Delivering effective substitute care Lessons from practice

Kate Cairns, an experienced foster carer, discusses the fundamental questions about the success and limitations of substitute parenting raised in the preceding three articles (Bullock et al., 2006; Hare and Bullock, 2006; Maluccio and Ainsworth, 2006). She describes how she and her husband tried to address them when caring for separated children. It is argued that while parenting foster children is different in some ways from parenting birth children, it is possible to provide separated children with a sense of permanence and a foundation for healthy and fulfilling development. The article is based on an interview with Annemieke Kalsbeek.

Introduction
This edition of Adoption & Fostering contains three contributions that raise fundamental questions about parenting for children separated from their families. In this article, a family foster carer examines how far arguments about the limitations of substitute care echo her own experiences of looking after other people’s children and how she and her husband have tried to address some of the issues highlighted.

Kate Cairns has fostered children for over two decades. Her work began in 1975 when she, a social worker, and her husband Brian, a teacher, discussed their future family life. They wanted a large family so, as well as planning to have children of their own, they decided to offer a home to a number of other children from local authority care. This was facilitated by the couple’s membership of a charity called the Children’s Family Trust, which was committed to providing permanence in large family settings.

The result was that, in addition to their own three children and up to seven others from local authority care, who grew up with them as their brothers and sisters. For 15 years there were ten children living at home. The youngest child who came to live with the Cairns family was four years old, the oldest nearly 15. None of the children were legally adopted by Kate and Brian as none were free for adoption, although it would be claimed that the degree of permanence provided was similar. The youngest of the 12 children placed with them is now 27.

This arrangement posed some problems to the Inspectorate and local authority managers as it did not quite fit existing administrative categories. Was it a foster home or a children’s home? But administrative ambiguity apart, the important point is that having a large group of children from a wide age range provides more scope to develop a ‘sibling ethos’ and the availability of ample physical space allows more room for children to play and pursue their own interests. It also gives scope to carers and children to make complex relationships work.

Can children in substitute care be adequately parented?
The parenting offered to the children was effective in two ways. The children were consistently told that there was a difference between being a birth parent and a day-to-day parent and that the relationship between the two would depend on what the child was most comfortable with. It was also continually stressed that their foster parents, as far as they were able, would look after them for as long as the children wanted throughout their childhood. On both counts, the placements can be judged as having been successful.

The children who became a part of the family all had a background marked by trauma and/or disrupted placements. Many had been rejected by well-
established treatment units. The only selection criterion concerned possible competition between the new arrival and the existing group, for instance by being in the same school year. Occasionally a boy and girl of the same age were incorporated into the family at the same time, when it was agreed that this was unlikely to lead to competition with the peer group. The overriding initial concern was to ensure a good ‘fit’ between the newcomer and the other family members, and to consult everyone about how this could be best achieved.

Given the complex needs of the children and the difficulties of coping with separation and move to a new placement, it was not surprising that problems arose. However, in responding to these Kate and Brian always emphasised their commitment to the care of the children and the sense of permanency it produced. This often helped reduce problems in the longer term. For example, one young man, aged 13 when placed with the family, stayed for ten months – longer than he had lasted in any previous placement – but he kept running away, saying he wanted to live with his birth family. He was eventually placed in residential care, after which he found himself a stable living arrangement. He still comes to visit the foster home. Another girl who continually ran away was moved by social services to a residential school but later returned to the foster family and successfully sat her GCSEs. In her case, Kate and Brian felt that it was important to stress to the child and local authority that the move to the residential school should not be perceived as a placement breakdown and that the door remained open for her to return. She, too, is still in touch.

This type of family foster care naturally raises the question of whether the parenting provided is different from that given by birth parents to their children and, if so, how? The experience suggests that, in terms of day-to-day care, both are very much the same, as is concluded in the opening article in this journal (Bullock et al., 2006). Good substitute parenting must make it very clear to the child that he or she is entitled to leave if they wish to do so; they can also choose how much contact they want with selected relatives, stopping it altogether if they so desire. There are similarities but no direct equivalents to these options in birth families.

For some looked after children, their relationship with their foster family grows less close as they establish more contact with their birth families, in others the reverse is the case. This variety is charted by Bullock et al. (2006) in discussions of the York fostering studies, but such patterns tend to be presented as static pictures and do not fully acknowledge the dynamics and complexity of these relationships as children change their choices. All of the children looked after by the Cairns family established some contact with their birth families during their stay, even if they had not had any when they arrived. This was considered to be very important to the nature and development of the child’s identity.

