

**WHAT FACTORS CONTRIBUTE TO THE
SUCCESS OF A FOSTER PLACEMENT:
THE PERSPECTIVE OF THE FOSTER
CARER**

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PART ONE: LITERATURE REVIEW

WHAT FACTORS CONTRIBUTE TO THE SUCCESS OF A FOSTER PLACEMENT?

ABSTRACT

This review aimed to examine the current literature on foster care, with a particular focus on what constitutes a successful foster placement. The definition of a 'successful placement' in this context is a placement that not only does not break down, but one where the child manages to adequately adjust to a stable life in foster care. The review considers findings from the literature on foster care, along with empirical studies and theoretical papers from the developmental psychopathology and resilience literature base that further inform our understanding of this area. The review presents and critiques the literature in three main domains; 1) how the children's previous experiences influence the foster placement, for example their experiences of maltreatment, 2) the significance of the foster carer-foster child relationship, for example the importance of a secure base in care, and 3) the influences on a placement from the wider system of people and professionals involved in the child's welfare, for example the social worker and the child's birth family. The review concludes with an extended critique of the literature and suggestions for future research.

Introduction

Foster care accommodates 68% of the 61,000 children in care in the UK (Department of Health, 2005). The majority of children coming into care (62%) have been removed from their homes for reasons of abuse or neglect; they are a group of vulnerable children who are at a higher risk of developing mental health problems (Bolger & Patterson, 2003; Miller, 2003; Rutter, 2000).

More specifically, early maltreatment has been shown to affect a child's attachment processes; many children who have been abused develop disorganised attachment patterns in which their behaviour is chaotic and confused in response to planned separation (Ainsworth, 1978; Bowlby, 1988; Gomez, 1997). Maltreatment is also associated with a higher risk of internalising and externalising problems (Bolger & Patterson, 2003; Luther & Zelazo, 2003; Rutter, 2000), as well as a lack of skills for developing autonomy and self-esteem, and significant difficulties with adjustment (Egeland, Jacobvitz & Sroufe, 1988).

Children who enter the care system have often come from families where a diverse range of psychopathology and multiple parenting problems are rife; the children often suffer from genetic vulnerabilities as well as the consequences of being exposed to aversive environments (Rutter, 2000). These children have also undergone separation from their homes and families and have been

placed into new environments where they are expected to adapt. Given their histories, this is often problematic and many children develop adjustment difficulties (Gilligan, 2000; Rutter, 2000).

However, despite the multiple vulnerabilities that characterise children coming into care, some children are able to overcome their experiences of adversity and deprivation, and to adjust to foster care and form new healthy relationships (Bolger & Patterson, 2003; Gilligan, 2000; Luthar & Zelazo, 2003; Masten, 2000; Newman & Blackburn, 2001; Rutter, 2000). Considering the factors and processes that facilitate a child's adjustment in these circumstances will increase our understanding of what contributes to a successful foster placement and how placements may be supported to ensure their maximum success. It will also serve to better inform professionals about optimal ways to manage and plan for placements.

The model that will be used in this review is one that has been adapted from developmental psychopathology, where the balance of multiple risk and protective factors is seen as predicting child outcomes. There are other ways of looking at this, for example the Wallender and Varni model (1992) for stress and coping with regard to psychological adjustment. This model highlights certain risk factors for poor adjustment, for example disability and psychosocial stressors, alongside resistance factors that increase adjustment, such as social support and good problem solving abilities. The

resilience literature can also be used to help us understand why some children manage to successfully adjust to life in care while others struggle. A generally accepted definition of resilience in the literature is a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cicchetti & Becker, 2000). There has been a direct link made between resilience and successful outcomes in care, in terms of the child adjusting to the placement and achieving appropriate developmental goals (Gilligan, 2000; Luthar, Cicchetti & Becker, 2000). Exploring resilience will, therefore, further our insight into some of the processes of adaptation that help a child succeed in care.

Empirical studies have looked at predictive factors that enhance resilience in three main conceptual areas. These areas are (1) within-child factors, for example the child's self-esteem, pro-social behaviour and an internal locus of control; (2) a positive carer-child relationship, via which a secure base develops for the child; and (3) the wider system, for example the children's contact with their birth families. An increase of resources in one of these areas can have a general impact on the child's resilience and thus their ability to overcome challenges in care (Beek & Schofield, 2004; Bolger & Patterson, 2003; Fonagy, Steele, Steele, Higgett, & Target, 1994; Gilligan, 1999; Luthar, Cicchetti, & Becker, 2000; Luthar & Zelazo, 2003; Masten & Powell, 2003; Newman & Blackburn, 2001). Studies that are specific to foster care will now be examined in more detail.

Within child factors

The children's experiences before they come into care shape their development and how they are able to cope with life stressors and specific challenges. Studies have shown that a child's age (Chapman, Wall & Barth, 2004; Dance & Rushton, 2005; Monck, Reynolds & Wigfall, 2004; O'Connor et al., 2000), and the type and degree of maltreatment (Dance, Rushton & Quinton, 2002; Kanuik, Steele & Hodges, 2004; Rutter, 2000) have significant effects on the child's development and ability to succeed in care (Bolger & Patterson, 2003; Flynn, Ghazal, Legault, Vandermeulen & Petrick, 2004; Luthar & Zelazo, 2003). Further, the child's self-esteem and self-efficacy, along with their sense of mastery and control over their environment have been shown to have significant influence over their ability to adjust in care (Gilligan, 2000; Masten, 2000; Newman & Blackburn, 2001; Rutter, 1990(ii); Schofield, Beek, Sargent, with Thoburn, 2000; Sinclair & Gibbs, 1996; Strand & Peacock, 2003). This section will examine some of these studies in more detail.

The age of the child

Empirical studies have examined the impact of the age of the children coming into care on the outcome of their foster placement. These studies have shown that the older the children are when they come into care, the more psychosocial difficulties they experience in care, and that the placements have poorer outcomes. One such study (Monck et al., 2004) presented carers' observations of their foster

child's behaviour and development. The findings showed that the younger the children were, the faster they seemed to settle and the fewer adjustment difficulties they had. Further, another study (Chapman et al., 2004) that administered questionnaires to children in an attempt to elicit their views on care, found that the younger the children were, the more eager they were to settle in care and make the placement their home. Other findings of this study are discussed later in this review when examining the foster carer-foster child relationship and the impact of the children's contact with their birth families on a placement.

The effects of maltreatment

Most children who come into care have been maltreated in some way, usually in the form of neglect (Department of Health, 2005). Research on attachment using the Strange Situation (Ainsworth, 1978), in which a child is separated and reunited with a primary caregiver, has shown that children who have been abused or neglected in some way have particular patterns of behaviour when placed in this situation. They become confused, chaotic and extremely anxious. These children also exhibit particular difficulties with regard to interacting with other people, as a result of their lack of a secure base and of an internal model of relating to others (Gomez, 1997). They encounter particular problems, for example not being able to feel safe or able to trust another individual, which impedes their ability to form new relationships. Given the expectations on foster children to successfully adapt to new

situations with new people, in light of their potentially disrupted attachments, this area of foster care would seem highly problematic; however, it is significantly under-researched. This important issue is returned to later in this review when discussing the relationship between the foster carer and the foster child.

Neglected children are at a greater risk of developing behavioural and emotional problems (Bolger & Patterson, 2003; Miller, 2003; Rutter, 2000), and also tend to differ from other groups of children in terms of language ability and intelligence. For example, O'Connor et al (2000) discovered that children who were adopted from a Romanian orphanage between the ages of two and three and a half showed a twenty-four point IQ deficit in comparison to those children who were adopted under the age of six months. The study concluded that the length of time in an aversive situation had a direct impact on a child's cognitive ability, a factor known to increase a child's resilience, and therefore their ability to adapt in care (Luthar & Zelazo, 2003).

In their review of the literature, Bolger and Patterson (2003) concluded that those children who are exposed to fewer additional stressors, abused at an older age and on a less severe level are able to cope better with subsequent pressures.

The child's sense of self-esteem and self-efficacy

How these children perceive themselves and their environment is important to how they are able to adjust in care. Rutter (2000) describes how resilience is promoted by the extent to which the child is able to, or is enabled to interact with his or her environment in a way that reduces helplessness and promotes control.

Numerous studies have highlighted the association between self-esteem and resilience, and better outcomes of placements in terms of the child feeling more confident and settled (Beek & Schofield, 2004; Gilligan, 1999; Gilligan, 2000; Flynn et al., 2004, Masten, 2000; Munro, 2001; Newman & Blackburn, 2001; Schofield, 2002; Sinclair & Gibbs, 1996, Strand & Peacock, 2003). One study (Flynn et al., 2004) that administered questionnaires to a large sample of children (n=472), discovered that one of the best predictors of a good outcome for a foster placement was a child's high level of self-esteem. This study also found that the good health and pro-social behaviour of the child were also associated with good placement outcomes, and that low academic performance was linked with poorer outcomes. However, due to the large sample, the participants were not interviewed directly, denying the opportunity for specific issues to be followed up or explored further with the participants, such as what actually helped to enhance their self-esteem.

Qualitative studies that have interviewed children about their experiences of care have also shown that a well-established self-

esteem is associated with resiliency and better outcomes in care. Beek and Schofield (2004) interviewed 52 children about their progress in care and found that self-esteem and self-efficacy not only affected the success of a placement, but also that they could both be increased via encouragement and accomplishment in activities and interests. The study reported how an increase in self-esteem and self-efficacy also resulted in an increase in the resiliency of the children in terms of their ability to cope with challenging situations. These findings were consistent with other studies and theoretical papers that emphasised the central importance of self-esteem and self-efficacy in a successful foster placement (Gilligan, 1999; Gilligan, 2000; Schofield, 2000; Sinclair & Gibbs, 1996).

When children feel involved in the planning of their own future, their sense of mastery over their environment is increased and thus their levels of self-esteem (Gilligan, 2000; Newman & Blackburn, 2001). A greater sense of mastery and an internal locus of control have also been associated with enhanced resiliency (Bolger & Patterson, 2003; Strand & Peacock, 2003). Based on qualitative interviews with children (n=15) about how empowered they felt in placements, Munro (2001) discovered that the more the children felt listened to and the more they were consulted about decisions, the greater their feelings of agency over their different environments. This seemed to be linked with their overall sense of self-esteem and self-efficacy, and consequentially their adjustment in care.

The studies presented in this section have highlighted various aspects of the children and their experiences that may affect the outcomes of their foster placements. This next section will consider studies that address the significance of the foster carer-foster child relationship.

The foster carer-foster child relationship

Rutter (1990) described how the foster carer is in a position to help the child to recover from past hurt and unfreeze developmental processes that were previously halted by different trauma that the child had experienced or witnessed. Numerous empirical studies have illustrated the importance of the carer-child relationship for a child in care (Dent & Cameron, 2003; Masten, 2000; Strand & Peacock, 2003). Some of these studies will now be considered, along with relevant theoretical papers that enhance our understanding of this concept. First, this section will consider studies that have examined the importance of a good relationship between the carer and the child, in light of the attachment literature. It will then examine the effects of different types of parenting on a placement, before exploring the influences of parental and placement consistency on placement outcome.

Studies that have used questionnaires to obtain information from children, about what helped them to adjust in care, have unanimously reported the importance of the children's relationship

with their carers, the success of which determined the success of the placement (Festinger, 1983; Munro, 2001; Sallnas et al., 2003; Schofield et al., 2000). One study (Chapman et al., 2004) administered a 12-item questionnaire to 188 children about their relationships with their carers. It found that when the child experienced their carers as accepting, supportive and warm, the placement had better outcomes and the child was better adjusted. Similarly, another study (Masten, 2000) that looked at resilience in 205 children in foster care over a period of 20 years, found that the best predictor of good outcomes in a placement was the child's good relationship with the carer, in which the carer was warm and had high expectations of the child.

Attachment theory can further our understanding of these studies by exploring the processes by which children feel safe and are able to develop. Bowlby (1988) states that in order for children to grow and form healthy relationships with others, they must have developed a secure base with an adult, from which they can explore and return to. In a particularly informative qualitative study of attachment and foster children, Hallas (2000) looked at the meaning of human bonding between foster children and foster carers. Five dyads of foster carers and foster children were interviewed. The study showed that specific characteristics of the foster carer, for example caring behaviours and patience, enhanced the child's sense of belonging and contributed to the development of a meaningful attachment between the carer and child. This paper concluded that even when

the child comes into a placement with disrupted attachment patterns, this 'damage' can be 'repaired' within a secure foster child-foster carer relationship. Although this is a hopeful message for foster care, this study had a particularly small sample and there was no control for regulating whether the children were being truthful with their opinions or whether they were biased in their accounts due to anxieties about their information affecting their placements. The attachment literature also highlights problems and challenges with children forming new relationships when they have been maltreated, due to their disorganised patterns of attachment, as discussed above (Ainsworth, 1978). The impact of insecure attachments on a foster placement has not yet been adequately researched.

Other qualitative studies that have looked at the child's experience of being in care have shown that the child's sense of belonging and family membership has a direct impact on the outcome of the placement (Schofield et al., 2000). Beek and Schofield (2004), as mentioned above, interviewed children (n=52) about their relationships with their carers and discovered that in order for the placement to be a success, the child had to feel part of the foster family. These findings also showed that family membership could be encouraged by other children in the family. Other key findings of this study were that children had better outcomes in care when they could manage their emotions satisfactorily and when their carers were attentive to their needs.

One particular study (Schofield, 2002) that looked specifically at the importance of a secure base in foster placements found that a secure base was directly linked to resilience. A secure base was defined as the children having a consistent sense of belonging within the foster family and feeling free and safe to explore their environment. Care leavers (n=40) were interviewed about their experiences of being in care and the themes from their interviews were woven with the attachment and resilience literature to create an integrated and dynamic psychosocial model of foster care. Key findings of the study were that belonging to a family and the ability to reflect and hold in mind the opinions of others increased resilience and were crucial to a successful experience in care. The study suggested that the desired outcome of foster care was the capacity to cope with many different demands and challenges of adult life and to be able to look forward with courage and hope, which was facilitated via a secure relationship with the foster carer.

