arose through reassurance that professionals involved with the child could better understand the carer's perspective. Although there was evidence from carers that their increased self confidence was linked with a self-rated development in parenting skills, no direct measures of child adjustment or behaviour were undertaken to corroborate this. An evaluation of this service is unpublished (Golding, 2002) and is therefore unavailable for the scope of this review.

4.2 Observations on consultation studies

Reported carer feedback in each of these four studies showed that consultations are valued as both clarifying and offering understanding, helping the carer to make new sense of a child's behaviour through getting to know and understand the child's history, as well as becoming better acquainted with the systemic context of the professionals around the child (Nissim & Blow 2000). This is theorised as leading to greater carer resilience (Golding, 2004;

Nissim & Blow 2000; Emanuel, 2002), and to this extent the consultations may be contributing to placement stability, although on present evidence this cannot be asserted with any certainty. None of the studies rated highly on quality criteria as there were no controls or comparison groups, limited if any outcome measures and no independent ratings of effects of consultation. The Golding (2004) paper was rated highest because of replicability, follow-up, adequate participant number and response rate.

The consultation process is not easily 'manualised' and producing standard procedures to compare against others has so far proved beyond the scope of practitioners, who are driven by the need to achieve what they can clinically in generally rather stressful environments. However in order to build on the first steps over the past two decades in the development of consultation services to foster carers, further ways of evidencing consultation efficacy through for example wait list controls, pre- and post- intervention evaluations and follow up, and more detailed longitudinally designed approaches, are now essential. Generally there is a need to go beyond carer rated evaluation post-intervention.

Part of the hypothesised efficacy of consultation is that it informs and expands the carer's 'mental construction' of the child they look

after. This could be accessed through the use of carer 'attachment diaries' (Stovall & Dozier, 2000; Stovall-McClough & Dozier, 2004), which provide for daily recording by the carer of child attachment behaviour and of the outcomes of critical incidents involving the dependency of the child on the carer. In this way, changes in carer state of mind, carer relationship with the child and carer negotiation-with-child skills, predicted as a result of consultation, could be assessed and compared in the ways noted above. Hypothesised improvements or changes in carer/professional network relationships as a result of consultation might be illuminated through qualitative studies exploring mutual perceptions and understandings in the network around the child, with a predicted shift toward a perception of greater concordance in shared decision making following consultation.

The four identified studies attest to the fact that practitioners' particular trainings and experience determined their choice of theoretical underpinning and practical application of it. However in all cases the carers are found to be very positive about consultation. This is in accord with the findings of Medway and Updyke (1985), who in a meta-analysis of 54 studies of mental health consultation in school and educational settings, concluded that consultation had a positive effect on consultees compared to controls, irrespective of

models of consultation, between which no significant differences were found in effectiveness.

This raises the question of whether the theoretical model may be less important than the conviction and commitment with which consultations are undertaken. This query might be explored through systematic qualitative research, independent of the consultation practitioners, to get an 'insider's view' of the lasting effects on the carer of consultation received.

4.3 Training studies

The studies identified for this review describe 'in-service' carer training programmes provided by UK psychological practitioners specialized in the field of fostering. Pre-approval training and the support service provided by Local Authority Family Placement Social Workers provide a comparison condition in four studies, (Minnis & Devine, 2001; Hill-Tout, Pithouse & Lowe, 2003; Macdonald & Turner, 2005; Herbert & Wookey, 2007) in which the control groups were described as receiving 'standard services'. As this provision is likely to vary across Local Authorities in different parts of the country, it cannot be assumed that these controls are homogeneous across studies.

Looking across the nine training studies it is again apparent that, as for the consultation studies, there is wide variation in approach and content. The most rigorous were, in order, those of Minnis and Devine (2001); Hill-Tout, Pithouse and Lowe (2003); Macdonald and Turner (2005) and Herbert and Wookey (2007), who all reported on randomised controlled trials of their particular training interventions. These studies therefore carry the greatest weight in terms of valid information about the efficacy of the individual training interventions used, although because each employed a different training 'curriculum' they do not present a body of research which systematically builds over time to give any conclusive picture about what works best and for whom. Table 2 in the Appendix summarises the training studies in terms of research quality criteria.

The four randomly allocated controlled trials of foster carer training programmes (Minnis & Devine, 2001; Hill-Tout, Pithouse & Lowe, 2003, Macdonald & Turner, 2005; Herbert & Wookey, 2007) exemplify the organisational difficulties in assigning carers randomly to trial and control groups and the difficulties in maintaining comparative numbers across the two throughout the period of the intervention and follow up. In the Minnis and Devine study the assignment lists and identifying information were concealed from the independent

assessors of the child and carer measures. Losses to group sizes at follow up were roughly equal and so effective comparisons could be made. This was not the case in the Macdonald and Turner (2005) study, in which the intervention group diminished by more than 25% and the control by 20%, thereby reducing the validity of the results. In the Hill-Tout, Pithouse and Lowe study (2003) there was an age bias in allocating carers to the intervention and control group and the study was described as quasi-randomised in the Cochrane review (Turner, Macdonald & Dennis, p.9, 2005; see below). The published paper by Herbert and Wookey (2007) does not specify how participants were randomized, nor does it give details of attrition rates of participants, although it was noted that there was occasional absence of carers from teaching sessions, due to emergencies in placements or for health appointments for children cared for. In none of the randomized controlled studies were carers paid an enhanced fee for their attendance which could have offered an incentive to attend and remain in the study. All authors describe the difficulties in persuading carers to be part of the control group and in the four studies there were descriptions of carers withdrawing once it was clear to them that they would not receive the training at that time at least. However none of the studies reported intention-to-treat analysis as a way of maintaining the full benefit of randomization.

The other five studies in this review were not part of randomised controlled trials and employed a pre-post design with a single intervention, except in the case of Golding and Picken (2004), who compared two different interventions with pre-post measures.

In terms of outcomes, each of the nine training studies examined the impact on foster carers' knowledge and attitudes, and children's behaviour in placement both pre- and post- intervention. All studies showed increases in carer self-reported knowledge and attitudes and this was described as particularly favourable in the Pallet, Scott, Blackeby, Yule and Weissman (2002) study using a CBT approach; the study by Northey (2007) using a modified Webster-Stratton approach, and Golding and Picken's (2004) and Laybourne, Adersen and Sands' (2008) programmes based on attachment theory principles. It would seem that gains in carer confidence and knowledge can be achieved through trainings of very different character, although long term follow up beyond nine months, not provided in any of the training studies, might give a picture of possible differential endurance of these effects according to approach.

Do general parenting programmes work with foster carers? Four studies used versions of interventions originally developed for birth parents and their children, based on the evidence for effectiveness in

this population. Macdonald and Turner (2005) and Northey (2007) describe trainings using a modified version of The Incredible Years programme (Webster-Stratton & Hammond, 1997), while Herbert and Wookey (2007) used the Childwise training programme (Herbert, 1995). Minnis and Devine (2001) chose an established programme based on assisting birth parents to communicate more effectively with their children (Richman, 1993). In these studies, which included three randomised controlled trials (Minnis & Devine, 2001; Macdonald & Turner, 2005; Herbert & Wookey, 2007), no statistical differences were reported by carers in the frequency or severity of behaviour problems in children cared for, pre- and post-intervention, compared to controls. This would suggest that these programmes may lack specific ingredients that relate to the complexity and severity of the behavioural and adjustment difficulties shown by the child-in-care population. Generic parenting programmes on their own at least appear ineffective in reaching this group.

In five of the studies (Hill-Tout, Pithouse & Lowe, 2003; Pallett, Scott, Blackeby, Yule & Weissman, 2002; Golding & Picken, 2004; Allen & Vostanis, 2005; Laybourne, Andersen & Sands, 2008) the curricula employed in the trainings *were* designed specifically for foster carers and the likely difficulties of children in care. Of these, the attachment based intervention of Golding & Picken (2004) and

the social learning theory based programme of Pallet, Scott, Blackeby, Yule and Weissman (2002) were the only studies showing statistically significant carer reported effects on child behaviour and emotional functioning. However since in both there were no independent ratings of carer or child focused outcomes, nor any attempted measures of consequent placement stability, and as the projects were not part of controlled trials, they rate only moderately in terms of quality criteria. So, even programmes designed specifically for foster carers show only limited gains. Some caution and further controlled trials must surely be required before committing either of the programmes noted above to a wider roll-out.

What evidence is there about differential efficacy of theoretical approaches in the training studies, particularly with respect to the divide between 'skills based' cognitive behavioural programmes and 'attachment based' interventions? As noted in the introduction to this paper, cognitive behavioural approaches in foster care training were specifically scrutinized in a Cochrane Review, undertaken by Turner, Macdonald and Dennis (2007). Reported outcomes in placement stability, foster carers' psychological functioning and well-being and the behavioural and relationship problems of the children were investigated. Six (two US and four UK) studies were identified

that met the required inclusion criteria of randomized controlled trial comparing a CBT based intervention against a no treatment or wait-list control. Three of the four reviewed UK studies (Minnis & Devine, 2001; Hill-Tout & Pithouse, 2003; Macdonald & Turner, 2005) are included in this paper (see Appendix, Table 2) whilst one study (Edwards 2002) has not been, as it is unpublished.

The overall conclusions from the Cochrane Review were that the cognitive behavioural training programmes reviewed were *not* effective in altering the behaviour of the looked-after children in the placements, or the behaviour of the foster carers, or the rate of placement breakdown. Because it was not part of a randomised controlled trial the Review did not include the Pallet CBT based study (2002); notwithstanding the lower research quality, the results from this programme are promising as there were significant improvements in carer ratings of child difficult behaviour and child emotional problems.

Do ‘attachment based’ approaches fare any better? On present evidence the answer to this is at best equivocal. Allen and Vostanis’ (2005) non-controlled study used an approach based on educating carers about attachment and trauma, aimed at providing carers with a coherent theoretical perspective on the emotional aspects of the

behaviour of children in care. The study did not include any child focused outcome measures and therefore, despite positive effects reported by carers on their understanding of child behaviour difficulties and the high level of satisfaction with the course, it is not possible to be clear about what effect if any was made on the children cared for.

Only one UK study has attempted to compare the results of trainings underpinned by different theoretical rationales. Golding and Picken (2004) evaluated the effectiveness of two foster parent training groups: one emphasizing behaviour management training, the other focused on understanding and responding to attachment related behaviour difficulties. Unfortunately the outcomes were difficult to compare as the programmes were not similar in terms of session number and duration, although each group showed positive gains in the targeted areas. Child conduct problems were reported by carers as significantly less post-training in the skills based group, which also included an educational input on the effects of neglect and abuse. This suggests that the particular curriculum combination might show some hope in reaching through carers to the children in care, in offering a way of understanding difficult behaviour as well as providing the means to do something about it. Compared with the behaviour training group, the attachment group child relationship

behaviour was significantly improved. Whilst these results are noteworthy they must be considered within the context of the study's limitations; although valiant in its aim and scope, the research suffered from absence of control group and lack of independent outcome assessment.

The attachment theory based groups run by Golding and Picken (2004), described above, ran monthly for 18 months; this represents a significantly greater input than any other training interventions described in this review. Carers were given the regular opportunity to explore their own, as well as their foster child's, attachment history and style. Increased carer sensitivity to emotional demand may have led to the reported improvements in child self and social regulatory functions. Certainly the facilitated group format, allowing the safe discussion of personal attachment issues of carers over an extended period, may offer some pointers to effective psycho-educational input of this kind. Because of the great disparity in length of intervention between this and other programmes, it is difficult to assess whether the favourable results were as much due to the continuing support of the practitioners to the carers, or whether the content of the training was the major factor. There are certainly practical limitations to the general introduction of such a resource intensive programme.

Laybourne, Andersen and Sands (2008) replicated Golding and Picken's attachment based training, with the same number of sessions, although over a shorter time period. This time, no statistically significant differences were found pre- and post- in child behaviour and adjustment or carer self-report measured qualities of relationship with child, although measured parenting stress was significantly reduced. However, the validity of the results might be questioned as the research quality was diminished by the high attrition rate in carer attendance, resulting in a very small sample for data analysis.

In summary therefore it would appear that present evidence is not sufficient to make judgments about the comparative effectiveness of behaviour management skills training and attachment theory based interventions with carers.

4.4 Observations on training studies

In all the reviewed studies, feedback from carers was positive; skills based and attachment based trainings appearing to target different aspects of the fostering task. Golding and Picken's (2004) intervention using behavioural, cognitive behavioural parent training

and education about the effects of abuse and neglect offers a pointer to the kind of interventions that work at the child outcome level and it may be reasonable to speculate that the different elements in this curriculum acted to potentiate each other. Generally, trainings which used modifications of, or reproduced, birth parent skills training were not effective in changing child behaviour in placement.

Placement stability is considered as key to optimising long term educational, social and emotional functioning for children in foster care (Department for Education and Skills, 2006). Promoting stability was a stated aim of all the training interventions although there was limited focus on placement stability as an outcome. No study, bar Minnis and Devine's (2001), followed up later than four weeks post-intervention. This time span is not enough to link any patterns of altered child placement stability with sufficient confidence to the effects of intervention. As it was, at nine month follow up, the Minnis and Devine study (2001) found no significant fall in placement disruption in the intervention group compared to control. Some suggestions for further ways of researching this outcome area are included in the following final section of this review.

5 DISCUSSION AND IMPLICATIONS FOR FURTHER RESEARCH

5.1 Discussion of review results

There is good evidence that all types of training, consultation and education are highly valued by carers, and feedback after intervention in each study suggests a perceived sense in the carers of greater self efficacy and confidence in dealing with their task. In this respect, the implicit communication from a fostering agency to carers, in providing on-going additional training and consultation, is that carers are valued and 'worth' the input they receive (Kirton, Beecham & Ogilvie, 2007). Carer satisfaction with the interventions they receive is an essential factor in itself, although it is important to note that where clinical service providers are also the providers of training or consultation, self-rated participant reports are likely to be biased positively because of carer dependency on the support service.

