

# Foster carers' beliefs regarding the causes of foster children's emotional and behavioural difficulties

## A preliminary model

**Amy Taylor, Rachel Swann and Fiona Warren** report on a study that aimed to explore foster carers' beliefs about the causes of foster children's emotional and behavioural difficulties (EBD), with a view to creating a theory to explain how this particular group of people make sense of these problems. Fourteen foster carers, with either past or present experience of caring for foster children with EBD, volunteered to take part in an interview to discuss their views. The interviews were transcribed and the data analysed using Grounded Theory methodology (Glaser and Strauss, 1967). Nine major causal categories emerged from the data and a theoretical model was constructed to help explicate these categories and the links between them. The results demonstrated that foster carers believed that much of foster children's difficulties were caused by early experiences of adversity (eg abuse) or inadequate care (eg neglect) prior to being fostered. However, there seemed to be a sense that these difficulties could be exacerbated by subsequent experiences within the care system itself. The clinical implications of these findings and future research directions are discussed.

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### Introduction

#### Prevalence and cause of foster children's emotional and behavioural difficulties (EBD)

Although numerous studies have explored biological parents' beliefs about the causes of their children's difficult behaviour, none have attempted to look at the views of substitute parents of children in care on this specific issue. This is surprising in light of the high prevalence of EBD exhibited by this group of children. In the most recent survey conducted by the Office for National Statistics on behalf of the Department of Health, children aged between five and 17 years old looked after by local authorities were four to five times more likely to have a mental health problem than those living in private households (Meltzer *et al*, 2002).

Although it is clear that children in care show higher rates of EBD than children living in private households, there appears to be less clarity regarding the causes of this raised level of disturbance. However, it is hypothesised that looked after children are at greater risk of difficulties due to a combination of genetic vulnerability and adverse life experiences prior to coming into care (Roy, Rutter and Pickles, 2000). Indeed, children in care tend to come from disadvantaged families where poverty and poor housing are commonplace (Aldgate *et al*, 1992). Furthermore, many children have also experienced severe adversity in their early life, including abuse, neglect and parental drug and alcohol misuse (Carr, 1999). Little is known about the effects of these specific experiences on the child, although, in general, research has shown that children in care who have experienced early family disruption display greater rates of disturbance than those who have not (Vorria *et al*, 1998a, 1998b). Therefore, adverse life experiences prior to coming into the care system would appear to be important risk factors for developing EBD.

Little is known about the exact mechanisms through which early experiences contribute to a child's subsequent difficulties, although studies that have examined the negative effects of childhood maltreatment on children's attachment patterns may begin to make sense of this relationship (Dance, Rushton and Quinton, 2002). Research has shown that children who have suffered severe maltreatment are more likely to show a 'disorganised' pattern of attachment behaviour (Carlson *et al*, 1989). According to attachment theory, babies are biologically driven to seek security and protection from a preferred 'attachment figure' for comfort when

required (Bowlby, 1988). When caregivers are attuned and responsive to an infant's emotional needs, the baby can successfully use behaviours such as crying, searching and clinginess, to bring the attachment figure into closer proximity to provide security in times of need. However, when caregivers repeatedly fail to offer an appropriate level of comfort and protection, the infant may begin to show a disorganised pattern of attachment whereby they are unable to organise their attachment behaviours in order to get their emotional needs met. As such, the child experiences enduring discomfort and distress, and is frequently left feeling vulnerable and out of control. Many of the problem behaviours found to be associated with clinical disorders of attachment, such as anger and coercive and demanding behaviour, are thought to be attempts to exert control or introduce some predictability into the lives of these children (Howe and Fearnley, 1999).

In spite of the proven link between early adverse experience and its negative effect on subsequent development, there is also a great deal of evidence to suggest that these effects can be counteracted under certain circumstances. In a review of the literature, Clarke and Clarke (2001) found that many children when removed from an adverse environment and placed in a more supportive setting can show marked improvement. They report several factors from the literature that are thought to promote resilience, including the presence of a good support network, a pro-social peer group and a suitable educational placement. On the basis of their review, the authors conclude that substitute carers, such as adoptive and foster carers, can play a vital role in boosting children's resilience and helping them to overcome the effects of early adversity.