While informative, the above study has several methodological limitations. The sample of young adults used for the study had been in care, yet they still volunteered to take part in the study. The motivations for participation are not clear, however it might have been that they had had positive experiences in care, explaining why they were happy to talk about them, but implying that the sample was not necessarily representative of foster children at large. The model presented in the study is somewhat idealistic in that it does not consider complications in the creation and maintenance of a

secure base in care, for example attachment problems or the transient nature of foster placements. It perhaps focuses too much on the ideal of a secure base while ignoring other aspects of a placement, for example activities or school, that have also been shown to have positive effects on a placement (Gilligan, 2000). It does not consider individual differences, for example with contact arrangements, but presents as a blanket model for all.

Theoretical papers (Masten & Powell, 2003; Werner & Smith, 1992) have also suggested that the primary focus of a foster placement should be to provide a secure base for a child via a positive and consistent relationship with the foster carer. They have concluded that children who have an effective attachment figure in their lives respond better to developmental challenges, experience fewer negative emotions, and also stand a better chance of becoming successful parents themselves. However, again, it is debateable whether this is in fact a realistic aim, given the previous attachment histories of many of these children, and also the length of time they are likely to spend in one particular placement. The current literature does not address the long-term effects of insecure attachments on children in foster care, or the feasibility of forming secure attachments in care.

The influence of different parenting styles

Parenting styles of the carers have been shown to affect the success of a placement. Lipscombe, Moyers and Farmer (2003) interviewed

carers (n=68) about their parenting techniques just after the start of a placement and 12 months later. Findings showed that when carers were able to remain sensitive, responsive and encouraging to the children, the placements had better outcomes in terms of the children having adjusted better at 12 months and the placements still being intact. It is not clear from the description of this study, however, whether the carers were actually able to parent the children in this desired way because of superior parenting skills, or because the children had developed fewer adjustment problems and were easier to respond to with sensitivity and encouragement.

This study also suggested that placements had fewer disruptions when the children were able to talk about their pasts with their carers. Other studies have shown similar findings; if children are able to make sense of their experiences and recognise and name their emotions, they are able to employ more constructive strategies to manage them (Cairns, 2002; Schofield, 2002). Further, studies have explored the idea that foster carers are more than ordinary, substitute parents for these children; on top of everyday care, they have to engage in 'therapeutic parenting', a concept that involves emotionally-appropriate, structured care with aims and goals that coincide with the child's adjustment and level of well-being (Beek & Schofield, 2004; Cairns, 2002; Schofield et al., 2000; Rutter, 2000). These studies, therefore, imply that the carers are required to be skilled in 'therapeutic parenting' in order for the placement to succeed and the child to adjust.

The influence of consistency

It is well documented in the resilience and developmental literature that consistency is an essential component to a child's development and the success of a foster placement. That is, consistency within a placement in terms of boundaries and routines (Webster-Stratton, 2001) that provides a consistent and reliable structure for the children to live their daily lives, which is important for their internal stability. In addition, consistency is important in terms of the child remaining in one placement with the same carer, which promotes stability on a different level (Emmanuel, 2003; Rutter, 1990). One particular study (Dance & Rushton, 2005) used qualitative and quantitative techniques to interview carers about predictors of disruption in placements. The study found that the more placement moves a child had had, the more disrupted the present placement was and the more problems the child had in terms of forming new relationships. This study also found that when a child in care had siblings who had remained at home, this was a strong indicator for poor outcomes in a care placement.

However one longitudinal study (Barber & Delfabbro, 2004), that sought the views of children and carers about their placements over a period of 3 years, (n=235), found that a period of instability at the beginning of a career in care was not necessarily associated with poor outcomes later, challenging other studies that have stated the absolute importance of consistency.

The studies presented in this section clearly highlight the importance of the carer-child relationship in terms of how it facilitates a child's adjustment into care. They highlight how this relationship has the power to heal previous damage caused to the child by insecure attachment relationships, and how the relationship is key to the success of the placement. They show how different parenting styles can affect the process of the placement and indeed how foster carers are required to be more than substitute parents. The attachment literature highlights particular complexities of children coming into care and forming new attachments but it does not expand on this issue in detailed discussion. Finally, given the literature, it follows that the carer-child relationship should be nurtured and prioritised when planning for and developing a placement.

Wider-system factors

The foster care system includes more than just the child, the foster carer and their relationship. It is heavily influenced by other systems, for example other professional agencies and the child's family, and it is important to recognise this when thinking about factors that affect the outcomes of placements. Particularly when a child's family is dysfunctional or unsupportive, the wider systems become increasingly important (Luther & Zelazo, 2003). This section will consider different areas of the wider system that have been documented in the literature as potential influences on the success of

foster placements. It will look at the impact of a mentor on the children, the children's relationship with their social worker and their friends, before exploring issues of the children's contact with their birth families, and support.

The influence of a mentor

When children lack a secure caregiver in their lives, other people become instrumental in their care and well-being. A Department of Health paper (1996), which focussed on the needs and development of teenagers, emphasised the importance of a mentor, that is, an adult who is stable, available to listen to the young person and prepared to support them no matter what they do or have done.

Empirical studies have also looked at the impact of a mentor in the life of a child in foster care. One such study (Gilligan, 1999) used case examples to show that although a mentor cannot compensate for the lack of a stable relationship, one can provide an important sense of continuity for the children, which is particularly valuable when their lives are otherwise chaotic and unstable. The study emphasised the importance of the mentor being consistent and dependable, to protect the children from yet further experience of an unreliable relationship. The study described how a mentor is able to increase the children's self-esteem and self-efficacy by encouraging them in areas of their lives that provide opportunities for success and accomplishment. Particular social activities can create opportunities for the children to meet others and create positive relationships,

which a mentor can encourage and sometimes facilitate. The presence of a mentor also seemed to help the child's transition out of care. Although this study highlighted interesting issues about the impact of a mentor on the life of a child in care, it did not use any direct interviews or quantitative measures to back up its findings from the case examples, which might have strengthened its validity.

Other studies have suggested that a mentor is particularly important when a child lacks a confidante, especially for boys, and that feedback from a mentor is often perceived as more genuine than feedback from a caregiver or a friend, (Luthar & Zelazo, 2003; Munro, 2001; Werner & Smith, 1992). These studies used small samples, which limit their generalisability, however they raise interesting issues about the potential influences of other people on the children's well-being that can inform professionals with regard to placement planning and review procedures.

The influence of the social worker

Theoretical papers have described what the relationship between a social worker and the child should be like in order for the child to benefit and for the placement to be successful. Gilligan (2000) suggested that the key role of a social worker is appropriately matching the child with the carer, whilst supplying a requisite level of emotional, material and behavioural management support as and when it is needed. A 'good' social worker highlights and meets the needs of the child and the carer, and links the carer in to other forms

of support. One will also resist the defensive instincts of social services bureaucracies in terms of taking risks, for example valuing school trips.

However, it has been suggested that the relationship between the child and the social worker is not always as effective as it should be due to the transient nature of social workers and their tendency to change jobs (Newman & Blackburn, 2001). Further, Emmanuel (2002) speculated how primitive defences and projections are re-enacted in the system by care professionals who are the recipients of powerful projections, which can lead to placement breakdown. However, there is a lack of empirical studies that have tested out these hypotheses.

Studies that have looked at the importance of a consistent social worker in the lives of these children have highlighted that the social worker has the potential to be the most stable person in the child's life. They have shown that the consistency of a social worker is crucial to the success of a placement (Beek & Schofield, 2004; Gilligan, 1999). One qualitative study (Munro, 2001), previously mentioned in this review, showed that when this relationship was strong, the social worker was perceived as a strong ally; when it did not work, it created worse outcomes than a change of placement. The interviews highlighted that the children needed to feel comfortable with their social worker, enough to confide in them, and that this was facilitated when social workers took the time to get to

know the children and kept in regular contact with them. A poor relationship with a social worker was determined by inconsistency, both in terms of one person staying in the role for a significant length of time, and in terms of everyday matters such as being reliable and keeping appointments. The study suggested that the children with these poor relationships had worse placement outcomes in terms of successful adjustment, as their lack of relationship with the social worker had a knock-on, damaging effect on their general ability to form relationships.

Another study (Sallnas, Vinnerjlung & Westermark, 2004) followed a large sample of youths (n=776) for five years, looking at different factors that contributed to placement breakdown. They found that placements often broke down when a child had had many different social workers, as opposed to other placements where the social worker had been consistent. Other key findings of this study were that when children displayed anti-social behaviour in the placement or had clinical levels of mental health problems, placements were more likely to break down. Although this study had a particularly large sample, its reliability and validity were weak as the information was gathered from case files with no direct contact with the children or carers to follow up with particular points. This meant that the findings were based solely on case-file notes, and were therefore subject to the views and knowledge of whichever professional had entered the notes, creating a potential bias in the information gathered for the study.

The influence of friendships

The significance of friendships for a child in foster care has been explored in the literature. Developmental theory and resilience research have suggested that friendships contribute uniquely to the adjustment and well-being of a child who has experienced maltreatment, in terms of their emotional well-being (Bolger & Patterson, 2003; Gilligan, 2000; Egeland, Jacobvitz & Sroufe, 1998). They imply that pro-social friendships can serve to protect children from bullying, and help 'rescue' them from going down a destructive developmental pathway. Positive, reciprocal and stable friendships may enhance the child's sense of emotional security and provide a setting in which the child is able to learn and practice social skills, which is particularly crucial for maltreated children whose families have offered few opportunities for positive interaction.

Empirical studies suggest that young people may value friends more than their foster or biological families in terms of support (Black, 2000; Courtney, Pilavin & Grogan-Kaylor, 1995). For instance, a retrospective study (Black, 2000) based on self-report questionnaires filled in by care leavers (n=19), reported that young people experienced their friends to be more supportive than the professionals involved in their care, and that their friends had helped to provide meaning in their lives. This study interviewed adults who had left or were about to leave the care system, and so their opinions might therefore have been coloured by retrospective bias.

Also, the sample was too small to be considered representative of a wider population of foster children. The study did not control for selection bias; for example, the participants all volunteered for the study, suggesting they were naturally proactive and had better social skills, which could benefit them in terms of being able to make better and more supportive friends. Further studies are therefore required to explore the importance of friendships for a child in care with a wider sample of children.

The influence of the child's contact with its birth family

Another influential aspect of a foster placement that has been the focus of a number of studies is the children's contact arrangements with their birth families. One paper (Gilligan, 2000) that reviewed the literature has suggested that planned contact between children in care and their birth families and other key adults from their past promotes resilience and keeps alive potential 'base camps', that is, places to go and belong to when they leave the care system. The paper implies that maintaining contact, therefore, provides a system of continued support for these children after they leave the care system, in line with findings from another study (Munro, 2001).

Empirical studies have used qualitative and quantitative measures to obtain children's views about contact with their birth parents. One study (Chapman et al., 2004) administered a number of questionnaires to children in foster care (n=188) that asked specific questions about their experiences of contact. The study highlighted

particular problems associated with contact; for example, the children's idealisation of the birth parents, and their anxieties about contact, for instance the unpredictability of their parents' behaviour. Nevertheless, the findings of this study showed that the children often desired more contact than they were having, and that most (74%) wanted to return home. Those children who reported that they were satisfied with their contact were also considered to be more settled and better adjusted in the placement. However, it was not clear from this study whether the children felt more settled because of their satisfactory contact, or whether they were happy with their contact because they were more settled in their placement. The design of this study therefore did not allow one to disentangle the direction of this influence, nor the effect of different types of contact on the child's adjustment. The study concluded that further research is needed on this subject.

Other qualitative and questionnaire based studies carried out with children in care have shown that they are often not satisfied with their level of contact and feel disempowered in decision-making around it (Festinger, 1983; Munro, 2001). Munro's study (2001) reported that the children felt as though they had very little power in many other aspects of their placements, for example the length of time they stay in one placement. Further, findings showed frustrations of the children when plans were made at reviews and not followed through, and when they were talked about rather than talked to. The study also revealed that no matter how long the

children had been in care or their reasons for being there, their birth mothers was still perceived as central to their lives and they still worried about their families. The qualitative interviews with the children allowed for in-depth accounts to be obtained. However, the sample was small (n=15) and there was no control for the motivations of the children to supply the information they did, for example social desirability, or anxieties about what they said affecting their contact arrangements or other aspects of the placement. The study did not openly consider how the loyalties that children have to their birth families that might have influenced the information they gave.

The importance of contact can perhaps be further understood by returning to the attachment literature. As we have already seen, many studies have emphasised the importance of a secure base (Gilligan, 2000; Schofield, 2002). Maintaining relationships with the children's primary caregivers and facilitating the growth of these relationships via contact potentially serves to develop a consistent secure base for the children that would remain constant, even if the children have several placements in care. More research is needed in this area of attachment and foster care to observe the long-term effects of children coming into care while sustaining contact with their family.

The influence of support

It has been suggested that a successful placement is more likely when there is an adequate system of support, psychological and practical, available to foster carers. One paper (Golding, 2004) reviewed a pilot consultation service that was set up for foster carers to access that offered psychological advice, a 'different understanding' of the children in their care and continued support if it was required. The review reported that carers found this service to be extremely useful in terms of supporting them with challenging placements. It is not clear who accessed the service and whether the carers who did so were naturally proactive anyway, and therefore whether a service such as this would benefit other, less proactive carers. However, more research is needed to investigate the relationship of consultative support and the confidence and understanding of the foster carers. Research is also required to consider the long-term effects of consultation for carers, the children and the success of subsequent placements.

Other studies have focussed specifically on the foster carers' perceptions of external support of a placement from other professionals and agencies and how this impacts on a placement. In a qualitative study (Gilbertson & Barber, 2003), foster carers were interviewed (n=19) who had previously ended a placement because of the young person's disruptive behaviour. The foster carers were then categorised into two groups; one of which had the carers who believed that their placement could have been saved if an

appropriate intervention from other professionals in the foster care team had been made (n=9), and the other group (n=10) who considered their placement to have been unsalvageable, even with better support from professionals. The study clearly emphasised the importance of support for foster carers from the wider system, especially with the more challenging placements. However, the data was based on hindsight and speculation, somewhat limiting its validity. Further research is needed to enhance the findings of this study in terms of what type of support the carer's thought would have been particularly helpful, and in what circumstances.

