



## Outcomes for Permanence and Stability for Children in Long-term Care

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The UNESCO Child and Family Research Centre

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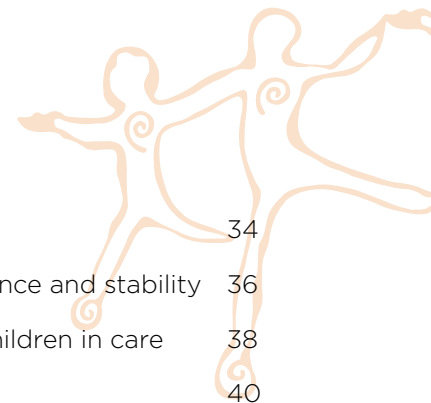
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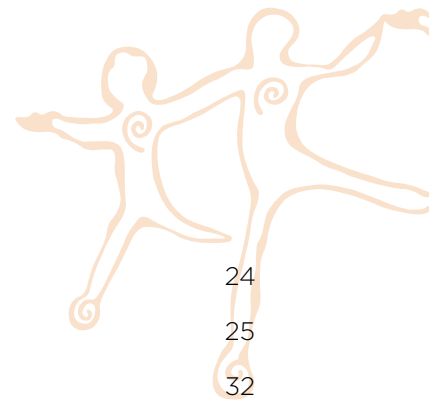
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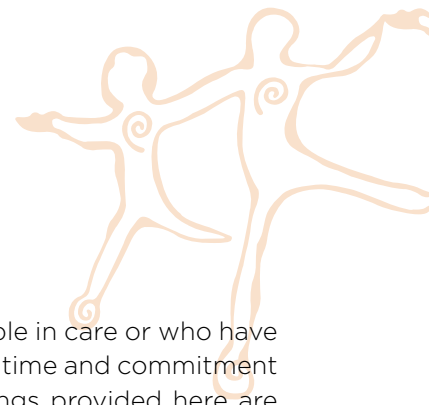
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# Glossary

BNIM	Biographical Narrative Interpretive Method
CAWT	Cooperation and Working Together
CSO	Central Statistics Office
DCYA	Department of Children and Youth Affairs
HMSO	Her Majesty's Stationery Office
HSE	Health Service Executive
JHL	James Hardiman Library
NUI Galway	National University of Ireland Galway
NWHB	North Western Health Board
REC	Research Ethics Committee
SQUIN	Single Question Used to Induce Narrative
TA	Thematic Analysis
TCD	Trinity College Dublin
UCD	University College Dublin
UCFRC	UNESCO Child and Family Research Centre
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child
UNESCO	United Nations Educational Scientific and Cultural Organisation
USA	United States of America
WHB	Western Health Board





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This project is a result of a partnership working approach between our colleagues from Tusla Galway and Tusla Donegal. We would like to acknowledge the contribution from the Tusla children and families' teams in Donegal - Nora Roarty, Danny Curran and Aileen Vail - and the children and families team in Galway - John Leinster, Marie Smith, and Angela Toolis. Special thanks also to the social workers and aftercare workers within the child care teams in Counties Galway and Donegal who assisted with the data collection for the quantitative study and to those who participated in the consultations and team meetings along the way.

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# Executive Summary

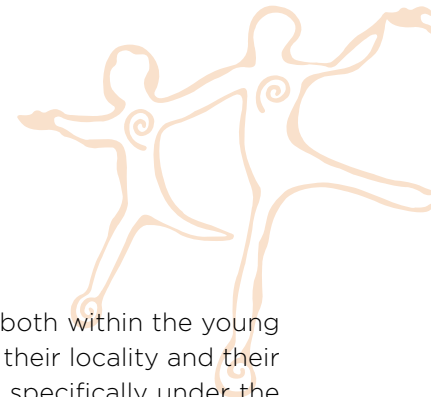
The aim of this study was to explore how young people who have been in care, and their carers, conceptualise permanence and stability. This study focuses on outcomes for permanence and stability for children in long-term care in two Irish counties: Donegal and Galway. The sample covers children who were in care over a five-year period (2008 to 2013). The intention was to help practitioners to demonstrate tangible and measurable outcomes for children in different care arrangements (e.g. long-term foster care, residential care) to enhance evidence-based practice and inform decisions in the best interest of the child. The study was a joint project between the the UNESCO Child and Family Research Centre (UCFRC) and Tusla, the Child and Family Agency (Tusla) as part of an ongoing research partnership.

The principal objectives of this study were as follows:

1. Produce a comprehensive scoping review of international and Irish research literature on outcomes for permanence and children in care, to function as an information source for Tusla social work practitioners (e.g. for court reporting purposes).
2. Complete a narrative, qualitative study of children and young people's 'journeys' into care, how they interpret permanence and stability, and their opinions on factors that lead to better outcomes for them.
3. Collate a 'pen picture' of factors that influence permanence and stability outcomes for children and youth, using quantitative data collected by Tusla social workers using case-file analysis techniques.
4. Develop a set of recommendations and guidance documents for social work practitioners on improving ways of working with children and families, based on the research findings.