However, several other studies have suggested that negative experiences within the care system itself can compound the difficulties caused by a child's early adverse history (Callaghan *et al*, 2004). It is unclear exactly how these experiences contribute to a child's

difficulties, although it is hypothesised that disrupted experiences within education and social care, such as multiple moves and placement breakdowns, undermine their sense of security and stability (Aldgate *et al*, 1992; Kelly *et al*, 2003; Vostanis, 2004).

### **Parental beliefs regarding the causes of children's EBD**

Although there has been no research looking specifically at foster carers' beliefs or those of adoptive parents, a number of studies have explored biological parents' perspectives on the causes of their children's difficult behaviour. Interest in this area has been driven by research into Weiner's attributional theory of motivation and emotion (1986), which suggests that the attributions people make about their own behaviour or that of others produce specific kinds of emotional and behavioural responses. Therefore, investigating parents' attributions for their children's difficult behaviour could have important implications for understanding their child-rearing practices.

Indeed, research in this area seems to suggest that parental affect and behaviour can be mediated by parents' beliefs about why children act in the way that they do. For example, Dix and colleagues (1986) found that when parents attributed children's negative behaviour to the personality disposition of the child, the more upset they became and the more important they thought it was to respond. Similarly, Smith and O'Leary (1998) found that those parents who made child-centred/dispositional attributions for their child's behaviour showed significantly higher ratings of subjective anger and were more over-reactive or harsh in their style of discipline and parenting.

### **Factors that influence parental beliefs**

Several researchers have discovered variances in parental beliefs depending on the group of parents studied and the nature of the child's difficulties. For example, Bickett, Milich and Brown

(1996), Dix and Lochman (1990) and Strassberg (1995) all found that mothers of aggressive children showed a tendency to perceive child misbehaviour as more intentional than mothers of children without behaviour disorders.

In contrast, in a study of mothers' attributions for the difficult behaviours of children with learning disabilities, Chavira *et al* (2000) found that most mothers viewed their child as not being responsible for their problem behaviour. The authors hypothesised that since most of the children had received a diagnosis of a physical condition underlying their learning disability, parents tended to attribute the behavioural problems to this, rather than to the child.

Similarly, Johnston and Freeman (1997) found that parents of children with Attention Deficit Hyperactivity Disorder (ADHD) saw both inattentive/hyperactive and oppositional child behaviours as more stable and less controllable by the children than did parents of non-problem children. Therefore, perhaps knowledge of the child's disorder can have a significant impact on parents' attributions for their child's behaviour.

Likewise, one might predict that foster carers' beliefs about foster children's EBD may differ from that of birth parents. As Tarren-Sweeney, Hazell and Carr (2003) highlighted, foster carers' perceptions may be influenced by a number of factors, such as their knowledge of the child's adverse life history.

### **Study aims**

The present study aimed to initiate an investigation into the nature of foster carers' beliefs about the causes of foster children's EBD using a qualitative approach. The rationale for selecting a qualitative methodology over quantitative methods relates to the fact that there has been no prior research in this area and consequently no known theories within the literature pertaining to how foster carers might make sense of their foster children's EBD. However, one of the outcomes of qualitative research can be the generation of theory, particularly

when using Grounded Theory (Glaser and Strauss, 1967) methods of data analysis, which can then be used to generate hypotheses that can be tested using quantitative methods.

### **Method**

#### **Measures**

The data were collected using a semi-structured interview schedule, which consisted of a number of open-ended questions and prompts to explore foster carers' understanding of their foster child's EBD. This method was selected as it allows the participant and the researcher to be flexible with regards to the direction taken by the interview, which may result in a richer account of participants' experiences (Smith, 1995). However, in order to provide some structure to the discussion, foster carers were asked to focus their thinking around a particular child they had cared for whom they perceived to have EBD. The participants were initially invited to provide some basic background information about themselves and the child, prior to being asked about the nature of the child's difficulties and their beliefs about their causes.