Being a foster parent is also different to being a birth parent in that it involves setting limits not usually needed in families. Most carers try to be emotionally available to their foster children but this is likely to be a commitment with certain necessary practical and emotional limitations. For example, few foster parents are likely to take on the role of active and involved grandparents to their foster children’s children but they may continue to be generally supportive to the next generation.

Parenting high-risk groups
During their work as carers, Kate and Brian Cairns have looked after children from two of the three high-risk groups identified in the article ‘Can the corporate state parent?’ (pp 6–19). The first of these, those requiring long-term permanency, has been the focus of the discussion so far and does not need elaboration. The other group comprises difficult adolescents, whether those whose situation has deteriorated while in care or those who have come into care because of problems at home, school or in the community.

Kate and Brian took several teenagers into their home, most of whom had experienced very disrupted lives and turbulent family relationships. They
found that it was perfectly possible to help these young people, even though their longer-term life histories are marked by ups and downs, provided the approach was carefully planned.

The essential task is to consider the needs and characteristics of the arriving adolescent in the context of the existing dynamic among the other children. The other members of the household were told beforehand that the young person was coming, he or she came to see everyone and was given the opportunity to choose whether this was what they wanted, the latter two stages being vital for success. This early preparatory work is essential because it sets expectations and pre-emptss difficulties on both sides.

For example, the carers established a norm of behaviour that children went to school every day. Obviously, they worked closely with teachers to ensure this happened as some children needed special help and two attended a local Steiner School for a time. Non-attendance was not an option, so teenagers arriving with a history of truancy or disruption immediately found themselves in a context where such behaviour was not expected and this did much to reduce further trouble. All the children achieved five or more GCSEs. The commitment to education also continued into supporting young people through further and higher education. The Children's Family Trust set aside funds from the early years of the placement to allow this support to continue and some local authorities provided good financial support to young people in continuing education. Almost all completed some education post-16.

Another essential ingredient of the preparation was to consider how the arrival would affect each of the other children personally and whose noses might be put out of joint. Again, this had to be assessed not just in terms of the existing group dynamic but also in terms of physical space. Kate and Brian were fortunate to live in a large rambling house, which, if it did not quite meet Inspection standards of health and safety on room size and use, certainly had plenty of room, including a large attic. The allocation of rooms and use of space were a vital part of attempts to create a culture where the young people would take responsibility for one another's care.

The lesson from this experience is that it is perfectly possible to look after troubled and troublesome adolescents in foster care but that the approach has to be structured. It also helps if the care facility offers more ways of making complex relationships work. To ensure that all the identified needs can be met, it is essential to review the situation continually and report back to the local authority regularly and often.

Once young people feel safe and confident, withdrawn children can come out of their shell and aggressive children can settle down and become less hostile. The feelings that subsequently emerge are likely to be poor self-esteem, fear and insecurity. It is then possible to work more intensively on these issues with the young person, though this has to happen on different levels. There are major psychological issues of trauma that require therapeutic work to uncover some of the underlying reasons, but the important point is that the implications of these findings need to be carried over into every detail of daily living. For example, if an adolescent has disturbed sleep, we not only need to know why but also have to work through this, allowing space to deal with the problem and avoid the mayhem that an adolescent wandering about in the night can create. Attention to lighting, pre-bedtime diet and access to help can help shift the focus from ‘as they are’ to ‘how they are’.

In conclusion, it is possible to offer this group of troubled and troublesome adolescents some kind of permanence via the opportunity of establishing a secure attachment to the child. But given the age of the young people concerned, it has to be done in a way that meets their needs in an age-appropriate way. The nature of the permanence provided can be debated, but practice wisdom suggests that it is stronger than what the young person would have experienced if they had continued to move around care placements.

Theories that have influenced practice
In the early years of their work, Kate and
Brian seized on several theories available at that time, which they saw as relevant to what they were doing. Bettelheim’s planned environment and milieu therapy was particularly influential in showing how details relating to the physical environment can enable children. They also looked for help in other theoretical areas, such as group work and systems theory and, as it developed in the 1980s, from the psychological literature on attachment and trauma.