Gathering ratings of other informants *not* involved in the intervention, for example teachers, social workers, health professionals or other carers, may offer more objectivity, although require additional organisation and staff. Future studies might assess

systematically, in depth and independently of intervention providers, changes in the quality of carer-child relationship and any consequent effect on the behaviour and adjustment of the child, with respect to carer consultation or training received (Barth, Crea, John, Thoburn & Quinton, 2005). This might be achieved through qualitative methods incorporating the view points of carers and children separately, or together as joint narratives, over time.

Carer improvements across areas including skills, knowledge and understanding do not in themselves translate easily into significant or lasting changes in foster child behaviour or adjustment. This is the difficult gap to bridge - and apparently more so than the results of some types of trainings for birth parents would indicate, where there is evidence, independently rated, of lasting proxy effects in the children (Scott, Spender, Doolan, Jacobs & Aspland, 2001). The critical differences appear to be the lack of foundation care experienced by many fostered children, which compromises the usual development of trust and empathy so vital to dependency, learning and change, and the complicated distribution of parental responsibility for the child which means the foster carer cannot be the 'final authority' in parental decision making. The fostered child's divided loyalty between carer and birth family may also reduce carer

effectiveness in effecting behaviour change (Macdonald & Turner, 2005, p. 27).

Lack of empirical foundation for foster carer interventions has prompted clinical psychologists in the UK to seek further effective measures that could be used pre- and post-consultative and training interventions, which would give the beginning of a coherent evidence base upon which to build effective approaches. A checklist to explore behaviour, emotional well-being, relationships, risk and indicators of psychological distress in children and young people, the BERRI (Silver, Robson & Harper, 2007) attempts to achieve this and is being standardised currently. The broad sweep of this tool and lack of differentiation in each of its sections may necessitate further refinement to enable sensitivity to the kinds of subtle changes in child-carer relationship that could be expected as a consequence of foster carer consultation or training, or to improvement in inter-professional functioning around a child.

As previously noted there is an emergent dichotomy between ‘understanding behaviour’ approaches (Minnis & Devine, 2001; Golding & Picken, 2004; Allen & Vostanis, 2005; Laybourne, Andersen & Sands, 2008) and ‘changing and managing behaviour’ based trainings (Hill-Tout, Pithouse & Lowe, 2003; Pallett, Scott, Blackeby,

Yule & Weissman, 2002; Macdonald & Turner, 2005; Herbert & Wookey, 2007; Northey, 2007). There is no clear evidence on present findings that either approach is significantly more effective than the other. Carers may be presented with very different paradigms of child development and behaviour change. Within an attachment approach, 'negative' or challenging child behaviour may be understood as 'disregulation' founded on panic and emotional insecurity (Seigel & Hartzell, 2003) and on this basis carers may be advised to stay close, emotionally and physically, to the child - so called 'time in'. A behavioural approach alternatively might suggest ignoring 'unwanted' behaviour by the use of 'time out' (Webster-Stratton, 2001). Increased frequency of child 'externalising' behaviours may not in itself be an indicator of a negative outcome but rather a sign of a child's increased trust in a carer's emotional capacity and resilience. It has been shown, for example, (Barth, Berry, Yoshikami & Goodfield, 1988) that a year into placement, the behaviour of children in adoption generally shows 'more of everything', pro-social and 'difficult'. Foster carers require the means to distinguish when one or other of the approaches might be best.

In relation to agency focused outcomes, a method of examining a possible link between overall placement stability and carer

opportunity for access to psychological training or consultation interventions might be to compare different fostering agencies, to establish at an institutional level whether this factor had any bearing on rates of breakdown. Although this would be difficult because of the number of variables involved, there is a pressing need to look further at this aspect. It would be interesting to compare a carer population with access to web-based or other indirect training programmes to one without, to examine what differences in placement stability might result.

5.2 Review conclusions

On the present evidence in the UK, it is only tentatively possible to identify elements of the content and delivery of effective psychologically based interventions. Initial engagements of carers through home visit, and flexible delivery at times when carers can attend, enhance attendance and commitment (Pallett, Scott, Blackeby, Yule & Weissman, 2002). Longer courses (10 weeks and over) with built in practice and application periods within this time frame appear to be more effective than ‘short sharp’ didactic interventions of two or three days in duration. Course content which offers a *combination* of behavioural management techniques and education about attachment-related sequelae of child neglect and

abuse appear to show advantageous results in terms of carer resilience *and* behavioural changes in the child cared for (Minnis & Devine, 2001; Golding & Picken, 2004). Although they target different child populations, the evidence from birth parenting programmes also suggests that providing both skills *and* opportunity for emotional support and reflection is key to improving child outcomes (Scott, 2008).

5.3 Pointers for further research and interventions

Notwithstanding the difficulties previously noted in establishing rigorous research in this field, there is scope for a well funded major national project comparing trainings of different theoretical bases, designed for the foster care situation, or a training combining elements of promising interventions, against randomised controls. The results of the US review of foster parent trainings (Dorsey, Farmer, Barth, Greene, Reid & Landsverk, 2008) also concur with this; they stress the need for a much stronger evidence base in the confident implementation of interventions which are currently widely used across the States.

Certainly in terms of affecting individual child behavioural outcomes and child/carer relationship and attachment, the implications of the

US research by Dozier, Higley, Albus and Nutter (2006) on 'biobehavioural catch-up'; Linares, Montalto, Li and Oza (2006) on intervention with birth and foster parents and child using the Webster-Stratton (2001) 'Incredible Years' programme; McNeil, Herschell, Gurwitch & Clemens-Mowrer (2005) on Parent-Child Interaction Therapy, and the emerging positive child outcomes in Treatment Foster Care (Chamberlain, 2003) seem to point to the efficacy of involving the *child* with the carer for at least part of the training and educational process, specifically targeting the relationship between carer and child as the primary aim. Finally, there is good evidence from US studies, and particularly that of Chamberlain, Moreland and Reid (1992), that the combination of training with enhanced attendance fees for carers improves outcomes significantly. For UK foster carers to carry out the specialist and professionalised role that is being increasingly expected of them, proper remuneration for their participation in targeted and psychologically based interventions is essential.

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SECTION II

**Paper to be edited for possible submission to Child Clinical Psychology
and Psychiatry**

**AGAINST THE ODDS : FOSTER CARERS' PERCEPTIONS OF FAMILY,
COMMITMENT AND BELONGING IN SUCCESSFUL PLACEMENTS**

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ABSTRACT

This study explores foster carer attitudes and beliefs relating to family, belonging and commitment. Foster carers were identified who were providing a stable teenage placement that had been noted as succeeding ‘against the odds’: that is, outcome of placement was positive despite counter-indicative factors at the start.

Seven foster carers were interviewed using a semi-structured questionnaire format, covering their ideas about their relationship with the child in question, about the foster family and the child’s parallel sense of belonging in foster and birth family. The transcribed interviews were analysed using Interpretative Phenomenological Analysis, to identify four super-ordinate themes emerging from the carers responses. These were ‘My Child’: ‘clicking’, belonging in the family and parental regard; ‘Jam in the sandwich’: working between Local Authority and birth family; ‘Repair and rebuild’: the craft of fostering; ‘Sticking with it’: tenacity and hopefulness.

These are used as indicators in considering how such factors may be encouraged and developed generally for all carers, through training and

support, to enhance the placement stability for similar young people and their carers.

Key words: foster care, family, commitment, belonging, placement stability

1 INTRODUCTION AND BACKGROUND

1.1 Introduction

This qualitative study explores perceptions and attitudes towards family and ‘belonging’ of a small a group of long term foster carers. Each of them was looking after a young person who had succeeded in placement, despite prognoses based on previous risk factors predicting likely breakdown. The research examines the nature of the carers’ commitment to the child placed with them and was spurred by the author’s observations in clinical practice of placements with unexpected good outcome. The young people looked after by the carers in this study had achieved surprisingly good levels of psychosocial functioning and had stable placements. Foster carers’ own reported experiences of these placements, as successful ‘against the odds’, form the basis of the present enquiry.

The research perspective is informed by ‘positive psychology’ (Snyder & Lopez, 2007; Carr, 2004) in which the focus of investigation is on human strengths, resilience and the capacity to cope and develop notwithstanding adversity. ‘Solution focused’ therapeutic approaches (De Shazer, 1988; Selekman, 1997; deJong & Berg, 2001), which privilege what *works* rather than what doesn’t, using exceptions and ‘outlying’ resolutions to problems as

starting points for learning and change, also underpin the research. The study is an investigation of ‘exceptions’ in terms of positive rather than expected negative outcomes in placement, with the aim of exploring the claims and concerns of foster carers in such situations. These in turn may offer clues which might be applicable in the general support and training of carers.

1.2 Placement stability in foster care

Placement stability is widely considered as key to optimising long term educational, social and emotional functioning for children in foster care. Currently the UK Government’s criteria for ‘stability’ are that a child has been continuously looked after by a Local Authority for four years and has remained in the same placement for two years (Department for Education and Skills, 2006). The Government’s own target of 80% placement stability, however, has not been achieved. Foster care breakdown, in the form of unplanned ending of placement for a child, occurs in 19 to 40% (depending on placement type) of all foster care placements (Berridge & Cleaver 1987, Rushton & Dance 2004). This study contributes to research on factors promoting stability, which is a critical underpinning factor in positive outcome for young people in care.

Child related factors positively correlated with higher probability of

placement breakdown in long term foster care include the child's age at placement, the number of previous placements, cognitive ability and educational achievement, level of mental health disturbance and a history of delinquency (Barber, Delfabbro & Cooper, 2001; Berridge & Cleaver, 1987; Doelling & Johnson, 1990; Minnis & Devine, 2001; Wulczyn, Kogan & Harden, 2003). It is known that children in care show elevated rates of mental ill health and behavioural and emotional disturbance. A survey of children looked after by Local Authorities in England and Wales, carried out in 2002 by the Office for National Statistics on behalf of the Department of Health, found that 42% of children in foster care (as opposed to other kinds of placement) were assessed as having a mental disorder. This is five times higher than for children growing up in their family of origin (Meltzer, Gatward, Corbin, Goodman & Ford, 2002). Foster carers are therefore inevitably faced with a stressful and challenging task in accommodating such children in their own homes and breakdown figures are in part a reflection of this.

Whilst there has been a considerable research focus on the problematic aspects of care for children outside their families of origin, the features of placements in which a child thrives are less well explored. Studies on successful outcomes (eg Sinclair, Wilson & Gibbs, 2005; Beek & Schofield, 2004) in foster care have highlighted features of the foster carer, of the child

and of the agency and support systems that point to better placement outcomes.

Of relevance to this study on *foster carer* experience are findings on carer variables contributing to positive outcomes. Carers' commitment to children and to making a contribution in the community are linked with better attachments with fostered children (Cole 2005). Foster carers whose parenting styles are organized and positive during placement, and where there is consistent emotional availability and sensitivity, show fewer disruptions of placement (Wilson, Petrie & Sinclair, 2003; Chamberlain, Price, Reid, Lansvek, Fisher & Stoolmiller, 2006; Schofield & Beek, 2005). Inclusivity in terms of foster family relations with the fostered child has been shown to contribute a beneficial effect on placement stability (Leathers, 2006) and quality of foster parent relationship in the foster home also affects placement outcome (Orme, Bueler, McSurdy, Rhodes, Cox & Patterson, 2004; Lipscombe, Moyers & Farmer, 2004).

2 RATIONALE AND AIMS OF THE STUDY

2.1 Rationale

The researcher approached this study with the two constructs of ‘commitment’ and ‘belonging’ as frames through which the carers’ descriptions and concerns were viewed. They are concepts often used in discourse about children and foster care, clearly having a plausible usefulness. However they are under-theorised in research studies and usually mentioned as part of the ‘backdrop’ in discussion. Although generally they have been subsumed as aspects under the overarching theory and research frame of ‘attachment’ (Triseliotis, 2002), in this study they are explicitly explored and brought to the fore through interview with carers. The two concepts are conceptually ‘open to insight’; people can access and report on them directly in relation to themselves, whilst ‘attachment status’ is arguably opaque to the individual until revealed by psychological assessment.

Commitment is often mentioned in the literature as an important feature of foster carer attributes (eg Sinclair, Gibbs & Wilson, 2004, p 155). It has been one focus of the work of the Infant Care Giver Project at the University of Delaware (Dozier, 2005). The project provides intervention programmes

aimed at the development of a secure attachment between a child and new caregiver. Foster carers are helped to find ways of responding to the child in their care without being 'scripted' by the expectation of care-giving that the child brings to the placement on the basis of previous experience.

As part of the assessment of the foster carer's attitude and sense of connectedness with the infant they look after, the Delaware project has developed the 'This is My Baby' interview. This is a semi-structured interview designed to assess the carer's sense of emotional bond and commitment to the child, which requires the carer to reflect on their relationship with the child and how they see this as affecting the child both currently and in the future, as well as the carer's hopes for the child as a developing young person. The interview explores a carer's determination to look after their child and the extent to which they are prepared to take risks, emotionally and physically, on behalf of the child (a continuum characterised as extending from 'I do it because I'm paid' to 'I'd go in front of a bus for her'). The interview in the present study incorporates some specific elements of this schedule.

It has been shown that this relatively simple assessment of 'commitment' by care givers of fostered infants and toddlers is a robust predictor of placement outcome in terms of the adjustment and well being of the children concerned. Attachment and commitment are not highly correlated and

attachment measures of foster carers are not as predictive of placement outcome as assessed level of carer commitment (Ackerman & Dozier, 2006).