Further critique of the literature and suggestions for future research

Many of the studies presented in this review used just one group of people for their sample, for example just children, or just carers (Chapman et al., 2004; Dance & Rushton, 2005). This has deprived studies of multiple perspectives that are so important in literature concerning children. Historically, it is recognised that different perspectives are required to make informed judgements about the needs of a child; some of the key behavioural checklists, for example the Strength and Difficulties Questionnaire and the Connors Form, require the additional perspectives of the parent and teacher and sometimes the child to make adequately informed judgements about a child.

Interviewing children has limitations of its own, especially children as vulnerable as those who are in foster care. Various issues could have distorted the validity of the data obtained in this way, aside from the small samples affecting the generalisability of the findings. For example, sometimes children would not have been allowed to be left alone with the interviewer for reasons of child protection, and therefore the presence of somebody else might have inhibited the child from being totally open about their views. These children are often unsure of whom to trust, perhaps making it difficult for them to feel comfortable with and trust a strange interviewer, which might have affected their responses. Sometimes their objectives might simply have been to please the researcher, thus expressing opinions in certain ways that did not necessarily represent what they truly thought or felt. It is important that these constraints are kept in mind when considering the studies, but not viewed as deterrents for conducting this type of research, as these studies make valuable contributions to our understanding of the systems and processes of foster care.

The studies from the perspective of the foster carer (Dance & Rushton, 2005; Gilbertson & Barber, 2003; Lipscombe et al., 2003) provide an insight into their experiences of foster care and what factors they consider to be important for a placement, for example being listened to and being supported. However, these studies had a specific focus, for example placement breakdown, which is helpful in terms of informing certain planning and intervention processes,

however they did not address many other important areas of foster care, such as what enhances a placement, concerns and dilemmas around contact and attachment issues, which would contribute to a more comprehensive understanding of foster care. The foster carer is perhaps the closest person to the child and a key figure with regard to the child's proximal processes (Bronfenbrenner, 1979). The carer is witness to the needs of the children more so than any other member of the system. This area is particularly under-represented in the literature and is wide open to future research.

The literature is also informed by many theoretical studies. These are of value in that they link the area of foster care with theoretical frameworks of developmental psychology and attachment theory, as well as the body of literature on resilience. However, they provide no evidence for what is actually effective in a foster placement, and how people experience the processes of foster care.

The longitudinal studies lack the detail of shorter-term studies but are particularly valuable in that they provide a sense of change over time. However, it is debateable whether those studies that looked at the placements at the start and then one or two years later with no further follow up (Lipscombe et al., 2003; Schofield et al., 2000) are as useful. For example, they do not tell us whether the changes they observed were sustained. Given the extent of many of these children's abusive backgrounds, it is questionable whether 18 months is a long enough period of time to witness any substantial change.

Nevertheless, it is a start in the right direction to disentangle findings where the direction of causality is unclear (for example, Lipscombe et al., 2003; Chapman et al., 2004).

As the literature stands, the studies inform us about factors that influence the resiliency of a child and the success of a foster placement on three different conceptual levels. The studies have specified that the children's experiences prior to coming into care have an impact on their level of adjustment, for example their experiences of maltreatment, and the age they were separated from their parents and brought into care. Studies have highlighted the crucial significance of the children's relationships with their carers, in terms of creating a secure base and their sense of belonging in the foster family. Finally, the impact of important factors in the wider system of professionals, agencies and other individuals has been discussed; for example mentors, social workers and friendship groups, along with the impact on a placement of the children's contact with their birth families. However, the literature base is still growing and thus has many gaps. For example, it is not yet clear how significantly contact impacts on the child and the placement over time. Also, the lasting influence of the children's relationship with their social worker is not apparent. These are but two areas in need of much greater empirical attention.

There is a wide scope for further research. With regard to the resiliency literature, extensive as it is, it has not been possible as yet

to define absolute factors that promote resilience and therefore protect a placement from breakdown, as no two factors necessarily have the same effect for two different children. Similarly, no child is by definition totally resilient to all stressors over time. As Werner (2000) commented, "When stressful life events outweigh the protective factors, even the most resilient child can develop problems." It seems that a deeper understanding of many of these areas that affect the success of a foster placement and enhance resilience, under different conditions for different children, is still required in order to enrich our knowledge base and enable us to be guided more appropriately in terms of policies and programmes that are designed to support these vulnerable children, and shift the odds in more favourable directions for them. New research, therefore, needs to have the focus of presenting tangible initiatives and ideas for developing practical issues, for example improving quality of care, rather than merely speculating on the benefits and hindrances of foster care.

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PART TWO: EMPIRICAL PAPER

WHAT FACTORS CONTRIBUTE TO THE SUCCESS OF A FOSTER PLACEMENT: THE FOSTER CARER'S PERSPECTIVE

ABSTRACT

Approximately 42,000 children in the UK are in foster care placements. Of these children, some flounder and do not successfully adapt to a care placement. Others manage to adjust well to their new environment and achieve, despite their circumstances. In order to enhance our understanding of why some of these children do better than others in care, it is necessary to investigate what constitutes a successful placement and what increases a child's chance of positive adjustment. The broad definition of a 'successful placement' in this context was a placement that not only did not break down, but one where the child managed to adequately adjust to a life in foster care. The study presented in this paper considered this dilemma from the perspective of the foster carer; the individual who has the most direct contact with the child in care, who witnesses the effects of care plans, and is potentially able to highlight the developmental needs of the child. This study interviewed fifteen carers and obtained their ideas and opinions about what was necessary for a child to be able to adjust and succeed in a foster placement. Nine themes were derived from the interview transcripts and organised into two domains: the carer-child relationship and the wider system. The foster carers' accounts emphasised various challenges and dilemmas they faced in their roles. Findings are discussed in light of developmental psychopathology and the resiliency literature, as well as the social and clinical implications of working with this population.

INTRODUCTION

Of the 61,000 children in care in the UK, approximately 42,000 are in foster care (Department of Health, 2005). Most of these children have been removed from their homes on the grounds of abuse or neglect and are therefore at a higher risk of developing a number of difficulties, such as internalising and externalising problems, a lack of skills for developing autonomy and self-esteem, and significant difficulties with adjustment and adaptation (Bolger & Patterson, 2003; Egeland, Jacobvitz & Sroufe, 1988; Miller, 2003; Rutter, 2000). Maltreated children also often have attachment problems, for example a disorganised pattern of attachment, in which the child's behaviour is confused and chaotic in response to planned separation (Ainsworth, 1978; Bowlby, 1988; Gomez, 1997). These children have not had the opportunity to develop a meaningful bond with an adult (Hallas, 2000), and therefore find it difficult to form relationships with others (Schofield, 2002).

When children come into care, they face a number of challenges. They are expected to adapt to a new environment and form new relationships. Given the histories of these children, this is often problematic (Gilligan, 2000; Rutter, 2000). However, despite their vulnerabilities and early disruptions in parental care, some children do manage to adjust to being in care and succeed over time (Bolger & Patterson, 2003; Gilligan, 2000; Luthar & Zelazo, 2003; Masten, 2000; Newman & Blackburn, 2001; Rutter, 2000).

The resilience literature is informative in helping us understand why some children successfully adjust to life in care while others flounder. A generally accepted definition of resilience is a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cicchetti & Becker, 2000), and a direct link has been made between resilience and success in care. Therefore, research on resilience can further our knowledge of some of the processes of adaptation and why some children are able to adjust in care better than others.

Empirical studies that have looked at predictive factors of resilience have identified three main areas in which resilience can be nurtured and enhanced: (1) within-child factors, for example the child's cognitive ability, self-esteem and an internal locus of control; (2) a positive carer-child relationship, which creates a secure base for the child and a sense of belonging within a family; and (3) environmental factors, for example the children's contact with their birth families. An increase of resources in any one of these areas has been shown to have a general impact on the child's resilience and thus their ability to overcome challenges in care (Beek & Schofield, 2004; Bolger & Patterson, 2003; Fonagy, Steele, Steele, Higgett, & Target, 1994; Gilligan, 1999; Luthar, Cicchetti, & Becker, 2000; Luthar & Zelazo, 2003; Masten & Powell, 2003; Newman & Blackburn, 2001). Factors in each of these areas that are specific to foster care are discussed below.

Within-child factors

Numerous studies and theoretical papers have shown that a greater sense of self-esteem and self-efficacy enhance resilience and the child's ability to adjust in care (Gilligan, 2000; Masten, 2000; Newman & Blackburn, 2001; Schofield, Beek, Sargent, with Thoburn, 2000; Strand & Peacock, 2003). Related to these concepts is that better outcomes in care are associated with high levels of pleasure and mastery - the feeling of being able to assert agency over decision-making and one's surroundings (Newman & Blackburn, 2001; Sinclair & Gibbs, 1996) - as well as success in education (Gilligan, 1999).

Empirical studies that assessed whether age has an impact on the success of a placement have found that the older children are coming into care, the more difficulties they have with regard to adjustment (Chapman, Wall & Barth, 2004; Dance & Rushton, 2005; Dance, Rushton & Quinton, 2002; Kaniuk, Steele & Hodges, 2004; Monck, Reynolds & Wigfall, 2004; O'Connor, Rutter, Beckett, Keaveney, Kreppner & the ERA study team, 2000). In a longitudinal study, Masten (2000) monitored 205 children over 20 years and observed that success in the early years of a child in care reflected success in adulthood.

The best predictor of poor outcomes in one study was when children had been singled out from their family and put into care while their

siblings remained at home (Rushton & Dance, 2003). Other findings of this study were that behavioural problems and many years spent in care were predictors of poor outcomes.

A positive carer-child relationship

Theoretical papers are unanimous in that the main factor that enhances resilience is a positive relationship with an adult, preferably a caregiver, which is also essential for successful adjustment in care (Bolger & Patterson, 2003; Dent & Cameron, 2003; Emmanuel, 2002; Gilligan, 2000; Luthar & Zelazo, 2003; Masten, 2000; Strand & Peacock, 2003). Consistent and responsive parenting allows children to manage developmental tasks and maintain a positive sense of self (Bolger & Patterson, 2003; Lipscombe, Moyers & Farmer, 2003; Luthar & Zelazo, 2003). Numerous longitudinal studies that used questionnaires to obtain views of large samples of children over time about what had helped them settle in care, have shown that the child's relationship with the carer is crucial to the success of the placement and helps the child feel part of the family (Chapman et al, 2004; Festinger, 1983; Masten, 2000; Munro, 2001; Sallnas et al, 2003; Schofield et al, 2000). Other qualitative research has emphasised the stability of a placement, and the importance of a secure base in foster care that promotes a sense of belonging (Hallas, 2003; Monck et al, 2004; Schofield, 2002).

Sallnas et al. (2003), with a particularly large sample of children (n=776), found that a child with mental health problems and/or anti-social behaviour was at a greater risk of not developing a positive relationship with a carer and consequentially failing in a placement than a child without these difficulties. The sample was large and therefore perhaps more generalisable than other studies with smaller samples, however the data was collated via social work case files, therefore subject to the knowledge and bias of the social worker that created the notes. There was no direct information from the child, or the carers, depriving the study of multi-perspective objectivity.

Several qualitative studies have interviewed foster carers about their parenting techniques and relationships with their foster children. These have highlighted that, in the opinion of foster-carers, children who are able to make sense of their past and to be able to talk about their experiences adjust better to the placement (Cairns, 2002; Lipscombe et al., 2003).

Retrospective studies report that the resiliency of the child increases, and the child is able to adjust better, within a supportive foster family with close interpersonal relationships (Miller, 2001; Schofield, 2002; Chapman et al., 2004). Further, a qualitative study that examined the attachment relationships between carers and foster children concluded that the 'damage' to a child of several disrupted relationships could be 'repaired' within a successful foster carer-foster child relationship (Hallas, 2000). The main themes in this

study were related to meaningful relationships, the patience of the carer, and, most importantly, the child's perceived attainment of family membership.

The importance of this concept of the child-carer relationship can be further understood by an examination of the attachment literature (Bowlby, 1988), which states that in order for a child to succeed and develop healthy relationships with others, they must have a secure base from which to explore from and return to. It seems that there is no exception for foster children, in that they adjust better to life in care when they have a secure attachment with their carer.

Environmental factors

It is important to recognise that the child is not independent of the influences of the wider environment (Luthar & Zelazo, 2003). This is particularly relevant for children in care when factors within their families are difficult to change, and many systems are involved in their welfare.

When a secure caregiver is not available, other people become important for a child in care to rely on and form secure relationships with. For example, Gilligan (1999) used case examples to show how mentors are able to provide an important source of continuity for a child, particularly for boys (Werner & Smith, 1992). A mentor is able to enhance the progress of a child in care by attending to the value

of activities external to the foster home, which can increase the child's self-esteem, improve mental health and open opportunities for the child to form relationships beyond the care system (Gilligan, 1999). Feedback from a mentor is often perceived as more genuine than from a caregiver or a friend (Luthar & Zelazo, 2003).

Studies that have considered the value of friends for young people in care have discovered that friends are often more valued than foster and biological families in terms of support (Black, 2000; Courtney, Pilavin, & Grogan-Kaylor, 1995). Supportive friends were associated with helping the children to create meaning in their lives, whilst professional input was generally not valued. These findings support theoretical papers that emphasise the importance of consistent friendships to facilitate adjustment into care (Bolger & Patterson, 2003; Gilligan, 2000).

In a longitudinal study of children's welfare in care, Barber and Delfabbro (2004) administered questionnaires to 235 carers about their perceptions of external support for their placements. A recurrent theme among the carers was that professionals did not listen enough to the needs of the children nor provide them with enough support.

A particular focus of some studies has been the children's level of satisfaction with the arrangements made about their contact with their birth families. The studies have shown that when the children

were satisfied with the level of contact they were having, the placements had better outcomes (Chapman et al., 2004; Festinger, 1983). Gilligan (2000) suggested that purposeful contact, that is, contact that helps the children feel cared about and able to build a positive view of their identity, is the most effective way to help the children adjust. However, qualitative and quantitative-questionnaire studies carried out with children have shown that children are often not satisfied with their level of contact and feel disempowered in decision making around it (Chapman et al., 2004; Festinger, 1983; Munro, 2001).