A review of literature on outcomes for permanence and stability was completed as the first major output of the study (Moran et al., 2016a). A summary version of the literature review was produced as an accessible resource for practitioners (Moran et al., 2016b).

A mixed-method design was utilised including the collation of quantitative data from young people's files and care plans and in-depth biographical narrative interviews with children, young people, parents of origin and foster parents. The research affirms the importance of the factors set out in the literature as impacting either positively or negatively on a young person's permanence and stability in care (see Moran et al, 2016a). Comparable to international studies, young people conceptualised permanence as having a place to call home, and stability was defined as feeling like they belong and that they are secure and settled. Unfortunately the study did not achieve an adequate sample for the quantitative study and therefore was unable to map – in the level of detail first intended – the connections between these factors to test further the relevance and significance of each factor for permanence and stability outcomes. However, the qualitative findings make a significant contribution to the existing field of knowledge, made possible through the use of a biographical narrative approach with young people, parents of origin, and foster parents.



Factors affecting children's outcomes for permanence and stability were found both within the young person's micro system and in their wider ecological system, such as their family, their locality and their relationship with their informal and formal support systems. We looked at them specifically under the categories of pre-care, in-care, post-care and care service support in our research questions and our analysis. This research affirms that positive outcomes for stability and permanence for children seem to be determined by a range of complex factors whereby the processes of how a child is supported in a placement seem to be of significance.

Our research findings affirm that permanence is viewed as practical (e.g. stability in living arrangements), emotional (e.g. sense of care, love, and respect from foster carers) and social (e.g. in terms of impact on siblings and other family members). Importantly, definitions of permanence are mostly situated within the context of individual family relationships (e.g. relationships with foster carers, parents of origin, siblings).

The research highlights the extent to which young people's understanding of permanence and stability is imbued with notions of certainty and uncertainty, stories about 'life episodes', some of which happened prior to their initial care entry, and notions about the 'transience' of family. Importantly, these factors are shown to impact markedly on care placements, affecting their stability. This research shows the highly emotional aspects of young people's 'care journeys' and how events that take place at different life stages affect how young people forge relationships with social workers, parents, foster carers and life partners, as adults.

Our study also demonstrates how children and young people can have difficulties processing what it means to be 'in care'. They struggle with forging their identity and developing 'family belonging' and 'family identification'. This impacts on their sense of stability in their living environments. Concepts of power, authority, identity, trust and risk shape and reflect relationships and communication between young people and social workers and with parents of origin and foster carers. Social workers and other adults in the child's social ecology impact greatly on maintaining and building contact between siblings who are in care. Generally, familial contact is a critical issue for young people, foster carers, and parents of origin. However, children/young people and families of origin often have different expectations about the quality and level of contact, which can destabilise care placements. The support and management of relationships with siblings and families of origin have a significant impact on young people's overall sense of stability. This support and management require attention to the young person's dual identity through the partnership work by the children in care team of Tusla/HSE and the designated foster family.

Overall, the qualitative findings challenge us to pay more attention to the extrinsic factors that influence stability and permanence for children in care. Children strongly identify important process factors that affect permanence and stability, such as the child's relationship with the foster carers and the social worker, the level and quality of assistance given to the child in managing their dual identity, and the nature and quality of supports given around educational achievements and personal needs. The research affirms the importance of factors like the young person's emotional engagement with the foster parents, good external supports and positive relationships with siblings and peers. The importance of continuity not only in the placement but also in the support around it is a key message in the findings.

Of the rich and informative findings, we highlight three core factors that had the most significant impact on children and young people's sense of permanence stability in care:

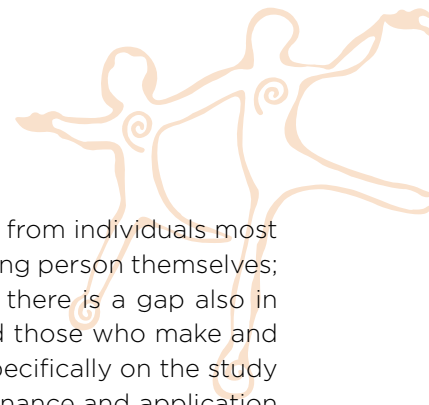
- **Relationships:** the child's relationships with their social workers or child care support system, relationships with the family of origin and their foster family.
- **Social Support:** the level and quality of support from social work teams and aftercare, supports from family members (e.g. foster carers and family of origin) and other support systems.
- **Communication:** between social workers, members of the foster family, the family of origin and the young person.

Underpinning these components is a strong interconnecting theme of the importance of the **Continuity** of the placement and continuity of support for the young person in care. This continuity is relevant regardless of the age of the child on entry into care, the length of time they spend in a placement, or other factors identified in the literature as potentially affecting permanence and stability (e.g. gender, ethnicity). By continuity of relationships, we refer mainly to the child's relationships with foster carers, family of origin, and social workers and support workers. However, the continuity of other relationships also affects permanence and stability, such as between families of origin and foster families.

