# Security and permanence in long-term foster care: family relationships and professional systems

## A thesis submitted for the

## degree of PhD by Publication

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# Contents

# Acknowledgements

Throughout my career I am thankful to have worked with many outstanding social care professionals and academics. Of these, two deserve particular acknowledgement: Christina Paulson-Ellis, my long-term mentor, for her insight and wisdom, and Gillian Schofield, whose energy and commitment to improving the lives of looked after children has been invigorating and inspirational.

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Finally, my heartfelt thanks to Chris, for his interest, and unfailing support.

# Abstract

This is a submission for the degree of PhD by Publication. The submission presents five linked research studies concerned with long-term foster care, and their associated publications.

There is a three-part commentary on the research and publications. Part 1 of the commentary reviews the literature relevant to the research and publications. Firstly, the policy background to the studies is outlined. Then, the literature concerned with the family processes and outcomes of long-term foster care is considered. Placement stability and developmental outcomes are included, and also the risk and protective factors that contribute to these processes and outcomes. Literature concerning foster and birth family membership is then highlighted, and also that which addresses the professionalisation of foster care, and the implications of this for long-term foster care. This is followed by a summary of some relevant attachment based research and, finally, there is reference to the literature concerning professional systems associated with long-term foster care in England and Wales.

Part 2 of the commentary provides an outline of each of the research studies undertaken and summarises their aims, methods, findings and methodological issues. The studies spanned a period of fifteen years, between 1997 and 2011. They explored the experiences and meanings of building a family life within the context of foster care systems in England and Wales. These two closely interwoven discourses - the relationships that are formed in long-term foster families and the professional systems that surround them - were of central importance in the body of work and form the core of this submission.

Part 3 of the commentary covers the contribution that the research and publications have made to knowledge in the field of long-term foster care. Firstly, from the exploration of family processes in long-term foster care, key aspects of caregiving that appear to create a sense of security and permanence for long-term foster children are identified. These are: secure base caregiving, bonding and commitment, flexible role identities and managing the child's dual family membership. Each of these aspects of caregiving, as illuminated by the research and publications, is explored in turn. Secondly, there is a summary of the contribution that the body of work has made to identifying

the extent of regulation and the nature of practice that is required to safeguard long-term foster children, whilst at the same time promoting their sense of security and permanence in their foster families. The commentary concludes with an overview of the implications of the research and publications for social work practice and some suggestions for further research.

At Appendix A is a statement from Professor Gillian Schofield, lead investigator of one of the studies, co-investigator of two of the studies, and lead author of ten of the publications. Appendix B contains a collection of the published works (articles and a book chapter) that represent the studies. The books and a research report are presented separately.

# The research studies

The five research studies that form the core of this submission are listed below. The Nuffield Foundation funded each of them.

**Growing up in Foster Care:  Stage 1**　　　1997 – 1998
*(GUFC 1)* [1]

First stage of a prospective, longitudinal study of children placed in long-term foster care in England (children aged 4 – 12 years).


**Growing up in Foster Care: Stage 2**　　　2001 – 2000
*(GUFC 2)*

Second stage of the above longitudinal study (children aged 7 – 15 years).


**Growing up in Foster Care:  Stage 3**　　　2005 – 2006
*(GUFC 3)*
Third stage of the above longitudinal study (young people aged 13 – 20 years).


**Foster Carers' Perspectives on Permanence**　　　2001
*(Carers' Views of Permanence)*

A focus group study which explored English long-term foster carers' views on the proposed new order of 'special guardianship', their experiences of providing long-term foster care, and the meanings of 'permanence' in this context.


**Care Planning for Permanence in Foster Care**　　2008 - 2010
*(Planning for Permanence)*

A cross-sectional study of care planning that examined the professional systems governing long-term foster care in England and Wales and foster carers' and fostered young people's experiences of permanence in foster care.

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[1] Abbreviated forms of the study titles are used throughout this submission.

# The published works

**Refereed journal articles**

1. [2]**Beek, M and Schofield, G (2002) Foster carers' perspectives on permanence: a focus group study***, Adoption and Fostering,* **26:2, 14-27.**
Report of study that consulted with long-term foster carers regarding the proposed special guardianship order and their perspectives on providing permanence in foster care *(Carers' Views of Permanence)*.

2. **Beek, M and Schofield, G (2004) Tuning in to children: Providing a secure base for children with severe learning difficulties in long-term foster care,** *Adoption and Fostering,* **28: 2, 8-19.**
An account of the ways in which long-term foster carers were providing secure base caregiving for a small sub-group of foster children with severe disabilities *(GUFC 1 and 2)*.

3. **Neil, E, Beek, M and Schofield, G (2003) Thinking about and managing contact in permanent placements: the differences and similarities between adoptive parents and foster carers***, Journal of Clinical Child Psychology and Psychiatry***, 8: 3, 401- 418.**
A comparison of contact arrangements in adoption and long-term foster care, introducing a framework of risk and protective factors in order to plan contact that enhances children's sense of security and permanence *(GUFC 1 and 2)*.

4. **Schofield, G and Beek, M (2005a) Providing a secure base: parenting children in long-term foster family care,** *Attachment and Human Development***, 7:1, 3-26.**
This article focuses on how sensitive long-term foster carers can meet the emotional needs of children in middle childhood and early adolescence. The Secure Base model is used as a framework for analysis and also suggested as a framework for working with foster carers *(GUFC 1 and 2)*.

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[2] Publications are referenced by number throughout this submission.

5.  **Schofield, G and Beek, M (2005b) Risk and resilience in long-term foster care,** *British Journal of Social Work***, 35:8, 1283-1301.**

    This article outlines some of the factors and processes within and outside the foster family that appeared to be enhancing or threatening the progress and development of a group of children in long-term foster care (*GUFC 1 and 2*).

6.  **Schofield, G and Beek, M (2009) Growing up in foster care: providing a secure base through adolescence,** *Child and Family Social Work***, 7: 1, 3 – 26.**

    Case material is used to explore the family processes of secure base caregiving in adolescence. The importance of foster family support into adulthood is emphasised (*GUFC 3*).

7.  **Schofield, G, Beek, M and Ward, E  (2012) Part of the Family: Planning for permanence in long-term family foster care,** *Children and Youth Services Review***, 34, 244 – 253.**

    This article considers how permanence in foster care, and the associated care planning and reviewing systems, are experienced by long-term foster carers and their foster children. Rigorous, but child/family sensitive systems are recommended (*Planning for Permanence*).

8.  **Schofield, G, Beek, M, Ward, E, Biggart, L (2013) Professional foster carer and committed parent : Role conflict and role enrichment at the interface between work and family in long-term foster care,** *Child and Family Social Work***, 18, 46-56.**

    An exploration of long-term foster carers' dual roles of 'parent' and 'carer', and whether dual roles necessarily lead to conflict or can lead to role enrichment (*Planning for Permanence*).

    **Books**

9.  **Schofield G, Beek M, Sargent K and Thoburn, J (2000)** *Growing up in foster care,* **London: BAAF.**

    Research report of *GUFC 1*.

**10.** **Beek, M and Schofield, G (2004a)** *Providing a secure base in long-term foster care,* **London: BAAF.**

Research report of *GUFC 2*.

**11.** **Beek, M and Schofield, G (2006a)** *Attachment for foster care and adoption,* **London: BAAF.**

A training programme /DVD/video for use with foster carers and adopters (*GUFC 1* and *2* and additional interviews).

**12.** **Schofield, G and Beek, M (2006b)** *Attachment handbook for foster care and adoption,* **London: BAAF.**

An attachment theory and research based text for professionals, foster carers and adopters (*GUFC 1* and *2* and additional interviews).

**13.** **Schofield, G and Beek, M (2008)** *Achieving permanence in foster care,* **London: BAAF.**

Practice guide for planning, assessment, matching and support in long-term foster care (all studies).

**14.** **Schofield, G and Beek, M (2014)** *The Secure Base model: promoting attachment and resilience in foster care and adoption,* **London: BAAF.**

A practice guide and tools for using the Secure Base model (all studies).

**Book chapter**

**15.** **Beek, M and Schofield, G (2004b) Promoting security and managing risk: contact in long-term foster care, in Neil, E and Howe, D (eds)** *Contact in adoption and permanent foster care: Research, theory and practice***, London: BAAF.**

This chapter considers risk and protective factors associated with contact arrangements in long-term foster care. These factors may be connected with the child, foster carers, birth family and the agency (*GUFC 1* and *2*).

**Research report**

**16.** Schofield, G, Beek, M, Ward, E and Sellick, C (2011) *Care planning for permanence in foster care,* Final report for the Nuffield Foundation, UEA Centre for Research on the Child and Family: UEA  (website).

Research report of *Planning for Permanence.*

# Introduction

This submission covers five linked research studies concerning long-term foster care, and their associated publications. Spanning a period of fifteen years, between 1997 and 2011, the studies explored the experiences and meanings of building a family life within the context of foster care systems in England and Wales. These two closely interwoven discourses - family processes and relationships in long-term foster families and the professional systems that surround them - were of central importance in the body of work and are explored throughout this submission.

**Definitions of security, permanence and long-term foster care**

In the context of this submission, the term 'security', refers to emotional security: the child's 'freedom from worries of loss' (Oxford English Dictionary) or *trust in relationships* with his or her foster carer(s). The term 'permanence' is more complex. Firstly, it suggests positive stability and well-being for the child. For instance, the current statutory guidance for care planning and case review in England states that the aim of planning for permanence is to 'ensure that children have a secure, stable and loving family to support them through childhood and beyond' (DCSF, 2010a: 11).

However, permanence can be achieved without continuity of placement. For instance, Thoburn *et al.* (2000) found that even after a breakdown, some young people continued to have good relationships with their former foster carers and some renewed their relationships when they were further into adulthood. Equally, placement stability does not always mean that the child is secure and loved. Feelings of foster family membership and quality of caregiving are key to this (Sinclair, 2005). In the context of long-term foster care, therefore, permanence also has a subjective connotation, connected with the meanings ascribed to it and the feelings associated with it, for the child and the foster family members. The terms 'permanent' and 'permanence' can also be concerned with the social work policy and practice surrounding the placement (DCSF, 2010a).

For the purposes of this submission, the terms 'security' and 'permanence', are used to encompass all of the above elements as they overlap and interact with each other in long-term foster care. In summary, they include emotional security, trust in foster family relationships, foster family membership through to adulthood, a comfortable level of birth family membership and the professional systems that plan, support and monitor the long-term placement.

Finally, to consider the term 'long-term foster care'. This term has been used variously in UK policy and practice (Schofield and Ward et al., 2008). Historically, the majority of foster care was long-term in nature and this was taken to mean that children would grow up in their foster families (George, 1970). Different types of foster care were introduced from the mid 20th century, with long-term arrangements remaining an option for some children. The definition of long-term foster care became less clear during the 1980s, when the concept and language of 'planned permanence' began to develop, initially in the USA (Malluccio et al., 1986). In England and Wales, some local authorities introduced 'permanent foster care' - an arrangement where foster carers were asked to make a commitment similar to adoption - and this was distinguished as a conceptually (but not legally) more secure option than long-term foster care (Schofield and Ward et al., 2008). However, for the purposes of this submission, this distinction is not recognised. The term 'long-term foster care' is used to cover all foster care arrangements where it is planned that the child will live in the same foster family until adulthood, and beyond.

**The relevance of the studies**

The studies were motivated and shaped by widespread confusion and uncertainty regarding long-term foster care in England and Wales. From the 1980s onwards, long-term foster care became regarded by many professionals as a 'second best', with adoption seen as the more effective and desirable means of providing security and permanence for children who could not remain with their birth families (Lowe and Murch et al., 2002). There was uncertainty about whether true permanence could be achieved in the care system (Selwyn et al., 2006) and concerns about both placement stability and developmental outcomes of long-term foster care (Berridge and Cleaver, 1987; Rowe et al., 1984). At the same time, local authority policies and systems

regarding long-term foster care were inconsistent and often unclear (Lowe and Murch *et al.*, 2002).

The uncertain status and lack of clarity in planning and systems for long-term foster care persisted throughout the study period (Schofield *et al.*, 2007) and these issues remain part of the policy and practice agenda (DfE, 2013). Our studies, therefore, address issues that were important in the late 1990s and remain important in 2014. To what extent can long-term foster care provide security and permanence for vulnerable children, and what are the foster family processes that contribute to this? Additionally, what professional systems and practices are needed to support long-term foster family relationships, while at the same time providing the level of scrutiny that is safe and appropriate when children in public care are nurtured within the privacy of foster families?

The following commentary summarises the body of work and the ways in which it addresses these questions. Part 1, which follows, provides a summary of the relevant literature. Part 2 reviews the aims, methodology and findings of each of the studies, and Part 3 sets out the contribution of the research and publications to existing knowledge in the field and outlines implications for practice and for further research.

# Part 1

# The literature review

During the course of the study period covered by this submission, research into foster care in the UK was transformed from a state of 'famine' to one of 'feast' (Sellick, 2006: 67). In 1997, David Berridge found it 'surprising and disconcerting' that there were so few studies with a central focus on foster care (Berridge, 1997: 9). Since 2000, however, a series of research reviews and government-funded studies into different aspects of foster care have transformed this landscape. At the same time, researchers in other European countries, the US and Australia have explored diverse issues of foster care and involved the full range of participants. From this rich tapestry of research studies, this review will select largely those that consider *long-term* foster care, either as their sole focus, or as part of their study sample.[3]

The literature review is divided into seven sections, as follows:

- The policy background of long-term foster care
- The stability of long-term foster care
- The outcomes of long-term foster care
- Foster and birth family membership in long-term foster care
- The professionalisation of long-term foster care
- Attachment and resilience in long-term foster care
- Professional systems in long-term foster care.

**The policy background of long-term foster care**

Foster care in the UK began to develop as an integrated system in the mid 20th century, with the implementation of the Children Act 1948. This Act established local Children's

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[3] Brief reference will be made to the research and publications submitted, in order to place them in context. They are explored fully in Parts 2 and 3.

Committees and Chief Officers, who were responsible for raising the standards of foster care and ensuring that it was regulated and monitored (Parker, 2011).

At this time most foster care was long-term (George, 1970), with children often taking the foster parents' surname and birth relatives largely excluded from the picture. During the 1970s, however, the effectiveness of the care system was questioned. The seminal work of Rowe and Lambert (1973) revealed that children were 'drifting' in the system, without proper plans for their longer-term future. At the same time in the USA, Goldstein, *et al.* (1973) suggested that long-term foster care was unlikely to provide 'psychological parenting' for children, since it involved the intrusion of the fostering service and the birth relatives. Only the total severance of adoption without contact, therefore, was thought to meet the needs of children who could not return home.

Adoption practice in the US, and subsequently in the UK, was more than ready to respond to these concerns. Developments in contraception and social mores in the 1960s and 70s meant that the supply of newborn infants available for adoption had decreased, and adoption needed a different focus. Policy and practice developed accordingly and adoption was promoted, often successfully, for older children and children with disabilities (Donley, 1975; Sawbridge, 1983).