Summary and rationale for the present study

The current literature provides an informed picture of some of the protective factors of a foster placement and what helps a child to adjust in care. The studies emphasise the importance of the children having a good relationship with their carer, and the various influences of the wider system. The studies can inform us of ways to mobilise protective processes, for example via a relationship with a pro-social adult.

The studies provide longitudinal data (Masten, 2000; Sallnas et al., 2004; Schofield et al., 2000) that have tracked samples over a number of years, providing a valuable insight into children's and carer's perceptions of foster care. Qualitative studies have enlightened us with in depth views and observations about factors

that influence the child's adjustment into care, for example sensitive parenting and perceived external support (Lipscombe et al., 2003; Schofield, 2002).

However, there are still significant gaps in the literature. For example, studies inform us that children desire more contact with their birth families (Chapman et al., 2004; Munro, 2001), yet there are no studies that have investigated the effects of contact on the placement and the child's ability to adjust. Further, the literature on maltreatment indicates that a maltreated child will have problems forming new relationships, however it does not address specific challenges with regard to forming relationships in foster care.

Studies that have focussed solely on the child's perspective (Munro, 2001) have not considered the views of other members of the system, for example, with regard to issues about contact, or how the carer-child relationship is facilitated. It is important that the literature is informed by multiple perspectives, as with all literature that concerns children, and at present, there is minimal literature from the perspective of the foster carer.

The foster carers are crucial and key members of the wider care system that includes mental health professionals and social workers. They are in the unique position of being the main caregiver for the child in care and therefore potentially closer to the child than other members of the system. Foster carers are closely involved in the

child's developmental processes on a day-to-day basis (Bronfenbrenner, 1979) and are able to witness and directly affect the progress of a placement. Exploring these processes from the perspective of the foster carer will enable us to observe the influential factors that impact on a placement. The ideas and opinions of foster carers are informed by direct experience and therefore valuable for increasing our knowledge and understanding about what affects a child's adjustment into care.

The studies that have been carried out with foster carers have had a specific focus, for example the reasons for placement breakdown (Gilbertson & Barber, 2003). They have not investigated other important areas of care, for example the effects of contact with birth parents, or more general areas, such as what facilitates and challenges the success of foster placements. Given that there are few studies that address these areas, this study will attempt to inform the literature by carrying out in depth interviews with carers and allowing them to speak freely about what they consider to be the important components of a foster placement to ensure its maximum success.

The present study interviewed 15 foster carers about their ideas and opinions about what was necessary to ensure a foster placement's success. The study used a qualitative, phenomenological approach, which is suitable for understanding complex phenomena, in particular the meanings ascribed by individuals to certain events and situations

(Smith & Osborne, 2003). The study had two main research questions:

- 1) What do foster carers consider to be important in a foster placement to ensure the placement's success?
- 2) What makes it easier or more difficult for foster carers to put in place the conditions necessary for a successful placement?

METHOD

Ethical approval

The study was approved by the University College London Ethics Committee (see appendix A). All participants were given an information sheet regarding the research (see appendix B) and they all gave informed consent to take part in the study (see appendix C).

Recruitment

The inclusion criteria for the study were that participants had been fostering for a minimum of two years and that they lived in the Greater London area, in order that they were close enough, geographically, to be interviewed.

Participants were recruited via two strategies: one was via a website which foster carers could access to chat and share ideas, the other was via a private fostering agency.

The initial method of recruitment, via the foster carers' website, involved sending an email (see appendix D) to all of its current members (500+). Nine people responded expressing an interest in the study. Of those, three lived too far away to be interviewed, three did not respond to further emails and one later decided not to take part in the study. The remaining two were sent an information sheet

and then contacted two weeks later, at which point a meeting was arranged. One respondent invited me to a meeting with a local foster carer's support group, from which a further three participants were recruited.

The second method of recruitment involved contacting the manager of a private fostering agency via the agency's website. He expressed an interest in the study and was given the opportunity to discuss the study in a meeting. He then selected names of his most experienced foster carers, who were contacted by him, and then by myself via telephone. When the carers expressed an interest in the study, they were told they would receive an information sheet and they were given the option of arranging a time for a meeting then or taking some time to think about it. All of these ten carers agreed over the phone to take part in the study, and meetings were arranged and information sheets sent.

Participants

Fifteen foster carers participated in the study. Ten were recruited via the private agency, and five via the web site.

Participants comprised of 11 women and 4 men, with an average age of 51, (range: 31 to 59). All participants described themselves as White British except two who described themselves as Black British. On average, the participants had been fostering for 7 years, (range:

2 to 13 years) and had fostered an average of 17 children, (range: 2 to 44). They were all fostering between one and three children at the time of their interview, and 11 of the participants were fostering teenagers. Ten of the participants had children of their own living at home.¹

Four of the interviews were conducted with the participant's partner present. For more information about the participants, refer to Table 1.

Semi-structured interview

A semi-structured interview schedule was developed in order to elicit the views, ideas and opinions of the participants with regard to their experiences of fostering children, with particular emphasis on aspects that they had found made the process of fostering more straightforward or more difficult, and the dilemmas they faced. The interview schedule was flexible and open-ended, given the phenomenological emphasis of the study and the lack of previous research from the perspective of carers. The schedule contained questions about what foster carers considered to be necessary for a successful placement, and how supported they felt in terms of ensuring these things were put into practice. Further prompts were used as and when they were needed, to guide the discussion or to

¹ This information was gathered via a demographic questionnaire (see appendix E), which participants filled out at the beginning of interviews.

Table 1. Participant information

Participant	Age	Gender (M/F)	Type of fostering scheme ^a	Number of years as a foster carer	No. of children fostered	No. of children fostered at present	Ages of children fostered at present (years)	Number of birth children at home
P1	48	F	PA	3	3	2	17, 15	1
P2	48	F	PA	2	2	1	3 1/2	3
P3	31	F	LA	6	8	2	16, 3	0
P4	58	M	LA	10	29	1	13	1
P5	54	F	LA	11	44	1	13	1
P6	53	M	LA	3	10	2	16, 14	0
P7 ^b	55	M	LA	13	5	2	14, 12	2
P8	58	F	PA	10	29	2	2, 2	2
P9	40	F	PA	6	42	2	15, 21 months	3
P10	56	F	PA	7	9	1	13	1
P11	59	F	PA	7	24	2	15, 13	0
P12	57	F	PA	9	9	2	17, 15	0
P13 ^b	37	M	PA	2	12	3	14, 12, 8	1
P14 ^b	59	F	PA	5	18	3	11, 9, 18 months	0
P15 ^b	54	F	PA	8	18	1	12	0

^a PA refers to participants who were recruited via the private agency; LA refers to participants who were recruited via the website and who fostered for their local authority

^b Participant's partner also present at the interview

follow up on certain points when it was felt the participant had more to say. The schedule was adapted slightly after the initial two interviews; a final copy can be seen in appendix F.

Fourteen interviews were held at the participant's home and one interview was held in a local hotel. Interviews lasted approximately 2 hours and were audio taped with the participant's consent.

Researcher's perspective

Prior to the study, I had worked for a few months with children who were looked after in residential homes as a result of failed foster placements. My interest for this study was why some foster placements work and succeed while other foster placements do not; whether it is something about the children, the carers, or the conditions of the placement, or something else. In my short experience of working in this area, I noticed that there seemed to be a lot of bureaucracy around the children's well-being and decisions being made by professionals who did not know the child. The opinions of the foster carers, beyond the point of reporting what had gone wrong in the placement, did not seem to be valued and the foster carers were not involved with or consulted about any decision making subsequently. I felt strongly that foster carers played a crucial role in caring for the child, yet their ideas and knowledge of fostering seemed to be underrepresented in the literature.

My expectation of the study was that I would encounter carers who felt aggrieved that they were not heard and not given their due respect in the process of fostering. It was my opinion that foster carers have a huge amount to offer in terms of informing us of some of the issues of fostering and factors that make their jobs as carers more complicated than they, perhaps, need to be.

Qualitative analysis

The interviews were transcribed verbatim. For anonymity, all names of carers and children used in this paper have been changed and any identifying information has been altered.

The transcripts of the interviews were analysed according to the principles of interpretative phenomenological analysis (IPA), following Smith and Osborn's (2003) guidelines. IPA is an inductive, qualitative form of analysis, in which themes are systematically identified from the data. It is 'phenomenological' in that it is concerned with eliciting and exploring individual, personal accounts of an experience, but it is also 'interpretative' in recognising that research is a dynamic process which necessarily involves the researcher's own interpretation of the data.

IPA was chosen as the most appropriate method of analysis for this study as it provides a means of analysis that encompasses the aims and priorities of the study; it facilitates an exploration of participants'

experiences, ideas and meanings, and offers a systematic approach to analysing the qualitative data with clearly described procedures.

The transcripts were read a number of times each to get an overall sense of the data. Passages of the transcripts were then annotated with emerging issues and ideas (see appendix G). Attention was paid not only to what was stated explicitly in the interviews, but also to what was implied by the participant even when it was not said directly. Ideas were then grouped together conceptually within transcripts with a tentative theme label for each cluster of ideas (see appendix H). The transcripts were then revisited with regard to these initial themes, which were added to and elaborated on. The final process was the integration and consolidation of the themes across transcripts (see appendix I). The final set of themes were then organised into a framework of two domains that assisted the ordering of the data (Barker, Pistrang & Elliott, 2002).

Credibility checks

To ensure the themes accurately represented the data, credibility checks of the analysis were undertaken at several points. The methods used were analytic auditing and testimonial validity (Barker et al, 2002).

For the analytic auditing, two supervisors and one other clinical psychology trainee were involved in examining the transcripts of the

interviews independently, and identifying themes that emerged from the data. These were then discussed and themes were redefined in relation to what was considered to be the most accurate representation of the data.

The testimonial validity involved a preliminary analysis of the participant's interview being sent to the participant in the form of a summary. Each participant was invited to comment on the accuracy of the summary and, on some occasions, on further questions that had been raised during transcription. Eight participants replied: four expressed a satisfaction with the summary and did not wish to alter anything, four added to the summary with responses to the additional questions, which were then incorporated into the analysis.

RESULTS

The qualitative analysis of the interview data generated 9 themes, which were organised into two domains (see Table 2). The first domain, 'The carer – child relationship' presents themes related to the relationship and interactions between the foster child and the foster carer. The second domain, 'The wider system', includes themes about the effects of different aspects of the foster care system as a whole on a placement, for example the other professionals involved in the child's care and the child's birth family, and how the management of the system affects the foster placement. Each theme is presented in this section, using quotations from the interviews to illustrate the theme. Where the ellipsis ... is used, words have been omitted to create a more concise quotation. Where [] is used, words have been added for clarity. Each extract is identified by the participant's research number (see Table 1).

The participants were articulate and elaborate with their responses, which meant that it was not always necessary to precisely follow the order of questions on the interview schedule in order to obtain the required information.

The carer-child relationship

Participants described their relationship with the foster children as fundamental to the success of the placement. Factors within the

Table 2. Domains and themes

Domains	Themes
One: The carer-child relationship	1. "Consistency is the key"
	2. "Bending over backwards"
	3. "They have to feel this is their home"
	4. "Experience before they come is part of what makes them who they are"
	5. The new experience of a normal life
Two: The wider system	6. "If you can't work with the birth family, there's no hope of working with the child"
	7. Should there be contact between the child and the birth family?
	8. "The children need to be listened to"
	9. "Being recognised as part of the team"

relationship were key to meeting the child's needs and facilitating their process of adaptation and adjustment to the placement. The following five themes capture the essence of this over-riding message.

Theme 1: "Consistency is the key"

Participants emphasised the importance of consistency in a placement, which they viewed as the key to helping the young person adjust to the placement.

Consistency seemed to be important in many different areas, for example the consistency of staying in one placement, as well as consistency within a placement in terms of providing a predictable structure for the child with appropriate boundaries and routines. Participants explained that consistency promoted stability in the young person's life as a whole and enabled them to plant foundations on which to build their lives. Consistency also encouraged a sense of safety and structure, something these children rarely experienced due to their histories of maltreatment and instability.

"It is important for children and young people to have secure and consistent care, with clear and reliable boundaries inside which they can easily live and grow. It is impossible to guarantee such consistency and care when a child is continually on the move from family to family. They

do not feel valued [or] feel confident enough to invest their feelings with a carer, or value anything or anybody who will soon be a memory to them." P8

Participants noted that multiple placements could have long-term adverse effects on a child's self-esteem and ability to make attachments. They explained that the more carers the children had, the less able they were to bond with new carers as they became used to and developed an expectation of moving on. This had a profound effect on their ability to form attachments.

"It can get into a downward spiral, that the child develops an attachment disorder through multiple placements." P6

However, one participant reflected on the dilemma of maintaining the continuity of a placement when the family harmony has been disrupted. However damaging it was, there were some times when a placement had to end.

"Obviously a placement should stay together...[but] you can reach a point where there's no light at the end of the tunnel, either from the child's perspective or from yours; then that's the time when you have to call time." P13

Participants referred to the importance of having a plan in place for the children when they came into a placement, and that they were as

consistent with the plan as possible. They described how a plan provided direction and a time frame for the placement, as well as appropriate goals and objectives. Having a plan also helped the carer to know how much emphasis to put on forming a bond or an attachment with the child; if the child was not going to be there for a long time, this might not be appropriate.

“I think having a plan for the child and knowing what it is and knowing time scales helps a lot... I don't know any child can be settled in a placement when the future of the placement isn't settled.” P3

“It is hard to bond completely with a child if you don't know whether that child's going to go away again...I would have done more damage to her by forcing that and then her either moving back or moving on somewhere else.” P3

Theme 2: "Bending over Backwards"

All the participants expressed an overwhelming commitment to the child, to do their very best for them in terms of supporting them in the placement and meeting all of their needs. Foster caring was experienced as more than just a job. Participants were open about the challenges of foster care but also had an unbendable determination that giving up was not an option. To believe in the

child, and for the child to know that, seemed to be essential for the success of the placement.

"We would move hell and high water to make a placement successful rather than give up on that child or them children... I would give them all anything and everything."