Essentially, the factors that affect permanence and stability must be understood in the context of the complex interplay between levels and systems.

These factors are best understood with an ecological systemic context. To adequately locate and focus external service support for children in care, a socio-ecological frame helps identify the complexity and the need for interaction between all levels, from on-the-ground interactions, to the caseload management and resource and the wider policy level. For children in care, they can find themselves interacting at a multi-systems level overlapping to different degrees between their family of origin as well as their foster family.

This study shows the importance of developing recommendations and practice guidance from a strengths-based perspective with regard to recognising the resilience and capacity to cope shown in the participants' narratives. It also highlights the positive impact of social work interventions based on partnership, participation and mutual respect. The study shows the potential to improve outcomes for permanence and stability through an approach that places the young person firmly at the centre of social work practice. This approach firmly places responsibility to achieve positive permanence and stability outcomes for children in care at appropriate levels of the ecological system, rather than focused on the child or their family alone. As Bronfenbrenner argues, we can reject the deficit model of practice in favour of 'research, policy and practice committed to ... transforming endeavours' (1979: 291). Indeed, Bronfenbrenner's well-recognised systems framework can offer direction not only in mapping the complex set of factors that impact on an individual's situation but also in giving insight into how best to intervene and interact to produce better outcomes for children and young people. The ecological model emphasises that while some focus is on the interactions at the micro and meso levels (e.g. the child and their family), third parties (e.g. social workers) impact profoundly on interpersonal relations, and 'it seems plausible that such an influence could extend across as well as within settings' (1979: 291). This research highlights the potential transformative role of social workers and support workers, and how changes in the wider exo and macro system can potentially improve outcomes for young people and children in their unique micro and meso systems. The recommendations from this study are made with this proposition in mind.



It is a major strength of the study that the knowledge we have derived has been from individuals most affected on a day to day basis by the fact of a child being in care: the child or young person themselves; the carer(s) and their families and the parents and families of origin. However, there is a gap also in the absence of the views and experiences of those who deliver the services and those who make and implement policies and resources in this sphere. While this report has focused specifically on the study and implications for the two counties who participated, it clearly has wider resonance and application to a broader national context.

# 01

## Chapter One: Introduction

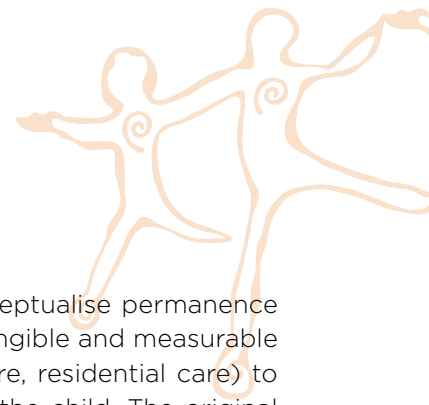
### 1.1 Introduction

The aim of this study was to explore how young people who have been in care, and their carers, conceptualise permanence and stability. The intention was to help practitioners to demonstrate tangible and measurable outcomes for children in different care arrangements (e.g. long-term foster care, residential care) to enhance evidence-based practice and inform decisions in the best interest of the child. It is focused on children in care in two counties in Ireland: Galway and Donegal. This report was preceded by a comprehensive and summary literature review on permanence and stability for children in care. It provides the outcomes of the second output of this study: the findings from an in-depth empirical study on outcomes for permanence and stability for children in care. The final output of the project is a guide to best practice in this area.

By way of introduction, this chapter provides a brief overview of the background and context to the study. The aims and objectives are then outlined. This is followed by a summary of how permanence and stability are defined for the purpose of this study. The next two sections give a brief overview of the policy and legal context and of the main messages from the relevant literature and research in this area. We then offer a summary of the findings and end with an outline of the structure of the remainder of the report.

### 1.2 Background and context to the study

This study focuses on outcomes for permanence and stability for children in long-term care in two Irish counties: Donegal and Galway. The sample covers children who were in care over a five-year period (2008 to 2013). The study was a joint project between the UNESCO Child and Family Research Centre (UCFRC) and Tusla, the Child and Family Agency (Tusla) as part of an ongoing research partnership. In 2014, as part of the Tusla research funding stream, Tusla teams across Ireland were invited to propose projects of interest for the funding programme for 2015. A proposal was received from the Tusla team in Donegal for a study relating to outcomes for permanence and stability for children in care. This proposal was supported by the UCFRC, and because similar interest was expressed from colleagues in Galway, it was agreed that the study would incorporate Counties Donegal and Galway. The research was carried out using a partnership approach with colleagues from the two social work teams, UCFRC researchers and a senior researcher from Tusla. Regular meetings of the project team took place in Sligo, Ireland, in 2015 and 2016. These meetings were used as a forum for agreement on research focus and question, trouble-shooting obstacles that arose in the research, sharing knowledge to inform the research design and analysis, and agreeing content and format for all of the research outputs, including a full literature review, a practitioner summary version of the literature review, this report and a practice guide. The Research Ethics Committee (REC) at the National University of Ireland, Galway (NUI, Galway) granted full ethical approval for the project in September 2015.