‘Belonging’ is a word meaning literally ‘in a state of yearning desire’ (longing for someone or something) and derives from the old English ‘longen’, to ‘yearn for’. The notion of fostered children’s sense of ‘belonging’ is often mentioned in the formal literature on this group, although as noted above there is little specific exploration of the concept per se. Triseliotis (2002) identifies ‘a sense of belonging’, ‘emotional security’ and ‘general well being’ as three variables which vary significantly as a defining difference between adoption and fostering. Grosso and Nagliero (2004) consider the tension between the ‘necessity of belonging’ and the ‘need to differentiate’ as two key components in the process of identity formation and explore how this process is affected by the condition of non-biological filiation which pertains in foster and adoptive settings. They suggest that in these circumstances, adult carers are required to hold a greater awareness of ‘relationship’ than in biological parent-child situations and that different methods and time scales are needed for the construction of emotional bonds between child and carer.

2.2 Aims of study

This study aims to give foster carers themselves the opportunity to speak about commitment and belonging in relation to a young person who is doing unexpectedly well in their care. The research addresses the following questions: What can carers in this situation tell us about the quality of their relationship with the young person that may have made a positive difference? Are there common themes in the carers' narratives? What can we learn from these testimonies of fostering success that may be useful for others?

3 METHODOLOGY

An enquiry of this sort, which seeks to build a qualitative understanding of transactions within and between people, lends itself to a systematic exploration of participants' first hand experiences, the assertions and denials they make, the concerns they have and how they formulate reality from their perspective. This phenomenological approach (Husserl, 1925) is further elaborated in the study by the researcher's interpretation of the carers' accounts with regard to 'belonging' and 'commitment'. Hence *Interpretative Phenomenological Analysis* (Smith, 1996) was chosen as the qualitative method. As respondents in the enquiry, carers were assumed to be capable of knowing their own minds and of speaking for themselves. In this method, *interpretative* does not connote an effort to construe meanings that are hidden to the participants themselves - rather it points to the 'visible' stance of the researcher in relation to what respondents have to say.

The investigation is exploratory and inductive, using a semi-structured interview designed to offer participants the occasion to communicate freely, from their perspective, on their role as foster carer and in particular on their views of the relationship with the young person in mind. The researcher standpoint was one of curiosity with each participant about their experience

of becoming and being a foster carer; how they conceived of and experienced the notion of 'belonging', and how they understood their relationship with the target child succeeding in their care. The research explores the 'lifeworld' of a small, purposively chosen group of foster carers who appeared to be 'doing something right' in their care of a young person previously viewed by social care professionals as problematic.

The study was undertaken as a cooperative enquiry with participants who were viewed as holding special or expert knowledge; phenomenological in its emphasis on the lived experience of others and constructivist in its assumption that knowledge is grounded and given coherence in particular perspectives in particular contexts (Dallos & Vetere, 2005). Interpretative Phenomenological Analysis (Smith & Osborn, 2003) is a form of 'close listening' that attempts to capture and to understand participants' experiences and how they themselves make sense of these. The method is idiographic in approach, being concerned with detailed analyses of one or a few cases. The 'meaning making' of participants is gathered and interpreted in a systematic, transparent and accountable way (Smith, 1995; Reid, Flowers & Larkin, 2005).

4 PARTICIPANTS AND CRITERIA FOR SELECTION

The study researches seven foster carers in a single Local Authority, looking after a young person in the age range twelve to seventeen years old. Narrowing the focus to this age range ensured a homogeneity of support arrangements, fees, training provision and other variables across the carer group studied, who were all 'long term' carers of adolescents, and standardised some factors which may influence placement stability. The adolescents themselves, notwithstanding individual differences in previous experiences of care, could be expected to show some broadly age related common features in terms of current social and developmental needs.

The respondents were intentionally chosen and recruited through their voluntary participation after initial approach and discussion. They were identified according to the following criteria:

1. The 'Looked After' child in question had been in placement with the carer for at least two years, and had been 'looked after' for four or more years. These criteria are in line with UK Department for Education and Skills (2006) descriptors of stable placement.
2. Scrutiny of the Looked After Child (LAC) Statutory Review forms for each child showed social worker appraisal of the placement as 'stable'.

3. The history of the child's *previous* placement/s showed at least one disruption, and difficulties in at least one of the following areas: education; mental health; offending behaviour; relationships with peers.
4. The LAC Review form showed evidence from educational professionals of current satisfactory educational attendance and progress relative to the child's abilities and needs.
5. There was evidence of ongoing satisfactory contact between the child and members of his or her original family, as rated by the LAC Review group (which may have included the child and parent/s themselves).
6. The target group of foster carers consisted of those who appeared to be offering a setting that was functioning effectively for the child, *despite previous expectations*, based on the criteria described in point 3 above.
7. The research endeavour focused on the person defined as the present *main* foster carer, the status of 'principal carer' being agreed upon by the couple, where there were two foster carers in the household.

A table of characteristics of foster carers and young people looked after is provided on the following page. All principal respondents were women carers in heterosexual couples, looking after the five boys and two girls identified for this study.

TABLE OF CARER AND CHILD CHARACTERISTICS, WITH PSEUDONYMS

Carers in Household	Participant/s in Interviews	Age of Participants	Years Fostering	Child / Young Person Cared For	Age	Years in Care Full Time	Time in Current Placement	Number of Previous Placements
Jess David	Jess	53	27	Karl	16y 2m	5y 1m	2y 6m	3
Helen Ed	Helen Ed	57 58	30	Vincent	17y 2m	6y 6m	4y 1m	4
Aileen Frank	Aileen Frank	59	21	Chris	16y 6m	9y 0m	4y 1m	3
Natalie Matt	Natalie	48	9	Louise	17y 6m	9y 5m	5y 6m	5
Marie Colin	Marie	61	35	Sim	16y 1m	10y 3m	5y 0m	7
Yvonne Sean	Yvonne	65	37	Ricky	14y 7m	6y 2m	2y 4m	5
<i>Diane Greg</i>	Diane	55	23	Becky	17y 7m	10y 1m	5y 7m	4

5 INTERVIEW FORMAT AND PROCEDURE

5.1 Interview schedule

The interview schedule is inspired by and based on the ‘This is my baby’ interview (Dozier, 2005). It is modified to the extent that the section on the meaning of ‘family’ and ‘belonging’ are additions to this. The questions were carefully considered and pared down to allow the respondents as much room as possible to develop their own descriptions, with minimal input from the researcher.

The interview was divided into five main sections as follows:

1. Reflections on the experience of being a foster carer: motivations, rewards and challenges.
2. How childhood experiences might have affected the respondent, as a foster carer now.
3. Reflections on the meanings of ‘family’ and an examination of the degree to which the fostered child is experienced as ‘belonging’ in their family.
4. The carer’s experience of their relationship with the target child/young person.

5. Reflections on the carer's ideas about the young person's future, and what the carer has learned in retrospect about 'family' through looking after the target child/young person.

The full interview schedule is given in **Appendix 5**. The interviews were digitally recorded and subsequently transcribed.

5.2 Ethical approval

Ethical approval for the study was granted by the University of Birmingham Human Research Ethics Committee (May 2007; see **Appendix 4**) and the research was carried out in accordance with British Psychological Society Good Practice Guidelines for the Conduct of research within the NHS (Cooper, Turpin, Bucks & Kent, 2004). Information for participants, consent forms and standard letters are included in **Appendix 6**.

5.3 Interviewees and process considerations

The interviews were undertaken at the carer's convenience at a venue of their choice and were of between an hour and a half and two hours in duration. The interviewees were all known to the interviewer, in his role as clinical psychologist working alongside the Local Authority fostering service.

The existing working relationship with the interviewer added particular qualities to the enquiry process. There was a sense of mutual trust and confidence on both sides, founded on experience of each other, at intervals, over a period of up to 14 years (time in post of researcher at point of interviews). This gave a sense of ease to the interaction between interviewer and respondent. The researcher's familiarity with the structures and professional landscape of the Local Authority fostering service meant few interjections for clarification or information seeking; the interviewer was able to keep questions short and succinct and maintain a silence when he might have otherwise wanted to oil the wheels of the discourse.

Thus the clinical and consultative connection with each respondent was put in the service of the research. The interviews were able to proceed with rigour and a shared emotional warmth, as well as candour from the carer's side. The unobtrusiveness of the small digital recorder between researcher and participant meant that the process was as naturalistic as a facilitated discussion of this sort could be.

Although the interviews were intended for the person chosen as the main carer, in two cases the main carer's partner was present and answered questions additionally or instead of the principal respondent. These

contributions were included in the analysis on the basis that they further enriched the quality of the narrative in the interview.

6 DATA ANALYSIS

6.1 Interview transcription

The interview transcripts were printed in a narrowed section on each page, leaving room for a blank column on either side. In the first stage of analysis, phenomenological information on the claims and concerns of the respondent was recorded in the right hand column against the section/s of relevant text. In the initial phase, this process amounted to a running summary of the main points made by the carer at each stage of the interview. This was undertaken for all seven transcripts before the interpretative phase. In this, the researcher recorded on the left side his 'reading' of the phenomenological material on the right. A copy of a worked transcript excerpt is included in **Appendix 7**.

The interpretative material was then re-read across all seven transcripts and themes emerging from this were gathered, in the first instance, as broad clusters. There were two subsequent phases of bringing the themes together under increasingly coherent and encompassing super-ordinate headings. The combined material across the group of texts gave rise to four super-ordinate themes which are described below.

6.2 Credibility and validity of analysis

A qualitative analysis needs to demonstrate rigour and trustworthiness (Sandelowski, 1986). Credibility was upheld through the author's use of supervision in verifying findings and repeatedly checking both the phenomenological and the interpretative stages of the analysis in this setting with two other practitioners knowledgeable about the method. The systematic and repeated re-readings of all seven texts promoted consistency of analysis and the logic for extracting meaning from the material is made clear through the rationale described above. The results can be confirmed through the attached sample of a worked transcript in **Appendix 7** and third and final theme clustering in **Appendix 8**.

7 RESULTS

7.1 Themes identified

Four major themes were identified through the method described. They are:

‘My’ child : ‘clicking’, belonging in the family and parental regard

‘Jam in the sandwich’ : working alongside Local Authority and birth family

‘Repair and rebuild’ : the craft of fostering

‘Sticking with it’ : tenacity and hopefulness

The themes represent the main elements that emerged through the textual analysis and are each considered below, with representative examples from the interviews. All names are fictionalised to maintain anonymity.

7.2 ‘My’ child : ‘clicking’, belonging in the family and parental regard

What emerges from all respondents is a sense of parental commitment to the children they cared for. This was claimed as particularly strong in relation to the target child of the investigation and was manifest in the carers’ accounts of viewing themselves going *beyond* the call of duty and reasonable foster

care for these children. There is a common feature of the respondents having ‘fallen for’ the child at an early stage in the placement. This is presented as a special liking or love for the child, who appears to have called forth a parental dedication or selflessness in the carer. The quote below from Jess is included in its entirety as it usefully sets the tone for all the findings, across the themes.

Jess: We had a placement for a young teen. Karl was the ‘bad boy’ of the choice we were offered. We met him and we really liked him and he moved in here. For Karl this really is his home now. I think that does impact a lot really umm [PAUSE] you do feel a lot more sort of responsible for him and umm you just know that umm [PAUSE] it’s funny with Karl because I think he has sort of touched us more than what a lot of children have. With Karl it’s almost as if I don’t think even / I could let go of him if you know what I mean. I think he would always be part of this family. I suppose it / it’s [PAUSE] he’s made me aware that you can actually have quite powerful feelings for somebody like Karl that has come into the family quite late but has this / umm power over you to say that he’s changed your feelings and that you can actually feel that strongly for somebody that isn’t part of your own flesh and blood. I suppose because I must admit / I suppose we’ve liked lots of children but I don’t / I don’t think any of them have had the impact that Karl has had on us [PAUSE] how you think about that

umm somebody else if you see what I mean. Umm / I don't know whether it's his vulnerability or whether it's what he gives back to the family I don't know but it / it is quite a powerful thing with him...

Likewise, each respondent indicated a compelling and sometimes almost instantaneous connection with the target young person. Their descriptions were imbued with a sense of inevitability and even passivity, in a process of what seemed to be experienced as a particular kind of 'falling in love'. This appeared to sustain setbacks and challenges presented by the child as the placement proceeded.

Marie: It is very difficult when they first come in because you don't know them and they don't know you / the whole house not just the child. It's the foster carer as well / it's a whole different routine because we don't know the person and they don't know us. But the click thing is a special liking for them I think, taking to them as soon as they come in [PAUSE] like the one we're thinking about today. Umm I love Sim to bits and he drives me crackers.

At the same time the participants reported their perception of the development of a reciprocal sense of commitment to the carer and foster family from the young person, which also appeared to be linked with an emotional distancing from birth parents, or a definite decision on the child's

part to put all, or most at least, of their eggs in the foster care basket for the time being. Children were reported as wanting to 'belong' and the carers wanted to offer that.

Yvonne: Well Ricky said it / he said it to us: he is perfectly happy / he sees us as his mum and dad. He doesn't want anybody to know otherwise / it is nobody else's business umm [PAUSE] and that's it. What more can he say / he sees us as his mum and dad and he says he belongs here.

These carers also gave evidence of understanding that the commitment from the child may not be for ever. They appeared to be able to accommodate a 'provisional' arrangement and hold on to uncertainty about future relations, illustrated well in this quote from Natalie:

Natalie: Um well Louise quite often says 'this is my life and this is my home and this is my family'. She says she doesn't want to keep being reminded of her history / I think at some time in her life she probably will want to go back over that. Perhaps it won't come till she has children of her own / I don't know but right now she seems to have committed herself to being here in this family.