For a time, long-term foster care was eclipsed by the legal and conceptual clarity of adoption. In social work practice, a hierarchy of placement emerged, with adoption seen as the preferred outcome and long-term foster care as 'the Cinderella option' for children who could not be placed for adoption (Lowe and Murch *et al.,* 2002: 147). It is important to note, however, that compulsory adoption from care was not universally supported and it was to become, largely, the preserve of the UK, the USA and Canada. Scandinavian countries and the rest of Europe, Australia and New Zealand took a different route, preferring to use long-term foster care as the permanence option for children who could not safely remain within their birth families (Thoburn, 2010).

Although adoption practice changed dramatically in the UK through the late 1970s and early 80s, it also became clear that the goal of 'adoption for all' was problematic. For many children, adoption was undesirable because they had birth family links that should not be legally severed and in some cases it was unachievable. Long-term foster care, therefore, continued to be used for a large number of children (Rowe, 1984).

During the 1980s, the statutory framework began to recognise the necessity and value of planned long-term foster care for some children. The report of the Government select committee on children in care (DHSS, 1984: 75 - 8) stressed that children's needs for stability and security should be paramount, and warned that 'permanence should not have become a synonym for adoption'. Through the 1990s, however, concerns about instability and abuse in the care system began to re-surface (Utting, 1997). The New Labour government focussed attention on adoption, stating that it offered 'real permanence' (Performance and Innovation Unit, 2000: 51) and the subsequent Adoption and Children Act (2002) established a firm legislative and practice base for adoption.

At the same time, long-term foster care remained on the policy agenda. The *Quality Protects* programme (Stein, 2009: 18) focussed in part on placement stability, with the first objective being 'to ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood – by ensuring more stability'. *Every Child Matters* (DfES, 2003: 45) underlined the 'equal credibility' of different permanence options, including long-term foster care, and *Care Matters: time for change* (DfES, 2007: 54) reinforced this message, stating 'there should be no disincentives attached to one option or the other'.

Despite these endorsements, long-term foster care lacked a unified and consistent policy and practice framework. Carers were entrusted with the child's daily care and yet unable to make simple parenting decisions for them, and long-term fostering placements were not distinguished from short term or emergency arrangements in terms of scrutiny and monitoring. Local authorities continued to regard adoption as the placement of choice, but some had developed local policy and procedures to distinguish 'permanent' fostering from long-term foster care arrangements (Schofield and Ward *et al.*, 2008).

This situation remained fairly constant until 2011, when the coalition government made an amendment to the statutory guidance regarding the delegation of authority to foster carers (DCSF 2010a and b). This amendment obliged local authorities to delegate day to day decision making to foster carers, unless there was good reason not to. Also within the updated guidance was the recognition that some young people may wish to remain with their foster carers beyond their 18th birthday and this became enshrined in legislation in the Children and Families Act, 2014, which obliges local authorities to

provide financial and other support to foster carers when fostered young people wish to remain with them, up to the age of 21 years.

The recognition of long-term foster care relationships as a valid source of security and permanence and the need for professional systems to support this was further underlined by a consultation document, *Improving Permanence for Looked After Children* (DfE, 2013). The proposals of this document are significant and include defining long-term foster care, both as a permanence option and in legislation, and more flexibility in visiting long-term fostered children and reviewing the care plan. At the time of writing, the outcome of this consultation is unknown.

**The stability of long-term foster care**

Placement stability is an important goal, referred to by Stein, (2005: 4) as the 'foundation stone' for adult life and an essential protective factor for children who have already suffered disadvantage. It is therefore a significant test of the success of long-term foster care.

Long-term foster care has been associated with a range of breakdown rates, which may suggest problems in measurement and definition. For example, early UK studies found that 40 – 50% of long-term placements were failing (Parker, 1966; George, 1970; Trasler, 1960), but Rowe *et al.* (1989) found that 72 % of planned long-term placements were intact two years after placement. Berridge and Cleaver (1987) found considerable differences in breakdown rates between local authorities; 46% in a county authority compared with 20% in a London borough, but also found that the London borough had placed a higher proportion of younger children, thereby making success more likely.

Numerous studies have compared the outcomes of long-term foster care with those of adoption. Triseliotis (2002) reviewed twenty-one such studies and found, on average, breakdown rates of 43% for long-term fostering and 19% for adoption. More recently, Selwyn *et al.* (2006) followed up children who were in planned long-term foster care following an unfulfilled adoption plan. These placements had a breakdown rate of 46%, compared to 17% of the adoptive placements, although a retrospective study of 374 children (Biehal *et al.*, 2010) found lower figures in both groups, with 28% of foster

children leaving their index foster placements after 3 years, compared to 13% of those adopted.

Much lower breakdown rates were found in the Northern Ireland longitudinal study of children in public care (McSherry *et al.*, 2013). This study tracked 374 children over a seven-year period. Long-term foster care placements were very stable (87%), as were adoptions (99%). McSherry and colleagues suggest that high quality social work may account for this. But they also note that the children were aged 9 – 14 when investigated. Later adolescence may prove a more vulnerable time for placement breakdown (Sinclair, 2005).

A notable difficulty, however, in comparing long term fostering with adoption is that of comparing like with like. Most children in long-term foster care are considerably older when placed (Beckett *et al.*, 2013; Biehal *et al.*, 2010). Research has consistently found a strong association between age at beginning of placement and placement stability (Borland *et al.*, 1991; Fratter *et al.*, 1991; Biehal *et al.*, 2010), suggesting that a simple comparison between adoption and long-term foster care is inadequate.

Thoburn's (1991) study remains unique in being able to address this issue and provide more clarity. Three aspects of the study are important. Firstly, the sample was large enough (1,165 children in adoptive and long-term-fostering placements) to allow for a realistic comparison in terms of age and placement stability. Secondly, the fostering placements were planned to be long-term, and so had appropriately focussed social work practice. Thirdly, the placements were made and supported by a specialist voluntary organisation that focussed on permanence. Within these important parameters, Thoburn found that, *if age at placement was held constant*, there was a similar success rate of around 75% for both planned long-term foster care and adoption.

Overall, research does not provide a conclusive answer to the question of how effectively long-term foster care can provide stability and permanence, although few studies focus solely on *planned* long-term foster care placements. The *GUFC* study (*GUFC 1, 2* and *3*: publication 6) is an exception to this, and shows placement stability for 58% of the sample after 7 years, and a further 19% settled in positive second placements. Similarly, Sinclair (2005) summarised 16 relevant studies, and found that security through to adulthood was more likely when the placement was intended to be

permanent from the start. Further research on larger samples of planned long-term foster placements would be a valuable addition to the literature.

**The outcomes of long-term foster care**

Placement stability is important but not, in itself, an indicator of success. Some children may be in placements for many years but not thriving or reaching their full potential (Sinclair, 2005). It is also necessary, therefore, to consider a range of developmental outcomes.

It is important to bear in mind that emotional disturbance may take many years to remit and longitudinal studies of children in long-term foster care have generally provided evidence of developmental progress over time.

Fernandez and colleagues (2008) followed the progress of 59 long-term fostered children in Australia, over a seven-year period. In the early stages of the placements, there were concerns regarding emotional and behavioural development, academic performance and placement instability. However, as the children settled into their placements, there were notable gains in all of these areas. Using a resilience model, Fernandez suggested that a focus on the children's functioning was too simplistic and system related strengths and deficits were equally important in determining outcomes. *GUFC 1, 2 and 3* (6) also found positive outcomes over seven years with 77% of the sample in education/completed education to 16yrs, not offending, and not displaying significant anti-social behaviour.

The link between placement stability and positive outcomes should be noted. Biehal and her colleagues (2010) found that children who were in *stable* foster care were doing as well as those who were adopted, when measured on the Strengths and Difficulties Questionnaire (Goodman, 1997). Children whose foster placements had disrupted, however, had significantly worse SDQ scores than those in stable foster placements. The children in stable foster care were also doing as well as the adopted children on most measures of participation and progress in education, indicating that *stability* of relationships was key to developmental progress.

The educational outcomes of looked after children have long been a cause for concern (Jackson and Martin, 1987; Borland *et al.*, 1998). More recently, in the UK, O'Sullivan and Westerman (2007) tracked 187 long-term fostered children retrospectively from GCSE to Key Stage 1 and found a gradually widening gap between them and a similar group who were not in care.

However, research has shown that links between under achievement and the care system *per se* are complex, since a range of other factors are usually present. Berridge (2006), for example, took a sociological perspective and pointed out that looked after children tend to come from the most disadvantaged social groups characterised by poverty and family breakdown - factors that are already linked with educational disadvantage. Thus, Berridge concluded, comparisons with the general population are likely to be inconclusive.

Stein (2005) also highlighted early disadvantage in his overview of a range of studies that considered outcomes for young care leavers. This combined data showed that positive outcomes (that is, moving successfully into independence) were linked with stable foster care, but *in itself* this was not always enough to compensate for early harm. The poor outcome group usually had the most damaging pre-care experiences, which were, in turn, associated with multiple placement moves, no significant attachment relationship and early exit from education.

There is, therefore, little evidence to suggest that being in care *in itself* has a negative effect on children's educational attainment. But ideally, Berridge (2006) proposes, care should *compensate* for previous social disadvantage and narrow the gap between the general and the looked after populations. This idea was exemplified in a study of high achievers who had spent at least three years of their mid-teens in care (Jackson and Ajayi, 2007). Here, foster carers played a key (and often unrecognised) role in widening participation, raising aspirations and providing additional support for education.

Several researchers have highlighted factors that may contribute to positive outcomes and proposed psychosocial models for predicting successful outcomes in long-term fostering placements (e.g. Wilson *et al.*, 2003; Pecora *et al.*, 2003). Qualitative data from *GUFC 1 and 2* (5) was used to develop a risk and resilience model to consider outcomes for the long-term fostered sample. Key circumstances within the child, the foster carers, the birth family and the fostering and child care services were found to interact and

create better or worse outcomes.

Rock and his colleagues (2013), in an attempt to gain the bigger picture regarding risk and protective factors in foster care, synthesised the findings from 58 European, US and Australian studies, offering a combined sample of nearly 19,000 placements (although not all of these were long-term). Foster children consistently reported that an unconditional acceptance into the family and a caring and patient approach were important carer characteristics. Carer characteristics associated with stability were being older, more experienced in fostering, having strong parenting skills and supporting education. Regular social work involvement and the involvement of children in decision making was associated with stability, and multiple social workers and being placed out of area of origin with instability.

In summary, research shows the potential for positive developmental and educational outcomes in *stable* foster care placements, although it is clear that foster care *alone* cannot account for either positive or negative outcomes. The literature provides broadly consistent messages about the risk and protective factors that influence outcomes in long-term foster care; factors emanating from the child, the biological family, the carers, and the systems around each of them.

**Foster and birth family membership in long-term foster care**

Although outcome research yields significant information about long-term foster care, it is also important to understand the perspective of long-term fostered children and young people, who are, in varying degrees, part of a foster family and also part of a birth family. The experience and meaning of dual foster and birth family membership have been a significant area of research.

Schofield (2003) interviewed 40 young adults who had spent at least three years in one foster family. Schofield traced seven different care pathways that these young people had taken. Many of these pathways were fragmented and difficult, but the majority of young adults had found security and a sense of belonging, at some point, in a foster family. Through their stories, Schofield developed a psychosocial model of long-term foster care, demonstrating the ways in which foster family membership can provide a

vital sense of security in childhood and ongoing practical and emotional support into adulthood.

Fernandez (2008) followed the progress of 59 long-term fostered children in Australia, over a seven-year period. Feelings towards foster parents were usually warm and reflected a strong sense of belonging. However, most children also wanted to belong emotionally to their birth families and this could produce painful dilemmas for them. The authors concluded that the children's sense of permanence in foster care was linked with also achieving a sense of belonging in their birth families.

This theme was replicated by McSherry *et al.* (2013) who interviewed 34 children in long-term foster care. The majority of children said that they were happy in their foster families and wanted to stay after the age of 16 years. However, there was also evidence of 'ambiguous loss' (p. 220) as they managed different levels of birth family contact. Interestingly, the fostered children's interview responses regarding dual family membership were similar to those in other placement groups, indicating that children who are long-term fostered, adopted or in kinship care may need comparable levels of support in managing this aspect of their lives.

Biehal *et al.* (2010) also found that most children in settled long-term placements felt a strong sense of belonging in their foster families, although for some, complex feelings about their birth families led to a more qualified sense of security in the foster family. Most of the children anticipated that they would remain with their foster families until they were adults and that they would continue to stay in touch. When this was the case, the carers tended to echo the children's expectations.

A Norwegian study of 43 young people in long-term foster care found a similar picture, with most expressing a sense of belonging at some level, in their foster families (Christiansen *et al.*, 2013). However, further analysis revealed a more ambiguous picture, with many young people 'wanting', at some level, to live with their birth families and yet 'knowing' that they were better off in their foster families. The authors found that some foster carers were regarding birth family/foster family loyalty as an either/or issue, rather than recognising the more subtle ambiguities in the minds of the young people. This could lead to ambivalent messages from the foster carers about future belonging, which undermined a sense of lifelong permanence.

Each of the studies included in this submission considered the issue, for long-term foster carers, of managing the child's *dual* family membership and this dimension of caregiving is seen as an important element of providing a secure base for the child (e.g. 4 and 6). Publication 15 describes a psychosocial model for promoting security and managing risk associated with contact in long-term fostering placements.

Across a range of samples, therefore, children and young people highlight the importance of having opportunities to connect with, or to work through difficult feelings about birth family members. This need for birth family connection, however, does not preclude the need for a sense of present and future connection and support from the foster family.

These findings provide encouraging messages about the potential of long-term foster care to meet foster children's needs for permanence and dual family membership. However, Ward *et al.* (2005) make an important point regarding children and young people as research participants. These authors comment on the likely bias of their foster care sample, in that children who have had more negative experiences were likely to have been excluded by social worker gatekeeping, be untraceable or refuse to take part. This positive bias may apply to many child participant samples in foster care research and should be held in mind when conclusions are drawn.

**The professionalisation of long-term foster care**

The extent to which fostered children and young people feel a sense of foster and birth family membership raises questions about the role of the long-term foster carer. Is this role more like that of a parent or more like that of a professional carer? Over the past 50 years, research studies have explored the increasing professionalisation of foster care, and those relevant to long-term foster care are considered here.

Parker's study of long-term foster placements (1966) suggested that some breakdowns might have been caused by 'role ambiguity' experienced by the foster carers. The foster carers were expected to do a difficult 'job', in what, for them, might be an unnaturally difficult way – by eschewing the role of parent. Parker therefore argued for greater professionalisation, more training and a clearer definition of the role of foster carers.

Thirty years later, Kelly (1995) studied 19 planned long-term placements and reached similar conclusions.