### 1.3 Aims and objectives

The aim of this study was to explore how young people and their carers conceptualise permanence and stability. The remit of the study was to help practitioners to demonstrate tangible and measurable outcomes for children in different care arrangements (e.g. long-term foster care, residential care) to enhance evidence-based practice and inform decisions in the best interest of the child. The original rationale for the study from the original research proposal summarises the starting point for the study:

*“Currently there is no way to measure outcomes for permanence and stability for children in long-term care, general foster care and relative care of Tusla through to the Leaving and Aftercare service for practitioners. This matter has become more prevalent in practice, regarding court reports and decision making for children. Greater ability to demonstrate tangible and measurable outcomes for children in different care arrangements would enhance evidence-based practice and ability to inform decisions in the best interest of the child.*

*While it is likely that instruments for evaluation of various outcomes will emerge with the ongoing development of Tusla, there is a present need for practitioners to be better informed about how to identify and measure tangible outcomes for children in relation to a range of indicators... The question of how different types, modes, and periods in care impact on children is of concern in this research. Thus, the proposed focus is to be on outcomes associated specifically with care ‘permanency’ (legal and placement permanency) and care placement (e.g. ‘stability’).”*

The aims and objectives initially included an intention to carry out a large-scale quantitative study followed by a small-scale qualitative study. However, due to issues relating to consent and access, which are explained in Chapter 2, the study aims were revised to have a more substantial qualitative component. In sum, the research aims and objectives were as follows:

- (a) Critically analyse international and Irish research literature around outcomes for permanence and stability for children and young people in care.
- (b) Collect, analyse, and interpret in-depth qualitative data with children and young people on how they conceptualise permanence and stability, the factors that enhance stability and permanence for young people in care, and factors that lead to ‘weakened’ stability and permanence.
- (c) Critically examine biographical<sup>1</sup>, in-depth interview materials with parents of origin and foster carers in Counties Donegal and Galway on factors that shape and reflect better permanence and stability outcomes for children and youth and how children, parents of origin and foster parents can be better supported by Tusla.
- (d) Complete a quantitative study on outcomes for permanence and stability for children in care using case-file analysis techniques.
- (e) Provide recommendations on how child welfare services<sup>2</sup> can improve service delivery for children, families of origin and foster families.

<sup>1</sup> Biographical interviewing is a specific approach to qualitative research that focuses on participants’ lived experiences across the life course. More detail on biographical interviewing is provided in Chapter 3.

<sup>2</sup> As our findings draw on retrospective data from young adults who were in care and children and young people who are currently in care, the term ‘child welfare systems’ is used generically to denote Tusla, and the range of bodies who had responsibilities broadly in child welfare and in the effective functioning of families, prior to the establishment of Tusla (i.e., before 1 January 2014). In this regard, the term ‘child welfare systems’ denotes the health boards (the Western Health Board (WHB) and the North-Western Health Board (NWHB)) and the Health Service Executive (HSE) West. In cases where participants made distinctions between these bodies in interviews, attention is drawn to these distinctions in interview text.

The research questions underpinning these aims related to five main themes:

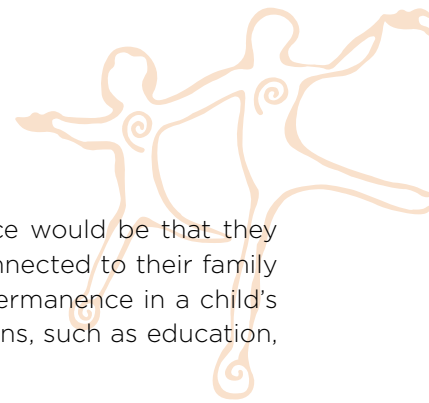
- Definitions of permanence and stability
- Connection between prior life experience (e.g. pre-care experiences) and experiences in long-term care
- Young people's in-care experiences which include:
  - The impact of relationships on young people's care experience
  - The impact of placement stability on experiences and feelings of stability in care
- Aftercare services and supports for transitioning out of care (e.g. stability 'into the future')
- Tusla support services.

## 1.4 Defining Permanence and Stability

This study is about outcomes for permanence and stability for children in long-term care. Outcomes are defined as 'an articulated expression of wellbeing in a population in a place which provides all agencies with the opportunity to contribute to that outcome with their particular programmes' (CAWT 2008: 8). In this study, we are focused on outcomes for two interrelated issues: permanence and stability. For the purposes of this study, permanence is defined as 'a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships' (Maluccio and Fein, 1983: 5, cited in Stott and Gustavsson, 2010: 622). Permanence, per Bullock et al. (2006), encompasses several different dimensions, such as felt security, identity and belonging, and behaving as if placements will endure into 'future time'. Permanence can also be defined more practically as relating to living arrangements for children and young people which are enduring. In a permanent living arrangement, both the children and adults assume that they will be living together in both the short and the long term.