Given the growth of the emotional bond, all respondents referred to the target children as 'theirs'. This claiming of the child was also described as an illicit process that created tensions with social workers who from the carers' perspective were presented as uneasy about the use of the possessive pronoun in this way. The following is typical:

Yvonne: We love them unconditionally I think that is the thing isn't it? My only / my only hope for anybody but particularly for the kids I bring up is that they will be reasonably happy [PAUSE] whatever they do and I think that's what most parents who care about their kids will say. I *do* see them as *my* kids and social workers sometimes pull a bit of a face when I say 'my kids' but they are.

As a corollary of this parental 'claiming', a feature of all the respondents' claims was that the fostered children were construed as 'family' while in the household. Each respondent made claims eliding differences between genetic and fostering relationships - and particularly so in connection with the young people targeted in this research. Again, the child being part of the foster family was an idea that carers experienced as subversive, in relation to what they imagined social workers might want from them in looking after other people's children. These strands are combined well in this quote from Aileen:

Aileen: The fact is that [PAUSE] we don't think about ourselves a lot of the time as foster carers. Social Services would probably *die* if we said that because you have to be aware of this, have to be aware of that for the Department, but day to day I don't feel aware of being a carer. I feel like we are parents. We are a family aren't we / a big family? The family is everyone in the household we are looking after, our own and fostered.

All seven respondents, in thinking forward to a time when the young person might have children of their own, claimed an expected grandparental position. Diane's comment is to the point and typical.

Diane: My foster children related to my mother as nanny / she was nanny to all of my kids. They all still call her nanny. Becky's children would be *my* grandchildren.

Yet these claims of attachment and relatedness did not present themselves as sentimental idealizations or expressions of exclusivity, as the carers imagined the social workers might think. The participants were equally as emphatic about promoting and maintaining the target child's links with birth family members. Helen, in the following excerpt, gives an account which encapsulates this theme which was presented across the study by all the carers:

Helen: We try very hard not / to let them forget that they do have family and that we are substitutes. We talk about their family and we listen to what they have to say but we don't accept absolute criticism / of their family because all children are placed in care for whatever reason and it may well be that their family are good people but they just *can't deal* with that person at that stage in life and therefore you shouldn't / be / tunnel visioned. It's very hard sometimes if we have a child who we know has come from a *horrific* / background then our natural reaction is to protect this child one hundred percent and you know veer away from the family. But even then you can't do it because you have to for their sake / have a relationship with *their* family no matter if a child comes to us hating their family sometimes.

Helen was as insistent as the other carers about the foster children being 'hers' and at the same time gives a particularly articulate example of what all the carers in the study claimed as the necessity of accepting the *whole* child, their history and birth family included. As carers they appeared to be able to tolerate the ambiguity of the child belonging in two families at once, without this diminishing their own sense of emotional commitment to the child. Nevertheless this involves the risk of getting hurt by the child. The descriptions given across the study, of allowing or encouraging links with birth

family as part of the work of foster caring, were nuanced by a narrative of carers' own vulnerability at the possibility of rejection by the child, and of the dangers of 'laying themselves across the line' for a child, as Marie put it. This quote from Diane illustrates the way in which the carers contain their own and the child's vulnerability simultaneously:

Diane: Umm [PAUSE] I think Becky sees herself as an individual who has got two families umm [PAUSE] one is her birth mother and her siblings who she absolutely adores / but I'm not sure if they feel the same / and then / she has got us as her family. She knows we are always here and we are so fond of her. I don't think she could ever turn her back on us but I suppose it's always there somewhere / that idea of / in the back of your mind / of her doing that.

Respondents showed what could be understood as ordinary parental concern about the young peoples' future well being and emotional and financial independence, as well as a commitment to look after them for longer than the Local Authority age limit and to stay in touch with them after leaving home.

Jess: Karl's insecurities of being so needy means that he becomes so insecurely attached to friends and girls that he will buy relationships / he will buy friends umm and when the money's gone they don't want

him and then he gets depressed and um [PAUSE] I don't know / I really don't know whether he will ever outgrow that you know it umm [PAUSE] so on an idealistic side I would like to see him get himself together and be able to lead a nice sort of normal happy life but I don't / I don't know whether that will ever really happen for him. He knows we will always be here for him. We'll give him as long as it takes.

So, from the early 'clicking' with the child, to the development of parental commitment and concern, these carers demonstrated what might be viewed as a quasi-adoptive stance towards the particular young people who had done well with them. Unlike adoption however, the foster carers could not have 'full charge' of their situation vis-a-vis the child. This fact called forth in their narratives concerns about the constraints and conflicts in their role for the child. These themes were present to such a marked degree that they warranted a separate section, which follows.

7.3 'Jam in the sandwich' : working alongside Local Authority and birth family

Foster carers are independent practitioners, paid a fee by the Local Authority to care for children who 'belong' in another family and whose birth family members may be unsupportive or suspicious. The Local Authority sets

guidelines and limits to a carer's parental functioning and shares the legal responsibility for the child with birth parents. A major set of themes reflected the 'compromised' situation of foster carers in relation to their own judgments and decisions about children, which Helen described as being like 'the jam in the sandwich'. In the case of the targeted young people in this study, it was clear that part of the carers' commitment involved them in advocacy for the child over aspects like education and schooling, friendships, limits and rewards.

All respondents spoke of acting on behalf of the child as an autonomous parent would. In this respect they saw their success with a difficult child in placement as requiring some 'disobedience' towards Social Services. This appears to have applied as a generality over the course of their fostering history but especially so in connection with the young people who were the focus of this study. The following from Helen is an example of the 'defiant' stance shown by all the carers in connection with the target child in each placement :

Helen: We've got our own way with Aftercare like we've got our own way with Social Services. Yes total commitment / we have committed ourselves to the raising of them and we have said that while Vincent and the others need us we won't reject them. The only way we can / um follow that through will be / financially would be to go into

aftercare so we've gone down that road now so that Vincent can stay on with us. That complicates things for Social Services but if it's for Vincent then that's important.

In their relations with birth parents and family members, carers' claims and concerns were marked by what could be described as 'critical empathy'. Here for example is Diane, who can identify with Becky's mother's emotional pain, whilst having previously indicated that she is well aware of this birth mother's grave lapses of parental responsibility for her daughter:

Diane: I would imagine she [birth mother] felt very, very rejected umm because her children didn't want her and they openly told her so / that you know she / they told her they were going to a family that did want them. Imagining how Becky's mum feels helps me understand what Becky goes through when she sees her mother.

The carers had managed to hold on to positive attitudes about the young person's birth family, or had established a working relationship with birth parent/s that was largely independent of Social Services' brokerage. The carers indicated that if necessary they were willing to put the young person's well-being to the fore, at the expense of their own needs. Whilst this was not expressed in any of their accounts as a complaint - it appeared to be a task voluntarily undertaken for the sake of the child - there were nevertheless

indications of the extra burden, unacknowledged by the professional network, that this entailed. For example, Helen speaks here about her contact with Vincent's emotionally disturbed mother:

Helen: Vincent's mother became / became strange. I would meet up with her and she'd ring me up and I'd be on the phone for an hour / hour and a half sometimes and I would come off and oh my heart would sink if I knew she was on the phone because I knew I would have to talk to her but I'm trying to keep this contact with him and mum / and his siblings. She is a complex person all of herself but to understand / you have to understand / where Vincent came from and once we got to understand mum more and see *her* situation from *her* point of view, we were able to help Vincent more.

The emphasis from the carers' perspective was not related to helping the birth family member as much as *understanding* what their foster child experienced in their contacts with them, and of keeping the child in touch with the birth family, in a manner safe and controllable for the child. This was presented as a form of unofficial social work, concerning the delicate day to day business of maintaining the boundary between birth and foster family. It appeared to be undertaken as a very necessary extra to their caretaking role for the child and the narratives about this embodied the notion of willing

sacrifice - of time, attention, preparedness to put oneself out - on behalf of the young person.

The trust of social workers in allowing carers to 'get on with the job' was claimed as very important. Social workers who were perceived by carers as 'solid' emotionally, knowledgeable in practical terms, and veteran in the sense of being 'an old hand', were highly valued.

Aileen: We had [name of social worker] for years and when she left it wasn't the same and Chris had known her for 10 years. There was something about the fact that she kept going for him / with him that was important. I think when she went / and Chris's mum especially when [social worker] went, mum couldn't cope because / [name of social worker] was a bit like me / one of the old school. She would really put herself out for mum / would go and fetch her to bring her to meetings which the newer ones don't seem to / because the relationship had grown up I think over the years, you get that you know. Chris's mum couldn't get used to it when she left and Chris himself *really* felt the loss.

Given the intensity and complexity of the fostering task, support and practical help and guidance was understandably claimed as vital. The contribution of partners and spouses as well as the support provided by birth

children and other, older, foster children was experienced as at least as important as input from social workers. Five of the seven respondents cited another carer with whom the foster carer had a personal friendship as a valued buttress and source of routine and emergency emotional sustenance. At the same time, the descriptions of asking for help were nuanced by a claim of self sufficiency, which may reflect these carers' idea of themselves as principal welfare providers. In the following excerpt Yvonne gives a sense of this.

Yvonne: I'm not a person that needs an awful lot of support. I'm much more of the sort of giving support person myself although I must admit I've a few friends that are people like me, who you could phone up at 3 o'clock in the morning and they would come straight round if you needed them. It's not very often I ask anyone but I know they would yeh so / I think you know / as well as support from my *family* / yes that's the main source. It's not always necessarily physical support but the emotional support from them is there.

The interview opportunity with the researcher gave these carers a chance to explain their feeling of compromise and limit in their task. Also emerging very strongly was that in being attended and listened to outside the expectations of a clinical consultation, the carers were able, with a good degree of passion, to give accounts of their own special expertise and proficiency in

looking after other people's children in foster care. The theme cluster which follows summarises this.

7.4 'Repair and rebuild' : the craft of fostering

A striking feature of the discourse of the carers interviewed was their interest in communicating *how* they do the job. This was presented through the metaphor of 'rebuilding' and 'repair'. There was a common theme of 'starting where the child is', with a recognition of the damage that the children's previous care experiences had brought about. This was described by one carer as 'having open eyes' in terms of the level of expectation of the child's 'recovery'. There was a claimed recognition of the idea of starting a job with compromised materials or of repairing a building with shaky foundations.

Natalie: But you have to think that they are quite damaged children and if they weren't they wouldn't be here with you [PAUSE] and the longer times go on you think / you can forget about the problems that they've got until / they have an up or down in their life and you *have* to keep remembering that they *do* find it difficult to cope with certain situations. Sometimes / some of the basic building blocks are just not there.

The rebuilding metaphor seems to suggest that whilst the carers claimed a parental position, their task as they experienced it was quite different from ordinary parenting. In the light of their accounts it would be better described as 're-parenting'. They seemed to be able to use the 'possessive' stance ('my child') as a position for undertaking their craft which they understood as salvage and reconstruction, whilst they have the chance. As part of this, the carers identified the fact that they maintained high educational and social aspirations for the young person in the 'rebuilding' process. In the next excerpt, Yvonne exemplifies this in relation to educational opportunity for Ricky.

Yvonne: Yes I've really encouraged them even though it means them going beyond what they might have done if they'd stayed with their family, which is hard for them. Ricky wants to go and do a degree. At least he is thinking about it which is great because I don't think you know certainly in the natural family he would never have got as far as he has now / so he is happy that he's got that option there.

The carers seemed mindful that in applying their own blueprint for the young person's development, they were also promoting potential access to opportunities that the young person would not have gained had they remained within their original family. This was presented as making the best of a compromised start and, whilst remembering and respecting the child's

origins, their attitude was of not letting a child's earlier life circumstances hold them back.

In terms of the work of looking after and parenting the young person, the foster carers identified and described 'proactive skills' like limit setting, rewarding, and teaching children new ways of behaving and responding. Ed stresses the social re-education of Vincent in this way.

Ed: We're firm believers in encouragement /and not punishment. If they do something wrong it's no good you going bull headed at them and shouting and you know telling them off to the extent that it's you know / they ignore you /especially to say 'look you've done this'. You have to show them and tell them and see if they understand what you mean [PAUSE]. You eventually get a happy medium.

Natalie's comments about Louise's behaviour are a good example of the recognition shared across the seven respondents of how the children in their care seek to reproduce old established patterns of parent-child relationship.

Natalie: When Louise came to us we were told she would try and break the placement down because / they explained that she had been let down by so many people she would want to try and be in control of things and she would expect it to break down. She went to great

lengths to break it down. So that was a *real* challenge for us / we had to respond to her positively and firmly and differently to how *she* wanted us to. It was saying to ourselves ‘right lets start again as we do / keep sticking with it’.

Whilst the ‘proactive’ aspects of parenting were claimed as important, they were in fact less often mentioned than the ‘receptive skills’ of listening and understanding, observing and tolerating behaviour, and accepting the sometimes unpleasant aspects of the child or their experiences. Yvonne speaks for all the respondents in noting this aspect of their job, which sometimes entails hearing about things that are almost unbearable.

Yvonne: Some of the things that Ricky could tell you, things that he’s told us about his abuse, would make your blood curdle but you have to listen to that and take it for them, no matter how uncomfortable it makes you feel.

Diane emphasises a common theme expressed across the interviews of the crucial role of the development of a young person’s trust in the carer and, in this context, the need to think before saying or doing anything in response to what is communicated.