However, more recent studies have emphasised the importance of feeling 'parental' to a child who is to remain in the family on a long-term basis. Blythe *et al.* (2012) used narrative analysis to explore the accounts of 20 female foster carers in Australia. Participants providing successful long-term care tended to perceive themselves as 'mothers', with a responsibility to embrace the child into the family. This was less apparent in the accounts of short-term foster carers.

Wilson and Evetts (2006) used a sociological perspective to consider the drive towards the professionalisation of foster care. They raised concerns that professionalisation could be used as a management tool to rationalise services and a means, therefore, of getting and controlling a highly motivated and conscientious foster care workforce 'on the cheap'. Kirton (2007) further suggested that, since foster care straddles the domains of both 'work' and 'family', professionalisation is inevitably problematic. Kirton warned against measures that undermine a sense of family, since this, he argued, was crucial to the success of foster care.

*Planning for Permanence* (8) explored how different role identities of 'carer' and 'parent' were experienced by long-term foster carers and their foster children and found that some carers were able to move flexibly between the roles, finding pleasure and satisfaction in both, so that they enriched each other rather than being a source of conflict.

Research, therefore, reveals complex issues for organisations and individuals in managing the dual roles of both parenting and professional caregiving that are implicit in long-term foster care. The issues of parenting and commitment must be considered alongside those of the need for the training, supervision and support of foster carers. The interplay of these two discourses reflects the inevitable ambiguities of the long-term foster carer role.

**Attachment and resilience in long-term foster care**

Issues of parenting and commitment in long-term foster care are further illuminated by the literature concerned with attachment and resilience. Although attachment theory has commonly been linked with the forming of relationships in biological parent/infant dyads (Ainsworth *et al.*, 1971), and with the placement of young children for adoption (Fahlberg, 2002), there is also some attachment-based research that has explored caregiving relationships in long-term foster care. This, and other relevant literature, will be explored here.

Of particular significance in attachment theory is the idea that infants have an inbuilt drive to seek proximity to a protective caregiver who will, in optimal conditions, provide a 'secure base' for exploration. The quality of early caregiving responses will shape the infant's expectations of self and others (that is, his or her 'internal working models') (Bowlby, 1969, 1973, 1980). These models are termed 'working' models because they are subject to change according to changing experiences in relationships. However, Bowlby suggested that as children get older, internal working models retain some flexibility but become increasingly resistant to change.

Most children in long-term foster care are placed well beyond infancy and have experienced early adversity. They may have deeply rooted internal working models of themselves as unloved and unlovable, and adults as unpredictable, unavailable, rejecting or frightening. The challenge for long-term caregivers, then, is to change children's internal working models, to promote a more positive sense of self and a greater trust in adults.

Some research has explored this process. Steele *et al.* (2003) highlighted the influence of the caregiver's state of mind on the child's state of mind. In their study of 43 adoptive mothers and their children (aged 4 – 8 when placed), Steele and her colleagues found that mothers judged as insecure were more likely to have children who completed story stems (Steele *et al.*, 1999) with higher levels of aggression, compared to those judged as secure. These findings (which are likely to be applicable to long-term foster care) suggested that mothers were able to 'transmit' their own attachment representations to their children from an early point in their relationship.

Mary Dozier has made an important contribution to understandings of therapeutic foster caregiving through her exploration of 'commitment' in relationships between foster carers and their fostered babies. Here, commitment is defined as 'whether the parent is committed to the relationship enduring' (Dozier & Lindhiem, 2006: 339). Bernard and Dozier (2011) assessed 70 foster carer/infant dyads and found a positive association between foster carer commitment and 'delight' in the child. 'Delight', the authors propose, may be seen as a means of expressing commitment and of providing a sense of self-worth and of 'mattering,' which is vital for the child's healthy emotional development. What is important is that foster carers can offer 'psychological adoption' to the child, investing in the relationship and accepting the foster child as their own (p. 255). It is important to note that the meaning of commitment in infant foster care may be rather different in the US context, where foster carers are encouraged to consider the adoption of babies in their care.

The concept of a secure base, drawn from attachment theory (Bowlby, 1988), has been used as a framework for understanding family processes in long-term foster care. For example, Wilson *et al.* (2003) used a case study approach to delineate their construct of 'responsive parenting'. The authors suggest that responsive parenting involves providing a secure base by communicating to the child that they are loved and wanted at 'attachment sensitive times' (p. 998), demonstrating consistency and accurate empathy, promoting positive self-esteem and identity and handling difficult behaviour in ways that reinforce these attachment principles. Responsive parenting is highlighted as a key element in a model of successful outcomes of long-term foster care.

Secure base caregiving has also been at the heart of each of the studies included in this submission and many of the publications (in particular, 2, 4, 6, 12 and 14) explore the foster family processes that have helped to build trust and security for children who were placed in foster care beyond infancy. The sensitive caregiver/child interactions that contribute to the child's experience of a secure base are explored in depth through the Secure Base model (14).

The concept of secure base caregiving with its associated outcomes, such as enabling exploration, building self-esteem and self-efficacy, is closely linked with that of 'resilience' (Rutter, 1987).

Gilligan (2000a: 37) defines a resilient child as:

> *One who bounces back having endured adversity, who continues to function*
> *reasonably well, despite continued exposure to risk.*

However, although a child might be described as resilient, the building of resilience should be understood as a *process*, rather than a characteristic of an individual (Rutter, 2008). A key purpose of long-term foster care, then, may be seen as facilitating the process of resilience building so that children are more able to 'function reasonably well' in the face of past, current and future risk experiences.

Removal from an adverse environment to a benign one provided by foster care can, in itself, be considered protective, since it alters the exposure to risk (Rutter, 1987). Additional protective processes can occur within sensitive foster caregiving. They include the reduction of negative chain reactions (that is, caregivers mirroring negative child responses to them), the building of self-esteem and self-efficacy through secure and supportive relationships and the provision of opportunities for success. Rutter further suggests that it is important to take a *psychosocial* perspective when considering resilience. Thus, the positive or negative impact of environmental and system related factors (schools, social work services, community resources etc.) is also relevant. Publication 5 takes a similar psychosocial perspective to consider positive and less positive outcomes for a group of children in long-term foster care *(GUFC 1 and 2)*.

Gilligan (2000a) draws on a range of relevant research to develop a resilience led approach for policy and practice in working with young people in the care system. He suggests that secure base experiences (including those with non-caregiving adults such as teachers), and especially those that enhance self-esteem and self-efficacy, can be protective. In addition, he recommends 'reducing the stockpile of problems' (p. 38), since as adversities mount, so do their cumulative negative impact. Gilligan proposes that two key contexts for promoting resilience are positive school experiences and participation in activities and interests and he underlines the potential for a 'ripple effect' in these settings, whereby a small event may set off a positive spiral of change.

Overall, therefore, ideas from attachment and resilience theory and research illuminate the process of relationship building in long-term foster care. Theory and research demonstrate the therapeutic potential of sensitive caregiving and reveal a complex

interaction between the child's behaviours and the caregiver's responses. Also underlined, is the importance of a *psychosocial* model that takes into account not only the inner worlds of the child and the caregiver but also the outer worlds of school, peers, the community, and professional support.

**Professional systems in long-term foster care**

The family processes of building attachment and resilience in long-term foster care in England take place within a range of professional systems. Firstly, *children* are monitored and safeguarded by a 'cycle of assessment, planning, intervention and review', legislated by the Children Act 1989 and prescribed by guidance and regulations (DCSF, 2010a: 14). Secondly, there is, within the same legislative framework, a parallel system for the approval, review, supervision and support of *foster carers* (DCSF, 2010b: Chapter 5).

In addition, the National Minimum Standards for Fostering Services (DfE, 2011) reflect the legal position of the local authority as corporate parent. There is local variation in policies, procedures and practice regarding these standards and also regarding *permanence in foster care*. Research relating to each of these three systems (i.e. those concerned with children, foster carers and permanence in foster care) will be considered below.

*Children's systems*

Looked after children and young people experience professional systems at first hand and their perspectives have been sought by a number of researchers since the inception of the Children Act 1989.

Munro (2001) interviewed a group of children who had spent more than two years in foster care about their experiences of social worker visits. They appreciated consistent, personal relationships with their social workers, and, when these relationships were achieved, social workers were viewed as strong allies. The children complained about the high turnover of social workers, failure of social workers to keep appointments and failure to follow through on agreed tasks. These findings were echoed in *GUFC 1* and *Planning for Permanence* (9 and 16). Additionally, *GUFC 1* found that the children in long-term placements were viewed very differently in terms of social work priority, with

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some social workers actively involved, some choosing to 'take a back seat', and, due to shortage of resources, some children not receiving a face to face social work service at all.

Attendance at and participation in review meetings has received a mixed response from children and young people. Buchanan (1995) sought the views of 45 young people (not necessarily in long-term foster care) on this issue. Many felt intimidated by the large meetings and unable to express themselves adequately. Most had only very limited experience of choice and decision-making in their lives and lacked the necessary skills and confidence to do so. Social workers often had not fulfilled their role of information sharing and consultation. Ruth Sinclair (1998) (in a synthesis of related research), and *Planning for Permanence* (7 and 16) found similar themes. These papers suggest a greater focus on the review as a *process*, with some of the work being done before and after the meeting, and adjusted flexibly to the needs of each child. Additionally, Sinclair recommends enhancing young people's skills in participation and those of social workers and review chairs in listening.

Long-term foster carers have expressed mixed views on the impact of statutory reviews on children. McSherry *et al.* (2013), for instance, found that some carers viewed reviews as an upsetting and unnecessary reminder of the past for their child, whereas others found them a helpful opportunity for themselves and their child to catch up with the professionals. Selwyn and Quinton (2004) reported long-term carers' views that the review system de-stabilised placements by planning for independence too early and some stated that young people had been encouraged to leave in order to create a vacancy. However, other carers in this study were expecting the young person to leave at 16 or 18.

These varying perspectives reflect confusion about the meaning and purpose of long-term foster care, the lack of a unified policy and framework around it, and the need for practice to be flexibly adapted to meet the needs and characteristics of individual children. Each of these points regarding children's systems were echoed in *Planning for Permanence* (7 and 16).

*Foster carer systems*
Supervision and support is a key element of foster carer systems. A number of studies indicate that regular, available and empathic support is valued by long-term foster carers

(McSherry *et al.*, 2013; Sinclair *et al.,* 2004; publications 9 and 10). McSherry *et al.* found that support needs varied between individual carers, with some valuing a proactive, regular meeting, but others being satisfied simply with knowing that help was available when needed. Selwyn and Quinton (2004) found that support services were often slow to respond in emergencies and some foster carers felt that, since they had made a long-term commitment to the child, there was a stigma associated with asking for help.

The dual roles of supervision and support can be challenging for both foster carers and social workers. For instance, Nixon (1997) noted that at times of crisis, such as when children made allegation against them, foster carers felt isolated and disconnected from the foster care systems. Fostering social workers, accustomed to 'supporting', found it difficult to occupy the 'supervisory' role, and tended to withdraw from the family. Nixon suggests that professional systems may be unable to provide the form of support that carers need at such times and it is essential that other sources of support are available.

An important issue regarding the system of support for foster carers was highlighted in *GUFC 1*, where it became apparent that neither the children's social workers, nor the fostering social workers saw themselves as sufficiently skilled to discuss parenting difficulties with the foster carers, thus leaving a major gap in support to the placement (9) and underlining the need for skills development and practice tools in this area.

Regarding the constraints that fostering systems place on parental autonomy, Selwyn *et al.* (2006) found long-term foster carers very unhappy in this respect, with some feeling unable to make simple parenting decisions such as participation in a school trip. Schofield and Ward *et al.* (2008) found similar frustrations with related practice varying between and even within teams in the same local authority. Both studies recommended more delegated authority for long-term foster carers. These issues were echoed in *Planning for Permanence* (7 and 16).

*Permanence in foster care*
Research studies have shown that planning, policy and practice for permanence in foster care is subject to widespread variation. For instance, Schofield *et al.* (2007) found a range of care pathways to permanence across 24 local authorities, with some children finding a settled foster home fairly quickly, while others went through a series of moves, raised

and dashed hopes and losses. This underlined the importance of a shared sense of the child's needs and timescales across all the relevant agencies.

Schofield and Ward *et al.* (2008) found diversity in planning systems, documentation, and social work practice in their large-scale study of planning for permanence in foster care in England and Wales; and Lowe and Murch *et al.* (2002) found variation in policy and decision-making determining whether children were placed for long-term fostering or adoption. They concluded:

> *There is a need for policy and planning for long-term fostering to be sharpened up*
> *– with clear answers as to what it is and positive reasons for its use. (p.149)*

Sinclair *et al.* (2005: 32) followed up 596 fostered children over three years, and distinguished four elements of permanence for those who had remained in foster care:

- Objective permanence – occurred if the placement was planned to last until 18 and provide support thereafter.
- Subjective permanence – occurred if the child felt he or she belonged in the family.
- Enacted permanence – occurred if all concerned acted as if the child was a family member.
- Uncontested permanence – occurred if the child did not feel a clash of loyalties to the birth family.

This nuanced definition is helpful, since it draws attention to the complexity of permanence planning and the need for professional systems to address each of these elements if children are to find security and permanence in long-term foster care.

*Planning for Permanence* (16) is a comprehensive study of permanence planning in foster care in England and Wales. A key finding was that the varied care planning systems in existence all had accompanying risks and challenges. A suggested priority for good practice was the accurate documentation of the child's history, match and support plan. The study recommended that systems needed to be rigorous, but also *timely* and *sensitive* to individual children and their foster and birth families' needs and wishes.

**Conclusion**

Throughout the study period there has been considerable expansion and development of research into long-term foster care and more is now known about the associated outcomes, family processes and professional systems. However, there are core ambiguities in long-term foster care that remain problematic. These ambiguities are concerned with parenting and being parented within professional systems, with conducting a 'normal' family life within a set of organisational rules and expectations. For the many children and young people who continue to grow up in long-term foster care, it is important that these issues continue to be addressed. Research has provided some indicators of a way forward, and there are indications that government policy and the legal framework concerning long-term foster care are moving gradually in this direction.

The research studies and publications that form the core of this submission have made a significant contribution to the key discourses of foster family relationships and professional systems in long-term foster care. The studies are outlined and evaluated in Part 2 of the commentary, which follows.

# Part 2

# The studies

Part 2 provides an overview of the five funded research studies that form the core of this submission. Firstly, my role in the studies is summarised. Then the studies are outlined in terms of the research aims, methods, findings, strengths and limitations. The findings that are particularly related to this submission - that is those connected with long-term foster family relationships and professional systems - are highlighted. Finally, there is a review of the conduct of the studies, covering research methods and analysis, ethical issues and reflexivity.

**My role in the studies**

My role in each of the studies was as follows:

- Growing up in Foster Care: Stage 1                         Senior Research Associate

- Growing up in Foster Care: Stages 2 and 3          Co-investigator

- Foster Carers' Perspectives on Permanence          Lead investigator

- Care Planning for Permanence in Foster Care       Co-investigator

Across the studies, I took part in the full range of research related tasks and responsibilities, as follows[4]:

- Developing bids for research funding.