Placement stability is a broader concept. It is described as children's feelings of connectedness and belonging that are characterised by steady emotional attachments to adults and siblings (Schofield et al., 2011; Sinclair et al., 2007). Stability is more than the evidence of 'legal permanence' that shows living arrangements that are lasting and enduring, and it encompasses several extrinsic and intrinsic factors (see Moran et al., 2016a). Intrinsic factors are factors at the level of the child, such as their personality, behaviours, mental health problems, and learning difficulties that shape permanence and stability outcomes. Extrinsic factors are things in the child's environment (or ecosystem) that affect permanence and stability outcomes too. These include factors in the family home that affected the child's pre-care experiences (e.g. poverty, domestic violence, alcohol or substance abuse), practices and behaviours of foster families (the child's in-care experiences) and factors that affect the young person's transition out of care. Because permanence and stability are often used interchangeably in the literature, in this study we use stability as a broad overarching term that encompasses the possibilities for permanence of home, family, and location. However, our definition of stability is wider in scope. It is more than a set of objective factors; it is a highly emotive and lived experience.





In sum, a positive outcome for a child with regard to stability and permanence would be that they are in a permanent, stable and enduring living arrangement where they feel connected to their family and have a strong sense of identity, belonging and support. In the literature, permanence in a child's living arrangements is shown to often lead to positive outcomes in other domains, such as education, relationships and making successful transitions out of care.

A negative outcome for a child about stability and permanence would be that they are not in a permanent, stable, and enduring living arrangement and they do not feel connected to their family or have a strong sense of identity, belonging and support. In the literature, lower levels of stability in a child's living arrangements are shown to often lead to negative outcomes in other domains, such as education, relationships and how the young person transitions out of care.

## 1.5 Brief overview of context of children in care in Ireland

In September 2014, around the time that this study commenced, 6,470 children were in state care in Ireland, a 22% increase from the 5,060 reported in 2004 (Department of Health, 2014). Tusla (2016a: 8) reports that a total of 6,388 children were in care nationally; 4,100 (64.2%) were in general foster care, 1,832 (28.7%) in relative foster care, 331 (5.2%) in general residential care, 109 (1.7%) in other care placements and 16 (0.3%) in residential special care<sup>3</sup>. In December 2016, Tusla reported that 6,258 children were in care in Ireland. The majority, 66% (4,102), were in general foster care, 27% (1,715) were in relative foster care, 316 (5%) were in residential care and 2% were in care placements classed as 'other' (Tusla, 2016b)<sup>4</sup>.

Children who go into care in Ireland tend to stay for extended periods (Department of Health, 2014). In 2013, for instance, 38% (2,458) of children were in care for five years or more, 43% (2,782) were in care for 1–5 years, and 19% (1,229) were in care for less than one year (Department of Health, 2014). Similarly, Daly and Gilligan (2005) quote figures stating that 31.1% of all children in state care in 2002 spent less than one year in care of the state. However, 39% were in care for one to five years and 29.5% were in care for more than five years (Department of Health and Children, unpublished, cited in Daly and Gilligan, 2005: 3). This corresponds strongly to Daly and Gilligan (2005: viii), who say that 'long-term foster care is one of the features of the Irish care system'.

Irish statistics on children in care appear to echo international trends generally, particularly on the length of time many young people spend in care. Indeed, Irish statistics underline that there is a tendency for some young people to 'drift' in care (See Moran et al., 2016a: 22–24). In terms of placement type, similar to international developments in child welfare policy and practice, there has been a decisive shift away from institutional, residential-type care towards foster care arrangements in Ireland (Munro and Gilligan, 2013; Clarke and Eustace, 2010). Ireland now has one of highest rates of family-based care placements globally (Munro and Gilligan, 2013).

Legislative and policy developments in Ireland over the past two decades have led to the identification of high-level outcomes for children and family services. The Child Care Act (1991) and its subsequent amendments, for example, place a statutory duty on child welfare services to promote children's welfare, particularly those who are not receiving adequate care and protection (Department of Health

<sup>3</sup> Please see [www.tusla.ie](http://www.tusla.ie) and [www.tusla.ie/alternativecare](http://www.tusla.ie/alternativecare) [http://www.tusla.ie/uploads/content/Tusla\\_Monthly\\_Management\\_Data\\_Activity\\_Report\\_October\\_2016.pdf](http://www.tusla.ie/uploads/content/Tusla_Monthly_Management_Data_Activity_Report_October_2016.pdf) (last accessed 6 January 2017).