#### **Participants**

Participants comprised 14 foster carers: three couples and eight individuals. The sample was relatively homogenous in terms of ethnicity as all except one of the participants were white British. Their ages ranged from 40 to 65 years old, with a mean age of 51. They varied widely in terms of the length of time that they had been fostering, from as little as seven months to 30 years. Participants also differed regarding the type of placements they provided and, although most had been registered for short-term placements, this could range from placements lasting only a few months to permanent arrangements, where the child was expected to be accommodated until they left the care system. Some foster carers also provided respite care to children looked after by other foster carers or to children

placed in care for only a very short time (for example, when a birth parent was taken ill at short notice). The vast majority of participants also had children of their own. None of them described themselves as 'kinship' foster carers.<sup>1</sup>

### **Procedure**

Participants were recruited via an advertisement placed in a fostering newsletter distributed by two social services departments for looked after children in the south-east of England. An information sheet was also sent out with the newsletter, which included further details about the purpose of the study and information regarding consent and confidentiality. Foster carers who were interested in taking part contacted the researcher directly to arrange their interview. Before taking part, they were reminded of the issues outlined in the information sheet and asked to provide written consent. Participants then took part in an interview lasting up to one-and-a-half hours, which was guided by the interview schedule previously described.

### **Analysis**

The interviews were audio-taped, transcribed and analysed using Grounded Theory methodology (Glaser and Strauss, 1967; Pidgeon, 1996; Pidgeon and Henwood, 1996; Charmaz, 1995, 2003), which enables the researcher to organise and make sense of the data in a structured and systematic way.

The researcher chose this method, as it could be used to create a localised theory around how EBD in foster children are understood by their foster carers. Grounded Theory is suited to investigating topics where there has been little or no theorising in the past, as it is not driven by hypotheses or previous theoretical knowledge (Strauss and Corbin, 1998). Consequently, it was felt that by using this methodology, the researcher would be able to create a theory truly

grounded in the participants' experience and context.

The Grounded Theory that follows was created by conducting a systematic inspection of the data. The first step was to break open the data by examining each transcript line by line and giving each discrete unit of meaning a code (Willig, 2001). By continuing to sift through the data, it became possible to identify the codes that were most prominent and pertinent to the research question, such as those which the majority of participants agreed were clear causes of foster children's difficulties. At this stage, these codes were raised to 'category' status.

At this point, memos of each individual category, which defined its properties and recorded how it had changed and developed over time, were generated. Once several transcripts had been analysed and a final set of categories derived, the researcher was able to focus the data collection process by following up interesting leads and searching for data in subsequent interviews, which helped to clarify the categories and develop the emerging theory. This process, which involves exploring variation within categories and gaps between them, is known as 'theoretical sampling' and is unique to Grounded Theory, in that the data collection process occurs in parallel with the analysis.

When no new examples of data to expand the categories could be identified, the analysis was said to have reached 'saturation' (Glaser and Strauss, 1967). The localised theory was then created by sorting the saturated categories into an order that made sense and by explicating the links between them.

### **Results**

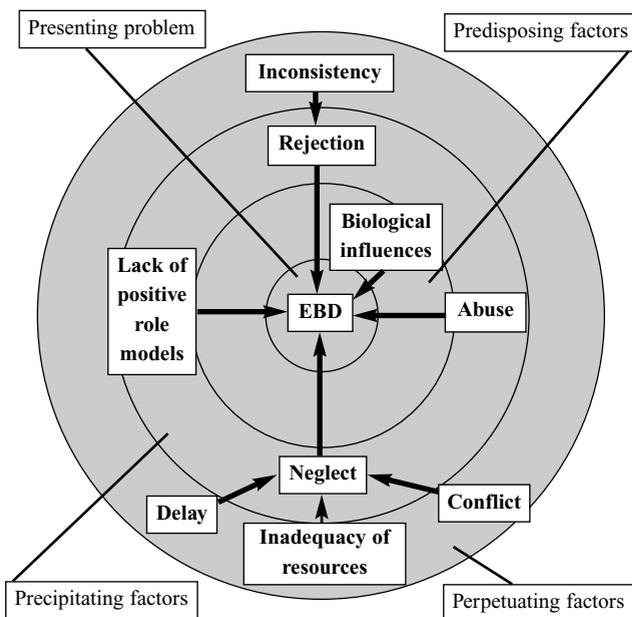
It was noticed that the nine major causal categories that emerged from the data seemed to fit quite naturally into a framework suggested by Carr (1999) to consider all the factors that may contri-