- Approaching senior managers in local authorities to negotiate access and gain permission for the research.

- Liaising with local authority team managers and social workers, in order to identify and gain access to the study samples and focus group participants.

- Designing a range of leaflets and information sheets targeted at the full range of participants, foster carers, children and young people and professionals.

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[4] In GUFC 1, birth relatives were interviewed, and *Planning for Permanence* included an investigation into the role of Independent Fostering Providers. I was not involved in any of the tasks relating to these sections of the research and the findings relating to these sections have not been included in this submission.

- Negotiating with foster carers and social workers to arrange interviews.

- Designing and piloting questionnaires to gather quantitative data regarding children's background histories.

- Designing a data collection tool for file searches and conducting electronic and paper file searches.

- Designing and piloting interview schedules for children and young people, foster carers, social workers and social work managers.

- Conducting interviews with all participants.

- Arranging and leading focus groups with foster carers and professionals.

- Coding and analysis of data, using NVivo and SPSS software.

- Writing reports and publications.

- Presenting findings to a wide range of audiences.

## Growing up in Foster Care:  Stage 1 (1997-8)

Related publications: 2, 3, 4, 5, 9, 11, 12, 13, 14, and 15.

**Aims**

- To explore how the needs of a group of children in planned, long-term fostering placements could be met.

- To explore the nature of parenting which appeared to be associated with more (or less) successful outcomes for children in long-term foster care.

- To understand the role of birth families when children are in long-term foster care.

- To define the local authority social work support needed by all parties to sustain successful long-term placements.

**Methods**

- Fifty three children from eight local authorities were identified.  All were under the age of 12 (in 1997 – 8) with a new plan/placement for long-term foster care, in that year.

- For each child, questionnaires were completed by social workers (identifying key areas of the child's history and development) and by foster carers (giving the family composition and fostering history).

- A Goodman's Strengths and Difficulties Questionnaire (Goodman, 1997) was completed by the foster carer for each child.

- Interviews were conducted with the 43 foster carers (some were caring for siblings). The interview schedule covered details of their relationship with the child and their experience of systems and support.

- Interviews were also conducted with 37 of the 53 children. A poster making exercise, story stem completions (Steele et al., 1999) and puppets were used to facilitate the children's participation.

- Four further children who had severe disabilities were observed with their foster carers.

- Of the 12 children who were not interviewed, 4 declined and for the remaining 8, social workers or carers declined on their behalf.

- The children's social workers and the carers' fostering social workers were interviewed. Major areas of practice and planning were discussed.

- Twenty five birth relatives of 20 of the children were interviewed. The interview schedules covered their experiences, their role for the child, support and the impact of contact.

- The interviews were audio taped and transcribed and NVivo software was used to code and support the thematic analysis of the data[5].

## Findings

*The children*

The children were vulnerable in many ways, with 90% having experienced abuse or neglect and 65% scoring in the abnormal or borderline range in the Goodman's Strengths and Difficulties measure. A significant minority had had multiple care episodes. Their birth parents also had high levels of difficulties with 76% having two or more serious personal, social or psychological problems.

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[5] This also applies to GUFC 2 and 3.

A small number of the children appeared wholly straightforward to care for. Some were risk-taking, angry and needy, some were more guarded, self-reliant and compliant. A smaller group appeared fragile and fragmented, often using controlling strategies in their relationships.

*The foster carers*

Foster carers had differing expectations of their relationships with the child and the birth family and of social workers. For instance, some wished to build a family life similar to that of adoption, while others saw fostering as a professional role.

The foster carers described a range of caregiving issues and approaches that they had taken to meet their child's needs. The researchers used an attachment framework (Ainsworth *et al.,* 1971) to categorise the caregiving approaches.

*Professional systems*

Different local authorities had different procedures for decision making, assessment, approval and matching of children to families, with varying degrees of emphasis on 'permanence'.

Social work practice surrounding the placements varied from 'minimal intervention' to 'frequent and regular support'.

Many foster carers stated that they lacked guidance in day-to-day caregiving for children who had emotional and behavioural difficulties. Generally, the social workers did not feel they had the expertise to tackle parenting difficulties and in most cases, external therapeutic services had not been brought in to fill this gap.

N.B. Strengths and limitations of GUFC 1, 2 and 3 are summarised on p. 29.

# Growing up in Foster Care:  Stage 2 (2001 – 3)

Related publications: 2, 3, 4, 5, 10, 11, 12, 13, 14, 15.

**Aims**

- To investigate the shorter-term outcomes of the study sample placements and the processes affecting the children's development over the three year period.

**Methods**

- All of the original sample children, now aged 7 – 15 years, were followed up. Sadly, one disabled child had died since Stage 1 but his foster mother wished to be interviewed.

- Interviews were conducted with the foster carers using an adapted version of the Experience of Parenting Interview (Steele et al., 2000).  This explored relationships within the foster family and also functioning with peers, in school and in the community.

- Goodman's Strengths and Difficulties Questionnaires were completed by the foster carers.

- Children's interviews used an adapted version of the Friends and Family Interview (Steele and Steele, 2000).  Story stem completions were used for the majority of the children, to elicit exploration of attachment related situations.

- Questionnaires were completed by children's social workers and fostering social workers.

**Findings**

*The children*

Placement stability was high, with 75% of the children remaining in their Stage 1 placements.  Of the remainder, 8% had moved to more suitable fostering placements and one had returned home.  The eight remaining children were in unstable placements.

The children had a wide range of starting points both in terms of their emotional and behavioural difficulties and in their learning abilities. Therefore, the concept of 'progress' was used, rather than a single marker of well-being. Both researchers rated the children separately. Sixty per cent were making 'good progress', 27%, 'uncertain progress' and 13% were in a troubling 'downward spiral'. These groupings provided further potential for analysis.

*The foster carers*

Based on the Stage 1 and 2 interview data, the carers were given an 'overall sensitivity score' on a scale of 1 – 5 (again separately rated by both researchers). Eighty three per cent of the children cared for by the most sensitive carers were making good progress, compared to 50% of those cared for by the lowest scoring carers. There was a much higher incidence of stability in the children cared for by the most sensitive carers.

*Systems and support*

Children's social workers reported that when children were settled in their foster families, the statutory role of 'monitoring' the placement could feel uncomfortable. On the other hand regular involvement was necessary if the child consultation and protection function of the role was to have any real meaning. Additionally it could be beneficial in allowing social workers to identify stresses at an early stage and provide more support or services accordingly.

A significant minority of the cases had only minimal involvement from social workers. The attendance of children at their statutory reviews was also a source of concern for some foster carers and some children, who found that it intruded on their sense of a 'normal' family life.

# Growing up in Foster Care:  Stage 3 (2005 – 6)

Related publications: 6, 13, 14.

**Aims**

- To explore, within the study sample, the particular issues associated with security and permanence in adolescence.

**Methods**

- Children's social workers were interviewed regarding the placement history and overall progress of the young people (now aged between 13 and 20 years).  This provided some data regarding 48 (92%) of the sample
- Permission was obtained to approach the foster families of the 36 young people whose whereabouts were known.  Foster carers for 32 of the 36 young people were interviewed.
- Of the young people, 20 agreed to be interviewed.  Three young people with severe learning disabilities were observed in their homes.
- Interviews with both the foster carers and the young people were structured around the Secure Base model (4). Academic progress, relationships with peers, social work practice around leaving care and support for young people and their carers were also covered.

**Findings**

Thirty (58%) of the 52 young people from the original sample were stable in their original placement or had moved to independence in a planned way. 'Stable' was defined as in education or had completed education to 16 years, not offending, and not displaying significant anti-social behaviour.  Some had challenging behaviours but were being supported in their foster homes.  Ten (19%) were stable in second placements – showing the potential for a more appropriate caregiving environment to promote positive change in the teenage years.  Information on the remaining 12 young people was limited, but most had returned to birth families.  Three were known to have committed serious offences.

The key finding concerned the on-going importance of a secure base in adolescence. Sensitive caregivers were adapting their strategies to provide this in ways that were appropriate for individual young people, and also promoted their independence. Young people without a secure base relationship were struggling.

**Strengths and limitations of GUFC 1, 2 and 3**

**Strengths**

- The prospective longitudinal design of the study allowed data to be gathered over a period of 9 years. This timespan is key in understanding both the outcomes of planned long-term foster care and the processes that may underpin these outcomes.

- Researcher continuity across the three stages meant that there was a high level of consistency in data gathering and analysis and it may also have contributed to the relatively low attrition rate of the overall sample.

- The sample was drawn from a complete cohort of children placed in planned long-term foster care between 31.03.97 and 01.04.98. A sample recruited on this basis is likely to be more representative than one that is purely voluntary, although not fully representative, as the foster carers could decline to take part. The profile of the sample was similar to that of children currently looked after in long-term foster care, in terms of age, histories of neglect and abuse, family backgrounds and so on (Biehal, 2010).

- The sample was recruited across a range of local authorities that differed in geographical location and size. This meant that the study covered a range of policy and practice in long-term foster care.

- At the time of the inception of the study (1997-8), the voices of children had seldom been heard in social care research (Gilligan, 2000b). The children's research interviews often revealed different perspectives to those of their foster carers and social workers, underlining the importance of children's inclusion as informants.

**Limitations**

- The involvement of birth relatives ceased after Stage 1 of the study and so longitudinal data is not available in respect of this group.

- There was a fairly high attrition rate of young people willing/traceable to be interviewed at Stage 3 (just under 50%). This is to be expected from an adolescent sample, but it introduced some bias since most of those interviewed were relatively settled (although one of the three offenders was interviewed). The triangulation of data from other sources meant that some information was available on a majority of the sample, although more information directly from young people themselves would have been valuable.

- The sample included only a small number of BME children and carers and important issues relating specifically to these groups may have been missed.

- A quantitative measure of the stresses experienced by the foster carers might have enhanced the data regarding support needs for long-term carers.

- The study lacked a quantitative measure of the children's emotional and behavioural development at Stage 3. The SDQ, used in Stages 1 and 2, was not applicable to the whole sample at Stage 3, due to some being over 16 years.

- The use of fostered young people or care leavers as consultants to the study might have enhanced the data and helped to secure a larger sample of young people at Stage 3.

- The limited size of the sample underlines the need for large-scale longitudinal research, and, ideally, comparison groups (as in Biehal et al., 2010).

## Foster Carers' Perspectives on Permanence (2001)

Related publications: 1

**Aims**

- To seek long-term foster carers' views on the proposed special guardianship order. This order would provide caregivers with parental responsibility without the full legal severance of adoption.

- To contribute to the debate on how to secure permanence effectively for as wide a range of children as possible.

**Methods**

- Forty people from three areas took part in three focus groups, two in Shire counties, one in an urban unitary authority.
- The discussions were audio recorded and transcribed and the data analysed thematically.

**Findings**

The frustration of parenting without parental autonomy was a dominant theme of the discussions. In some cases, social work decisions were not in harmony with family norms and practices. Annual reviews and social work visits were felt by some carers to undermine the child's sense of 'normality' and foster family membership.

Long-term foster carers were generally unenthusiastic about the idea of special guardianship. They feared that their social work support might be reduced or removed and they did not wish to be exposed to the possibility of litigation or hostility from birth family members.

The overarching finding was that, from the point of view of long-term foster carers, legal security and emotional security were not necessarily linked. Security and stability could be achieved in long-term foster care, but this would depend on a range of factors, relating to the child, the birth family, and local authority policies and support.

**Strengths**

- This study provided long-term foster carers with a platform that was not otherwise available to them at a time when legislation that could affect them was under parliamentary discussion.
- The research method (i.e. focus groups) was well suited to the research question and to the tight timescale of the Adoption Bill's passage through Parliament.

**Limitations**

- The groups were predominantly white European and so not representative of the views of different BME groups.
- The participants were invited to take part by their fostering services on the sole basis of being long-term foster carers. There was no attempt to 'segment' the groups in any way, a technique that can enhance the data by adding a comparative dimension (Morgan, 1996). A possible comparison in this study might have been between foster carers who had recently made a long-term commitment to younger children and those who had been caring for a young person for many years.

# Care Planning for Permanence in Foster Care (2008 – 10)

Related publications: 7, 8, 16.

**Aims**

- To compare how 6 different local authorities were defining and using the concept of permanence in foster care.
- To investigate social work practice in assessment, planning and matching in long-term foster care.
- To investigate the views and experiences of the professionals, caregivers and children who were working or living within different professional systems. In particular, how did they experience the foster carers' dual roles of 'parent' and 'carer'?
- To contribute to the development of care planning and social work practice, both in local authorities and in the independent fostering sector.

**Methods**

- A file search was undertaken for all 230 children in the 6 local authorities who had new care plans for long-term or permanent foster care between 01.04.06

and 31.03.07. This file search recorded family histories, care plans and documentation.

- Interviews were conducted with 40 foster carers. These covered the carers' views of social work planning and practice and the concept of permanence in foster care.

- Interviews were conducted with 20 children cared for by some of these carers.

- Interviews were conducted with commissioners from the 6 local authorities and managers of 6 independent fostering providers who provided some long-term families for these local authorities.

- Focus groups were held with social workers, managers, panel chairs and independent reviewing officers in each authority. These explored ideas for practice emerging from the study.

## Findings

*Foster family relationships*

Most carers suggested that permanence meant an expectation that the child would be part of their family into adulthood. In less satisfactory placements, the commitment to permanence into adulthood was less clear. Children tended to mirror their foster carers' positive or negative expectations of permanence.

Some carers talked of an enduring commitment to the child, rather like bonding in biological families, which went beyond procedure and planning.

Open displays or demonstrations of foster family connectedness and membership were important to both the children and the adults. Children's sense of foster family membership interacted with feelings towards their birth family, with some feeling more exclusively part of the foster family than others.

Long-term foster placements could be successful where carers had different but *flexible* primary role identities. I.e. primary identity as foster carers, but accepting the role of parent or vice versa. The Secure Base dimensions of caregiving, already identified by the researchers (4 and 6) were demonstrated by foster carers who identified primarily as parents, and also those who identified primarily as carers. But those who could *move*

*flexibly between the two roles* were more likely to be providing secure base parenting than those who did not demonstrate this capacity.

*Professional systems*

The children varied from fairly positive to very negative in their views on statutory reviews. Most disliked reviews being held in school.

The absence of delegated parental authority was often problematic for both children and carers.

Clarity about the permanence plan was very important to foster carers. Their views of permanence procedures varied from seeing them as helpful to seeing them as intrusive or unnecessary. Foster carers valued on-going support from their supervising social workers and from psychological services.

The focus groups demonstrated wide variation across the six authorities (for example, in definitions of permanence). But there were also shared dilemmas (for example, about implementing long-term foster care successfully).