Diane: She tells me *everything* [PAUSE] good and bad. We sit and we talk / again I've learnt through Becky not to be judgmental umm in some cases but just to listen and rather than umm sparking up when you think something needs correcting oh you know umm [PAUSE] to sit and listen and take it on board and then analyse what you are going to say rather than getting in there with two feet.

In this connection, a sub-theme running throughout each interview was the carers' sense of emotional understanding of the children they looked after. When talking generally about the children they have cared for, the participants showed both within and across interviews variable 'reflective functioning' - that is, the capacity to ascribe underlying mental states in considering their own and others' behaviour (Fonagy, Steele, Moran, Steele & Higgitt, 1991; Slade, 2004). However there was a clear indication of *high* reflective functioning in describing the young people who had succeeded against the odds. The claiming and commitment process appeared to be intimately intertwined with an attempt to *understand* the child.

Natalie's comment above about 'sticking with it' calls attention to these carers' capacity to provide *repeated* experiences of reliable care-giving, in the committed belief that this will eventually make a difference, notwithstanding challenges from the children along the way. The frequency

and ubiquity in the transcript analyses of the carers' claims about this justifies a separate final section.

7.5 Sticking with it : tenacity and hopefulness

All respondents spoke of stubbornness, or determination, or of a strong desire not to be beaten, in a way that conveyed the foster care task as a struggle, a battle or a long and arduous journey which had to be completed to the satisfaction of the carer for each target child.

Aileen: We stick at things don't we? We stick at things and see them through. We don't like to give up either of us and I think I'm a little bit more worse than Frank (partner) because I don't want to give up on Chris. I don't like [PAUSE] I don't like giving up; I don't like being beaten. I like to keep going and yeh in a way it's sort of big-headedness perhaps it / you think that you will get there eventually / you will. You know 'I can do this; it *will* work' [PAUSE] obviously it doesn't always but you don't give up.

Aileen's use of the word 'worse' in the above excerpt is interesting. It seemed to reflect a commonly expressed tension around the idea of being hard headed enough to give up on a child, in contrast to being a committed parental adult who never admits defeat or abandons a child. Aileen may

construe her 'softness' and preparedness to keep going as a weakness - albeit one which paradoxically requires true grit. That this may be the best thing a foster carer can do for a child is explicitly recognized by Jess in the following quote.

Jess: Yeh the challenges is I think just living day to day and remaining in place even if you can't do anything about changing / changing their lives too much. We see it's important to just *keep going* for children. That's one of the best things you can do for them.

So, keeping going is construed as a service in itself. Generally the respondents revealed a common theme of overwhelming positivity in the face of the fostering task, the setbacks experienced with the child and the difficulties of working with Local Authority and with birth family. Although none of the interviewees used the word, the idea of 'hopefulness' was forcibly present in what they said. This will already have been apparent as a thread running through some of the previous quotes. The theme of 'holding on to the good' was referred to specifically by all the participants. The following are two examples.

Helen: Yes no matter how muddled their lives are, if you look at them long and hard you will *see* there are / there's this *specific* goodness / and *that* is what you latch into and when you feel like going in your

bedroom and *screaming* to the top of your lungs because yet again they've done something really bad / you latch on to that one bit left and it brings you back to sanity [PAUSE] it's like a circle isn't it?

Yvonne: I always see the best in everyone even when they let me down [PAUSE]. I'm a born optimist / I always think there are far, far, far nicer people in this world than not nice people. I think that's true anyway umm and that's probably what's kept me going.

The tenacity and positivity of these carers seemed to represent a personal quality that they had imported into their fostering, and which in turn had been fed by success in their capacity to engage with the young people in their care. Their acquired body of knowledge and techniques could be described as 'wisdom' and offered pointers to features that could be highlighted in the recruitment, assessment and training of new carers, which will be elaborated in a final section below.

8 DISCUSSION

This study aimed to explore the experience of foster carers who were providing a successful placement for a young person, with a view to understanding their perceptions of this. In line with the author's interest in the concepts of belonging and commitment, the interview paid particular attention to these constructs, prompted by the findings of Dozier and her colleagues (2006) in relation to their work with carers of fostered infants. The principles and methods of Interpretative Phenomenological Analysis were used to gather four predominant theme clusters: an enlarged view of 'family' and inclusive sense of belonging shown towards the young person looked after; reflections on working within a 'compromised space' in relation to exercising parental authority; the craft of fostering including managing the foster/birth family boundary, and the importance of resilient tenacity and a hopeful attitude. The following discussion sections address the research aims and questions.

8.1 Were the interviews a useful way of exploring the carers' perceptions?

The interview transcripts provide a qualitative and focused scrutiny on foster carers' experience of successful placements. The chosen headings in the semi-structured interview proved to offer a very effective framework for eliciting the experience and ideas of the foster carers. The richness of their responses and the carers' evident interest in reflecting on their work provided abundant material that enlarged the picture they gave of their relationship with the target child and at the same time allowed them to speak more generally about how they saw themselves as foster carers. Each respondent took opportunities to reflect back over the time they had been fostering, partly because they were asked ('what have you learnt about yourself through fostering?') and also because they were keen to convey their accumulated body of knowledge as special, and specialized.

8.2 What can the carers tell us about family, commitment, belonging?

The study certainly demonstrates the high levels of commitment these carers make to the target child. This was particularly marked over responses to questions exploring carers' expectations for the child post-placement and for their future relationship with them: all for example spoke about how they

would be ‘grandparents’ to any offspring of the target young person in the future. There was an unqualified confirmation by all respondents of the notion of emotional claiming (‘this is my child’) and of the child belonging in their family.

At the same time it was evident that these carers could allow and promote the child’s belonging in their birth family. This enlarged sense of family is outside the usual ‘nuclear’ arrangement and shares some similarities to step-parenting, in which the management of adult ambivalence and children’s divided loyalties are common features. On the evidence of studies of fostered children’s contact with their birth family, the requirement to promote this link is enshrined in legislation (Cleaver, 2000). As well as the benefits, the delicacy and difficulties for all parties are widely recognised (Sinclair, 2005; Mackaskill, 2002). Whilst adolescents can be more independent in managing contact with birth relatives, they still require support and mediation in the process to maintain placement stability alongside it (Lipscombe, Moyers & Farmer, 2004). The carers’ accounts exemplified this.

Of significance was the extent to which the carers were involved in contact, beyond what might be expected of them, apparently helping the young person in their care to deal with the ‘two families’ factor in their lives. The carers’ all expressed some sympathy for the position of birth parents. Their idea of ‘foster family’ appeared to be closed/inclusive and open/permeable

at the same time. They seemed able to thrive with, rather than tolerate, the role ambiguity often noted as a feature of foster care (Thomson & McArthur, 2009). Their 'critical empathy' stance towards birth parents would seem to be one important factor in the placement successes.

The theme of going beyond the call of duty with respect to the target child and his or her birth family was common to each of the respondents, in different ways. All of them indicated the lengths to which they went to keep the idea of the birth family alive for the child. The carers overlapped in function here with the child's social worker; whilst the carers wanted to know that the 'authority' of the Local Authority was present as a long stop, they seemed prepared to undertake these things for the general welfare of 'their' child. This manifest itself in the interviews as an attitude of 'sacrifice'; there was a cost both financially and emotionally although the carers saw this as part and parcel of their commitment to the child.

By and large, these particular carers, in relation to their 'successful placement', appear from their own reports at least to have achieved the four kinds of permanence described by Sinclair (2005): objective (placement will last through childhood), subjective (child feels he or she belongs in the family), enacted (child fully included and treated as one of the family) and uncontested permanence (child does not feel a clash of loyalties between

foster and birth family). The latter characteristic in particular would nevertheless warrant further exploration with the young people themselves.

8.3 What factors were claimed as supporting commitment?

It is perhaps no accident that the carers were all experienced (each with between 9 and 35 years fostering), although they had not been identified for this reason. Fostering experience in itself is more likely to increase placement stability (Chipungu & Bent-Goodley, 2004) and all participants spoke of their general tendency over the years to mobilize more patience and tolerance in relation to children's behaviour, with an acquired understanding about how and when best to intervene to retrieve difficult situations with a child. Allied with this was a very clear message through the responses about the importance of a long term relationship with a family placement social worker. As much as the carers valued a social worker's experience and knowledge in relation to child care skills, the sense of being thought about by the same person over time, and of experiencing their *own* needs as reliably represented in the minds of both their support social worker and the child's social worker, were paramount.

8.4 What did the interviews reveal about placement stability and carer 'stickability'?

As the Results section above illustrates, the respondents held views about 'seeing a job through'. Their tenaciousness, and persistence in 'not being beaten' by setbacks with children cared for, were claimed by them as traits established through growing up in their own family of origin. In this connection all respondents spoke of either themselves or their partner having experienced difficult circumstances in childhood. These were presented as a motivation to do something different or better for their own and their foster children; in each case this 'corrective script' (Byng-Hall 1995) was developed through the carer's relationship with their spouse and amounted to a state of 'earned-security' in attachment terms (Paley, Cox, Burchinal & Payne, 1999; Phelps, Belsky & Crnic, 1997). This strength was experienced by the carers as providing a foundation for the necessary resilience and toughness recognized as a requirement for placement stability in long term fostering (Egeland, Carlson, & Sroufe, 1993; Fonagy, Steele, Steele & Higgitt, 2004).

The same toughness was mobilized by these particular carers in being prepared to challenge or side-step some of the requirements of the Local Authority, once they had committed to the child in question. There was evidence that this led to conflict; carers held the perception that the child's

social worker sometimes had misgivings about the carers' exercise of autonomy and control, founded on their dedication to the child. This may be an inevitable part of the foster carers' 'claiming' process, apparently vital to the child's sense of 'belonging'.

8.5 What did the interviews reveal about being a 'carer'?

Comments like 'he calls us mum and dad but not in front of his social worker' seemed to be emblematic of the tension the carers experienced in supporting the child's sense of commitment to *them*. The ambiguity of being a 'carer' and of being a 'parent' meant having to accept a 'provisional' relationship with the child, even if long term, with the concern that at some stage the young person might simply walk away, leaving the carer bereft. The implicit contradictions inherent in the role evoked expressions of sadness, frustration and impatience, an enduring theme in explorations of foster carer experiences (eg Nutt, 2006).

Perhaps the time has come to re-evaluate the implications of the term 'carer', especially in long term permanent placements such as those central to this study. The term 'foster parent' may need reclaiming, as it embodies better the fact that parenting - or re-parenting - is absolutely critical to the welfare and recovery of children placed away from birth parents in an alternative substitute family.

8.6 Can we predict successful placement outcome?

The central question of why *this* particular child succeeded in *this* particular placement is not clearly elucidated through this study. It is clear that the carers showed many or all of the features mentioned in the introduction which are known to be generally associated with successful outcomes in foster care. However the young people in the target group were identified as having a history that would more than likely predict further placement breakdown, challenging the best of carers. The ‘click factor’ - an early sense of connection with the child which seemed to call forth and reinforce emotional commitment and positive parenting - remains rather mysterious. In each case the child appears to have caught into the attachment history of the carer in some unspecified way, such that it was more than usually difficult for the adult to let go of them, and which also reciprocally brought forward a commitment from the child to the carer. More information on this process might have been gained by being more specific with the carers about their ideas on this. As it was, for the majority of the carers, the unfolding attachment and bonding was experienced as something of a surprise and took them unawares, much as the course of ‘falling in love’ might do in other circumstances.

Apart from rather crude criteria about age and gender, related to other children in placement at the time individual target group youngsters were placed, the matching process for each was largely serendipitous and based on the availability of vacancies at the time as well as geographical constraints over schooling and contact with birth family. Sinclair, Wilson and Gibbs (2005) distinguish between 'matching' (child suited to foster family in terms of location, age range approved for), 'fit' (how the child adapts and mutual accommodation between child and foster family) and 'affinity' (based on bonding and 'click-factor'). In the case of these unexpectedly successful placements the 'affinity' element seems to have been crucial, with the child themselves also being prepared to contribute to the process of fitting in.

This study highlights the possibility that 'you never can tell' in making predictions about outcomes, given the inherent complex chemistry of placing a child with a compromised early history within another family. In many respects however the elements for the particular successful placement outcome identified in this study concur with those gathered by Brown (2008), of foster parents' perceptions of general factors needed for successful foster placements. These related to the availability of external support systems and resources. In the present study carers stressed their own *parental* capabilities and their preparedness to exercise autonomy.

8.7 What about other viewpoints?

Because of practical constraints in time and resources, one of the limits of this investigation is that the voices and perceptions of other stakeholders, such as social workers, birth family and the young people themselves, are not represented. It would be interesting to see these placements through other eyes, especially in relation to attributions of responsibility for successful outcome, and to gain a multilateral view of the distribution of these within the system.

9 REFLECTIONS AND CONCLUSIONS

In this final section, to give the research a personal context, I shall explore my reflections on the enquiry process.

9.1 Personal reflections

The study was inspired by my curiosity and puzzlement, as a clinician, at how some placements seemed to go well despite gloomy predictions based on the child's previous history. I like the idea that history is *not* necessarily destiny, and that in the epic narratives of children and young people in care there is evidence for all of us of the possibility of plasticity in development and of the importance of regret, re-working and reconciliation as factors in coming to terms with early disruption and trauma.

Initially I had wanted to look at shared constructions between child and foster parent about 'success' but ethical and time constraints militated against this. It would make an interesting study and reluctantly I had to let it go in considering what could be achieved in the context of a busy clinical schedule. This has been part of the journey from 'clinician' to 'researcher'. As it turned out, taking the carers' viewpoint alone was a most enriching experience. I wanted to listen with commitment and empathy and at the same time keep a research distance, which I think added a creative tension to the process.