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<sup>1</sup> Kinship foster carers are usually biologically related to the child being fostered.

bute to the development of a child's presenting problem. Consequently Carr's framework, which makes a distinction between factors which predispose a child to developing difficulties and those which immediately precipitate or perpetuate the problem, was used to help structure the diagrammatic model presented below (see Figure 1) and the written account that ensues. Each major predisposing and precipitating factor will be addressed in turn and any theoretical links to the perpetuating factors discussed. Verbatim quotations from participants' transcripts will be used to illustrate the model, but please note that all names used are fictitious in order to preserve participant anonymity.

Figure 1  
Diagrammatic theoretical model



**Predisposing factors: biological influences**

Many foster carers suggested that biological factors may have a role in predisposing foster children to inheriting certain difficulties from their parents.

For example, in the following quotation, Bev illustrates how learning difficulties and mental health problems may be passed on by birth parents:

*... and some of the parents have mental illnesses, they have learning difficulties, so you know that these babies, the chances are ... especially schizophrenia, things like this, that the children will develop it. And we know that they have, by seeing older children. We've seen it.*

Although foster carers did not necessarily explicate the mechanisms through which difficulties are transmitted from birth parents to children, a couple of participants talked about the role of genetics. Others spoke about difficulties being caused 'in utero', particularly in relation to parental substance misuse in pregnancy. Paula presents her beliefs:

*... her birth mother was a drug addict, very heavily involved with drugs and alcohol while she was pregnant, so obviously that affected Sally ... the adoptive parents described her as being very hyper and presumably the drugs were still in her system ... I mean the drugs thing obviously had an effect on her because genetically she was predisposed to take drugs.*

**Precipitating factors: neglect**

Neglect was cited by all participants as a major cause of foster children's EBD. Some foster carers found it harder to differentiate between different types of neglect when perpetrated against an infant or toddler. Emotional neglect was seen as a lack of nurture, love, touching, closeness, bonding and interaction, usually with a young child or baby. Physical neglect was seen as the act of not attending to the child's basic physical needs (such as food, appropriate shelter, clothing, bathing, etc). Alison defines emotional and physical neglect in the following terms:

*But it's all these things, I mean this lack of nurturing. I mean he'd been in hospital for a week when I picked him*

*up; he was absolutely alive with nits or lice, absolutely riddled with them. He was filthy . . . I don't think he'd ever brushed his teeth and it's all those things, where you're touching and holding your children, that you do that make them feel secure and comforted.*

Participants identified that neglect could have implications for both the physical and emotional development of the child. For example, Lucy spoke about how a lack of stimulation in a child's early life can show itself in their present behaviour:

*I suspect they had a lot of no interaction, no . . . there weren't many toys, so nobody really used to play with them. The only thing that really holds Laura's attention is a TV and I know that there was at least one TV on 24 hours a day.*

Several participants alluded to the fact that neglect is a cyclical process, in that those who have been neglected in childhood will go on to neglect others, as Bev points out:

*. . . and the tragedy is that they [the parents] have always had the same childhood as their children and without exception, every single mother or every single father that has been in has been neglected, abandoned . . .*

However, there seemed to be some sense that this cycle could be broken if you intervened early enough in the process. As Pete explains:

*. . . you can go to every school, every nursery, every playgroup, probably even to every hospital, every mother and baby unit and you can almost pick out where your problems are, and if we concentrated on those, I'm sure that psycho-deprivation – call it whatever you will – could be managed, supported and helped . . .*

### **Perpetuating factors: delay, inadequacy of resources and conflict in the system**

At the same time, many participants recognised that early intervention was not always achieved and blamed factors such as delay, inadequacy of resources and conflict in the care system as serving to perpetuate the cycle of neglect and thus maintain the foster child's EBD.