**Strengths**

- The sample included the full range of care planning systems and practice variations used by local authorities.
- The file search allowed for the care pathways of a large number of children to be tracked, retrospectively, over a lengthy period of time, thus providing detailed and generalisable information about the care system during the review period.
- Of the sample, 20% were from a black or minority ethnicity. This figure is somewhat lower, but approaching that for the LAC population overall, at the time of the study (27%, DCSF 2009).
- The mixed methods approach provided rich data, triangulated from a range of sources and providing valuable, complementary insights into the processes and experiences of all involved.

**Limitations**

- It was difficult to conclude that any one system for planning for permanence in long-term foster care was more successful than another. For example, good social work practice and good foster care practice could exist within very different systems.

- Only 3 of the 40 foster carers interviewed were men (NB this limitation also applies to the GUFC study). This reflects the general picture of foster care research (Nutt, 2006). Since the primary focus of this study was on care planning and systems, and these issues are, first and foremost, experienced by primary carers who are predominantly women, interviewing male carers may not have been wholly necessary. However, women's reports on the involvement of their male partners suggested a need for further research into the role of foster fathers.

# The conduct of the studies

**Methodology**

The research questions that drove this series of studies were concerned with people and society; with the lived experiences of fostered children and their foster carers as they built a family life together, and the impact on them of professional systems of protection and support.

This subject matter required a predominantly interpretivist standpoint; an underlying assumption that the social world is not something that can be measured or objectively observed – it can only be deduced through the experiences of others. The key task of the researcher, then, is 'to interpret the individual's actions and utterances in an attempt to gauge how the world appears to the subject' (Howe, 1987: 96).

The theory of knowledge here, is that objects, social situations, experiences and so on do not exist in a meaningful way, in isolation. As Crotty (1998: 42) suggests:

> *All knowledge and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world and developed and transmitted within an essentially social context.*

The interpretivist perspective is associated with qualitative research methods, since:

> *Qualitative methods focus on individuals their interactions, emphasising interpretation and meaning and the ways in which mutual understandings are negotiated.* (McClaughlin, 2012: 35)

Two qualitative methods – interviews and focus groups – were deployed in the studies. These methods were well suited to their respective research questions. For instance, part of *Planning for Permanence* investigated the meanings that foster carers ascribed to caring for their child on a permanent basis. A semi-structured interview was felt to be the most appropriate means of enabling foster carers to reflect openly on this sensitive issue.

However, each of the studies also involved some quantitative methods. Questionnaires were completed by social workers in *GUFC 1* and *2*. These were felt to be a reliable means of gathering baseline data, freeing up interview time for discussion of rewards and challenges, feelings and meanings. The longitudinal nature of *GUFC* required an objective measure of children's emotional and behavioural progress over time and the Goodman's Strengths and Difficulties questionnaire was used twice for this purpose.

This combining of quantitative and qualitative methodology is open to question. McClaughlin (2012) points out that, traditionally, there has been clear delineation of research methods. Positivist approaches have used quantitative methods and interpretive approaches have adhered to qualitative methods. The two paradigms have been deemed 'incommensurate' and mixed method research seen as 'less than perfect' (p.41).

However, more recently, the idea of 'pragmatism' has developed and become accepted as a rationale for the choice of research methods:

> *It is more important to ensure a suitable fit between the research question and the method(s) being adopted than to achieve a form of epistemological and methodological purity.* (McLauchlin, 2012: 41)

This paradigm of pragmatism is delineated by Cresswell (2003) with a key element being that it allows researchers a choice of methods and techniques, depending on what best meets their needs. An advantage of this approach is that each method provides a different perspective on the same topic. Thus, the data from one method complements, rather than replicates data from another, building a richer and more nuanced picture (McClaughlin, 2012).

Nevertheless, Cresswell *et al.* (2010) suggest that researchers using mixed methods within this paradigm must have a clear rationale for doing so. Using a range of data sources, for instance, will better illuminate some research questions. For others, a single source may be sufficient.

In the studies under review there were clear reasons for either single source or mixed methods. For example, *Carers' Views of Permanence* aimed solely to provide long-term foster carers with an opportunity to give feedback on proposed new legislation. The use of a single data source was the most effective means of achieving this within the timescale of the legislation's passage through parliament. In contrast, the research questions for *Planning for Permanence* required details of the care planning processes for a large number of children *and* an exploration of the experiences and meanings of these systems for the participants. A mixed methods approach felt appropriate in this context.

**Research methods**

*Questionnaires and file searches*
Questionnaires were completed by social workers in *GUCF 1* and *2*. These were a cost effective means of gathering detailed information about the backgrounds of the sample children and the fostering histories of their foster carers. The questionnaires were carefully designed and piloted to ensure a high level of accuracy, while at the same time recognising that the information required had to be easily retrievable by social workers in order to encourage completion. A combination of closed and open questions allowed for standardisation *and* more individualised responses. The questionnaires proved successful, with a 100% return at Stage 1. Open questions were effective, with many responses providing thoughtful additional information.

File searches carried out for *Planning for Permanence* traced children's care pathways, and accompanying decision-making processes and documentation. The researchers were aware of increasing demands on social work time, and therefore completed the file searches themselves, rather than risk non-completion. This was a time consuming, but rewarding process in that it provided complete care planning data on a large cohort of 230 children.

*Face to face interviews with adults*

Across the body of work, adult interviews took place with the key players in the lives of children in long-term foster care - children's social workers, fostering social workers, foster carers and birth relatives (the latter for *GUFC 1* only).

The interviews were a vehicle for an in-depth exploration of people's experiences, perceptions and feelings, in relation to the central research questions. They were semi-structured, but always allowed for further exploration of issues that were particularly significant to the participant. In *GUFC 1, 2* and *3,* interviews with adults were conducted face to face, allowing non-verbal cues to be picked up.

A commonly reported disadvantage of research interviews is their lack of standardisation and thus potential lack of reliability (Robson, 2002). This issue was addressed by both researchers providing feedback on each other's interviews and an on-going awareness and discussion of the need for professionalism and clarity regarding the researcher role.

A further drawback is that face-to-face interviews for a national sample are costly and time consuming. This issue was carefully considered but it was decided that there were significant advantages in a more personal approach for this longitudinal study. Firstly, the building of relationships (particularly with the foster carers) through personal meetings was likely to reduce sample attrition, and secondly, it was likely that some of the interviews would be emotionally difficult for the participants and so better suited to a face-to-face discussion. Both of these speculations appeared correct, since adult attrition rates were low and the interviews yielded powerful, and important information about feelings and states of mind.

*Telephone interviews*

In *Planning for Permanence,* interviews with the foster carer sample (n=40) were conducted by telephone. Although telephone interviews are widely used in qualitative research, it has been suggested that they are less effective because they do not allow the researcher to pick up on the participant's informal, non-verbal communication, and this may result in less depth of exploration (Creswell, 1998).

Steps were taken to manage this issue in this study. The participants were given an outline of the interview in advance, in order to promote reflection. The researchers were alert to non-verbal cues such as tone of voice, hesitation or sighing and prepared to ask participants if they wished to pause or end the interview if any distress was detected (there were no occasions where this was felt necessary).

Feedback from participants was very positive, with several volunteering that they had enjoyed the interview. Most set aside time to participate and ensured that they would not be overheard or interrupted. This led to the interviews being highly focussed and, perhaps, less prone to diversion and interruption than face-to-face meetings within the foster home. The interview questions were addressed with great thoughtfulness and attention to detail. Potentially sensitive topics were discussed openly and a range of feelings (positive, negative and mixed) was discussed. It seemed likely that many participants found telephone interviews more liberating than face-to-face interviews since they could express thoughts and feelings with a greater sense of anonymity.

The resulting interview transcripts contained a great deal of rich and detailed information, almost all of which was relevant to the research questions. This echoed the findings of Sturgess and Hanrahan (2004), who compared the outcomes of telephone and face-to-face interviews using the same interview schedule. They found no difference in either the number of responses to each question or the nature and depth of the responses. Additionally, the researcher and the participants could be more focused, as there were fewer distractions than in a face-to face-encounter.

*Interviews with children*

There has been increasing recognition in recent years that foster care research should include the perspectives of children and young people in foster care (Gilligan, 2000b). Gilligan argues that the inclusion of young people's perspectives serves to respect their

rights and dignity, and to promote their self-expression and development. Moreover, their participation can provide a platform for service delivery accountability.

Thomas and O'Kane (2000: 819) argue for the involvement of children and young people in research and practice but stress that this must be accompanied by:

> *…a determination to find methods of communication that enable children to demonstrate their competence.*

In each of the projects under review, the children's interviews were designed to be appropriate for the age range but also to be flexibly adapted according to the individual child's ability and preferred communication style.

In *GUFC 1*, the interview began with an 'About Me' poster making exercise. To avoid pressure, children could choose to make the poster themselves or to tell the researcher what to put on it. This worked well, frequently providing helpful insights into the child's world.

Also in *GUFC 1*, puppets were used as 'listeners' to whom the children could tell their worries and hopes, if they wished. This device provided an intermediary between the researcher and the child. Responses such as 'I'm worried that my Mummy might die' from a five year old indicated that this technique had been successful in its aim of helping children to share real concerns without challenging their defences.

Story stem completions (Steele *et al.,* 1999) were also used in *GUFC 1 and 2*. Here, the researcher uses small play figures, to provide the beginning of a story which could provoke (mild) attachment related anxiety. The child is asked to complete the story. The researchers were not trained to code attachment classifications from the story stem transcripts, but the hypothetical technique was successful in allowing some children to express anxieties and chaotic thinking that would not have been evident with a more direct approach.

The *GUFC 2* children's interview began by linking back to the previous session three years earlier (the same researcher followed each case through the study) and discussing changes in the child's world. Many children appeared pleased to make the connection, indicating their ease with the interview situation. An adapted version of the Friends and

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Family Interview (Steele and Steele, 2000) was then used. This asks children about various aspects of their lives (friends, school, family) but targets attachment related areas such as what the child might do if they were upset about something. In order to track changes in children's inner worlds, it was decided to use the same four story stem completions used at Stage 1, for all but the oldest children. Despite the older chronological age of the sample, there was no resistance to this, and most children took part with enthusiasm, sometimes revealing vivid information about their expectations of adults and family relationships.

In *GUFC 3*, the interviews with young people were structured around the five parenting dimensions that had been used in the analysis in Stages 1 and 2 and key areas such as school, work and leisure interests were also covered. Familiarity with the researcher and a sense of making a real contribution to the study meant that most young people were relaxed and enthusiastic participants.

At all three stages of the study, the children and young people provided full and rich information about their inner and outer worlds. This, and the low attrition rate between Stages 1 and 2 (a higher rate was to be expected in late adolescence) indicated that the interview techniques were well suited to the research questions and also non-threatening/enjoyable for the children and young people.

*Focus groups*

Focus groups were used with foster carers (*Carers' Views of Permanence*) and professionals (*Planning for Permanence*).

Bloor *et al.* (2001) explore the benefits of focus groups in social research and confirm that they are advantageous as a vehicle for extending public participation and also in complementing data obtained through other methods. Morgan (1996) refers to the benefits of the 'group effect' - that is, the process by which participants both query each other and explain themselves to each other, thereby generating both divergence and consensus. Morgan also sees it as advantageous that the researcher can ask the participants themselves for alternative or similar perspectives.

However, Bloor *at al.* counter this by suggesting that focus groups are not ideal for gauging behaviour or attitudes, since intra-group differences are often under-expressed by participants. This issue was recognised by the researchers and group work skills were

used to promote and support differing views.  Awareness of the dynamics within the group and also between the group and the researcher are important here.  For example, within the professionals groups, role hierarchies would have been influential, along with a desire, perhaps, to emphasise best practice.  Within the foster carer groups, highly charged personal stories could have a significant impact on the group discussion and on the objectivity of the researchers.

Nevertheless, each of the focus groups in the two studies, and especially those involving foster carers, were vibrant events where participants were fully engaged and a good deal of data were gathered.  Of course, one can never know fully the extent of group or researcher influence on the discussions.

*Coding and analysis*

The analysis of the interview and focus group transcripts was thematic. That is, the transcripts were carefully scrutinised and coded (generally using NVivo software) according to particular themes and sub-themes.  Coding in thematic analysis may be either data driven (that is, derived from what the participants have said) or theory driven (that is, informed by the researchers' theoretical or analytical interest in the area) (Boyatzis, 1998).

In each of the studies, both coding approaches were employed.  The researchers were open to the experiences described by the participants and the meanings that they ascribed to them. In these instances, a researcher-generated (rather than pre-developed) code was used and themes and groupings developed from these codes.

However, the coding was also theory driven.  The researchers had used attachment theory as a framework when approaching research questions concerning foster family relationships.  For example, in *GUFC 2*, the foster carer interviews included questions about the children's behaviour patterns and how they might respond as caregivers, a key determinant of an attachment relationship.  The responses to these questions were coded in pre-determined, attachment related categories, relating to the five dimensions of caregiving already identified.   Similarly, language suggestive of attachment patterns (but not directly related to the questions) was coded in the same way.

**Ethical considerations**

*Informed consent to participate*

This issue was pertinent to all participant groups, but particularly for foster carers, birth relatives, children and young people, as the subject matter was potentially sensitive for them. Specifically tailored participant information leaflets were provided, along with the opportunity to speak directly to the researchers, prior to consenting. Further explanations were given prior to the interviews/focus groups, with age appropriate language used for the children. Signed consent was obtained from all participants before the interviews/focus groups were conducted.

*Protecting participants from harm*

Regarding child participants, three layers of gatekeeping were observed for each of the studies. Firstly, the children's social workers were approached and children they considered vulnerable were not included. Secondly, the child's foster carer was approached. If the foster carer expressed concerns, no further steps were taken. When the foster carer agreed, a leaflet and letter was sent for them to share/pass on the child. This contained a reply slip, which the child could sign and return. In the case of young people of 18 and over, direct contact was made, with foster carer agreement.

It was felt that this staged process of gaining access to the child was the most effective way of ensuring that we did not approach children who might be unsettled by the interview process. This approach appeared effective as no negative feedback was received from any of the 73 children's interviews across the studies.

The interview content was potentially sensitive and efforts were made to minimise distress to all participants. The subject matter was outlined before the interview and it was made clear to participants that they could cease or pause the interview at any time, or choose not to answer certain questions. For the children and young people, saying 'No' or 'Pass' was rehearsed in advance. It was also made clear that the level of disclosure during interviews was within the participants' control. All of the researchers in each of the projects had experience of interviewing about sensitive topics across a range of age groups and two, including myself, were qualified and registered social workers. At the end of each interview, time was taken to ensure that the participant was

comfortable and, for children and young people, that support was immediately available for them if needed.

*Specific ethical issues for children*

Shaw *et al.* (2011) point out that the natural power imbalance between adult (researcher) and child (participant), can never be entirely eliminated, and the effect that this is likely to have on the data collected must be acknowledged. Various steps were taken to minimise the impact of child/interviewer power imbalance in the studies under review, as follows.