What emerged through this experience - and has usefully reinforced my clinical practice - is the value of holding back on the internal clinical directive to analyse, give formulation and to 'know better'. A counterbalancing challenge has been also to restrain any idealization of what I might want to see as the heroism of the foster carers, although it was hard to come away from my interviews without acknowledging this quality in the accounts of their work.

9.2 What to do about love

I think these carers were all struggling with what to do about love: their parental love for the young person and the young person's love for them, in the context of the link with their birth family. I would speculate that the carers' 'attunement with commitment' influenced the young person's emotional self regulation and capacity for reciprocity (Gerhardt, 2004; Fonagy, Gergely, Jurist & Target, 2004) and initiated a benign feedback cycle in the relationship.

Implicit in the foster carers' narratives was a tension about how to be a fee paid professional *and* a loving parent at the same time. The professionalisation of foster care is double edged (see Wilson & Evetts, 2006). Foster parental love and obligation are not easily bureaucratised commodities and the fostering fee in any case cannot reimburse for the sacrifices carers

make on behalf of the children placed with them (see Nutt, 2006; pp. 30-32.). In listening to the carers in this study, what was so engaging was their simultaneous presentation of ordinariness alongside a transcendent specialness in their emphatic conviction about potential. This appeared central to their success - and beyond price.

9.3 Pointers for foster carer training

In thinking about how this study might give pointers for the training and support of foster parents, an obvious but not always heeded slogan might be 'Support the Click Factor'. Given the unpredictability of child/carer bonding, where a relationship 'clicks' or 'takes off' in placement, this needs to be overtly recognised, respected and supported through the various functions of the Local Authority.

Interventions which target the *connection between* carer and child would seem to be paramount - and, when things go well, allowing the foster carer the space and authority to build on this, by facilitating without abandoning. Much is written about empowering foster carers and working in partnership (Utting, 1997; Quinton, 2004); another message from this research would be 'Trust the Carer'. Taking risks is part of parenting and 're-parenting': as far as possible foster carers' ideas about the child and what they need should be woven into planning.

The carers interviewed seemed able to understand emotional states related to overt behaviour, particularly in relation to the child they had succeeded with. This was claimed as helpful in regulating their own as well as the young person's behaviour and was a state of mind which they presented as coming with experience. Nevertheless I think 'Reflective Functioning' could be specifically taught and promoted through carer support from the beginning of placements.

I was struck how the carers spoke unanimously about their proactive recognition of the birth family on behalf of the child in care. Foster carer preparation might particularly emphasise this aspect of the task more than I think is generally the case presently. What appears to have contributed towards success in the cases studied is the carers' acceptance of the birth family system and a willingness to engage with it, directly and indirectly.

Finally, in connection with the idea of commitment to children over a long period and of the value of 'sticking with it', these carers have also stressed the importance for their own needs of an enduring relationship with social workers who can maintain continuity and reliability. Given the high turnover rates in social work in many areas of the UK this is clearly problematic, but certainly may argue against the practice of moving cases around, especially difficult ones, within a team, even when members are not leaving the

service. Carers' own desire to keep a continuing link with young people, as described by respondents in this study, is not helped by systemic demarcations between 'in care' and 'after care' for vulnerable young people. Given this it seemed a testament to the tenaciousness of those I interviewed that they had apparently kept a link with all or many of the young people who had left them.

9.4 Final remarks

The study highlights the benefits of both this kind of qualitative investigation and the focus on the positive, which seems to have provided a real opportunity for the carers to reveal their own strengths. In repeatedly sifting through the meanings of what the carers were saying, the methodology has allowed me to spend time in their shoes. I come away from the research with reinvigorated respect for their dedication to the task, and their resolve to embrace family life on a bigger canvas than I suspect most of us could manage.

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SECTION III

APPENDICES

APPENDIX 1

PUBLIC DOMAIN BREIFING

This paper provides a summary of a literature review and research paper, supervised by Dr Michael Larkin and Dr Helen Rostill, completed in fulfilment of the requirements for the Doctorate in Clinical Psychology at the University of Birmingham.

Background

At any one time there are up to 70,000 children in care in the UK (Fostering Network, 2004) the majority of whom are looked after by foster carers. Beyond practical care-taking, foster carers are increasingly seen as a resource for helping children change habitual ways of responding and relating based on their previous adverse experiences, and to assist them in making sense of their lives and in managing current contact with members of the birth family ('Care Matters', Department for Education and Skills, 2006). In recognition of the complexity of the fostering task, and that children in care are known to show higher rates of psychological disturbance than the general child population, psychologically based consultation and training interventions with foster carers have proliferated over the past twenty years in the UK. The general aim of these programmes is to provide support and education for the carers and, through the agency of the carer, to effect changes in the behaviour and adjustment of the child. The Review

section of this paper examines the scope of such interventions and the evidence for their effectiveness.

The success or not of foster placements rests very much on the quality of relationship that a carer can establish with a child. Whilst there has been considerable research on the problematic aspects of care for children outside their families of origin, the features of successful foster placements are less well explored. The Research paper focuses on carers' experiences of particular placement successes and examines their ideas and attitudes towards their relationship with the child and their understanding of 'commitment' and 'belonging' in the context of the foster family.

LITERATURE REVIEW

The review examines UK journal studies, published over the past twenty years, of psychologically based consultation and training interventions for foster carers. The studies demonstrate a range of theoretical perspectives underlying the interventions, which include systemic, attachment based, behavioural and cognitive-behavioural approaches. The interventions appear to reflect practitioners' different biases, interests and trainings, although despite the variations in approach, there is evidence in all studies of positive feedback from foster carer participants. The use of outcome measures is generally strong on carer related changes and on carer-reported changes in child behaviour and

adjustment, and weaker on carer/child relationship and on measures related to agency variables like placement stability. A minority of studies employed randomised controlled trials, the practical and ethical challenges of which are described.

The review highlights the difficulty in reaching through foster carers to effect changes in behaviour in the children cared for, in contrast to the evident success of parenting programmes for birth parents and their children. There emerged a dichotomy between foster carer interventions focused on augmenting a reflective understanding of child behaviour and those aimed at child behaviour change and management. No clear evidence was found to support one approach over the other; however there was some evidence that an approach combining behavioural management techniques and education about the effects of child neglect and abuse showed positive results in terms of increased carer resilience and improvements in behaviour in the child cared for.

There is currently no carer focused intervention in use in the UK with a strong empirical evidence base of effectiveness, although in the past five years there is evidence of more rigour in attempting to build such. Outcome assessments need refining; for example greater use of systematic qualitative methods in assessing carer-child relationship, independent of intervention providers, could provide evidence of the more subtle changes that consultation or training might bring about. The review also suggests a need for a major national UK project, using

randomised controls, comparing interventions of different theoretical bases designed for the foster care situation, or of evaluating the effectiveness of a single programme combining the most promising elements of interventions used so far.

RESEARCH PAPER

This reports on a qualitative study examining the perceptions and attitudes of a small group of long term foster carers, each of whom were looking after a teenager (12 to 17 years old) who had succeeded in placement despite prognoses based on previous risk factors predicting likely placement breakdown. The study's rationale is to see what can be learned from 'positive exceptions'.

Aims

To give the participants the opportunity to speak about 'commitment' and 'belonging', in relation to a young person who is doing unexpectedly well in their care.

Participants

Seven foster carers, identified as providing a placement for a young person which has succeeded against previous expectations, based on criteria predictive of likely placement disruption. Potential participants were approached and given information about the research, before written consent was sought.

Method

The carers were interviewed using a semi-structured questionnaire, covering their ideas about their relationship with the child in question, about the foster family and the child's parallel sense of belonging in foster and birth family. The interview schedule was based on a modified version of a questionnaire originally used with foster carers of infants as a way of eliciting their sense of commitment to the child, which has been found to be a reliable predictor of placement stability (Dozier, 2005).

Data analysis

The transcribed interviews were analysed using Interpretative Phenomenological Analysis, chosen as particularly suited to this enquiry for its capacity to elucidate thoroughly the experience of participants from their own perspective. Through repeated readings of the transcripts and extraction of progressively higher levels of meaning, major themes and linked sub-themes are identified.

Results

Four over-arching themes emerged from the carers' accounts. These are characterised by the following headings and sub - themes:

'This is my child'

Participants described 'clicking' with the young person in a way almost beyond their conscious control. They maintained that everyone in the household was

'family' whilst acknowledging the ambiguity inherent in accepting the young person as also part of their birth family. They expressed very strong parental regard for the young person and pride and joy in their achievements.

'Jam in the sandwich'

Carers spoke of their compromised authority in acting parentally for foster children, for whom statutory parental responsibility resides with the Local Authority and birth parents jointly. Their commitment to the child succeeding with them nevertheless led them to act as a parent would, bringing the possibility of conflict with social workers and the perception of themselves as a 'nuisance' in adopting an advocacy role for the child.

'The craft of fostering: repair and rebuild'

Each participant referred to the craft of fostering, using construction metaphors which emphasised repair and rebuilding of children's lives. Whilst mindful of the significance of developmental damage they demonstrated a capacity to maintain high expectations which were claimed to build a child's self confidence. They described both proactive and receptive skills in parenting although in relation to the child succeeding with them, they showed enhanced 'reflective functioning', in going beyond observed behaviour to consider underlying emotional states.

'Sticking with it'

The final theme incorporated claims and concerns about tenacity, stubborn determination and a desire not to be beaten. All carers spoke of the importance to them of hopefulness, positivity and looking for and holding on to the 'good' in a child.

Evaluation and Implications

The question of why *this* child succeeded in *this* placement remained somewhat mysterious, although it was clear that in a way difficult to predict, the young person called forth some aspect of the carer's own attachment history which made it possible for the carer to maintain commitment and to think of the young person as belonging with them. Further qualitative explorations of 'success' in fostering could usefully involve a multi-lateral approach, incorporating the views of the young person, social worker and birth family members, in relation to attributions of responsibility for positive outcome.

The four major themes are used as indicators in considering how such factors may be encouraged and developed generally for all carers, through training and support, to enhance placement stability for similar young people.

Finally, the study highlights the parental role of foster carers and poses the question of whether the title 'foster parent', jettisoned in the debate about the professionalisation of foster care, needs reclaiming.

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APPENDIX 2

LITERATURE REVIEW: SUMMMARY OF STUDIES

TABLE 1: CONSULTATION STUDIES

TABLE 2: TRAINING STUDIES

CONSULTATION STUDIES						
Author Year Country	Type of study	Participants and number in sample if specified	Theoretical perspective / design of intervention studied	Measures and data collection	Outcome	Strengths and Limitations
Nissim and Blow (2000) UK	Evaluation of consultation service to foster carers	n = not specified foster carers	• Systemic / network around child.	• Verbal and written evaluation through carer questionnaire designed by authors.	• Reported carer high satisfaction with service.	• No control or comparison groups. • No independent assessment of carer parenting attitudes or skills, or of change in child behaviour pre- and post intervention.
Sprince (2000) UK	Qualitative account of consultation service to social workers and foster carers	n = 5 individual cases described	• Psychoanalytic and systemic. • Consultation on interpersonal processes in social work and carer communications. • Containment of anxiety within social work organisation.	• Verbal feedback to practitioner from participants.	• Increased carer and social worker understanding of child's perspective. • Claimed reduction in placement breakdowns in agency.	• Rich reflective qualitative descriptions of process of consultation and effect on practitioner. • No evidence presented on claimed outcome re: placement stability, or evaluations from carers.
Emmanuel (2002) UK	Qualitative account of consultation service to social workers and foster carers	n = 3 individual cases described	• Psychoanalytic and systemic.	• Verbal feedback to practitioner from participants.	• Claimed prevention of placement breakdown in individual cases described.	• No evidence presented on claimed outcome re: placement stability. • No evaluations from carers.
Golding (2004) UK	Descriptive study of consultation service to foster carers	n = not specified foster carers	• Systemic / attachment theory based	• Practitioners' assessment based on observation of carers; criteria pre- and post- not specified.	• Carers' increased confidence and resilience.	• No control or comparison groups. • No independent assessment of carer parenting attitudes or skills. • No assessments of change in child behaviour pre- and post intervention.

APPENDIX 2

TRAINING STUDIES						
Author Year Country	Type of study	Participants and number in sample if specified	Theoretical perspective and structure of intervention	Measures and data collection	Outcome	Strengths and Limitations
Minnis and Devine (2001) UK	Randomised controlled trial	Intervention group n = foster carers from 57 families looking after 76 children; control group :n = foster carers from 64 families looking after 106 children.	<ul style="list-style-type: none"> Communicating with children and attachment training. 3 day programme. Control group received standard services without additional training. 	<ul style="list-style-type: none"> Questionnaires on child behaviour and psychopathology (SDQ) and on child self esteem (MRS) completed pre-and post-intervention and nine months later by carers and children's teachers. Reactive Attachment Disorder Scale completed pre- and post- intervention by carers. Carers completed Cost of Foster Care questionnaire. 	<ul style="list-style-type: none"> Measured self esteem of all children in study (with and without additional carer training) improved significantly over 9 month period of study. Favourable changes in scores on attachment disorder symptoms and psychopathology in foster children of carers in training group, although not reaching statistical significance. 	<ul style="list-style-type: none"> Well organised, careful study. Adequate random allocation to trial and control groups and 'blind' outcome assessment.
Hill-Tout, Plithouse, Lowe (2003) UK	Quasi-randomised controlled trial	Intervention group and control group n = 53 foster carers, looking after 103 children in total.	<ul style="list-style-type: none"> Cognitive / behavioural and social learning principles training. 3 day programme to groups of up to 15 carers in intervention set. Control group received standard services without additional training. 	<ul style="list-style-type: none"> Carers in each of intervention and control sets completed questionnaires on child's social adjustment and problem behaviour and on their own beliefs and understanding about child behaviour and management, and on their own stress / wellbeing. 	<ul style="list-style-type: none"> No significant changes in behaviour of children looked after in intervention group: self reported increased carer confidence. Attribution of basis of child challenging behaviour by carers differed significantly post-intervention, between trial and control group. 	<ul style="list-style-type: none"> Independent rating of child behaviour and adjustment. Carer satisfaction with course rated as very high.