Several foster carers interviewed expressed concerns regarding the prevalence of delay in the system surrounding the child in care. Pete believed that such delay can be detrimental to the child and may prolong their neglect:

*I think that the system exacerbates [the situation of] the child neglected/looked after children because they insist on delay and I think that delay affects attachment, it affects education, it affects so many things and no one cares.*

All agencies such as social services, health and education were implicated in perpetuating the child's difficulties by failing to provide adequate resources for both foster children and their carers. In particular, participants complained of a lack of specialist therapeutic input for children and an absence of professional support for carers. Furthermore, several participants reported feeling powerless within the system and shut out of decision-making processes surrounding the child in care. In Pete's words:

*. . . you know rather than allow you to take on issues at a professional level, because you are a carer you are never an equal and if you go to any meetings, and I go to as many as I can, as soon as you say you're a carer you might as well stab yourself in the back.*

Their belief was that as a result, some decisions are made without the best interests of the child in mind. This may lead to further neglect of the child's needs, as Alison points out:

*And what really annoys me is it all comes down to legality and that's one of the biggest issues within social services, is that we end up doing things because if we don't, we could be sued and that is not helping us protect these children from further damage. We're saying, not in this case, but 'we know that your father has abused you or your mother's done this or your mother's done that, but you've got to go and see them everyday'.*

### **Precipitating factors: rejection**

In addition to neglect, another major cause of foster children's EBD as perceived by foster carers is the rejection experienced by coming into care. Some carers suggested that subsequent experiences may also be perceived by the child as rejections and serve to perpetuate the child's difficulties. Nadine perceives rejection as a major cause of the problems experienced by a child for whom she has cared:

*Never knowing his father, that's number one, rejection number one, isn't it? Mother being a heroin addict and giving him up, rejection number two. His brother who was being fostered with him, that breaking down for whatever reason, him having to go, that's rejection number three. Being excluded from school . . . how many do you want? It only takes one rejection.*

Foster carers seem to agree that the experience of rejection affects the child's ability to trust others, as Paula explains:

*. . . she had no trust in adults because adults always let her down throughout her life. Her birth mother let her down, the biggest rejection of all rejections at birth, so she felt worthless. Her adoptive father let her down and she was expelled from schools and things, so the schools let her down. So learning to trust us was one of the biggest things.*

### **Perpetuating factors: inconsistency**

Mark explains how inconsistency within the system (such as changing social

workers, carers, professionals and teachers) may be perceived by foster children as further rejections, which could compound their inability to trust and lead them to become rejecting of others:

*He's had a lot of social workers in the time that he's been with us, so from that point of view, the social workers have always been just a changing personality. And after the first one, why should he commit to them? Why should he think they can do anything for him? So he's dismissed a lot of people along the way.*

Like Mark, many other foster carers interviewed commented on the fact that social workers, teachers and other professionals were not permanent figures within the child's life and changed too frequently. However, inconsistency also related to changes in environment, such as educational and residential settings and contact visits with birth parents. Kate describes how all these transitions can lead to confusion for the child as he or she tries to adapt to different parenting styles, boundaries, expectations for how to behave and routines in different contexts:

*He had to behave in a certain way here. I think he behaved in a certain way at home with his mother, he behaved in a certain way with his dad and he behaved in a certain way at school. And I think actually, in the end, it was too much balancing and those lines started to cross.*

### **Precipitating factors: lack of positive role models**

The resilience that foster children show in being able to cope with inconsistency and adapt to new environments was explored further through theoretical sampling. It was noticed that resilience was not talked about at great length by foster carers in previous interviews, possibly due to the problem-focused nature of the research question. However, this became the focus of a

later interview with Bob, who highlighted foster children's ability to adapt to their new environment:

*So I think the good thing about children is that they are so flexible, so adaptable and it's so easy for them to learn, it really is . . . and it's quite interesting that we don't end up saying what we do; they learn from each other and they're comfortable with that.*