Children were given choice in where they wanted the interview to be conducted and if they indicated that they wanted their foster carers to be present, this was acceptable. Before the interview began, the researchers checked that the child understood, at some level, what the interview was for and that there was no 'test' or 'penalty' element. Although the interview schedules involved a series of questions and activities, there was no pressure on children to keep to task, topic or time if they were reluctant to do so.

Regarding rewards for participation, we wished to acknowledge the time and effort that children had provided. We were mindful of the possibility that offering even a small reward for participation could act as an inducement that overruled a reluctance to take part. The reward was therefore fairly small, in voucher form, and it was not mentioned in the publicity leaflets.

*Confidentiality and anonymity*

It was explained to participants that anything they told us would remain confidential unless they disclosed issues of harm to themselves or another person. No such situations arose during the course of the studies. All data were stored securely in paper files or password protected digital storage. All interview transcripts and other documents were anonimised. Real names and any identifying details were changed in report writing and dissemination.

**Reflexivity**

An important issue for all of the interviews was that of my own positioning as a researcher. As an experienced social worker and manager in family placement, and as a

parent and former foster carer it was inevitable that I would bring to the interviews (and the research process as a whole) a considerable weight of history, assumptions and 'ways of seeing' (Berger, 1972). I had a heartfelt desire to see children accepted and supported in their foster families and a deep concern for those who appeared unloved and unwanted. I could not detach myself from this, but I would need to be aware of it.

Corbin and Buckle (2009) quote Maykut and Morehouse (1994: 123) who summarise this position as follows:

> *The qualitative researcher's perspective is perhaps a paradoxical one: it is to be acutely tuned-in to the experiences and meaning systems of others—to indwell—and at the same time to be aware of how one's own biases and preconceptions may be influencing what one is trying to understand.*

Different groups of participants would interpret my position differently. Although I did not state that I was a social worker, my language and approach might have suggested this and it was not unusual for foster carers and professionals to ask if this was my background. For the child participants, the knowledge that I was a social worker might trigger positive or negative associations with social workers. I chose, therefore, not to reveal this, but simply to state that I worked at a University and was doing a project.

Adler and Adler (1987) identify three 'membership roles' for qualitative researchers

- Peripheral members, who do not participate in the core activities of the group, but are nevertheless closely linked to it.
- Active members, who become fully involved with the activities of the group (and yet retain their researcher position).
- Complete members, who are already members of the group.

In respect of the foster carer participants, I could be perceived as a peripheral group member, for the social workers, a complete group member. For both, I was someone who knew the world of fostering well. This might be advantageous in that I could convey understanding of the pressures and rewards of the participants' roles, which might enable them to share their experiences more freely.

However, this shared status can also have drawbacks. Participants might be inhibited by the idea that I could be making professional judgements about their caring capacities or social work practice. Equally, they might assume that I had certain knowledge and so fail to express an idea clearly or in detail, or the interview could become biased towards 'shared ground' rather than that which is outside my experience.

There were, then, both advantages and disadvantages to my peripheral and active group membership positions. A possible way forward, conceptually, is suggested by Corbin and Buckle (2009). This is that, rather than consider the issue of 'insider/outsider' positioning from a dichotomous perspective, we explore the idea of 'the space between' (p. 60). This allows researchers to occupy the position of insider *and* outsider rather than insider *or* outsider. Indeed, these writers contend that, as a researcher, one can never be wholly inside, or wholly outside the field of study.

This perspective reflects my positioning as a researcher throughout these studies. There were times when I felt and behaved more as an insider, and that was helpful. For instance, when foster carers were talking about difficult feelings towards their child I could state that I knew these feelings to be commonly felt amongst foster carers, but rarely expressed. This level of empathy, one hopes, would be enabling and supportive to the participant. There were other times when acknowledging my outsider status (for example, never having personally cared for a child with severe disabilities) might have enabled carers to talk more freely and in more detail about the particular pressures and rewards that this brings.

**Summary**

Together, the five studies form a comprehensive exploration of long-term foster care. They involved the full range of participants and a variety of research methods, creating multi-faceted and complementary data on a subject area that is intrinsically complex.

The findings demonstrated the potential of this form of family care to provide security and permanence for looked after children and they contributed to a theory of how and in what circumstances this can happen. They also recognised the role that professional systems can play in supporting positive long-term foster care relationships as well as their potential to undermine these relationships when they over-regulate or intrude in foster family life.

Overall, the research and publications created a detailed picture of long-term foster care, which reflected ambiguity and difference, but also identified core themes and shared interests. These issues are explored in more depth in Part 3.

# Part 3

# Discussion

Part 3 of this submission is a discussion of the contribution that the research and published works have made to existing knowledge of foster family relationships and professional systems in long-term foster care.

Part 3 is divided into two main sections. The first is concerned with *long-term foster family relationships*. It summarises the four, inter-connected areas of foster caregiving identified by the body of work as contributing towards security and permanence in long-term foster care:

- Secure base caregiving
- Bonding and commitment
- Managing the child's dual family membership
- Flexible parent/carer role identities

The second section of Part 3 is concerned with *professional systems in long-term foster care*. Information on the lived experiences of professionals, foster carers and their foster children, generated by the research, were used to consider ways in which professional systems can both promote and undermine a sense of security and permanence in long-term foster care.

Part 3 concludes with a summary of the implications of the research and publications for social work practice and some suggestions for further research.

## Long-term foster family relationships

The research and publications suggest that successful long-term foster family relationships are characterised by four key areas of caregiving (above), represented in Figure 1 (adapted from publication 15). Each area of caregiving will be considered in turn, below.

**Figure 1.  Key areas of caregiving in long-term foster care**
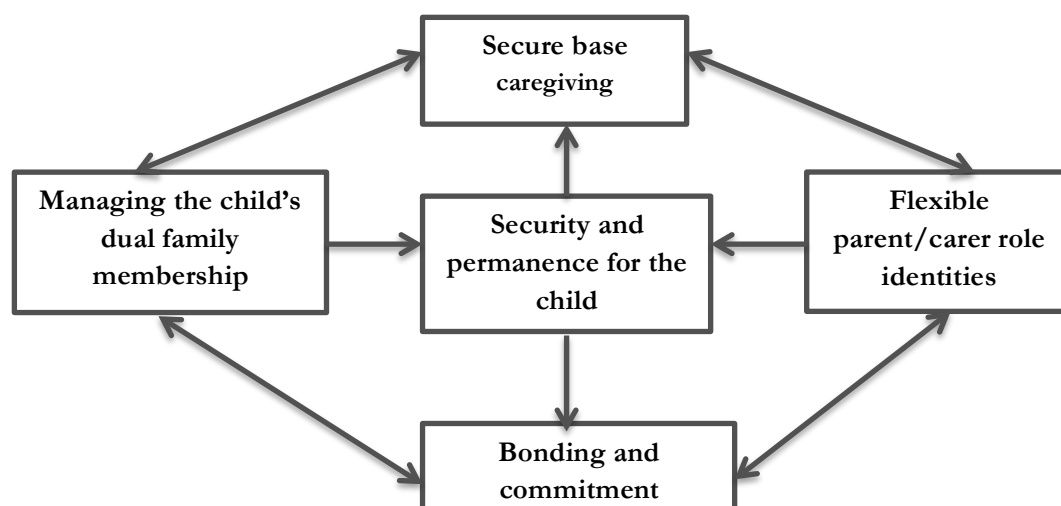


**Secure base caregiving**

Secure base caregiving is a concept associated with attachment theory (Bowlby, 1969, 1973, 1980) and it was a central theme across the studies[6].  In *GUFC 1*, a model of caregiving based in attachment theory (Ainsworth *et al.,* 1971) was used to support the analysis of the data concerning the developing foster carer/child relationships (9). Ainsworth and her colleagues observed birth mother/infant interactions and identified four dimensions of sensitive caregiving.  Interview material from the *GUFC 1* showed patterns of foster caregiving that reflected the four Ainsworth dimensions, despite the sample children being well beyond infancy when placed.  These findings were repeated in *GUFC 2* and this influenced the development of a theoretical and practical model, the Secure Base model.

*The development of the Secure Base model*

The Secure Base model was first presented in publication 10, reflecting the foster carers' reports (*GUFC 1 and 2*) of how they understood and parented their foster children across four caregiving dimensions: availability, sensitivity, acceptance and co-operation. A fifth, psychosocial caregiving dimension - that of family membership - was added to the model.  This reflected the reports of the majority of carer participants in the study sample, who spoke of the importance of the child being fully included as a member of
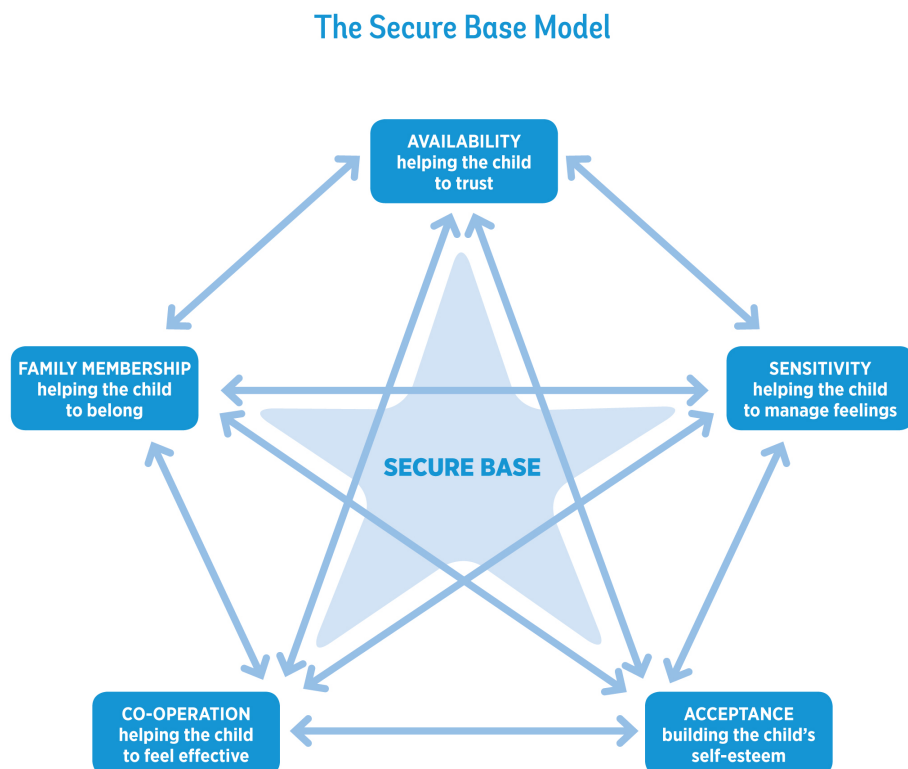
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[6] See Part 2: p.16 for further discussion of secure base caregiving.

the foster family, while also having a comfortable level of connection to their birth family (see p. 59) – a view reflected in the children's interviews.

From the *GUCF 2* data it was also possible to observe the developmental *progress* that the children were making in their foster families and to link this progress with particular dimensions of caregiving. The ways in which children could benefit developmentally within each caregiving dimension were also, therefore, included in the model (12), drawing on both our data and the wider developmental research data (for example, that sensitive caregiving would be linked to affect regulation).
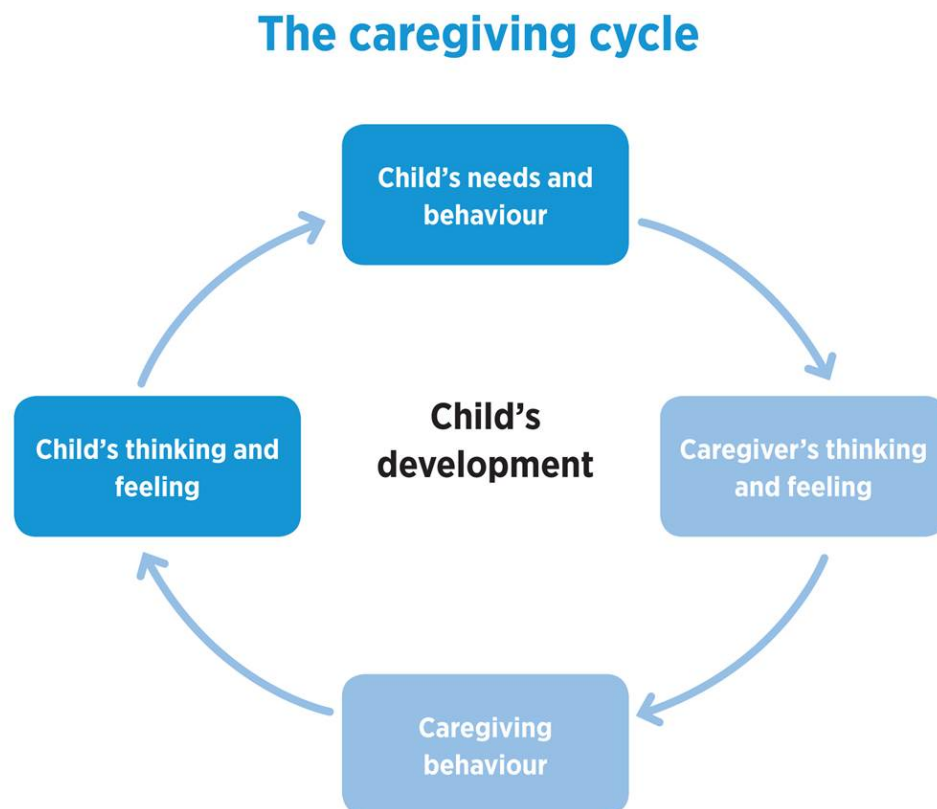
Regarding the language used to represent the caregiving dimensions, the researchers recognised that this needed to be as concise and unambiguous as possible if the model was to be used effectively by professionals and caregivers (see p. 53). Thus, the terminology was gradually adapted as we applied the model more widely to practice. For instance, Ainsworth's term 'sensitivity' was initially presented as 'promoting reflective capacity' (10), but changed to 'promoting reflective function' (4), to 'responding sensitively' (12) and finally 'sensitivity' (13), linked simply to 'managing feelings'. The Secure Base model is represented in the following diagram (Figure 2).

**Figure 2: The Secure Base model**



The Secure Base Model

AVAILABILITY
helping the child to trust

FAMILY MEMBERSHIP
helping the child to belong

SENSITIVITY
helping the child to manage feelings

SECURE BASE

CO-OPERATION
helping the child to feel effective

ACCEPTANCE
building the child's self-esteem

In order to illuminate the *process* of how foster carer/foster child relationships in the study sample were promoting security and permanence, a second model, the 'Caregiving Cycle' (Figure 3) was developed. The Caregiving Cycle, in common with other circular models of sensitive caregiving (e.g. the arousal/relaxation cycle (Fahlberg, 2002) and the Circle of Security (Marvin *et al.,* 2002)), reflects the cyclical connection between caregiving behaviour, children's responses and the development of security and attachment.