APPENDIX 2

TABLE 2 CONTINUED						
TRAINING STUDIES						
Author Year Country	Type of study	Participants and number in sample if specified	Theoretical perspective and structure of intervention	Measures and data collection	Outcome	Strengths and Limitations
Pallett, Scott, Blackeby, Yule and Weissman (2002) UK	Pre - Post	Intervention groups: foster carers looking after under 12 year olds; foster carers looking after teenagers. N+ total 53 carers, in groups of 6 to 12.	<ul style="list-style-type: none">• Cognitive behavioural and social learning principles training.• Initial home visits to carers and active engagement of participants by trainers.• Weekly 3 hour x 10 sessions.	<ul style="list-style-type: none">• Carers gave feedback on effects of course and completed ratings on their own behaviour (PSI subscale) and on child behaviour (PSI subscale and SDQ) pre- and post-training.	<ul style="list-style-type: none">• Carers' reported changes in own behaviour and improvements in that of children fostered.• Very high levels of carer satisfaction with course with reported beneficial effect on carers' confidence.• Significant improvements in carers' ratings of child's difficult behaviour, child's emotional problems, and decrease in carers' level of concerns about areas identified before training.• Non significant changes pre- and post- training in carers' ratings of child's hyperactivity and conduct problems.	<ul style="list-style-type: none">• No control group/s.• No ratings of child behaviour changes other than carers'.• Concerted efforts to adapt course flexibly according to participants' needs.

TABLE 2 CONTINUED		TRAINING STUDIES				
Author Year Country	Type of study	Participants and number in sample if specified	Theoretical perspective and structure of intervention	Measures and data collection	Outcome	Strengths and Limitations
Golding and Picken (2004) UK	Pre - post comparison	Intervention groups: n = 39 foster carers from 31 households, parent skills training / education group: n = 13 foster carers from 9 households attachment training group, with 5 support workers also attending; 6 carers ceased to attend at various stages of the course.	<ul style="list-style-type: none"> Parent skills training/education group: cognitive behavioural and social learning principles with education on effects of childhood trauma, abuse and neglect; weekly 2 ½ hour x 9 sessions. Attachment group: theory and research on attachment and application to specific children cared for by participants; monthly 2 hour x 18 sessions. 	<ul style="list-style-type: none"> Carer qualitative feedback on course. Final verbal evaluation of participants conducted by independent team member from service. Carers completed pre - post intervention questionnaire devised by project team, assessing quality of relationship with child cared for, and Strengths and Difficulties Questionnaire for each child. Assessment of knowledge (multiple choice answers) for the parent skills training group; pen portrait and symptom list for the attachment group. All participants asked to complete satisfaction questionnaire, supplemented by themes recorded by facilitators from discussion at the end of each group programme. 	<ul style="list-style-type: none"> Carer self-reported improvement in understanding, confidence and ability to relate to foster child. Child cared for rated as less difficult after intervention for both groups. Statistical significance for both groups; effect size larger for 'attachment' group. Child conduct problems reported as significantly less for parent skills training group; no significant decrease in attachment group. Reported child peer difficulties and hyperactivity significantly decreased in attachment group, although not in parent training group. 	<ul style="list-style-type: none"> Difficult to compare the outcomes of the two groups as length of session, number of sessions and duration of whole programme different for each. Trainings appeared to target different aspects of fostering task, as reflected in different outcomes on SDQ.

APPENDIX 2

TRAINING STUDIES						
Author Year Country	Type of study	Participants and number in sample if specified	Theoretical perspective and structure of intervention	Measures and data collection	Outcome	Strengths and Limitations
Macdonald and Turner (2005) UK	Randomised controlled trial	n = 117 foster carers randomised into intervention and control groups.	<ul style="list-style-type: none">• Cognitive - behavioural and social learning principles training, derived from Webster-Stratton model; weekly 5 hour x 4 sessions.• Control group received standard services without additional training.	<ul style="list-style-type: none">• Carers completed pre - post behaviour inventory (CBCL) on child in their care.• Carers rated on skills, ability and knowledge in behaviour management, and placement breakdown patterns, pre- and post-intervention.	<ul style="list-style-type: none">• Between intervention and control groups, no statistical differences in scores in behaviour management skills, reported frequency and severity of behaviour problems in children cared for, or in placement stability.• Training group participants showed significantly higher knowledge of behaviour management skills than controls.• Carers reported high level of satisfaction with the course.• Through qualitative accounts from those in training group, the 50% of carers who participated in a 'homework' project were able to demonstrate successful ability to analyse behaviour and implement change strategies.Lack of carer participation in this aspect of training intervention precluded further data and statistical analysis.	<ul style="list-style-type: none">• Carefully devised study with adequate concealment of random allocation.

TRAINING STUDIES						
Author Year Country	Type of study	Participants and number in sample if specified	Theoretical perspective and structure of intervention	Measures and data collection	Outcome	Strengths and Limitations
Allen and Vostanis (2005) UK	Pre - post	Intervention group n = 17 foster carers and n = 6 support social workers from 3 Local Authorities. Majority (70%) of carers offering long term placements.	<ul style="list-style-type: none"> Attachment theory based training, with education on effects of childhood trauma, abuse and neglect. Focus on empathy, emotional attunement and affect regulation. Weekly 2 ½ hour x 7 sessions. 	<ul style="list-style-type: none"> Evaluation conducted through recorded discussion in focus groups pre- and post- training. 	<ul style="list-style-type: none"> High levels of satisfaction in course. Increased understanding of child behaviour difficulties; decreased sense of carer isolation. 	<ul style="list-style-type: none"> No control or comparison group. Need for follow up sessions identified by carers and participating social workers. Lack of measures of associated changes in child behaviour/adjustment acknowledged by authors. Need for additional input on behaviour management strategies noted by carers.
Herbert and Wookey (2007) UK	Randomised controlled trial	Intervention group: n = 67 foster carers. Control group: n = 50 foster carers.	<ul style="list-style-type: none"> Child Wise Programme: cognitive-behavioural and social learning principles training. Weekly 5 hour x 4 sessions. 	<ul style="list-style-type: none"> Ratings of knowledge of behavioural principles (KBPA), child behaviour (CBCP) by carers. Adapted foster carer satisfaction questionnaire (FCSQ) pre-, during and post- intervention. 	<ul style="list-style-type: none"> Post-intervention, experimental group scored significantly higher than control in knowledge of behavioural principles. No statistically significant reduction in carer rated child difficult behaviour on CBCP, although most carers reported improvements in child behaviour. Most carers reported increased confidence. No evidence of fewer placement breakdowns in intervention group. 	<ul style="list-style-type: none"> Sample sizes based on estimate required to identify changes of statistical significance at 0.05 level.

TABLE 2 CONTINUED			TRAINING STUDIES			
Author Year Country	Type of study	Participants and number in sample if specified	Theoretical perspective and structure of intervention	Measures and data collection	Outcome	Strengths and Limitations
Northey (2007) UK	Pre - post	Intervention group: n = approximately 25 foster carers; total number foster carers not specified.	<ul style="list-style-type: none"> Cognitive behavioural and social learning principles training, with initial emphasis on relationship building with child. Weekly 2 3/4 hours x 10 sessions. 	<ul style="list-style-type: none"> SDQ given first and last session; brief feedback with Likert Scale after each session. Overall satisfaction questionnaire designed by course providers given at final session. 	<ul style="list-style-type: none"> Foster carers rated course highly in terms of satisfaction with content and usefulness. No significant changes pre- and post- on any aspects of SDQ. 	<ul style="list-style-type: none"> Foster carers reported as finding course more useful than did Residential Social Workers. Very limited outcome measures. No control, waiting list or comparison groups.
Laybourne, Andersen, Sands (2008) UK	Pre - post	Intervention group: n = 10 foster carers. Data for analysis received from n = 7.	<ul style="list-style-type: none"> Theory and research on attachment and application to specific children cared for by participants. 3 hour sessions x 16 over 6 months. 	<ul style="list-style-type: none"> Verbal feedback after each session. Parenting Stress Index (PSI Short Form) , Strengths and Difficulties Questionnaire (SDQ), Relationship Problems Questionnaire (RPQ), Intervention Questionnaire (ICQ) completed by carers at first and last session. In-depth semi-structured qualitative evaluation by independent interviewer of 6 carers after programme completion. 	<ul style="list-style-type: none"> 30% drop out from intervention group. Significant decreases in pre- and post- intervention scores on PSI; no statistical difference on pre- and post- SDQ; no statistically significant difference in RPQ or ICQ scores although scores on all measures had moved in positive direction. All carers reported significant benefits in understanding foster child behaviour and own resilience. 	<ul style="list-style-type: none"> No control or comparison groups. Small sample size. Very positive feedback from carers about effect on understanding of attachment issues in foster care convinced programme organizers of general applicability of the approach for all foster carers in agency.

APPENDIX 3

LITERATURE REVIEW: QUALITY OF STUDIES

TABLE 3: CONSULTATION STUDIES

TABLE 4: TRAINING STUDIES

APPENDIX 3

QUALITY OF CONSULTATION STUDIES

TABLE 3	STUDY			
Quality Criteria	Nissim and Blow (2000)	Sprince (2000)	Emmanuel (2002)	Golding (2004)
<i>Rationale and Design</i>				
<i>Is there a sound rationale for the study?*</i>	1	1	1	1
<i>Does the method allow for replication?*</i>	0	0	0	1
<i>Is there a control group?*</i>	0	0	0	0
<i>Randomised or Quasi-randomised?*</i>	0	0	0	0
<i>Is there a comparison intervention group?*</i>	0	0	0	0
<i>Is there a long-term (9 month) follow up?*</i>	0	0	0	1
Subtotal	1	1	1	3
	STUDY			
Quality Criteria	Nissim and Blow (2000)	Sprince (2000)	Emmanuel (2002)	Golding (2004)
<i>Sample and Outcome Measurement</i>				
<i>Was the number of participants adequate?*</i>	0	0	0	1
<i>Outcome Measures:</i>				
<i>Child Focused?*</i>	0	0	1	0
<i>Carer Focused?*</i>	1	0	0	1
<i>Child / Carer Focused?*</i>	0	0	1	1
<i>Agency Focused?*</i>	0	1	0	0
<i>Was there an assessment of outcome independent of the intervention provider/s?*</i>	0	0	0	0
<i>Was the carer response rate adequate?*</i>	1	0	0	1
Subtotal	2	1	2	4
Total Score	3	2	3	7

* 0 = NOT PRESENT 1 = PRESENT

** 0 = NOT PRESENT 2 = PRESENT

MAXIMUM TOTAL SCORE = 15

APPENDIX 3

QUALITY OF TRAINING STUDIES

TABLE 4		STUDY			
Quality Criteria		Minnis & Divine (2001)	Hill-Tout, Pithouse & Lowe (2002)	Pallett, Scott, Blackeby, Yule & Weissman (2002)	Golding & Picken (2004)
<i>Rationale and Design</i>					
<i>Is there a sound rationale for the study?*</i>		1	1	1	1
<i>Does the method allow for replication?*</i>		1	1	1	1
<i>Is there a control group?*</i>		2	2	0	0
<i>Randomised or Quasi-randomised?*</i>		2	2	0	0
<i>Is there a comparison intervention group?*</i>		0	0	0	1
<i>Is there a long-term (9 month) follow up?*</i>		1	0	0	0
Subtotal		7	6	2	3
		STUDY			
Quality Criteria		Minnis & Divine (2001)	Hill-Tout, Pithouse & Lowe (2002)	Pallett, Scott, Blackeby, Yule & Weissman (2002)	Golding & Picken (2004)
<i>Sample and Outcome Measurement</i>					
<i>Was the number of participants adequate?*</i>		1	1	1	1
<i>Outcome Measures:</i>					
<i>Child Focused?*</i>		1	1	1	1
<i>Carer Focused?*</i>		1	1	1	1
<i>Child / Carer Focused?*</i>		1	1	1	1
<i>Agency Focused?*</i>		1	0	0	0
<i>Was there an assessment of outcome independent of the intervention provider/s?*</i>		1	1	0	0
<i>Was the carer response rate adequate?*</i>		1	1	1	1
Subtotal		7	6	5	5
Total Score		14	12	7	8

* 0 = NOT PRESENT 1 = PRESENT
 ** 0 = NOT PRESENT 2 = PRESENT

MAXIMUM TOTAL SCORE = 15

APPENDIX 3

QUALITY OF TRAINING STUDIES

TABLE 4 CONTINUED					
Study					
Quality Criteria	Macdonald & Turner (2005)	Allen & Vostanis (2005)	Herbert & Wookey (2007)	Northey (2007)	Laybourne, Anderson & Sands (2008)
<i>Rationale and Design</i>					
<i>Is there a sound rationale for the study?*</i>	1	1	1	1	1
<i>Does the method allow for replication?*</i>	1	1	1	1	1
<i>Is there a control group?***</i>	2	0	2	0	0
<i>Randomised or Quasi-randomised?***</i>	2	0	2	0	0
<i>Is there a comparison intervention group?*</i>	0	0	0	0	0
<i>Is there a long-term (9 month) follow up?*</i>	0	0	0	0	0
<i>Subtotal</i>	6	2	6	2	2
Study					
Quality Criteria	Macdonald & Turner (2005)	Allen & Vostanis (2005)	Herbert & Wookey (2007)	Northey (2007)	Laybourne, Anderson & Sands (2008)
<i>Sample and Outcome Measurement</i>					
<i>Was the number of participants adequate?*</i>	1	1	1	1	1
<i>Outcome Measures:</i>					
<i>Child Focused?*</i>	1	0	1	1	1
<i>Carer Focused?*</i>	1	1	1	0	1
<i>Child / Carer Focused?*</i>	0	0	0	0	1
<i>Agency Focused?*</i>	1	0	1	0	0
<i>Was there an assessment of outcome independent of the intervention provider/s?*</i>	0	0	0	0	0
<i>Was the carer response rate adequate?*</i>	1	1	1	1	0
<i>Subtotal</i>	5	3	3	3	4
<i>Total Score</i>	11	5	9	5	5

* 0 = NOT PRESENT 1 = PRESENT
 ** 0 = NOT PRESENT 2 = PRESENT

MAXIMUM TOTAL SCORE = 15

APPENDIX 4

Ethical permission : Documentation from University of Birmingham

April and May 2007

[not available in the digital version of this thesis]

APPENDIX 5

FOSTER CARER QUESTIONNAIRE

Today we're going to be talking about you and the child you have in placement (C) and what 'family' and 'belonging in a family' means to you.