Here, Bob is not only talking about the foster children's resilience but also about the importance of good role models in learning how to behave. Earlier on in the interview, Bob talks about what can happen when a child lacks positive role models:

*The other thing is that they'll hear beastly arguments between parents and how adults handle those discussions and arguments are what children pick up. We're the product of the environment we've been brought up in, whether it's a violent one, whether it's a very supportive one or whatever.*

#### **Precipitating factors: abuse**

Unfortunately, several of the foster children whom the participants discussed did not experience a positive example of male/female relations in their early years and bore witness to parental domestic violence. A few of the children had also been victim of verbal, physical or sexual abuse themselves. Although the effects seemed to vary depending on the situation, one of the common consequences believed to result from having witnessed or experienced abuse was fear instilled in the child. Phil talked about the impact that parental violence had on their foster child, Joe:

*. . . the difficulty is that most children want to go and see their parents. Joe is just the opposite. He hates his parents, he's frightened of them, it's almost as if you have to say to him, 'so you don't have to see your parents, you don't have to'.*

Alison goes on to explain how fear can continue to influence a child's behaviour, even after they have been removed from an abusive environment and on into later life. In the following quotation, she explained how fear has led to the child becoming passive and compliant:

*. . . and if he's witnessed him [dad] treating her [mum] badly, he's going to be constantly scared, he's going to be thinking, 'Well, am I next?' And what he's learnt, because she [his sister] is very good at this too, she's very passive and quiet, is just to quietly be as good as gold and you can't get into trouble.*

#### **Discussion**

The findings from this study are consistent with the literature presented in the introduction, which suggests that foster children are at risk from developing EBD due to a combination of genetic factors and adverse life experiences, both prior to coming into care and once they have entered into it. Indeed, many of the foster carers interviewed felt that EBD could be inherited from birth parents and noted the effect that negative experiences prior to coming into care (such as abuse, neglect and rejection) could have on the child's subsequent development. Furthermore, participants were able to identify the role that adverse experiences within the care system itself (such as inconsistency, inadequacy of resources, delay and conflict in the system) can play in perpetuating a child's difficulties. As well as acknowledging the impact that these negative experiences may have on foster children's development, participants also recognised the resilience that they can show, even in the face of adversity. In line with the literature presented in the introduction (Clarke and Clarke, 2001), the foster carers interviewed noted that when placed in a new environment with good role models, foster children could adapt and learn more pro-social ways of behaving.

In this respect, participants were able to acknowledge their own role in helping the foster children to overcome

their difficulties. However, what is missing from participants' narratives is any consideration of *their* contribution to the development of the difficulties. Similarly, there is no onus placed on the *foster child* him or herself for their behaviour. Rather, the present findings suggest a tendency for foster carers to attribute the causes of their foster children's difficulties solely to external, situational factors and not to internal factors, such as the child's temperament. These findings are inconsistent with previous research described in the introduction, which shows that, in general, parents of children with problem behaviour tend to make more internal attributions for their children's difficulties. However, the results do appear comparable to those derived from studies conducted with parents of children with an underlying condition, such as a learning disability or ADHD, who show a tendency to attribute their behavioural difficulties to this, rather than the child (Johnston and Freeman, 1997; Chavira *et al*, 2000). Similarly, in our study it may be that knowledge of the child's history influenced foster carers' attributions, leading them to believe that their foster child's difficulties were as a result of adverse early life experiences.

In keeping with Weiner's attributional theory of motivation and emotion (1986), there appears to be some preliminary evidence to suggest that the way in which foster carers understood the causes of their foster child's difficulties influences their emotional responses to them. For example, a couple of carers noted that seeing the child's difficulties as a product of the hardship they had experienced in their early lives helped to promote a greater degree of sympathy for the child and their situation. To quote Bob:

*I think trying to understand what they've been through, that can bring a greater degree of patience and understanding.*

Based on Weiner's theory that a person's emotional response can also have

implications for their behavioural response, it could be hypothesised that 'sympathy' serves as a motivator for foster carers to put a great deal of effort into helping the child and striving to promote change.