But the printed word is no substitute for professional supervision and the couple were fortunate to be supervised for 13 years by the local social work team, indeed by the same two professionals. This is an unusual arrangement and is not a feature of most children’s and foster homes, but Kate and Brian felt the need for it, asked for it and got it.

In recent years, Kate and Brian have sought to disseminate their knowledge and contribute to theory building through their own publications, especially Attachment, Trauma and Resilience: Therapeutic caring for children (Cairns K, 2002) and Fostering Attachments: Long-term outcomes in family group care (Cairns B, 2004) and by establishing a training organisation (AKAMAS) that provides training and consultancy to the child care, child protection and education sectors.

**Difficult practice issues in substitute care**

(i) *Relations between birth and foster children*

The process of building a family that comprises birth and foster children inevitably raises questions about relationships between the two groups. Difficulties did arise from time to time. However, chaos and attrition are by no means a universal rule and the skill is to offer the treatment foster care in a safe way that enriches everyone’s experience so that the two groups become part of each other’s lives. Obviously, the lives of Kate and Brian’s own children were affected by their work but both children and parents agree that there was no serious or lasting impairment to family life.

(ii) *Children’s relationships with their birth families*

The issue of children’s contact with their birth family has already been discussed but it is important to reiterate two points: firstly, contact is an essential part of children’s identity; and, secondly, there is often a sequence of loss of contact and reintegration rather than a fixed attitude throughout. In addition, the child’s wider family network has to be considered at all times, as do the complexity and change-ability of relationships in it. Carers cannot allow further traumatisation and so have to monitor and manage children’s family contacts but in terms of sensitivity to children’s developing identity. They have to work with what is true for them. Thus, the children were able to use the Cairns surname but there was never any pressure to do so. (Nowadays, compared to the 1970s, this issue would not be seen as so important because so many children at school come from reconstituted families.)

A corollary of separation is return and children separated for long periods will settle not only in their new family but also in their new geographical area. Providing care into young adulthood means that young people will make friends locally and, as their social and emotional life is in the new area, when it comes to leaving care they may not want to go home. This reluctance to return often causes problems to local authorities and birth families late on in the child’s care career since it was never envisaged in the original care plan. The transition, of course, is not abnormal, being similar to the experience of young people who go away to university, but failure to incorporate this possibility into care plans and into the understanding of what permanence means may generate a set of new problems, just at the point when the original difficulties seem to have been resolved.

**Skills and training for substitute parenting**

If, then, the parenting of children in substitute care can be effective, can people be trained to do it? The relationship between training and performance is...
unclear and some studies have suggested that the personal qualities of carers are more important for effectiveness than training. However, there are many questions to be asked before conclusions can be reached. For example, is it fair for treatments for attachment difficulties, which have developed over many years and are slow to diminish, to be judged on short-term follow-up effects? Are the expectations of agencies purchasing placements realistic? Equally, can one expect carers to deal with children’s difficulties on the strength of personality alone? Most experienced carers would think not.

Through AKAMAS (in collaboration with BAAF), Kate and Brian Cairns have therefore created online professional qualifications in foster care. These training programmes provide basic knowledge about children’s behaviour, the expectations put on carers, carers’ part in the whole care process and some knowledge of special issues that affect children and how to deal with them. The programmes have been designed to be accessible and flexible, reaching learners who would otherwise have difficulty in gaining access to training and qualifications. There is a level 3 BTEC certificate, ‘Advanced Skills in Foster Care’ for foster carers and support staff, and a level 4 BTEC certificate, ‘Working with Traumatised Children’ for foster carers who already hold a qualification at level 3 or above, and for anyone in the field who wishes to extend their professional development.

The pressing need at the moment is for a comprehensive career structure for carers. This should start with basic knowledge, which has to include a wide range of topics to develop core skills at induction and foundation level. This must be followed by opportunities for more specialised learning to create the ‘expert practitioners’ needed if serious attempts are to be made to meet the needs of the children currently entering care. The online BTEC qualifications are one step in the direction of developing such expert practitioners in work with traumatised children.

Views on the three preceding papers
In the light of all this experience as a carer and trainer, is there anything that should be added to the preceding three papers in this edition of Adoption & Fostering?