I'd like to begin by asking you to describe your present household. Could you tell me about who lives with you? *(Get details - ages, time in household, family or legal relationships - to create a context for understanding the interview.)*

about your experience of being a foster parent

- how did you come to be a foster carer? *(include exploration of rewards and challenges in this question)*
- what keeps you going as a foster carer?
- what have you learnt about yourself through fostering?

about how your childhood experiences might have affected you as a foster parent

- tell me about the links between your own experiences as you were growing up and being a foster carer now

understanding 'family' and 'belonging'

- thinking about your present household and the young people you care for, what does 'family' mean to you?
- what is it like when somebody belongs in your family -and what is it like when they don't?
- what is C's sense of belonging to their birth family and how does that fit with belonging in this family?

FOSTER CARER QUESTIONNAIRE continued

After a break..

about C and your relationship with her/him

- tell me about C coming into your family
- tell me about family life with C
- what do you think C would say about their life here with you?

looking back, looking ahead

- what have you learnt about family and belonging through your relationship with C?
- what would you want for C in the future?

APPENDIX 6

INFORMATION FOR FOSTER CARERS

Research study ‘Against the odds’: foster carers’ sense of family, commitment and belonging in successful placements

You are invited to take part in a small research project I’m undertaking. This is being supervised through Birmingham University’s Clinical Psychology Department and is supported by [REDACTED] Children’s Services and the Primary Care NHS Trust.

I’m interested to explore the perceptions and attitudes you have, as a foster carer, towards the notions of ‘family’ and ‘belonging’. The research is specifically related to carers of young people who are currently deemed to be doing well in care, based on what was expected from their previous placement history.

To help you decide whether to agree to take part in the research I want to give you more information about it and what you will be asked to do. The following are my answers to some likely questions you may have, to guide you in reaching your decision about whether to participate.

What is the study for?

While there has been a lot of research on foster care breakdown, the features of successful placements are less understood. The focus of my investigation is on what works rather than what doesn’t. In placements that appear to be going well, I want to learn more about the attitudes of the foster carers in terms of how they understand and experience ‘family’ and what it means to ‘belong’ in families.

How are foster carers chosen?

I have identified, by examining Looked After Children Review forms and from discussion with Social Workers, a number of young people within the Teenage Placement Scheme who are managing well at present in social and educational terms, even though their previous history in the care system

INFORMATION FOR FOSTER CARERS continued

might predict otherwise. These young people will have had at least one placement disruption and difficulties in at least one area of their lives, including placement, education, mental health, offending behaviour and relationships with peers.

As *you* are looking after one such young person where this is the case, I'm interested to hear your experience as a foster carer.

What is involved?

I would like to record an interview with you. This will last for about an hour. I shall ask about your relationship with the young person you look after, and the way you feel he or she 'belongs' in your family. I shall ask about how you think the experience of your own family of origin has influenced your foster caring role now. I am interested in your understanding of the link the young person has with their original family and how this affects your experience of him or her in your family. I would also like to hear your views about the support you get, from within and outside your family, in looking after the young person. I shall ask you why you think things are going better for him or her at the moment.

In families where there are two of you looking after the young person I shall ask you to identify the main foster parent and interview that carer. If it's difficult to identify the principal carer, I shall leave it to you to decide which of you is interviewed. In any case I shall be interested to hear your views of how the support of partner or spouse makes a difference in the foster caring role.

What will happen to the information given?

After the interview you will have a period of two weeks when you can contact me and make any additions or alterations to what you said. These will then be included in the final record of our discussion.

The tape recording will be transcribed by someone who does not know you or the young person in question and who will be bound by the same rules of confidentiality as I shall be in this study. I will check the transcript for accuracy. If you want to see it, the transcript will be made available to you.

INFORMATION FOR FOSTER CARERS continued

Transcripts and any other written material will be kept securely. The interviews will be confidential and there will be no identifiable stored information so that anonymity will be maintained. Your personal identity, or of anyone you speak about, including the Looked After young person, will not be included in the transcripts or in the report of the study. Tapes will be wiped six months after completion of the project.

In exceptional circumstances, and in keeping with local and professional guidelines, I would share the content of our discussion if I thought from what you said that you or anyone else was at risk of harm.

Can carers withdraw from the research study?

You can decline the invitation to participate in the study at any time. You may also terminate the interview at any time, once you have decided to take part. Taking part, or deciding not to take part, or stopping the interview once it has started, will not in any way affect the subsequent service you may receive from me or other professionals in a clinical or support capacity.

What happens if the questions upset the foster carer?

I think it is very unlikely that the questions will be disturbing, but if at any time you feel they are, you may decline to answer and will not be asked to give a reason. If after the interview you experience any distress and you would prefer not to discuss this with the interviewer, you can speak confidentially to your Family Placement Social Worker or another local Consultant Clinical Psychologist.

Will the young person be interviewed?

No. This is because the focus will be on your experience as the carer and on your sense of what being a 'foster family' involves for you.

What will happen to the results from the study?

Your interview and those of other foster carers will be analysed for themes that may emerge in relation to the meaning of 'family' for people in your position, whose families include others who also have an 'original' family

INFORMATION FOR FOSTER CARERS continued

elsewhere. I shall also analyse the transcripts for descriptions that relate to a carer's emotional commitment to the young person. I shall look for common themes across the transcripts from the group of carers interviewed and consider these themes from the perspective of 'successful placements'. The results and write-up may be published in a relevant professional journal. All participants will be able to have a copy of the write-up if they wish it.

Further questions - and next steps

I shall be happy to answer any queries you may have about this invitation to participate or about the study itself. You can contact me on [REDACTED] or [REDACTED].

If you would like to take part please return the page below in the stamped addressed envelope. I shall then be in touch with you to arrange a meeting in which you can ask any further questions you have. I shall give you a consent form to sign before making the interview.

Thank you for taking the time to read this letter.

With best wishes

Yours sincerely

Nicholas Oke

Consultant Clinical Psychologist

Children's Resource Team

[REDACTED]

[REDACTED]

INFORMATION FOR FOSTER CARERS continued

RETURN SLIP

I would like to take part in the study 'Against the odds: foster carers' sense of family in successful placements'. I understand Nicholas Oke will contact me on receipt of this return slip.

Name

Address

Telephone Number

Please return to me in stamped addressed envelope provided. Many thanks.

Nicholas Oke Consultant Clinical Psychologist

20 August 2007

INFORMATION FOR FOSTER CARERS continued

CONSENT FORM

As a foster carer offering a successful placement, you have been asked to participate in a study exploring your attitudes and perceptions towards 'family' and 'belonging'. You are asked to give a tape recorded interview with Nicholas Oke Consultant Clinical Psychologist which will last for approximately one hour.

☒ I have read the information letter and understand the requirements of the study

☒ I have had the opportunity to ask any questions I have had about the study

☒ I understand that I can withdraw from the study at any time and that this will not affect the future service I, or the child I look after, might receive from the Clinical Psychologist

☒ I understand that any information I give during this study is confidential, subject to the limitation required of the interviewer in relation to duty of care to protect from harm

☒ I understand that I, the child I look after, and any other individual I might refer to in the interview will not be personally identified in the written report of the study

☒ I agree to take part in this study

Name _____

Signature _____

Date _____

Nicholas Oke Consultant Clinical Psychologist 31 January 2008

APPENDIX 7

WORKED TRANSCRIPT : First stage

264 R1 They have had trips to France haven't they and all school
265 trips of a large amount I mean little bits and pieces we don't
266 bother with but um a large trip like a trip to France or whatever
267 anything like that they have supported and financed that
268 [PAUSE] so we are pleased with that

269 What have you learnt about yourselves through fostering?

270 R1 I found patience I never knew I had [LAUGHS] Umm I
271 don't know I think u mature yourselves as you grow older don't
272 you and you do you don't look upon things as so major [PAUSE]
273 nothing can shock you or surprise you

274 R2 Nothing?

275 R1 No [LAUGHS]

276 R2 Sometimes you get you're surprised that [PAUSE] you
277 have been able to go through all the bad times and forget
278 about them and just nurture. Sometimes you get quite low
279 [PAUSE] at certain points

280 R1 Yeh when you feel let down by the children because
281 even after 3 or 4 years you think umm 'if I perhaps do
282 something silly' you think 'oh dear she let us down didn't think
283 she would do that' but you have to think that they are quite
284 damaged children and if they weren't they wouldn't be here
285 with you [PAUSE] and the longer times go on you think you
286 forget about the problems that they've got until they have and
287 up or down in their life and then it makes you think and
288 remember that they do find it difficult to cope with certain
289 situations

290 R2 Resilience I think learn that we're quite resilient aren't
291 we?

292 R1 Yeh I think as a family umm even sort of working at our
293 relationship they see that we are just like any family, we have
294 arguments and umm/do different things have disagreements
295 and do different things that you want to do differently, but they
296 see you working through that and not giving up on things
297 [PAUSE] you know and I think a lot of people give up on
298 marriage and families as a whole these days too quickly

SSD supported
large trips

Learnt: I
have patience
I never knew
I had.
Mature so
that nothing
shocks or
surprises -
things in perspective
surprised to
find you forget
abt bad times
and keep
nurturing.
Sometimes
get low when
let down by
children. Have
to remember
they are damage
can forget
but face it
again with
next difficulty
mindful of how
child finds it.
diff to cope in
certain situations

Learned
resilience

Children see foster
parents disagreeing and
working at their relation
ship. Working through
difficulties

APPENDIX 8

THEMES : Third and final clustering

Analysis of themes from seven foster care interviews: four major clusters

1) Emotional commitment: 'clicking', claiming and belonging

Loving / being loved by child, liking at first sight / fondness

Inclusivity, claiming and belonging in the family

Recognition of perspective of carers' birth children / sibling relationships between non-related children

Fairness and equitability

Hospitality / generosity / our home is your home / joy of being needed

Impossible and alien: not belonging

Recognition / acceptance of child committing themselves to foster family

Respect for / faith in / admiration of child's capacity for growth and resilience

Pride / joy in child's achievements

Being holder of child's history / holder of future perspectives / commitment to stay in touch with child

Aspirations / high expectations / child or carer gaining strength through overcoming adversity

Concern / apprehension for child's future emotional / social / financial security

Recognition of different needs of children in placement, including siblings

Awareness / recognition of developmental aspects – psychological, social, physical in understanding child, self and others

2) Tensions in positioning: working alongside Local Authority and birth family

Motivations for fostering

Valuing work / working for things / work as pleasure

Recognition of own strengths as carer / faith in own ability / proving people wrong

Valuing own agency / independence as carer / being trusted by Social Services / going against Social Services

Authority and parental responsibility

Recognition of child or carer belonging in two or more families at same time

Empathy / sympathy with child's birth parents / members of original family

Recognition of / support for child's link with birth family

3) Considering the craft of fostering: repair and rebuild

Recognition of fostering as a craft / as rescue and repair

Tactfulness / sensitivity re foster child's loyalties / need for privacy

Acceptance of conflict as inevitable

Humour

Proactive skills: limit setting; rewarding; teaching

Receptive skills: listening, observing, tolerating, accepting

Recognition of benefit of communication between child and carers

Respect and trust; between children and parents; between all family members

Straightforwardness / directness / honesty / consistency

Support from spouse, wider family, birth children, foster children, other foster carers

Appreciation of professional support

Pride / joy in own achievements as carers

Carers' positivity / optimism / attribution of luck

Sub theme : Knowing yourself and knowing the child

Foster carer self knowledge / self appraisal / regrets / recognition of harm to self through fostering

Reflecting on own childhood : replicative / corrective script / earned security / strength through adversity

Intersubjectivity: I know that you know that I know / reciprocity

Understanding mental states 'behind' behaviour

'Open eyes': recognition of hurt / damage / burden placed on child by birth family and / or experiences in care

Recognition of positive impact of fostering on child/ren

Sociological / historical perspective – on child care / deprivation / expectation of state help / on fostering

Gender as factor in interactions in foster family

4) Sticking with it : tenacity and hopefulness

Commitment / tenaciousness / steadiness / dedication / selflessness

Carer resilience / capacity for forgiveness

Carers' positivity / optimism / attribution of luck

Sacrifice / duty in service of fostered child

APPENDIX 9

Notes for authors : Child Clinical Psychology and Psychiatry

[Not available in the digital version of this thesis]

APPENDIX 10

**Letter of submission to nominated journal : Child Clinical Psychology and
Psychiatry**

[Not available in the digital version of this thesis]