P8

"This is not just my job, this is twenty-four seven, and I give my all and I always will do... This is my life...I really do care about them... You're everything rolled into one. You're their friend, you're their provider, you're their carer; you're there for them at any time." P9

"I think as foster carers we throw away the right to dislike any children. The most important thing is to have an unconditional liking for these kids whether they're horrible, nice, black, white, good, bad, whatever. It's unconditional...it stabilises them...they feel secure, safe, and they accept the situation." P15

Ultimately, the carer's genuine conviction in the work they were doing, combined with their humility at the heart of their passion, seemed to drive them on in the face of challenges. The participants had a somewhat altruistic dedication; they explained that sometimes

they did not actually witness the benefits of their hard work and they just had hope that it paid off.

"We're not magic people, we're just normal parents if you like. We don't know it all and we don't profess to know it all. We can only do what we can do to our best ability." P14

"Sometimes we don't see the results, we just have to hope that eventually the children have benefited from being in our care ... That's what we kind of live by and hope for... That's the reason why we foster". P5

Theme 3: "They have to feel this is their home"

The participants all made it clear that they wanted and needed the foster children to feel comfortable and 'at home' in the placement, in order for the placement to run smoothly and for the child to adjust and settle in to the placement. Allowing the children to make the home *their* home facilitated stability, and helped the children to feel part of a family, which, in turn, gave them some ownership and privacy.

Various methods were used to help the child feel cared about as part of the family, for example doing activities together, involving the whole family in significant events, and sharing personal experiences.

"I try desperately hard to welcome and make them feel as comfortable as possible as soon as I can, I don't care if I've got to sit and play with them for a week...You have to encourage them to join in to the family unit, and I think that's the nicety of when new children are coming in or going out, that my children will be here to welcome them in and they'll be here to say a farewell to them." P8

"They like to hear about somebody else's childhood and the difficulties of it because it makes their own childhood look more normal... they think, 'Well you survived it and you had an ordinary life afterwards.'" P10

One of the techniques some participants employed for trying to ensure the children felt part of the family was to treat them like they had treated their own children, in terms of respect, money and care.

"Really we're no different to how we was with our own children." P15

However, some reported that sometimes it was not so easy to treat the foster children as one would one's own child due to the foster children's previous attachment experiences. One participant in particular found that her expectation of having a similar relationship with the foster children to the relationship she had had with her own

children was shattered when she started fostering, which she found difficult to manage.

“If you get a child in under 2 that hasn’t had hugs and kisses, if you try and snuggle them down they’ll just fight to get away.” P8

“I found it very difficult because I wanted to be the mum they never had ... but it was nothing like that.” P13

Participants highlighted other dilemmas associated with treating the foster children the same as their own children, when it can actually be harmful. For example, when the foster children make an attachment to the carers, the children then have to endure the rupture of that attachment if and when they move on from the placement.

“I have cared for her since she was 6 months old ...the attachment issues she is dealing with are huge, poor little thing, it breaks my heart. In her eyes she is being taken away from her mum... this is definitely the worst part of fostering.” P9

Participants commented on the value of having their own children at home, in terms of helping the foster child to feel part of a family. Foster carers’ children also acted as role models for the foster

children, for example sticking to boundaries and their general behaviour. Sometimes having the foster carer's children at home facilitated the foster child to be able to disclose their experiences; the foster children felt more comfortable talking to someone nearer their own age. Participants explained how, in their experience, foster children often come from families with siblings and, therefore, it is more normal for them to come into a family with other children.

"I feel very strongly that having birth children is a major plus; it not only gives the foster child an escape from adult intervention, they also feel that they can disclose issues easier to someone their own age ... It also makes it easier to set boundaries with the foster children when they can see that my birth children adhere to these boundaries." P9

"I think quite often when we foster children... they are children from several children or even quite a large family, so they're not used to being isolated. ...So quite often I think it's quite useful if there are other children in the house... to help them settle." P5

Theme 4: "Experience before they come is part of what makes them who they are"

Carers noted that it was not just the conditions of the placement that affected its success but that also the child's history and previous

experiences played a significant role in how the child was able to adjust to the placement. For example, the children's previous experiences of maltreatment, of relationships and of family life seemed to affect how they responded to situations in the placement. It seemed to make a difference how long a child had been in an abusive situation, or how long they had been in the care system as to how affected by it the child was.

Participants had, therefore, learned not to have any pre-judgements about the child. As one participant said, "*You've got to start with what arrives on the doorstep*"(P5). They explained that it was necessary to be aware that the children might react in certain ways due to their previous experiences.

"I suppose it depends on age really. If they come here little...they don't know no different. It's only when they come with more 'baggage', the older they are and then it takes them longer to settle." P15

However, participants were also keen to profess that although all the children had different experiences, ultimately it did not have to matter; if they came into a secure and loving household, they all eventually settled. No child was beyond help.

"I think if they're coming into a stable house and a stable relationship and a consistent routine...even with a mental problem, they still settle." P15

Theme 5: The new experience of a normal life

Participants thought it was essential to provide their foster children with the experience of a 'normal' life; one in which they had more of an identity than simply being a 'child in care', one where they could experience what it was like to be part of a 'normal' family and do 'normal' things, for example go on holiday, play with the adults, or learn a new activity, for example how to swim. They felt it was important for the child to witness an alternative way of life to the one they had grown up in; for example an environment with no violence and with respectful relationships. Through these processes, carers hoped to instil values into the child, for example honesty and a work ethic, which they could then take with them through their lives.

"I think it's good for them to be able to experience the other side of life rather than just being sat in front of a television...We've all gone camping and gone away for holidays...it's those sort of little things that bring normality into your life. I think it's also the excitement you get from playing with dad or whatever and they're the sorts of things we offer here really." P4

"He sees now that not all families are the same...[we are] teaching him a work ethic, which a lot of these children don't have at home." P15

"Not all men are there to knock you about which is what they've mostly seen happen to their mum, and also it teaches them as well, I think, about respect; whereas the majority of the dads they've had don't respect their mum, [carer's husband] and I respect each other. There's a different way we talk to each other." P14

The carers explained that being honest with the children was often a new concept for the children, but something that helped them trust the carers, which in turn helped the children to change their behaviour and adjust to the placement better.

"We're always honest with them and they appreciate it... they're just so confused that they don't know what's happening ... so we've always said to the children, this is what's happening... Normally, if the child knows the situation, it calms them, but if they don't know, if no one's saying anything to them, it shows in their behaviour." P15

"I never ever promise them anything without following it through, I never go back on my word, otherwise the

children don't trust you: you're just the same as their parents." P14

Another new experience for the children that some of the participants reported was having a man take an interest in them and care for them. This was regarded as positive modelling which was especially significant if a child came from a violent household where the perpetrator of the violence was male. Participants explained that this was important for the children with regard to realising that not all men were violent, or absent, or whatever it was that they were used to, and that, especially for boys, there was hope of a different, more positive future for them.

"It is often completely outside their experience to have a man who actually cares about them and will take an interest about their future... The fact that the man can be a loving, nurturing, equal partner in a partnership of child rearing is an alien concept to them... If they've seen that there is another way of behaving then there's a bit more of a chance that they will accept their responsibilities if fatherhood does come on them at some point." P6

"Most of the chaps [child's mother] has picked up with have been violent... so that's what he's used to seeing. ... I think it is important that there is an older male in the house that

they can look up to and think 'Oh wow, not everyone's like that'." P14

The wider system

Participants described how systems outside of the carer-child relationship, for example the professional system and the child's birth family, also affect the foster placement. The following four themes explore various aspects of this wider system that posed dilemmas and challenges for the foster carers.

Theme 6: "If you can't work with the birth family, there's no hope of working with the child"

Most of the participants felt that it was important to have a relationship with the child's family so that the inevitable communications and arrangements could be made with minimum hostility. They explained that having a decent relationship with the child's family was particularly helpful when information about the child was required, and that it also helped the child to feel more comfortable and assured that his or her family was accepted.

Participants explained that it was therefore extremely important for them not to be judgemental of the parents for the child's sake. They seemed to see part of their role as acting as a 'bridge' between the foster child and their family, which was aimed at preserving the

connections between the two, especially in the case of the child going home.

"You've got to have a good relationship with the birth mother, otherwise the placement doesn't work... The child wants you to have a good relationship with their mother... it makes them feel better about the whole situation. It would be very easy to sit in judgement but [the children] don't want you to ... it's not a good thing for the children. ... it doesn't help anybody." P10

"It's so much better when you can liaise with mum; any hospital appointments, they ask me if she's premature and all that. I don't know, so it's better." P14

The participants raised issues about the importance of working with the families so that when the children went home, the work carried out in foster care could be continued.

"That's the frustrating thing, you can make all these little inroads, you think, 'Good, we're seeing some results!', and then suddenly they go back home." P10

By maintaining the role of a bridge between the children and their families, carers felt able to help the children deal with difficult feelings they had about their parents. However, the carers described

a predicament that could occur if they never criticised the family in that it could compound the child's feelings of self-blame.

"What we're trying to do is get the children right thinking for the future...If their parents have made mistakes it's all right not to like those mistakes...but you've still gotta love your parents no matter what ...because if children grow up with hate in their minds ... what happens then? We've got another generation." P15

"We try not to ever criticise parents if possible, but sometimes you have to do that because those children feel that they wrecked their lives, or their parents' lives are ruined because of them, and it's not the case at all. And so we've got to build them up and say 'Well actually no, ... it's because your parents ... haven't been able to do their job very well.'" P5

Other dilemmas participants encountered when managing the birth families were, for example, how to maintain a relationship with the child's parents for the sake of the placement, when the child's family was relentlessly hostile, and the struggles for the carers to remain benign and calm. They described cases where they had faced consistent hostility and how it had required an active effort to resist retaliation. Most of the carers seemed to have developed a skill that enabled them to accept the antagonism that was directed at them

without reacting, for the sake of the child. This non-reactive stance often diffused the hostility and allowed the placement to flow better.

“You do the best you can and you think you’ve done everything right and then ...you’re picked to pieces sometimes by the parents ... You have to be so mellow and you’ve gotta take on board that ... they’re gonna pick fault; they must at times feel so inadequate... so it’s got to go over your head...You never retaliate because then that just makes it harder for the kids, whereas if you can get on with the parents, ...the kids settle much better.” P14

Theme 7: Should there be contact between the child and the birth family?

All of the participants had strong opinions about the children’s relationships with their birth families. They were all aware of the Children’s Act 1989 (Office of Public Sector Information, 1989), which states that the child should maintain contact with their birth families on some level at all times. However, bearing witness to the direct implications of this legislation, they had varying opinions. The dilemmas seemed to be around ensuring the child was able to maintain an identity and a tangible sense of belonging, but at the potential expense of the child not being able to let go of its past and move on. The frequency of the contact and the effect it had on the child was discussed. Carers often felt that the particular level of

contact that their foster child had was not helpful for the child and that the child's needs were not always put first.

Most participants thought that some form of contact with the child's birth family was a good thing for the child, in terms of maintaining links with their heritage, sustaining some consistency, and helping them stay grounded on some level.

"Even if they're not planning to go home, [contact] does have a beneficial effect on them because it's somebody that sort of belongs to them, that's part of them and they can keep and remain in their heads and in their hearts ... it give them a bit of tangibility to their lives rather than just being alone." P5

"It helps with reality therapy in that it keeps the child grounded, because it's very easy to fantasise either about your wonderful miracle parents who would just do everything for you and the foster carers are therefore evil people and they keep you from it...and so just to see that actually reality isn't quite like that, is useful." P3

By maintaining the link between the child and its family via the process of contact, participants explained that it sometimes protected the bond between the parent and the child, especially with a young child, ultimately enabling the child to return home.

“He went back to mum, whereas perhaps if we weren’t so free and easy [with facilitating contact] it would have been easier for mum to break the bond, and then he would have been adopted.” P14

However, participants also reflected that it should not be automatically assumed that the child’s contact with its birth family was necessarily a positive thing as sometimes it was not helpful. For this reason, they advised that contact should be carefully monitored, and the child and carer listened to. They also felt that to consider the complete cessation of contact in particularly problematic situations was more helpful than a blanket rule that every child should have contact no matter what. Some carers felt strongly that for long-term fostering, less contact should be arranged, allowing the child to “*move on*” (P15) and lead a more normal life.

“He was absorbing all the problems of the family so he came home worried... you know, you’re just left with this shattered child at the end of it. It’s horrible to see.” P10

“The problem with contact is that quite often it... won’t go right for the young person ... when they come back they’re emotionally upset... you can be calming the child down for a week for the contact the next week. So you never actually

gain any ground at all...I think in those sort of situations, the contact should be limited." P4

"If there's too much contact they can't let go of the parent... and if they're going on to be adopted...they put up a brick wall." P9

Some participants felt that in extreme circumstances, there should be a limit as to when the parents were actually stopped from seeing their children.

"There should be somebody that says 'Hey hang on, you didn't do your best, these people [the foster carers] are trying to do their best, just... let them get on with it.'" P15

Most felt that whatever happened with the contact, talking to the child after contact was important as it gave the child the opportunity to express any feelings they might have had. When to talk to the children was a skill that the participants seemed to have mastered through trial and error.

"We will [talk to the child about their contact] but never ever about it the minute they come through the door... unless they're wanting to talk about it straightaway. It's often better to let them have a bit of breathing space, and

then ask how the contact's gone a little bit later, generally over a cup of tea... reflect on...how it's been for them." P4

Theme 8: "The children need to be listened to"

Participants felt strongly that the foster children needed to be listened to, by themselves as carers and by other professionals, in order for the system to be able to meet their needs. However, this was not always happening, resulting in adverse consequences. When the children were not given the opportunity to be heard, they expressed their feelings via their behaviours, which was consequentially disruptive to the placement. By listening to the needs and desires of the children, professionals would then be in a better position for putting them in a suitable placement.

"What I've always found frustrating is that the children aren't listened to. They could be saying something and to them it's really important, but to adults they overlook what the child's saying." P9

"She had twenty-two foster placements, and when I said to her why did you have that many? She said 'Well I didn't wanna be there did I?'... She just wanted desperately to get back to see her old friends. ... You need to listen to them and you need to talk to them...You have to take on board what's being said." P8

“Everybody’s got a completely different type of household set up, which is probably a good thing, because it perhaps means that children can be placed in hopefully more appropriate surroundings to what they need.” P5

Overall, participants felt that listening to and encouraging a child helped to boost the child’s self-esteem and therefore prevent unwanted challenging behaviours.