<sup>4</sup> See Tusla (2016b), 'Monthly performance and activity dashboard December 2016', downloaded via: [http://www.tusla.ie/uploads/content/Monthly\\_Performance\\_Activity\\_Dashboard\\_Dec\\_2016\\_Final\\_V2.pdf](http://www.tusla.ie/uploads/content/Monthly_Performance_Activity_Dashboard_Dec_2016_Final_V2.pdf) (last accessed 22 March 2017).

and Children, 2001a). In section 45 the Act legally endorses relative care and empowers health services to assist youth exiting care up to the age of 21, or until their education ends (Munro and Gilligan, 2013; Gilligan, 2008). Better Outcomes, Brighter Futures (Department of Children and Youth Affairs 2014), the most recent strategic statement on outcomes for children in Ireland, has identified five core outcomes that shape current policy and practice: that children achieve in all areas of development; are active and healthy; are economically secure; are safe and protected from harm; and are connected, respected and contributing.

Tusla was established in January 2014 and takes over all the functions of the former child welfare services of the Health Service Executive (HSE). The work of Tusla reflects national and international policies and legal frameworks in the domains of child welfare and children's rights that emphasise the significance of the family and the duty to uphold children's rights as expressed in the UNCRC. The overall ethos of child welfare intervention under Tusla is one of prevention and early intervention, where efforts are made to ensure against the removal of a child from their own secure and permanent home environment.

If children are subject to child protection interventions and removed from the home, the first course of action is to attempt to address and resolve the barriers to a child continuing to live in their own home with their parents or carers of origin. However, for a myriad of reasons, some children must be cared for in alternative home environments that normally take the form of kinship care (e.g. a family relative becomes their main caregiver), or the child enters foster care or residential care (see [www.tusla.ie](http://www.tusla.ie)). One of the stated priorities of Tusla is 'to provide safer, more reliable and effective services for children in care' within their Alternative Care services ([www.tusla.ie/alternativecare](http://www.tusla.ie/alternativecare)). When long-term care is considered to be the best option, a plan is made for children and young people to remain in care until the age of 18 years. The definition of long-term care as adopted for this study is as follows: care placements (e.g. foster care or residential care placements) that endure for two years or more and situations where long-term care is in the child's care plan.

In 2014, an Alternative Care handbook was developed (Tusla 2014), and Tusla is currently developing a National Alternative Care Strategy. Another associated development that will shape the landscape for alternative care is the broadening of the use of adoption as one of the options for long-term care in the aftermath of the 2012 Children's Referendum (see McCaughren and McGregor, 2017; O'Brien and Palmer, 2015). While the specific implications of this change are not addressed in this report, the learning about how a permanent and stable environment for children who require alternative care affects best outcomes for children is highly transferable to future contexts.

## 1.6 Brief overview of existing literature and research on outcomes for permanence and stability

The figure below summarises the range of factors highlighted in the literature as having an impact on permanence and stability, in terms of positive or negative outcomes for young people. As mentioned, a positive outcome for a child with regard to stability and permanence would be that they are in a permanent, stable and enduring living arrangement where they feel connected to their family and have a strong sense of identity, belonging and support. A negative outcome would be that they are not in a permanent, stable and enduring living arrangement and they do not feel connected to their family and have a strong sense of identity, belonging and support.



The factors that influence permanence and stability are summarised in Figure 1 (a) below.



Figure 1 (a): Factors that influence Permanence and Stability

The evidence of how permanence, belonging and identity impact on outcomes for children is already demonstrated in an earlier literature review from this project (see Moran et al., 2016a). The table above captures some of the factors that affect permanence and stability. However, any one of these factors is insufficient in itself to adequately explain the complex set of factors that lead to positive outcomes for permanence and stability. To highlight the interconnections between intrinsic and extrinsic factors in a more in-depth way, a socio-ecological frame is used (Bronfenbrenner and Morris, 2007; Bronfenbrenner, 1979, 1994).

As Figure 2 (a) shows, the interconnections between intrinsic and extrinsic factors that impact on permanence and stability outcomes can be mapped into the micro, meso, exosystem and macro levels of the ecological model. Factors to include can be taken from the table above, as required, and may include details such as experience prior to the child's initial care entry, and the child's experiences while in care. However, extrinsic factors also affect outcomes for permanence and stability at multiple levels, including family and community, the policy and service context, and factors at the level of the child.