‘Can the corporate state parent?’ (Bullock et al, 2006) asks important questions in a sensible way and usefully disaggregates the different components of parenting. However, a distinction needs to be made between parenting generally and the therapeutic parenting of children showing high levels of trauma. In these situations, foster parents are not therapists but they do provide the setting for children to recover. A further distinction should be drawn between parenting and re-parenting. This occurs after separation from previous carers and often in circumstances that have been difficult for the child. The new household has to provide alternatives to these earlier experiences so that the children can accept a different set of expectations and move on with their lives.

The second point is that while much of what is said about the nature of successful caring rings true, there is not enough acknowledgement of the dynamic aspects of relationships and how these change. As children grieve, settle, grow up and so on, their relationships with family, carers and siblings wax and wane, and the idea that there is a set of characteristics that lead to permanent stability is too simple. Thus, in the article ‘Dispelling misconceptions about looked after children’ (Hare and Bullock, 2006), a distinction is made between ‘snapshot’ and ‘movie’ samples. A third perspective is needed, one that looks at oscillations over a lifetime, as we can only make sense of the work we do when children are older and have survived or succumbed to various crises. Relevant outcome criteria should include issues like stable relationships, no children of their own in care, commitment to their child’s welfare and education, employment and some freedom of choice and ability to control their lives. These are essential for the looked after population, who are inevitably vulnerable to poor outcomes because of their background, and are ‘wobbly’ in the sense that
they are likely to struggle more with situations that most people find it relatively easy to cope with.

The article ‘Foster family care: development or decline?’ (Maluccio and Ainsworth, 2006) is challenging and perceptive in terms of what is happening around the world but in arguing its case makes several unsupported statements. One (p 21) is the claim that it is difficult to make multiple placements of unrelated children work. The authors argue that this practice reduces the ‘warmth, intimacy and continuity’ that foster care is designed to provide. This is undoubtedly a risk but to judge this we need to know who is saying this – carers, children, birth family, professionals – which children it applies to and under what conditions.

From the care experiences described, it should be clear that this is not necessarily so. There are special problems but they do not undermine the viability of the foster home. There are also special gifts that can be provided by caring for children in larger groups.

Similarly, the statement (p 22) that multiple placements have a potential to ‘destabilise existing placements’ is too categorical. Again, the previous discussions of care experiences show that it depends very much on how carers work with children and is not predetermined.

On the wider question as to whether the current system of providing foster care is viable in economically developed societies, Maluccio and Ainsworth are over-pessimistic. The system is viable in the UK but it has to look at local communities to support it better. The danger is that services are developing in a disparate way, not so much in terms of conflicting theory and practice, but in ideology and features such as independent provision. It is certainly becoming different from what many carers have known in the past or expect when they consider becoming foster parents. There are many new options but there is no radical view of the whole picture.

The urgent need at the moment is for more training and support and for better learning from good practice. This can be achieved in several ways: an effective Inspectorate and advisory service; better networking among carers at all levels; and stronger attempts to establish more consistency across the disciplines that now make up children’s services. We also need more research on older adults who have been brought up in care if we are to evaluate our work properly. Naturally, difficulties arise from practical problems such as high staff turnover and uncooperative individuals, but that should not stop us from seeing where the services work well for children’s benefit and learning from that, step by step.

Conclusion
This article has aimed to demonstrate how experienced carers have tried to solve the problems intrinsic to the care of children separated from their birth families. It has shown that the more pessimistic conclusions of the preceding three contributions need not apply. While not wishing to paint too rosy a picture, the experiences of caring for children with complex needs show that the corporate state can parent, be it with qualifications; the care system is viable, but only if properly managed and supported; and care leavers can do well, although they remain especially vulnerable to social and psychological problems.

Follow-up studies of care leavers reveal diverse outcomes and the child’s care experience is an important factor in determining these. What matters is for high-quality work to permeate the whole system – planning and resources, decision-making and day-to-day care – as poor practice in any one of these areas reduces success in the others. While one message of the preceding papers is that the provision of substitute care is fraught with difficulty, another is that this can be reduced by the services we fashion and the practices we adopt.

The UK is a state party to the United Nations Convention on the Rights of the Child. Article 39 commits us to ‘take all appropriate measures to promote the physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation or abuse’ and further states that such recovery and reintegration ‘shall take place in an environment which fosters the
health, self-respect and dignity of the child’. We have committed ourselves to corporate parenthood, and knowledgeable foster care can make a powerful contribution to the recovery and reintegration of our traumatised children.

References

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