“If you know somebody wants you to do well then it ... can improve your self-esteem ... A lot of looked after children feel that nobody is interested in them, ... and if nobody cares, why should they make the effort?” P5

Participants considered it to be their duty to listen to whatever the children wanted to talk about. In particular, they believed it was important to facilitate the disclosure of their experiences. It was felt unanimously that disclosure was an important and cathartic process that was necessary for the child to be able to move on. As one participant explained, *“if they bottle it up, that’s when they’re more vulnerable.”*(P2) Participants felt it was their responsibility to facilitate the process but not instigate it. It seemed to be a very complex issue and one that needed to be approached with skill and sensitivity. The participants described how carers needed to be

available at any time for the child to talk to, and that they needed to develop the ability for being available but not prying.

“I think it’s very important for a child to come to terms with what’s happened to them in the past... because all this ‘baggage’ that foster children do carry all the time, it’s inside there, it’s damaging them... I think that once the child has opened up to you then they can move on with their lives.” P9

“You just have to wait until they’re ready to talk about it, which will usually be in a strange place or in the car or doing the washing up ... but you have to deal with it.” P5

Theme 9: "Being recognised as part of the team"

Participants felt that they were rarely regarded as qualified members of the professional system who could be trusted with confidential information. This was despite the fact that they were paid members of the care team with responsibilities, for example implementing strategies for the child. They felt that they were respected by the team when they went along with a plan, but if they expressed any opposition to the plan, their opinion was not valued. Participants debated this issue in depth; few felt listened to and able to contribute information and be heard. Most felt patronised, undervalued and used merely as tools.

"The carers are made to feel ... just a resource like babysitters... In general there is a feeling that carers are perhaps not responsible and respectful about keeping things confidential and therefore information should be withheld from them." P6

A common feeling was that carers were not acknowledged as people with anything valuable to offer in terms of ideas: as one participant clearly stated, "*foster parents don't get listened to*" (P9), and there was resentment about that. They explained that having no control over processes could be frustrating, especially when they could predict the consequences of a decision but their opinion was not heard.

"[Carer's wife] and I can both see the damage that today [contact] will do... .. We had no say... Foster carers should be given more of a say." P13

Participants sometimes expressed a feeling of powerlessness. They saw themselves as a unique source of information about the child, but they felt they were not consulted in a way that acknowledged this. They explained how the social workers did not get a true sense of the child until they actually took the time to get to know them.

"On the whole foster carers haven't got a lot of say in what happens to the kids and I think they should have. We know the children better than anybody." P14

"The social worker would visit see him for an hour or so and then go ... What they should do to get to know Charlie is to take him out ... you're a better judge than of where this child should be." P11

Participants explained that having access to all the relevant information about a child before it came into one's care was essential. However, this did not always happen; sometimes it was not available but sometimes, they explained, the information was available but kept from the carers. This resulted in the carers feeling unsure of the most appropriate ways to prepare for a placement. Carers felt that if they had access to all of the information, they would feel more empowered to make appropriate interactions with the children rather than worrying they were exacerbating a problem.

"The reality is that these children need to be hugged... they need to know that you care ... but ... if you're not party to all the confidential information ... you don't know what you can and can't do and so therefore you finish up not doing anything." P6

“Social services will place the child as a known arsonist and will forget to tell you ... because maybe you wouldn’t take them if they were going to try to set fire to your house. Whereas in fact, if you know he’s gonna try to set fire to your house, you might hide the matches!” P6

One of the most helpful things when preparing for a new placement was to have a link with the child’s previous carer. This provided the new carer with more accurate information and they felt supported in a different, more genuine way.

“If they’ve been in foster care before, I would insist on having the foster carer’s telephone number ... because, to be frank with you, you get the absolute truth ... They don’t have an interest in not telling you the truth, whereas a social worker is always going to have a vested interest.”

P10

On the whole, participants generally felt quite well supported by the team around them. The courses that were run for carers and opportunities to discuss problems with supervising social workers were valued. Those who were employed by the private agency felt particularly supported, especially by having access to a support line 24 hours a day, each day of the week. Participants also valued being part of a support group of other foster carers. This seemed to provide

a unique level of support for them and something they would recommend to other carers.

“That’s important, to have a good supervising social worker who understands the way you work in your household and can listen to your concerns about anything and everything... And the initial courses ... are vital for people to do before they become foster carers. You don’t always have the right images of what it’s going to be like and that helps ... I don’t think anything can actually set you up for what you get ... but it goes a long way.” P5

“We’ve got tremendous support in our organisation, it’s twenty-four seven, and it’s excellent support and that’s our back up and we always refer to them if there’s anything we’re not sure about ... that’s our stability.” P15

“I think all carers in Britain should really have some sort of support group ... because it’s sharing knowledge and at the same time strengthening each carer in the process.” P4

DISCUSSION

This qualitative study has investigated what constitutes a successful placement from the perspective of a sample of foster carers. The broad definition of a 'successful placement' was a placement in which the child had managed to adequately adjust to and settle in to life in care. However, this definition was not given to the participants, and therefore they may have had different understandings and definitions of what a successful placement consisted of. Many of the findings were consistent with previous studies of resilience with this population. However, themes from these interviews particularly highlighted an awareness amongst carers of the complexities of the tasks of fostering, which has not been previously documented in the literature. The carers' accounts emphasised various challenges in managing the relationship between the foster carer and the foster child, as well as dilemmas that foster carers face in relation to the wider system.

One major theme was the high level of dedication and commitment that the foster carers brought to the task of providing for their foster children. They seemed to care ardently about doing the best they could for their foster children and were devoted to their role. This, and their conviction to stand by their child no matter what, highlighted the enthusiasm and loyalty that these foster carers had to their foster children.

Another key theme was the importance of the foster carer-foster child relationship in terms of helping the child to feel safe and like a member of the family. The relationship between the carer and the child is well documented in the literature as being crucial to a successful placement (Gilligan, 2000; Rutter, 2000), as is the fact that children who have been maltreated often suffer with attachment difficulties that affect their ability to form new relationships (Ainsworth, 1978). The accounts from the carers in this study supported these previous findings in that they emphasised the central importance of developing a stable and secure relationship with a foster child. In addition, their accounts provide a more fine-grained picture of how attachment problems can complicate the actual process of developing and maintaining a good relationship between the foster carer and the foster child. For example, when the children had had difficult experiences with inconsistent and neglectful caregivers, it was particularly difficult for the carers to form a relationship with the children and care for them as they wished to. They often experienced rejection from these children, which was difficult to cope with.

However, these foster carers also pointed out the potential risks of developing a relationship with the children, in terms of it creating more of a disruption for the children when they move on. This view is contrary to the view in the literature that a secure base should be aimed towards in all foster placements (Gilligan, 2000; Schofield, 2002). The carers explained that foster placements are often short-

term while children are waiting for long-term or adoption placements, and that encouraging them to form attachments with the carers actually creates further loss and 'damage' for the children when they move on. The carers also reflected how this puts them in a difficult position in terms of how to care for the child in these circumstances. However, these carers did not suggest ways that this might work in practice, or, indeed, how a bond between the child and carer can be prevented. The ideas of foster carers expressed here provide a slightly different perspective of the pros and cons of providing a secure base for the child and warrant fresh thinking about the implications of encouraging children to form attachments to their carers. It would seem that attachment theory needs to be revisited in light of these findings to expand our understanding of the attachment processes for children in care.

The second domain of results from this study encompassed the significance of other people and professionals in the wider system and their effects on foster placements, which has also been recognised in the literature. Consistent with previous findings was the emphasis on pro-social friendships and extra-curricular activities (Black, 2000; Masten, 2000) as central in facilitating a foster placement.

However, these foster carers highlighted specific challenges and dilemmas that they encountered when dealing with situations that involved other members of the foster care system. For example, a

particular concern was expressed about dealing with the children's contact arrangements with their birth parents. When a child consistently had negative experiences at contact and returned to the placement downhearted and anxious, the carer was able to witness the negative impact this had on the child's adjustment and general level of well-being. Some carers suggested that contact with the birth parents should sometimes be limited, and in some cases terminated. This is a controversial view in the light of current policy that states contact should be in place for all children in care. Depriving the child's birth parents of the right to see their child clearly has important ethical and legal implications. This issue would also benefit from a closer look at the effect contact has on the child's attachment processes.

The carers reported that developing and maintaining a good relationship with the child's birth parents improved the quality of the placement. This is in line with other studies that have stated the importance of positive relationships with the children's birth families in order for the placements to run smoothly and the children to have better outcomes overall (Braver, Ellman & Fabricius, 2002; Schofield & Beek, 2004). The carers in this present study strongly believed that their role was to retain a non-judgemental, neutral stance to allow the children to feel that they and their families were accepted and that they did not have to 'take sides' in a conflictual relationship. The carers often found that this 'neutral stance' diffused the birth parents' hostility, facilitated contact meetings, and was helpful when

carers needed specific information about the child, for example at hospital appointments.

The foster carers also highlighted challenges to developing this type of non-judgemental relationship with the child's birth parents, for example when the birth parents were consistently unreceptive and punitive towards to carers. It is possible that this type of neutral, non-judgemental relationship espoused by foster carers represents an ideal and was influenced by a response bias of wanting to present themselves in a positive and capable light. However, this finding implies that foster carers are required to have a great deal of patience and an ability to remain impartial, which could be considered when new foster carers are selected. There are implications for other professionals who may be called upon to assist and encourage the carer to sustain this relationship, and to perhaps take over tasks of confronting the birth parents if this is required, so as not to interfere with the carer's relationship with the parents.

It is perhaps not surprising given the level of information the carers are exposed to, along with their enthusiasm and dedication, that they felt an intense frustration when they perceived they were not listened to or respected as equal members of the team of professionals involved in the foster care system. The appropriate position for foster carers within the wider system of professionals is clearly a complex and sensitive area, involving questions about appropriate roles, boundaries and responsibilities for a distinct social

group who are simultaneously professionals and parents. This issue has been discussed in the literature in terms of whether carers are merely substitute parents, or whether they are actually professional carers required to do more than just look after these children, for example 'therapeutic parenting' (Beek & Schofield, 2004; Cairns, 2002; Rutter, 2000). This debate was reflected in this study.

Along similar lines, although the carers felt supported, they explained that they held unique knowledge of the children's needs, yet this went unrecognised by the other professionals. They believed that they were entitled to more of a say with regard to the planning and management of placements. Their exasperation and feelings of powerlessness over decisions was clear. Further, they believed that some of the decisions that were made without their opinions being considered led to more behavioural and emotional difficulties on the part of the child. This finding has implications for other professionals, especially in situations when foster carers may disagree with decisions that are being made by other professionals about their foster children. For example, one dilemma for professionals may be about whether they choose to acknowledge the carer's wealth of first-hand information about the child and incorporate this into their decision-making processes, or whether they stick to their theoretical judgements regardless of the foster carer's differing opinion. A few of the carers did report occasions when they felt their opinions had been considered and respected and that this had had better outcomes for the child.

Additionally, many carers expressed strong negative feelings, if not resentment, about not being allowed access to particular confidential information about the children, for example about their abuse histories or specific behavioural problems. They felt that, as frontline carers, they should be equipped with all the relevant confidential information about a child as it helped to enable them to appropriately prepare and care for the child. However, this was not happening in practice due to legal constraints. In fact, foster carers felt that the only way to acquire accurate information about the child was to contact the child's previous carer, and they felt resentful about this. This is clearly a complex issue that raises fundamental questions about how information is shared and managed within the mental health, social service and legal systems around these children. Such findings have ethical and legal implications in terms of current policies. The carer having access to confidential information also has implications for the dynamics of the relationship between the foster carer and the foster child, and the foster carer and the child's birth family, the two relationships these carers stated were so important.

Limitations of the study

While the results of this study are informative and interesting, the findings must be considered in light of some of the study's limitations. A major methodological limitation was that the sample of foster carers was not representative of the population of foster carers

in general. More specifically, the agency carers were well supported and well informed due to different training courses and specific teaching that they were provided with. They were also selected by the agency manager, which suggests that some selection bias might have occurred. The other carers were from two relatively wealthy boroughs and were all members of a support group. The sample was nearly all white British, lacking ethnic diversity, although there was diversity in terms of social class. The carers were all very articulate and had strong opinions, for example about wanting system changes.

The term 'successful placement' was not defined with participants, but rather left open to the individual interpretation of each participant. This was done deliberately so as not to influence the participant in any way and to obtain a genuine account of what they felt was necessary for a 'successful placement' given their own definition. However, this posed a risk that different definitions were used and thus responses given in relation to these differing definitions. It would, therefore, have been useful to have recorded what each participant's definition of a successful placement was so as to analyse the transcripts with their definitions in mind.

There were potential response biases with regard to the information the foster carers gave; it is possible that they wanted to present themselves in a positive light to gain favour with the agency, or, more likely, to portray themselves as good, capable carers. The agency carers might also have been trying to demonstrate how

informed they were. However, that the sample was eloquent, knowledgeable and enthusiastic was also a strength of this research. They had clear arguments for their opinions and seemed to have given a great deal of thought to the issues that they raised.

Directions for future research

Future studies should therefore aim to use larger, more representative samples to get a clearer idea of whether the findings of this study are representative of the wider population of foster carers. The literature would benefit from more research, using both quantitative and qualitative methodologies that sought to explore the attachment processes of these children; how their attachment relationships are affected by coming into care, and by maintaining contact with their birth families. Further, studies need to look closer at the effects of contact on a child in foster care with regard to both internal and external problems that might result from this and the impact that it might have on the placement. Finally, research needs to be carried out on accounts from both carers and their foster children in order to see whether they share similar views.

Clinical implications of this study

The results of this study have numerous clinical implications, many of which have already been discussed. The passion and motivation of foster carers, evident in this study, is a resource to be capitalised on;

encouragement and support from professionals is essential for sustaining their enthusiasm. The findings of this study suggest that, from the carer's perspective, their role as carer is much more than that of being a substitute parent. Rather, they are required to be experts on their foster children's complex needs and to possess a great deal of skill and intuition. The foster carers clearly described the unique position they perceived themselves to be in in relation to the wider system of professionals, being so close to the children and in tune to their needs. They are witnesses to particular information and knowledge, and should be listened to and respected. It would, therefore, seem important not to ignore this willing source of information, but to make use of it by including carers and involving them in decision-making processes. This unique resource of the foster carer could then be maximised and used to enhance the process of fostering.