**Figure 3: The Caregiving Cycle**

## The caregiving cycle

- Child's needs and behaviour
- Caregiver's thinking and feeling
- Caregiving behaviour
- Child's thinking and feeling

Child's development

The Caregiving Cycle, however, is somewhat different in that it emphasises the link between cognition and behaviour, 'thinking' and 'doing' (7). The Caregiving Cycle is underpinned by the work of contemporary attachment theorists (Meins *et al.*, 2002; Fonagy *et al.*, 2002). Meins and her colleagues stress the importance of the caregiver's 'mind mindedness' for the child's secure attachment and social development. That is, the capacity of the caregiver to see things from *the child's point of view*, and to *communicate this to the child*. Mind minded interactions help even very young children to make sense

of their inner experiences and feelings and gradually to manage and express them appropriately (Howe, 2011).

The *GUFC* foster carer interview data provided numerous examples of sensitive foster carers demonstrating mind mindedness.  For instance, one foster mother spoke of her foster son being in a troubled, angry state most mornings after waking.  She handled this empathically because, she said:

> *I think a lot went on in his mind while he was asleep or in bed, and I think if that ended up at the back end of the night…he'd still got that in his mind.  I think that was enough to carry him through into the day.* (10: 165)

The Caregiving Cycle, therefore, provided a foundation for representing thinking, feeling and behaviour in caregiver/child interactions.   Then, for each caregiving dimension, interactions relevant to that dimension were mapped on to the Caregiving Cycle.  In the centre of each cycle, the potential developmental benefit to the child was stated. Thus, the first dimension, Availability, is represented as follows:

**Figure 4:  The Availability Cycle**
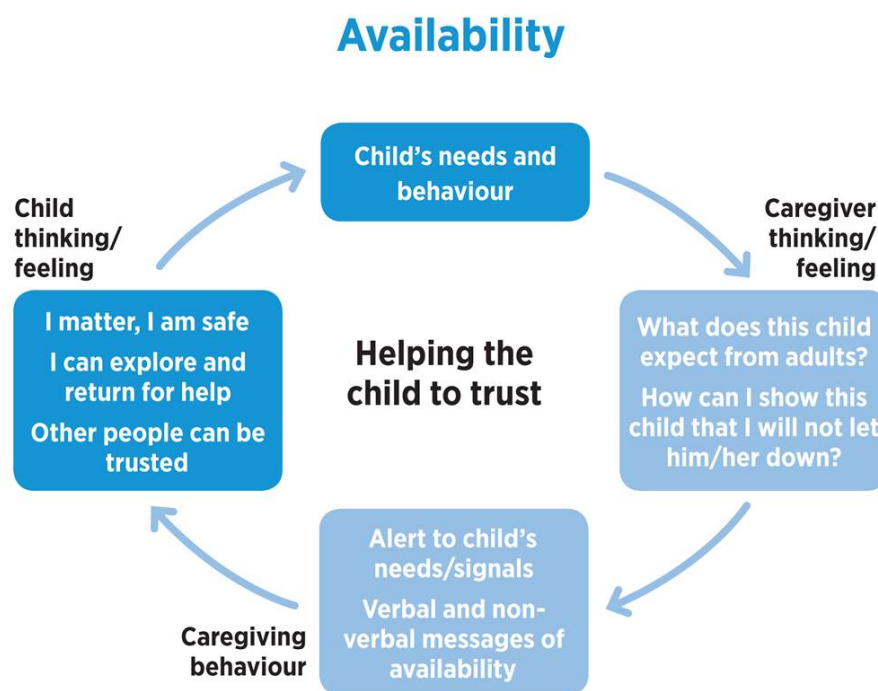
*The application of the Secure Base model*

Early dissemination of the model demonstrated that both professionals and foster carers and adopters found it relevant and supportive of good practice. This motivated the development of four practitioner-focussed publications (11, 12, 13, 14).

These publications were drawn from a range of sources. *GUFC 1* and *2* had laid the foundations for the work. In addition, funding was obtained for further semi-structured interviews with foster carers and adopters, so that the full range of caregiving challenges and strategies, across the age range, could inform the publications.

These publications demonstrate the application of the Secure Base model in social work with foster carers and adopters and with looked after children. The model can, for instance, support practice in care planning and the training, assessment and support of foster carers and adopters. It also provides a framework for assessing children's needs in the context of foster, adoptive or birth parent relationships. Publication 14 provides practice tools and guidance for each of these applications of the model and is supported by a DVD of research participants discussing their approaches and experiences of secure base caregiving.

The Secure Base model has had wide ranging impact. In 2007, the British Government policy document, *Care Matters* (DCSF 2007), described it as helping to promote confidence and competence in children and recommended it for training and supporting foster carers. In 2008, a website was developed to provide downloadable materials (www.uea.ac.uk/providingasecurebase). In 2009, the model was incorporated in the training programme for new carers developed by the Fostering Network. From 2008, Secure Base, translated as *Trygg Base*, was included as part of the Norwegian national training programme for new foster carers. The continuing international interest in the application of attachment theory to family placement practice led to the *Attachment Handbook for Foster Care and Adoption* being translated into French (Schofield and Beek, 2011) and Italian (Schofield and Beek, 2013).

*Therapeutic elements of secure base caregiving*

A key finding from the *GUFC* foster carer interviews was that sensitive foster carers were parenting within the five caregiving dimensions, but *adapting* their caregiving strategies in order to help their foster children to overcome the additional challenges

that they faced in forming close relationships. In this sense, their caregiving had additional, therapeutic value for the children.

Firstly, sensitive foster carers described ways in which they were meeting infantile emotional needs in ways that were age appropriate and acceptable to the growing child. For example, one foster mother described washing and styling her 12-year-old foster daughter's hair, as this form of closeness was enjoyable and acceptable to the young person (10: 187).

Similar adaptations were needed to meet children's emotional needs while at the same time recognising and working with their defensive, 'survival' strategies, formed in the context of previous caregiving relationships. In a context of abuse and neglect, for instance, this survival may mean that children develop controlling, self-reliant behaviours (Crittenden, 1995). For instance, a foster mother described her rather emotionally guarded foster daughter coming home and going to her room after a difficult day at school. Rather than a making a direct enquiry, the foster mother might signal her availability by putting the washing away on the landing, thus providing an opening for a conversation that would be perceived as less threatening by the young person (12: 169).

The therapeutic potential of sensitive caregiving for a small group of children with severe learning disabilities was also explored in some depth (2). This group was a sub-sample of the *GUFC* study and all made good progress in their foster families. The interactions between the foster carers and the children were mapped onto the Secure Base model, providing an attachment perspective on the developmental progress for each child across the study period. Crucially, the foster carers, while providing excellent physical care, were also attuned to their child's needs for security and permanence and they were promoting this in ways that were meaningful for each child. For example, one foster mother spoke of helping her foster son to understand that he would remain with her on a permanent basis by decorating his bedroom with his favourite colour and filling it with images and objects that he enjoyed. From this point, the foster mother said:

> *I think he knew he was permanent: I really did think that he thought 'this is my home'.* (2: 13)

Sensitive foster carers across the sample, therefore, were thinking about their child's thinking and feeling and adapting their parenting approaches so that their children were able to accept their caregiving. The Secure Base model reflected these individualised caregiving strategies by representing the caregiver's focus on the needs of *'this'* child and the parenting strategies that *'this'* child would find comfortable and acceptable. For example, caregiver thinking in the availability cycle (Figure 4, above) is represented by the questions: 'What does *this* child expect from adults?' and 'How can I show *this* child that I will not let him/her down?'

*Secure base caregiving and resilience*

*GUFC 1, 2* and *3* (8) explored some of the psychosocial risk and protective factors (Rutter, 1999) that had affected the children's developmental pathways and contributed to the diverse outcomes of the sample children - both those that were unexpectedly successful and those that were unexpectedly poor. The studies showed that sensitive foster carers, as well as providing secure base caregiving within the family, were also promoting children's resilience by providing additional support outside the family. For example, by supporting education, interests and activities in ways that allowed the children to feel successful and competent.

Risk factors for many children in the sample included early adversity, entangled and unmanaged relationships with birth family members and poor social work planning and support.

Any of these risk or protective factors could change over time and shift the child's trajectory in a positive or negative direction. In general, however it was usually an accumulation and interaction of either risk or protective factors that seemed to influence the nature and speed of change (8). But a key factor was whether the carers were able to provide a secure base that could manage the challenges presented by the child - so the studies were also important in defining the difficulties that some carers had in sustaining good quality care across the dimensions (10).

The focus on risk and resilience was an important extension of the research and publications. These concepts help to make sense the complexity of children's development in long-term foster care by linking psychosocial factors with developmental theory and social work practice. Significantly for social work planning

and practice, this framework also contributes to the understanding of placement outcomes.

**Bonding and commitment**

The term 'bonding' refers to the *caregiver's feelings* for the child, rather than the *child's drive* to form an attachment to the caregiver. Dozier and Lindheim (2006) use a similar concept – that of *commitment,* in relation to foster carers of young babies (see Part 1: p.16).

The research studies under review investigated the extent to which bonding and commitment can occur in the long-term foster care of older-placed children, despite the absence of a biological tie, and with the uncertainty created by the potential for challenge from both the local authority and the birth parents. In a majority of cases (*GUFC 1, 2* and *3* and *Planning for Permanence*) the foster carers provided spontaneous indications of pride, pleasure, and delight, encapsulated in this quote from a foster mother, as she showed the researcher a photograph of her foster child:

> *Just look at her. She's got such a twinkle. She's an absolute rogue. And you would never want that squashed. It's lovely.* (9: 198)

Strong commitment was also demonstrated as numerous foster carers spoke of 'going the extra mile' to support and protect foster children, often well into adulthood. When carers were finding it hard to feel this level of commitment, it was often the case that children's difficult and unresolved feelings were causing them to distance themselves from the foster family, and foster carers, feeling disappointed and rejected, were in turn distancing themselves from the child (7). There were also cases where carers found it difficult to take to a particular child and this prompted the child's withdrawal.

These research findings regarding bonding and commitment contribute to the discussion of whether or not unconditional commitment can occur in long-term foster care relationships. Although this idea has been explored in relation to the foster care of infants (Dozier and Lindheim, 2006; Bernard and Dozier, 2011) our studies take this

further in providing examples of bonding and commitment in a sample of foster carers whose children were all placed well beyond infancy.

**Flexible parent/carer role identities**

Questions around role identities in long-term foster-care are long-standing in the history of foster care in the UK (George, 1970). Should long-term foster care be thought of as an 'act of love' or a 'job of work?' Are long-term foster carers essentially 'parents' or 'carers' of their foster children?

These questions were particularly (although not exclusively) relevant in *Planning for Permanence* (8, 16) where there was a specific exploration of how foster carers experienced their dual roles of 'carer' and 'parent'. Some identified themselves primarily as carers and resisted the role of parent. Others saw themselves wholly as parents and found the carer role irksome and intrusive into family life.

Another group, however, were able to retain a primary identity as parent or carer, but moved flexibly between these roles. This enabled them to meet the full range of their child's needs. Additionally, it seemed that when there was flexibility, the two roles *enriched and rewarded* each other:

> *For foster carers who could move flexibly between roles, being a successful, skilled professional carers facilitated being a successful, loving parent and vice versa.* (8: 21)

Problems could occur when foster carers had a primary identity as parents, but could not embrace the role of carer and vice versa.

These findings took the parent/carer debate a step further, and into more subtle territory. What mattered most was the capacity in the caregiver to find enjoyment and satisfaction in both roles and then to be able to move flexibly between them *according to the needs of their child*. A two way process is suggested (8) in which role enrichment can enhance sensitivity and empathy in both roles but also, that sensitive and empathic carers are more likely to experience role enrichment.

The concepts of role conflict and role enrichment that underpinned this analysis were drawn from sociology and social psychology (Merton, 1957; Thoits, 1991). The use of these perspectives was a further extension of the research and publications, since it places the spotlight on the acting out of socially defined duties, norms and behaviours that an individual is expected to fulfil (ideas already present in the researchers' definition of foster family membership, below). Our analysis of parent/carer roles helps to build an understanding of the ways in which many long-term foster carers negotiate and manage everyday parenting within professional systems, in order to ensure that their foster child's needs for permanence and security are met.

**Managing the child's dual family membership**

The research and publications consistently highlight foster family membership alongside a comfortable level of birth family membership as an important element of looked after children's well-being. Below, aspects of foster family membership and birth family membership are explored separately.

*Foster family membership, into adulthood*

Across the studies, foster carers' thinking and behaviour connected with foster family membership were identified (7, 10). Many carers regarded the child as a fully included member of the foster family. There was a belief that 'we are family, regardless of blood ties' (10: 213). Behaviour associated with foster family membership included involving the child in family occasions, sharing humour, family rituals and activities. Extended family membership and the involvement of the adult children of foster carers were also important indicators of foster family membership.

In some cases, the feelings and behaviour associated with foster family membership were harder to achieve and this was usually accompanied by difficulties in the relationship with the child and a lack of mutual trust. A negative cycle of family exclusion on the part of the carers and foster family rejection on the part of the child was often apparent.

In each of the studies, children and young people who had experienced a full sense of belonging and inclusion in their foster families spoke of it as key to their progress and

well-being. However, relationships in long-term foster care were seldom 'one thing or the other'. For example, findings from *Planning for Permanence* indicated four different types of foster family membership in settled long-term placements. Some children felt that they were equal members of their foster and birth families, some felt that they belonged, exclusively, in their foster families and some felt secure with their foster families but had anxious relationships with their birth families. In all cases in this sample, foster family relationships were positive.

Issues of permanence, or foster family support and identity into adulthood were explored in all of the studies. While a minority of the foster carers felt it unlikely that the placement would endure much beyond the late teens, the large majority expressed their certainty that their fostered young person would always have a place in the family. *Planning for Permanence* specifically explored what the term 'permanence' meant to the foster carers and young people and many of the carers likened their position to that of committed birth parents of the child, as the following foster mother described:

> *Marie is never going to leave us and she is always going to be part of our family.*
> *I'm sure when she is thirty-six and has got her own children, she will be bringing*
> *them to us.* (7: 247)

When family relationships were secure, the young people echoed these certainties. A recurring theme was that of feeling like, or behaving like a 'normal family' (11: 264). In the young peoples' minds, this 'normality' represented full inclusion into the foster family in the present, and into adulthood. Learning to drive, returning 'home' (to the foster family) from University, entering careers and their own children being seen as 'grandchildren' by their foster carers were all mentioned in this respect.

The research interviews (*GUFC 1,2 and 3* and *Planning for Permanence*) provided examples of foster family members showing their connectedness to each other though particular actions and 'displays' (Finch 2007) of family membership. For instance, going out 'as a family', having certain standards of manners, supporting the same football team. These displays could be used to welcome the child into the family, to build a family identity that included the child and to then to present the family to the outside world. Family relationships could both shape and be shaped by these displays and, in optimum conditions, this process built mutual trust and helped foster carers and their children to 'legitimise' themselves as 'real' family. Feedback from outsiders could reinforce the

sense of family and, aware of possible prejudice towards looked after children, foster carers often worked hard to ensure that their family was displayed positively.