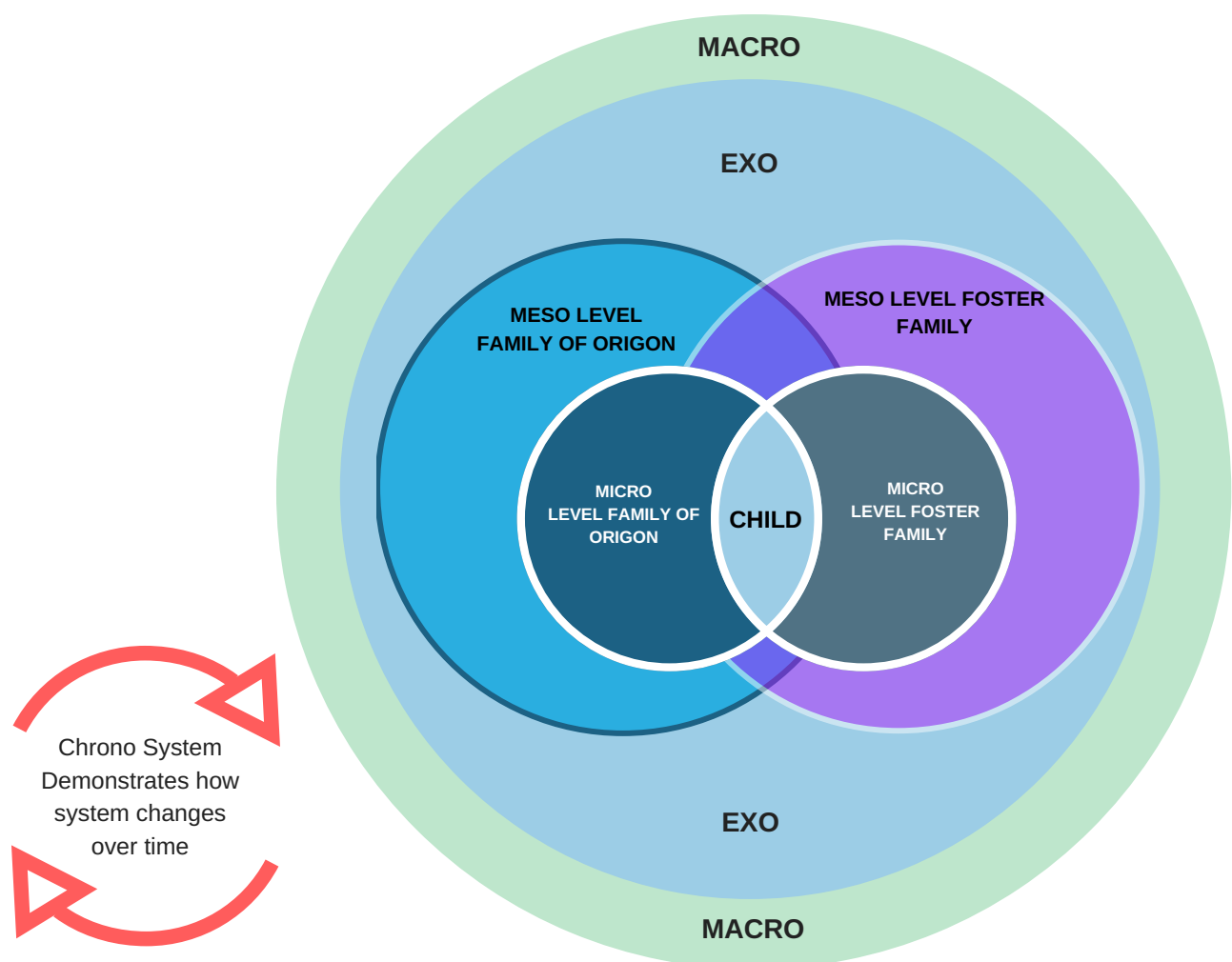
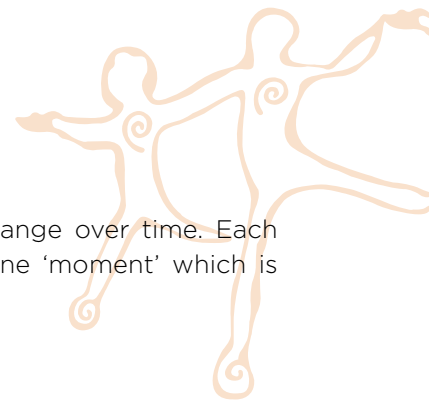


Figure 2 (a): Socio-ecological framework

This approach highlights that outcomes – be they positive or negative – are dynamic and transformative and emerge through the continuous interplay between factors that are located close to the child in their micro and meso system (e.g. family, school, community, siblings) and policy/regulatory contexts that operate at exosystem and macro levels, which shape children's and families' everyday lives. The adoption of the socio-ecological approach also echoes recent policy documents from Ireland which encompass life cycle and life course perspectives (see Government of Ireland, 2006; Department of Health and Children, 2000). The chrono level indicates that the interactions between the systems



and the experience and actuality of stability for young people continually change over time. Each permanence and stability mapping for a child should be conceptualised as one 'moment' which is subject to change and evolution.

## 1.7 Structure of report

The structure of the report to follow is:

- Chapter 2: Methodology and process of the research
- Chapter 3: Findings relating to the perspectives of children in care
- Chapter 4: Findings relating to the perspectives of parents and carers of origin
- Chapter 5: Findings relating to the perspectives of foster carers
- Chapter 6: Discussion of core themes emerging from the findings in the context of Irish, UK, and international literature
- Chapter 7: Conclusion: Messages from research and recommendations.

# 02

## Chapter Two: Methodology

### 2.1 Introduction

This chapter focuses on how a mixed-method design was utilised to create a rich picture of factors affecting permanence and stability. In the literature, mixed-method research has several advantages over single-method approaches (either qualitative or quantitative), including the ability to ‘go deeper’ into participants’ life worlds (Bryman, 2012). Mixed method studies yield a fuller picture of people’s experiences and can uncover additional themes that could otherwise remain ‘concealed’ (Woolley, 2009). Rich qualitative narratives were collected using the Biographical Narrative Interpretive Method (BNIM) with children, parents of origin, and foster parents on what permanence and stability mean and what works for children in care.