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PART THREE: CRITICAL REFLECTION

This paper will discuss some of the broader issues of this study in more detail. It will begin by reflecting on the research process as a whole, and continue to further examine some of the methodological issues raised in this study; more specifically, sampling issues, the interview process and the overall validity of the study. It will also consider some of the clinical, social and legal challenges and dilemmas raised by the findings; for example issues of contact, the foster carer-foster child relationship, and the foster carers' position within the wider system of professionals.

Reflection on the research process

Previous clinical experience working with looked-after children in a children's home led me to develop a particular interest in children in foster care and why some foster placements break down while others thrive. Further reading of the resilience literature and the literature on children in care focussed my interest to investigate this concept from the perspective of the foster carers, who are ultimately the people who have to cope with and manage challenging placements on a day-to-day level. I thought that this could be best done using qualitative methodology to interview the foster carers directly and obtain more detailed accounts of their experiences.

My personal expectation of the study was to discover a group of people who were knowledgeable about what was and what was not effective in foster care, given their first hand experience. I expected

to meet people who were extremely informed in the everyday practicalities of fostering, but perhaps not so familiar with the theoretical aspects of foster carer, for example resilience and attachment issues. This expectation was somewhat fulfilled, in that carers were extremely informed and skilled at recognising the needs of the children. I was surprised that although they expressed frustration and, in some cases, resentment about their lack of authority in the foster care system, they were still motivated and enthusiastic about their roles. In many cases, the level of theoretical knowledge the carers had was particularly impressive, for example about attachment theory and, in the case of one participant, holding therapy.

At times, it was difficult to renounce my position as a therapist and embrace the more neutral role of researcher. There were times during interviews when I felt that I was picking up on certain things that were being implied but not explicitly expressed by the carers, for example by non-verbal gestures, which made me reflect on the psychodynamic phenomenon that has been labelled 'transference'. Given that this usually occurs in therapeutic circumstances, I was surprised to experience it in a research situation. It was, at times, tempting to reflect back to the participant what I was interpreting by these underlying messages, however it felt as though it would be influencing the participant's responses, which was not my role as a researcher.

It was sometimes difficult to put aside my knowledge of developmental psychopathology and parenting techniques; it was tempting to make suggestions about behavioural management strategies when the carer was clearly struggling. It was particularly difficult when carers were describing certain challenges with their placements and it was clear to me that a specific diagnosis was probable, which they had not yet considered. It was helpful in these instances to reconsider the ethical conditions behind this study and to recall my position as a researcher. The ethics for the study highlighted certain situations when it would have been my responsibility to intervene, for example if I had believed that the child was being maltreated in some way. However, these situations did not require this type of intervention; it was, therefore, not my responsibility to make suggestions. It was important to have considered these issues in the preliminary stages of the research process so that I was prepared when situations like this arose.

Methodological issues

This section will consider the strengths and weaknesses of some of the aspects of the qualitative methodology used in this study. It will examine the sample that was used, some of the issues around the process of the interviews with this specific population, as well as the methodological validity of the study.

Recruitment and the sample

The recruitment of participants for this study was relatively straightforward given the foster carers' willingness to participate. However, those that did take part were not a representative sample. The carers recruited from the agency had all been on thorough training courses provided by the agency and many had completed foster care related National Vocational Qualifications (NVQs). At times their ideas and opinions were similar, suggesting that they had been learnt on one of these courses. The carers were clearly well supported, with access to a 24-hour support line and efficient key workers whom they trusted to follow through with requests and queries. This is not representative of other foster carers who do not have access to this level of support. Further, the carers that participated in the study were selected by the agency manager, who may have had a particular professional interest in the outcome of the study. It is possible that he selected those carers whom he thought would be most articulate to facilitate data collection but also perhaps those who would portray the agency in a positive light.

The local authority carers were particularly assertive in that they actively responded to a general request to participate in the study. They were all active members of a group that provided ongoing support for other foster carers and that worked closely with the local authority. They all had a great deal of experience of foster caring, were dedicated to their roles and were well informed about the bureaucracies involved in foster care.

Although the sample was not representative, it may be argued that the carers' levels of expertise, experience and considered opinions were a strength for this study, which aimed to record the perspectives of foster carers with regard to the care system and the placement processes. That is, the carers' level of training may have made them more aware of relevant issues, for example attachment processes, and they were, therefore, an informative sample to interview.

The interviews

The research questions of this study were purposefully broad to allow the foster carers to speak openly and freely about their experiences without being confined to a particular area of discussion. By maintaining a position of neutrality and curiosity, space was created for them to share any experiences they wanted to about what they considered to be important in a placement, which encompassed areas of discussion from parenting techniques to system policies. The interviews were not time restricted, some lasted for 3 hours, which maximised the information the carers were able to give. In line with Elliott, Fischer and Rennie's (1999) guidelines for good practice in qualitative research, summaries of participants' interviews were sent back to them and they were asked to comment on the accuracy of the information and invited to make further comments, in order to increase the testimonial validity. However, except responding to further questions that I had raised, participants invariably reported

that they had nothing further to add, which perhaps reflected the benefit of having no time limit on interviews.

The interview schedule was useful as a framework from which to approach the interviews with foster carers. However the carers had a clear idea of what they wanted to say, which led me to re-examine the schedule structure. With a few prompts, the carers spontaneously covered the main domains of the schedule, which had been informed by the literature and examination of clinical issues. This meant that I was able to focus more on the process of the interviews without worrying about covering the material.

At times I found that interrupting the carer to follow up on a particular topic lost the flow of the conversation. It was therefore more appropriate to make notes during the interview and return to relevant points, if they had not been covered, in breaks in the conversation. Allowing the carer to talk without being interrupted also prevented assumptions being made about what point the carer was trying to make. This was also a valuable lesson to enhance my practice as a clinician, and a skill that was developed over the course of the interviews.

Validity

It was helpful and beneficial to increase the testimonial validity of the study by using the summaries, along with recruiting colleagues and supervisors for analytic auditing – checking the results against the

data - in line with good practice guidelines (Elliott et al., 1999; Smith, 2004). This latter method provided a fresh perspective on the data, and helped to ensure that the themes being derived from the data were accurate and not too heavily influenced by subjective bias, which is inevitable with qualitative analysis. However, the value of others just reading the raw transcripts is somewhat limited; the readers are not able to pick up on some of the more subtle meanings attached to ambivalent phrases, nor non-verbal communications that were lost in transcription, for example an intonation or particular use of body language.

It is possible that these carers presented themselves in a particular way on certain topics during interviews in order to portray either the agency or themselves in a favourable light. For example, at times they would discuss an issue without seeming to have acknowledged the challenges around it. One hypothesis for this would be that they were reflecting knowledge they had acquired on a training course, so as to present themselves as well-informed and competent carers in terms of parenting the child and meeting the child's needs. Further, one carer seemed extremely nervous in the initial stages of the interview, as though her parenting skills were being assessed. It is, therefore, important to be mindful of these possible response biases when considering the data.

Clinical and policy implications

This study highlighted alternative perspectives on some important issues of fostering. The opinions of the foster carers sometimes contradicted what current policy suggests, raising significant implications for the implementing and planning of foster care placements. Some of these issues will now be discussed in more detail.

Creating a 'secure base'

The carers raised issues about creating a warm, safe and trusting relationship with these children. This is known in the attachment literature as a 'secure base' and has had a great influence on the literature of child psychopathology. The idea that these carers raised about this relationship sometimes being counter-productive is controversial, especially in light of the current literature that states that creating a secure base should be a fundamental aim of a foster placement, and something that will allow the children to begin their emotional healing process (Gilligan, 2000; Schofield, 2002).

However, these carers suggested that when a definite plan is not in place for a child, forming a bond with them could create more problems for them if and when they move on. Their lives are full of inconsistent relationships and experiences of loss; the foster carers believed that to lose another relationship that they had trusted in and committed to would further exacerbate their sense of

abandonment and instability. The carers' solution to this was to have a solid and reliable plan in terms of goals and a time frame for the placement, so that the carer and the child were both aware of whether the placement was temporary or permanent. They would then be in more of an informed position to decide what type of relationship they wished to pursue.

However, this suggestion has many implications that the carers did not elaborate on about how this might work in practice. It seemed as though this was a dilemma that does not yet have an adequate solution. A 'short-term' placement, in reality, could last for several months. The carers did not have further suggestions on how it would be possible for a child to be in a placement for this length of time and be kept from forming a bond with the carer. They did not address how they, as carers, might overcome their desire to care for the child in a way that made them feel loved and cared for, but without creating this secure relationship that would generate further problems when they moved on. The potential harm that a lack of a secure base for this 'short' time could have on the child's attachment processes and their feelings of rejection or being unlovable was not considered.

It seems, therefore, that although this was something that the carers felt strongly about, the implications and practicalities of not creating a secure base for a vulnerable child in care could be problematic. Nevertheless, these particular findings question the

fundamental goals of a foster placement, and draw attention to some of the complications of developing a relationship with a child in care. The findings have significant implications for future research, particularly within the attachment literature, to expand our understanding of attachment relationships in care. More specifically, looking longitudinally at the attachment status of children coming into care and following their progress, noticing any changes to their attachment processes and how they fare long-term. It would be interesting and informative to observe whether the attachment processes in foster care mimic those in biological families.

The issue of contact

The carers highlighted how the child's contact arrangements with their birth families can cause significant complications in the placement, both in terms of the children's emotional distress and their adjustment to the placement.

The carers discussed how the distress of the child after contact can persist for a number of days. It is often very subtle and is expressed in other contexts via the child's behaviour. The child's loyalties to their families can interfere with the child being open and honest about the impact of contact, complicating the issue further. Carers explained how it was difficult for them to witness their children's distress after each contact and questioned whether, in these circumstances, the frequency of contact should be reviewed. Further, some of the carers suggested that when the child was being

consistently distressed by contact, it should be terminated altogether.

Carers also described the strong impact that negative contact had on the child's adjustment to the placement and the carer's ability to facilitate this adjustment. There was a clear frustration that contact had such a major influence on the process of a placement, yet carers were powerless to control it, given the legalities of contact and the parents' right to see their children (The Children's Act, 1989).

Given that, in reality, the law is unlikely to change, this raises dilemmas for professionals about how to best manage the contact between birth parents and the children. This is a multi-faceted dilemma that has implications on many different levels of foster care. Carers have highlighted some of the complexities involved in the process, and how it not only affects the child, but it also significantly impacts on the placement and the carers' ability to do their job. Professionals, therefore, need to give greater attention to the impact of contact not just on the child, but also on the carer and the placement as a whole. Further, it needs to be assessed whether there is more space in planning processes to integrate the carers' opinions.

This is clearly an area that is emotionally-laden for carers and, therefore, these findings need to be considered in light of various

potential biases of the carers. The carers bear witness to the emotional state of the child after a negative contact; they might, therefore, have developed a bias that contact is a harmful construct for a child, but without adequately considering the consequences of the child not maintaining contact with its birth family. It is possible that these carers had negative feelings towards the child's birth parents, perhaps because of their perceptions of previous harm the parents had inflicted on the child, along with their ongoing interference in the child's life; these feelings might have swayed their opinions and views about the matter. The issue is a complex one that requires multiple perspectives in order for a balanced view to be reached.

The ideal of a good relationship with the child's family

The carers in this study expressed that maintaining a good relationship with the child's birth family is crucial for the success of a placement. However, this finding might have been influenced by a particular response bias, for example the carers wanting to portray themselves as 'good carers', as discussed earlier. The carers did not address the struggles associated with this demand of remaining non-judgemental, or indeed how realistic it was to sustain this position. Given the level of intimacy they are exposed to with the child, it could be a challenge to remain entirely neutral when the children disclose details of their parent's abusive or neglectful behaviour.

During the interviews, the carers did seem genuinely relaxed and confident about this issue of remaining impartial, and were convincing that although it was hard at times, it was not their place to outwardly judge or confront the parents on any issue, as this was not in the best interests of the child. However, carers did not offer information that suggested how they manage their struggles of jealousy and hurt when the children remain loyal to their birth parents, or when they still want to return home regardless of the care and love the carer has offered. Therefore, this possibly idealised finding of remaining passive with regard to the child's birth parents warrants further investigation and discussion.

The foster carer's position within the wider system

Different issues raised in this study have implications for the foster carer's position and role within the wider system of foster care professionals. At times, the carers clearly felt sidelined with the more complex organisation of placements. They also expressed a frustration that they were not allowed access to confidential information about the child. These dilemmas will be discussed here in terms of their legal, social and clinical implications.

The carers in this study seemed to feel undervalued and not credited for the work they were doing. Specifically, they felt that they should be allowed access to details about the child's history that were classified as 'confidential'. They felt patronised and disrespected by being excluded, as well as denied the opportunity for adequate

preparation for a placement. It also seemed as though the carers harboured some anxiety about the risk the child was at if specific information was not available for carers. As one carer said, "We need to know if he's an arsonist; not so we can reject the placement, but so we can hide the matches!" Similarly, if the child had been abused, the carers felt it was important to be aware of the details so as not to inadvertently recreate a scenario where the child was re-traumatised.

Carers expressed a frustration that the boundaries of confidentiality within the social work system seemed to extend to the team of social workers based at one location, whereas foster carers were not allowed to discuss issues surrounding their children with other foster carers. They seemed to accept the reasoning for this, however they perceived a distinct double standard within the foster care system as a whole.

The foster carer having access to confidential information has implications for the carer's relationship with other members of the foster care system. For example, if the child was aware that the foster carer knew everything there was to know, the child might feel pre-judged and anticipate rejection. Previous studies have shown that children find the constant sharing of confidential material extremely intrusive (Munro, 2001), which is important to be mindful of when considering this issue. The carers might find it harder to remain as impartial and neutral to the child if they knew of past

behavioural problems or, for example, criminal activity. More discussion would be required about whether the level of training foster carers receive would equip them for exposure to this level of information and whether they would still be able to remain loyal and unconditionally caring towards the child.