It was also hypothesised that attributing the cause of the difficulties to external factors over which they have no influence or control (such as events that occurred in the child's past or negative experiences within the care system) may have had a number of protective functions. For example, it may serve a protective function against foster carers setting their expectations for change too high, thus preventing disappointment when little improvement occurs. Alternatively, it may serve to protect from feelings of blame and responsibility for the child's difficulties, as reflected in the following quotation from Paula:

*. . . but if you can think . . . why is that person behaving in that way? Why was Sally slamming doors and being verbally abusive to me? I could think, 'she's doing this because she's stressed, because she's got drug withdrawal, she's not getting at me personally, she doesn't hate me' . . . well she did at times! [laughs] But there was a reason for that behaviour and that helped me enormously because if you start taking it personally, you're really lost.*

From what Paula is saying, one might start to hypothesise that viewing the difficulties as being caused by something outside of her personal control, that cannot be changed, stops her from 'taking it personally' and prevents her from blaming herself for the foster child's problematic behaviour.

### **Study limitations**

Although there may be a number of justifiable reasons for foster carers externalising the causes of foster children's EBD, there may also be several methodological explanations for the bias in the findings. First of all, one should consider the idea that the attitudes of foster carers willing to volunteer in a

research study may differ from those of foster carers who did not choose to take part and that an alternative sampling strategy may have elicited different responses. For example, those motivated to take part may have had a particularly successful experience of fostering or felt that they had a relatively good understanding of the causes of foster children's difficulties. Participants' motives for taking part in the research may have also had a significant impact over the nature of the data collected. For instance, participation may have been viewed by foster carers as an opportunity to have their voice heard; therefore, blame of the system surrounding the child may have been an expression of anger and distress at the lack of professional support available.

In addition to thinking about the characteristics of the sample, it is necessary to remain mindful of the influence that the lead researcher, in the position of both 'interviewer' and 'psychologist', may have had on the data. In particular, it was queried whether participants may have felt the need to 'censor' their views in front of a psychologist. Furthermore, it is possible that the overemphasis on external attributions for the child's difficulties was a product of not wanting to be seen to blame the child for their behaviour or admit (in front of a psychologist) their own failings in parenting the child.

Therefore, despite the relatively unstructured format of the interview, foster carers may not have felt able to be totally 'open', so the researcher may not have heard the whole story. It is possible that using a more structured interview format could have elicited different results.

Using a more directive approach to interviewing might also have helped participants to explicate in greater depth the mechanisms by which they believed the proposed causes contribute to their child's difficulties. This was something that proved difficult with the interviewing procedure we employed. Of course it may have been that the foster carers simply did not have a clear understand-

ing of how these factors influenced the child's day-to-day behaviour. However, another possibility is that given the open nature of the interview schedule, the participants were only able to make this link at a theoretical level. Perhaps using a more directive approach, such as asking participants to recall specific episodes of problematic behaviour or by using vignettes, might have elicited more immediate attributions made in the 'heat of the moment'.

### **Implications for services**

This study has identified the need for improved support systems for both foster carers and the children they care for. Participants' comments suggest that they are dissatisfied with certain areas of current provision and believe that these shortcomings are partly responsible for exacerbating foster children's difficulties. Previous research has found that lack of support is also detrimental to the carer him/herself as it is one of the biggest causes of stress and the reason that many give up fostering altogether (Sinclair, Gibbs and Wilson, 2004). High strain on foster carers has also been linked to poorer parenting skills and greater disruption during the placement (Farmer, Moyers and Lipscombe, 2004). Therefore, it would seem that improving support mechanisms would also serve to improve the well-being, retention and effectiveness of the foster carer population.