This perspective draws from anthropological literature, where the lens shifts the focus away from what the family 'is' to what it 'does' (Finch, 2007). In the context of our research and publications, this approach has extended understandings of foster family relationships and of how they are built, confirmed and managed by the whole family group (16). It also provides indicators of difficulty in situations where this private and public sense of family does not become established over time.

*Birth family membership*

The question of birth family membership and the ways in which foster carers and children experienced and managed this was also an important area of enquiry across the research studies. *GUFC 2* highlighted the caregiver thinking and behaviour associated with promoting birth family membership and it was noted (10) that birth family issues were dealt with on two levels: firstly, helping children to make sense of the past and the associated feelings and secondly, through supporting children with birth family contact and sustaining links over distance and time.

In terms of helping children to think and talk about their birth families, the concept of mind mindedness was again relevant. Sensitive carers were able to observe their children carefully and reflect on what they *might* be thinking and feeling about their birth families, as this carer describes:

> *I think he does* (care about his birth parents) *but he doesn't want to admit it. I mean he dearly loves his parents, it's quite obvious when you see him with them, but he also knows that what they say isn't quite what will happen…it must be very hard for him.* (10: 226)

These carers could recognise and accept both positive and negative characteristics of birth family members and through this acceptance, convey to their foster children that their own mixed feelings and sometimes confusing memories were valid and understandable. This could help young people to articulate their feelings and dilemmas. For example, a foster mother described her teenage foster son sharing with her his conflicting feelings around foster and birth family membership, manifested in his confusion over whether to spend Christmas day with the foster family or with his birth

father (10: 229).  Connection can be found between these findings and the concept of 'adoption communication openness', defined by Brodzinsky (2005: 149) as

> *'the creation of an open, honest, emotionally attuned family dialogue'* and a willingness of individuals *'…to acknowledge and support the child's dual connection to two families…'*

Communication openness is seen as important for the well-being of adopted children and our research indicates that this concept might also be helpful for children in long-term foster care who face similar issues of dual family membership.

Birth family contact is an important element of birth family membership. Each of the research studies in this submission has explored contact to some extent, but it is the *GUFC* study and published works (most notably, 3, 14 and 12 (Ch.14)) that have made the most significant contribution to knowledge in this area.

For each child in the study, it was possible to outline something of the experience and meaning of contact, and the role it played for the child at three different developmental stages.  In *GUFC 2*, the concepts of 'security' and risk' were used (14) to help us to group the children, according to whether their contact arrangements promoted physical and emotional safety, some anxiety or even, for some children, fear. Even the most rewarding contact arrangements had the potential for risk (for example an awakening of feelings of loss), but what was important was the degree to which risk was *managed* by the adults involved.

A conceptual framework was developed from this data, representing the balance of security and risk for the child and the key factors in the child, the foster carers, the birth family and the professional agency which might serve to tip the balance either towards greater security or greater risk (15: 128).

This nuanced approach to understanding contact reflected the complex situations described by the foster carers, children and professionals in the study.   From this picture, there emerged two contributions to the body of knowledge on birth family contact. Firstly, that there could be no 'blanket' approach that would suit the needs of all children placed in long-term foster care.  Each situation should be judged individually, and in a holistic framework, with the full range of risk and protective factors considered

and assessed. Secondly, to highlight that, in long-term foster care, the primary source of security for children is the foster family. The most positive contact arrangements were those where the child had a well-established sense of a secure base in the foster family. It was the security of relationships within the foster family that enabled children to reflect on their birth family relationships and benefit from contact.

## Professional systems in long-term foster care

Foster carers in England operate within a range of professional systems. Firstly, *children* are monitored and safeguarded by a 'cycle of assessment, planning, intervention and review', legislated by the Children Act 1989 and prescribed by guidance and regulations (DCSF, 2010a: 14). Secondly, there is, within the same legislative framework, a parallel system for the approval, review, supervision and support of *foster carers* (DCSF, 2010b: Chapter 5).

In addition, the National Minimum Standards for Fostering Services (DfE, 2011) reflect the legal position of the local authority (LA) as corporate parent. These standards have an impact on the extent to which foster carers can exercise *parental autonomy*. There is local variation in policies, procedures and practice regarding these standards and also regarding *permanence in foster care.*

Each of the research studies in this submission explored the impact of these systems on long-term foster family relationships, and the key issues to emerge from the data are explored below.

*Children's systems: reviews*
A statutory review is intended to scrutinise the work of the local authority as a corporate parent and also to promote good outcomes for children. Of particular significance in long-term fostering is that there is no differentiation between the review process required for a recent fostering placement where there are many unknown factors, and a long-term placement, which has been settled for several years.

The views of long-term foster carers, their children and connected professionals regarding children's reviews are explored across the studies. Publications 1,4,6,7,9,10,11

and 15 reflect the findings. Young people's views on this issue were particularly powerful in *Planning for Permanence*, where they described the range of feelings and meanings attributed to review meetings. These included pride in progress, anger or embarrassment at the breach of privacy, and relief to express feelings.

Foster carers and social workers also expressed different opinions about the value and impact of reviews on long-term fostered children. Often they mirrored the perspective of the young person in question, but, equally, they could see things differently. For instance a foster carer in *Carers' Views of Permanence* said that her child 'loved' attending her reviews. In the carer's view, however, the opportunity to reveal personal information to a group of unfamiliar adults was not a helpful one to this particular child who was indiscriminate in her close relationships.

Overall, although some foster carers were satisfied that the review process was necessary and useful for the child, there were many who expressed disquiet. They felt that the procedures (for example, a large group of professionals meeting in the child's home) and questions (for example, whether or not the 'placement' was still meeting the child's needs) were incompatible with the close and committed family relationships that they had built with their foster children (7).

*Children's systems: social worker visits*

Social worker visits were also experienced by children and young people, variously, as supportive, enjoyable, intrusive or annoying. Frequent turnover of staff was cited as problematic by children and foster carers (9,10) and young people gave consistent messages about what they found helpful in their social workers (being approachable, responsive, encouraging, personal and interested) and also unhelpful (being unreliable, unresponsive, leaving without saying goodbye, asking intrusive questions) (15).

*GUFC 2* found that only about half of the children in the sample had regular social worker involvement, with staff shortages and pressures creating difficulties in providing support for the other half. When social workers were regularly involved, they carried out a range of tasks and these were valued by most foster carers. The absence of a reliable social worker was an additional risk factor in less settled placements (10).

Although many foster carers found children's systems challenging, it is important to note that they were not suggesting that systems should be eliminated or that they would

have preferred an adoption arrangement. The point was made that social work systems were part of the child's life and should not be 'glossed over' (1). Indeed, many conveyed to their children that their care status was a valued part of their identity. The concerns, therefore, were to do with the way in which the systems were delivered, rather than the systems *per se.*

*Foster carer systems*

Across all of the research studies, foster carers, on the whole, viewed their own systems of supervision and support very positively. They valued the reliable, sensitive presence of their fostering social workers and the majority were appreciative of (good quality) training opportunities and support groups (9,10,11).

These systems did not, necessarily, detract from the carer's role as 'parent' to the child. For example, one couple, who had been childless, very much wanted a parenting role, and preferred their foster child to identify with their family activities, rather than those for looked after children. But they also valued training and support for themselves, feeling that this input helped them to meet their child's complex emotional needs more effectively (12).

*Parental autonomy*

A recurring frustration for the foster carers and foster children was that of the restriction on parental autonomy created by carers' lack of day to day parental responsibility for the children. *Carers' Views of Permanence* and *Planning for Permanence* produced many examples of 'normal' family life being affected in this way (for example, children not being permitted to 'double up' on a caravan holiday) (1). At worst, there were 'parenting' decisions made by social workers which foster carers felt were actively harmful to the child (for example a decision not to move a child from his school where his sense of rejection was frequently reinforced by seeing his birth mother who was collecting a sibling) (1).

At the same time, however, a picture emerged of foster carers using strategies to *manage* the systems and regulations in different ways*,* usually with the aim of promoting a sense of 'normality' and security for the child. *GUFC 2*, for instance, found several well-established foster carers who felt justified in ignoring restrictions around day-to-day decision-making (10). Others did not feel able to take this approach but worked hard to protect their foster child from the impact of restrictions. From another perspective, a

small number of young people in *Planning for Permanence* felt that their foster carers placed too much emphasis on regulations as an 'excuse' to impose unnecessary restrictions on them (15).

*Permanence Planning*

*Planning for Permanence* explored permanence procedures, including those emulating adoption. The latter had been introduced by some local authorities with the intention of strengthening the long-term foster family's sense of security and permanence. However, these procedures were experienced in a variety of ways by foster carers and young people (7,15). Some found that they reinforced foster family relationships because they formalised permanent commitment and connection. Others found them meaningless, or even upsetting for children who were not emotionally ready for this step. Most found little difference between short-term and permanent arrangements in terms of decision-making or restrictions/expectations of foster family life, and the lack of delegated authority was disappointing to them.

Social workers were commonly frustrated by time-consuming requirements, such as lengthy report writing. The aim was always to secure a settled family life for each child but the route to this was often circuitous and social workers complained of inbuilt delays and professional misunderstandings of the need for timely decision making.

## Implications of the research and publications for social work practice

- The research and publications give some indication of the circumstances in which long-term foster care can offer fully committed parenting and a family for life for looked after children. Long-term foster care can therefore be seen as a valid permanence option and social workers can be confident in recommending it for some children.

- A psychosocial model of the family processes connected with secure base caregiving has been developed from the research. Importantly, the Secure Base model focuses on the therapeutic potential of *every day caregiving activities and routines*. The model is applicable to social work practice in foster care and

adoption. Practice tools and guidance have been developed to inform and support this practice.

- The research and publications have contributed to the understanding of outcomes in long-term foster care. They have identified a range of risk and protective factors within the child, the birth family and the professional systems around the foster family. The quality of caregiving is recognised to be key to success, with clear messages about the risks to children of placements that do not offer a secure base. The absence of social work support has been identified as a risk factor, and is likely to be particularly relevant where the caregiving is of a poor or borderline quality. A plan for permanence in foster care should therefore include a package of support that is available and regularly reviewed even in apparently 'low risk' cases.

- Children and young people in long-term foster care place great value on a full sense of belonging and inclusion in the foster family. However, they also need to develop a comfortable sense of connection to their birth families and this is a key area of long-term foster caregiving.

- There is considerable existing knowledge about contact in adoption, but much less concerning long-term foster care, where levels of contact are generally much higher. Successful contact with birth family members has been identified in terms of the extent to which it can promote security and permanence for the child. Contact planning should take into account the full range of risk and protective factor that are unique to each case and a plan should reflect a situation where the protective factors are clearly in place and the risk factors are minimised.

- Interviews with foster carers have indicated that successful long-term foster carers have the capacity to move flexibly between the role of parent and the role of professional carer. In these cases, these roles may enrich each other, rather than be in conflict. Security and permanence in long-term foster care does not need to deny the child's care status or identity. Skilled foster carers can help

children to understand and accept and value these elements of themselves, while at the same time, feeling a full sense of foster family membership.

- The research and publications have provided some insight into the role of professional systems in long-term foster care, from the perspectives of both foster carer and children and young people. Professional systems, whilst protecting the child, should also be supportive of the foster family relationships and mindful of the child's need to experience a 'normal' family life. It is here that the interface between relationships and systems becomes very important. It was the *relationships* connected with foster family membership and permanence mattered most. Social work systems could not *create* these relationships, but they could *reflect* them. The research and publications suggest, therefore, a need for sensitivity and flexibility on the part of the professionals to achieve a tailored approach that is meaningful and comfortable for each child.

## Further research

Some changes regarding delegated authority have already occurred (DCSF, 2010a) and it is possible that legislation and guidance regarding long-term foster care will change significantly in the foreseeable future (DfE, 2013). It is likely that these changes will considerably alter the experience and meaning of long-term foster care for foster carers, fostered children, birth relatives and social work professionals. An evaluation of the impact of the amended legislation and guidance would be an important area of research.

Further research into the effectiveness of the Secure Base model as a tool for supporting practice in foster care and adoption could also be valuable. There are, however, difficulties inherent in evaluating the model, since it is a conceptual framework, rather than an intervention. There is no manual for using the model in specific practice settings and it would be impossible to ensure that it had been presented and applied consistently. An action research approach, involving practitioner teams, could provide helpful information on introducing, applying and sustaining the use of the model, and perhaps provide indicators for further development.

The research and publications did not focus specifically on the role of men in foster care. Gilligan (2000c) reviews the literature concerning this topic and concludes, firstly that it is very sparse and secondly, that male foster carers appear to have only marginal significance for agencies and social workers. With the exception of some publications regarding gay men as foster carers (Hicks, 2006; Brooks, 2001), this gap remains largely unfilled. It would, therefore, be illuminating to explore the experience and meanings associated with being a long-term foster father, the ways in which foster fathers are perceived by foster mothers, fostered children and social workers and the role that fathers can play in long-term foster family life. All of these research angles could inform social work policy, planning and practice.

## Conclusion

In conclusion, the research and publications of this submission have revealed the potential of long-term foster care as a successful permanence option for looked after children. The body of work has generated a model which reflects how foster family relationships in long-term foster care can help children who are placed beyond infancy to recover from early harm and reach their potential, during childhood and through to young adulthood.

Inevitably, when children cannot be safely cared for within their birth families, there is loss and ambiguity for all concerned. Our research has shown that long-term foster care has the capacity to occupy and embrace this difficult territory. Sensitive long-term foster carers can be both 'loving parents' and 'professional carers'. They can provide family relationships, in which children feel loved, included, settled and secure, while at the same time having opportunities to process their feelings about birth family members and maintain relationships with those who are important to them.

At the same time, the body of work has identified the range of circumstances in which the goal of permanence and security is not being achieved and provided some indicators of how long term foster care might be managed and supported in order to maximize positive outcomes.

The research and publications have also explored professional systems connected with long-term foster care from the perspectives of all key participants. This has provided indications of the extent and nature of regulation that is required to safeguard long-term foster children in a way that is not stigmatising to children or intrusive into foster family life.

It is to be hoped that these findings have helped to inform, develop and support good practice in long-term foster care, and that they will continue to influence future policy and practice in ways that enhance the capacity of long-term foster carers to provide permanence and security for looked after children and young people in the years to come.

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# Appendix A

**The research and published works - confirmation of the contribution of Mary Beek**

Mary Beek took an active role as co-principal investigator in all aspects of the research projects on which these publications are based – research bids; research design; access; instruments; data collection; data analysis (quantitative and qualitative); managing advisory groups; writing reports, books and peer reviewed articles; dissemination for practice. She took a leading and autonomous role in all these research and writing activities in relation to foster carers and their role, in particular in the key conceptual developments that reflect key aspects of the contribution of the research to knowledge and practice e.g. the Secure Base model, foster carers' perspectives on permanence, and the role integration of professional carer and parent.

Professor Gillian Schofield

# Appendix B

# The published works

## (articles and book chapter)