The relationship between the carer and the child's birth parents might also be further challenged if the carer had access to this information; the birth parents might feel more judged and inadequate if they were aware that the carers knew all the details of their 'short-comings' as parents. This might then further exacerbate the hostility and difficulties that are involved with the process of this relationship. Given that this relationship, along with the carer's relationship with the child, have been given so much emphasis in this study, it would seem important to consider these implications in greater detail so as not to jeopardise the placement.

It is questionable if the child is on a short-term placement whether it is necessary for the carer to know all the details about the child. Moreover, it could raise further issues of confidentiality as to where the boundaries stop. For example, teachers and other group leaders could demand to know all the details on these children, raising further complications.

However, it seems as though this is both a legal issue of confidentiality of information as well as a clinical issue of risk

management. Further discussion needs to focus on whether a compromise is possible; that the confidentiality of the information is protected, but that the carer can attend a review of the children before they come into care, so that they feel adequately prepared for the specific challenges the child poses, and that the risk of jeopardising the placement is lowered.

The implications arising from the possibility of foster carers having access to confidential information are significant in terms of the position of the foster carer in the system. If carers were to be allowed this access, it would mean a major change in policy and a shift for foster carers within the team of professionals. It raises the question of the role of the foster carers, and whether they are substitute parents who care for these children and who work for the system, or whether they are actually professionals who are required to engage in highly skilled and therapeutic management of some very disturbed children (Beek & Schofield, 2004). These carers clearly considered their role in the system to be specific to them and crucial to the success of the foster placement; whereas other professionals had their own expertise, organisational or legal, the carers were the people who had the most contact with the children and therefore knew what was best for them on a day-to-day basis. Perspectives of others involved in the foster care system, for example the social worker or case manager, would inform and enrich this debate further, and is an area that could be pursued in future research.

Conclusion

This study has raised interesting issues from the perspective of the foster carers. It has highlighted their dedication and enthusiasm, which could be maximised by the system in terms of support and encouragement. It has also shown some of the frustrations and resentments of the foster carers with regard to their position in the team of professionals, and with the current legalities and policies of foster care. These perspectives are valuable on both a clinical and managerial level. They highlight issues that need to be considered in terms of planning and reviewing processes and alert the system to the perceived position of the carers, in terms of them potentially feeling undervalued.

The findings from this study also serve to increase our understanding in terms of what is essential for a foster placement to be a success. The views of foster carers can contribute to the evidence base of effective fostering. It is important that research continues to explore different aspects of foster care and to discover whether the perspectives of the children converge with those of their carers. A balanced, multiple-perspective and systemic picture of foster care is required before initiatives and policies can be addressed and reconsidered. We are now left with the knowledge that these foster carers have offered, an insight into their evident eagerness and allegiance to fostering, along with their specific views of what makes and facilitates a successful foster placement. It is now up to the

wider team of professionals to decide upon how to proceed with this information to further the processes of fostering.

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APPENDICES

**APPENDIX A: LETTER OF ETHICAL
APPROVAL**



The Graduate School
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2 June 2005

Dr Stephen Butler
Department of Clinical Health Psychology
1-19 Torrington Place
UCL

Dear Dr Butler

Re: Notification of Ethical Approval

Project ID: 0414/001: The perspectives of foster carers of what constitutes a successful placement for children in foster care

I am pleased to confirm that the above research has been given ethical approval following review by the UCL Committee for the Ethics of non-NHS Human Research for the duration of the project subject to the following minor amendments suggested by the Committee:

1. It was noted that in the Information Sheet for Volunteers the terms 'foster carer' and 'foster parent' were used. It was suggested that there should be consistency in the use of terminology in order to ensure that the information is easily understandable.

Approval is subject to the conditions below:

2. You must seek Chair's approval for proposed amendments to the research for which this approval has been given. Ethical approval is specific to this project and must not be treated as applicable to research of a similar nature. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing the 'Amendment Approval Request Form'.

The form identified above can be accessed by logging on to the ethics website homepage: <http://www.grad.ucl.ac.uk/ethics/> and clicking on the button marked 'Key Responsibilities of the Researcher Following Approval'.

3. It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. Both non-serious and serious adverse events must be reported.

Reporting Non-Serious Adverse Events.

For non-serious adverse events you will need to inform Ms Helen Dougal, Ethics Committee Administrator (h.dougal@ucl.ac.uk), within ten days of an adverse incident occurring and provide a full written report that should include any amendments to the

participant information sheet and study protocol. The Chair or Vice-Chair of the Ethics Committee will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Reporting Serious Adverse Events

The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator immediately the incident occurs. Where the adverse incident is unexpected and serious, the Chair or Vice-Chair will decide whether the study should be terminated pending the opinion of an independent expert. The adverse event will be considered at the next Committee meeting and a decision will be made on the need to change the information leaflet and/or study protocol.

4. On completion of the research you **MUST** submit a brief report (maximum of two sides of A4) of your findings to the Committee. Please comment in particular on any ethical issues you might wish to draw to the attention of the Committee. We are particularly interested in comments that may help to inform the ethics of future similar research.

Yours sincerely

Sir John Birch
Chair of the UCL Committee for the Ethics of Non-NHS Human Research

APPENDIX B: INFORMATION SHEET



Sub-Department of Clinical Health Psychology
UNIVERSITY COLLEGE LONDON
GOWER STREET LONDON WC1E 6BT

The Perspectives Of Foster Carers Of What Constitutes A Successful Placement For Children In Foster Care

Researcher: Caroline Wells
Supervisor: Stephen Butler

INFORMATION FOR VOLUNTEERS

We are inviting you to take part in a study investigating what foster carers consider to be the important and necessary aspects of a good foster placement. So far much of the research has focused on the views of professionals, however this study will investigate the perceptions of foster carers. It will look at how you, as a foster carer, recognize what is important for your foster child/children and what you find difficult about providing these things for the child/children in your care. Your thoughts and experiences, whatever they may be, would therefore be extremely valuable. The research will hopefully be useful for foster carers, to help them receive the support that they need for them and their foster children.

What would be required of you?

To take part in the study would require about an hour and a half of your time in which we would meet at your convenience and talk about your experiences as a foster carer.

You could ask me any questions at any time about the research. The results of the study will be made available to you once the study has been completed.

Confidentiality and Anonymity

The information you give would be **confidential**; it would not be passed on to any third parties.

The information would also be **anonymous**; any identifying details would be kept separate from the information you give.

The only time confidentiality would be broken is if it was considered that you were a risk to yourself or others, in which case steps would be taken to protect you.

Withdrawing from the study

If at any point during the interview, or indeed before the study is completed, you should wish to withdraw from the study, it is your right to do so and no questions will be asked as to your reasons.

Consent

You will be given a consent form to sign to show you have understood the information on this sheet and you agree to take part. This does not affect your right to withdraw from the study at any time.

Further Information

If you would like any more information or would like to ask any questions, please contact Caroline Wells by emailing her at caroline.wells@nhs.uk or writing to the above address.

APPENDIX C: INFORMED CONSENT FORM



Sub-Department of Clinical Health Psychology
UNIVERSITY COLLEGE LONDON
 GOWER STREET LONDON WC1E 6BT

CONSENT FORM

Please complete the following:

Please delete as necessary

- 1. I have read the information that describes this study Yes/No
- 2. I have had the opportunity to ask questions and discuss this study Yes/No
- 3. I have received satisfactory answers to all of my questions Yes/No
- 4. I have received sufficient information about the study Yes/No
- 5. I understand that I do not have to participate in this study Yes/No
- 6. I understand that I can withdraw myself from this study at any point Yes/No
- 7. I agree to take part in this study Yes/No

Signed:

Date:

Name in Block Letters:

Signature of Researcher:

Name of Researcher:

**APPENDIX D: INITIAL EMAIL TO FOSTER
CARERS**

Dear All,

My name is Caroline Wells and I am currently undertaking a research project about foster carers. I am doing my Clinical Psychology training at University College London (UCL) and the research will be part of my doctorate. Foster care is a field I have much personal interest in and am particularly excited about undertaking a piece of work in the area, looking at issues from a different angle that hasn't been approached before.

What I am particularly interested in is what makes a successful placement for a child in foster care. Previous research has focussed on other professionals' ideas and beliefs; however I am interested in the views and ideas of foster carers themselves. What do foster carers - you - who are involved in foster care every day believe to be the necessary factors for a successful foster placement?

Therefore, I am writing to you all to ask you to consider taking part. Your ideas and contributions will undoubtedly be valuable. Taking part would require about an hour of your time to meet with me to discuss your ideas regarding what makes a successful placement and what struggles you face in the process.

If you have any questions or would like to know more about the study before committing yourself please feel free to email me.

If you would like to participate in this study please send me an email and I will contact you with more details.

Many thanks,

Yours sincerely,

Caroline Wells
Trainee Clinical Psychologist
University College London

**APPENDIX E: DEMOGRAPHIC
QUESTIONNAIRE**



Sub-Department of Clinical Health Psychology
UNIVERSITY COLLEGE LONDON
GOWER STREET LONDON WC1E 6BT

**THE PERSPECTIVES OF FOSTER CARERS OF WHAT
CONSTITUTES A SUCCESSFUL PLACEMENT FOR
CHILDREN IN FOSTER CARE**

Researcher: Caroline Wells
Supervisor: Stephen Butler

PARTICIPANT INFORMATION

Occupation _____

Age _____

Ethnicity _____

Other members of household _____
(excluding foster children)

Number of children previously and currently fostered _____

Number of children fostered at present _____

Age of children fostered at present _____

Year first fostered a child _____

**APPENDIX F: SEMI-STRUCTURED
INTERVIEW SCHEDULE**

The Perspectives Of Foster Carers Of What Constitutes A Successful Placement For Children In Foster Care

**Researcher: Caroline Wells
Supervisor: Stephen Butler**

INTERVIEW SCHEDULE

Information gathered prior to the interview:

Purpose of study explained
Purpose of interview explained
Consent form explained, understood and signed
Format of interview explained (eg It will take the form of a conversation, occasionally I will ask you specific questions or I will ask you to talk more about a particular subject).

*

Date of Interview _____

How did you come to be a foster carer? What made you want to be a foster carer?

How have you found being a foster carer?

Which bits of being a foster carer have you found easy?

Which bits have you found hard?
(Emotionally and practically)

What do you consider to be important things that are necessary for a child to be happy in a foster placement?

How would you make sure (child's name) had those things in place/available to him/her?

What might make it hard for you to make sure (child's name) has the things he/she needs?

How can things be made easier?

What support, if any, have you found helpful for making sure (child's name) receives the things he/she needs to make him/her happy here?

What support, if any, have you been offered or received to help you and your family cope with the stresses of living with foster children? Has it been useful?

What support, if any, has (child's name) been offered or received to support him/her as a foster child/being in the care system? Has it been useful?

How do you think you and/or (child's name) could be supported better?

Do you have any questions?

APPENDIX G: PHASE 1 OF ANALYSIS

Excerpt from interview with Participant 14: annotation of transcript

<p>P: I never ever promise them anything without following it through...You've got to, really really important. I never say to them we're going so and so and we don't go there, unless something terrible here happens ... 'cause once you break your promise or go back on your word, you're no different to their parents and everyone else they know ... With your own children it's a different type of upbringing, if something happens or if somebody's gonna come round you say 'Oh well we'll leave it we'll do it next week' ... but to most of the foster children, it's a big thing, ... so you can't then say oh well sorry someone's coming round. ... So we never ever let them down or promise them something that we don't do ... You can't let foster children down, that's what they're used to with their parents being let down all the time.</p>	<p>Importance of following through</p> <p>Being trustworthy and reliable</p> <p>Keeping promises</p> <p>Being different to their parents/previous experiences</p> <p>Foster children have different needs to one's own children</p> <p>Unconditional reliability</p> <p>Sticking by one's word/not letting the children down/100% commitment/no matter what</p> <p>Don't let the children down</p> <p>Giving them a different experience</p>
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Excerpt from interview with Participant 8: annotation of transcript

<p>P: You just need to praise them and to give them lots of hugs and cuddles and even, you know, if when they've had their bath of a night time, rather than saying there's a book, go and look at it, you know, come and sit next to me, read the book with me, share the book with me. And it's the giving and the sharing. I mean even just the mealtimes round the table and whatever, it's making them feel part of the unit and not being up in your room on your own or whatever, you have to encourage them to join in to the family unit. And I think that's the nicety of when new children are coming in or going out, that my children will be here to welcome them in and they'll be here to say a farewell to them.</p>	<p>Praise</p> <p>Physical affection</p> <p>Taking time to bond and attend to child</p> <p>Closeness</p> <p>Including, giving and sharing</p> <p>Making the child feel part of the family</p> <p>Including and involving the children</p> <p>Participation of carer's children</p> <p>Child included by whole family unit</p>
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APPENDIX H: PHASE 2 OF ANALYSIS

Examples of initial themes identified in interview with Participant 14.

Dedication to the child

- Following through and keeping promises
- Giving up your time; "your days are rarely your own"
- The children learn to trust carer

Children's birth families

- Dealing with hostile parents
- Important to stay "mellow"
- Child's loyalty to birth families; "It was as though it was disloyal to get excited about any of the stuff we have bought them."

Treating the children as part of the family

- Important not to have a 'them and us' culture; "Once you take kids in they're part of your family."
- Treating them the same as one would one's own children
- Improves their self-esteem and level of trust

APPENDIX I: PHASE 3 OF ANALYSIS

Examples of the integration of themes across transcripts

Consistency

- Stable routine with clear boundaries
- Consistent social worker; "Constant changes of social workers... reinforced that nobody cares." P8
- Not letting the children down
- Consistency between foster carers with parenting strategies

New experiences of a different life

- Talking to them with respect
- For the child to be part of a normal family
- Doing 'normal' things, for example going on holiday, learning to swim
- Instils new values in the child
- Learn not all men/adults are violent; "Not all men are there to knock you about which is what they've mostly seen." P14

Importance of having a relationship with child's birth family

- Good for child to see carers and parents getting on
- More convenient for arranging meetings and appointments if relationship is not hostile
- Need to support parents to help resolve their relationship with their children
- Important not to judge the parents for the sake of the children; "We try not to ever criticise parents." P5