'Support' can come in a variety of guises and may include factors like pay, training, preparation and respite facilities. However, the concerns of the foster carers interviewed mainly centred on the quality and availability of professional support for foster children and their carers. Instead of feeling supported by the professional network surrounding the child in care, several foster carers indicated that they felt in conflict with it. Many said that they had been left out of the loop in terms of decision-making processes and, as a result, decisions had been made without the best interests of the child in mind. Some complained of not being told

important information about the child that may have had safety implications for the foster family/child or affected their decision to take on the placement in the first place. Perhaps the high turnover of professionals within the system (as noted by many of the foster carers interviewed) serves to exacerbate this problem, as important information may not get passed on. The problem of foster carers not being properly consulted or informed has been identified in several other studies that sought to elicit the views of foster carers, as discussed by Sinclair (2005) in his review of foster care in the UK. In some cases, this lack of information sharing has been found to be associated with greater placement disruption (Farmer, Moyers and Lipscombe, 2004). In order to avoid this outcome, foster carers should be given a full and thorough briefing prior to accepting the placement, routinely updated regarding any new information that comes to light and included in all decision-making and planning processes surrounding the child in care. Carers and children should also be informed when professionals change and a full handover should take place so that important information is not lost.

Although taking these simple steps could help foster carers to feel more supported in their role, several carers also recognised the value of more specialist help, such as that provided by the 'link' social worker<sup>2</sup> and mental health professionals. This kind of support is particularly suited to addressing specific issues, such as how to manage particular behavioural problems. One model of providing this type of support, which has been found to work well with foster carers and is described at length by Dent and Golding (2006), is consultation. Within a consultation, the consultant (eg a clinical psychologist) and the consultee (the foster carer) work collaboratively to identify the problem and plan the intervention, although it is the consultee

who is usually responsible for implementing it. Attachment theory may be introduced within the consultation to help carers to understand seemingly incomprehensible behaviours (such as the child's rejection of the carers' attempts to comfort and nurture) in light of the child's early experiences.

Another successful model of providing support to foster carers is group parenting programmes (Gordon, 1999; Golding, 2003). The organisers of these groups recognise that traditional parenting programmes may not be effective for use with this particular client group and therefore tailor the content to meet the specific needs of foster carers. Again, attachment theory may be used to help foster carers make sense of the children's difficulties and often underpins many of the interventions. The advantage of these groups over individual consultation is peer support, which was considered invaluable by many of the foster carers interviewed within this study.

In addition to specialist support for themselves, foster carers also recognised the importance of psychological support for the children for whom they care. But, again, provision was felt to be lacking. This is not a new concern and has been well documented in the review mentioned previously by Sinclair (2005). For example, in a study conducted by Selwyn and colleagues (2003) only seven per cent of the 130 looked after children sampled were receiving continual input from mental health services, thus highlighting the need to improve provision for this particular client group. Perhaps one of the reasons why foster children do not receive greater support from these services is that previous research has shown mixed results regarding the effectiveness of therapeutic interventions for improving outcomes for children in care (Sinclair, 2005). Therefore, further empirical research is required to be able to draw any firm conclusions regarding the

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<sup>2</sup> This person is distinct from the child's social worker and often has specialist knowledge of fostering and child care.

usefulness of different therapies with this group.

### Implications for future research

Due to the small sample size and nature of qualitative research, it was not possible to conclude that the results generated from this study are applicable to foster carers as a whole. However, future research could begin to test out some of the hypotheses, which have arisen from the theoretical model we have presented. For example, the present findings suggest that foster carers tend to make more external than internal attributions for foster children's behaviour. Therefore, future empirical research could be used to test out whether these findings can be generalised to a larger sample of foster carers. Further research could also explore the links between foster carers' attributions and their emotional and behavioural responses. One might hypothesise from the findings in this study, that foster carers who make external attributions for their foster child's behaviour may show greater sympathetic emotional responses and helping behaviours.

In conclusion, the present study managed to achieve the aim proposed at the outset, which was to create a preliminary theory to help explain how foster carers make sense of foster children's EBD. This model raises some interesting questions regarding the nature of foster carers' beliefs, which could be further researched. One should also not lose sight of the overall aim of qualitative research, which is to give voice to people's experiences. Therefore, it is hoped that through the process of sharing their views with the researcher, the participants included in this study felt that they did indeed have their voices heard.

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