This chapter is divided into nine sections. Part 2.2 outlines the aims and objectives of the study. Part 2.3 documents the process of reviewing literature. Part 2.4 focuses on the qualitative study and the interview process. In part 2.5 we focus on the quantitative study, and in 2.6 we discuss the main ethical issues. Part 2.7 focuses on data storage, and 2.8 outlines the main limitations of the study. Part 2.9 offers a brief chapter summary and some conclusions.

### 2.2 Overview of aims and objectives

The aims of the study were to:

- (a) Critically analyse international and Irish research literature on outcomes for permanence and stability for children and young people in care, factors that shape and reflect permanence and stability outcomes, definitions and conceptual approaches to permanence and stability, and international best practice on what works for children and young people in care.
- (b) Collect, analyse, and interpret in-depth qualitative data with children and young people on how they conceptualise permanence and stability, the factors that enhance stability and permanence for young people in care, and factors that lead to weakened stability and permanence (e.g. institutional/agency-based factors, factors in individual foster families and families of origin, and factors at the level of individual children, including exposure to abuse or neglect and resultant behavioural issues).
- (c) Critically examine biographical and in-depth interview materials with parents of origin and foster carers in Counties Donegal and Galway on their opinions about factors that shape and reflect better permanence and stability outcomes for children and youth, and about how children, young people, parents of origin and foster parents can be better supported by Tusla.
- (d) Complete a quantitative study on outcomes for permanence and stability for children in care using case-file analysis.
- (e) Provide recommendations on how child welfare services can improve service delivery for children, families of origin and foster families (e.g. how ways of working with children and families might be enhanced and how better supports can be put in place to assist parents and children).



The principal objectives of this study are as follows:

1. Produce a comprehensive scoping review of international and Irish research literature on outcomes for permanence and children in care, to function as an information source for Tusla social work practitioners (e.g. for court reporting purposes).
2. Complete a narrative, qualitative study of children and young people's 'journeys' into care, how they interpret permanence and stability, and their opinions on factors that lead to better outcomes for them.
3. Collate a 'pen picture' of factors that influence permanence and stability outcomes for children and youth, using quantitative data collected by Tusla social workers using case-file analysis techniques.
4. Develop a set of recommendations and guidance documents for social work practitioners on improving ways of working with children and families, based on the research findings.

## 2.3 Literature review on Permanence and Stability

A review of literature on outcomes for permanence and stability was completed as the first major output of the study (Moran et al., 2016a). A summary version of the literature review was produced as an accessible resource for practitioners (Moran et al., 2016b).

During the first phase of literature searching, a comprehensive search was completed using terms like 'child welfare', 'permanency', 'stability' and 'wellbeing'. This search utilised academic databases available through the James Hardiman Library (JHL) at the National University of Ireland (NUI), Galway. The search also included publications from government websites and research institutes at other Irish and international universities.<sup>5</sup>

Attention was paid to the quality of publications and to ensuring that all material accessed fits with academic quality standards (i.e., that articles accessed were published in high-ranking, peer-reviewed academic journals). The review used predetermined search terms to identify appropriate research literature and minimise the potential for selection bias. National newspapers and other resources such as publications from the Central Statistics Office (CSO) and additional reports produced by government sources were also focused upon.

## 2.4 Sampling of participants

All children in Counties Galway and Donegal designated as being in 'long-term care' during the period 2008 to 2013 were deemed eligible for inclusion in the quantitative study. The exception to this was children in protected placements and when the principal social workers deemed that there was a risk to the families or to the children if they were contacted. The sample included children in residential care, young people in aftercare who had been in care, and children in long-term foster care. In addition, social work teams in both counties used different definitions of long-term care, and it was essential that the entire research team adopt a single definition. We defined long-term care broadly as a care

<sup>5</sup> This list includes Trinity College Dublin (TCD), University College Dublin (UCD), York University UK, and Chapin Hall Centre for Children at the University of Chicago, USA.

arrangement where children and young people were in foster care or residential care for an extended time period (i.e., two years or more).

Social workers from both counties worked collaboratively with the lead researcher to compile two lists of children and young people who were eligible to take part in the study. These were coded, and all children and young people in long-term foster care in Galway were labelled anonymously. Children and young people in aftercare were also labelled anonymously on a separate list using a similar coding system. The total eligible sample of children and young people for Galway and Donegal was 506.

In order to access case file and care plan data, for children under 18, it was necessary to obtain consent from foster carers, parents of origin and persons in aftercare, and that assent was sought from all children and youth. The research and social work teams anticipated that given these requirements for consent and assent a low response rate was likely. In consent documents, we gave people the opportunity to opt out of interviews and opt in to case file analysis (and vice versa). We also anticipated that people might choose not to participate if they had a poor relationship with, or perception of, child welfare systems. We further anticipated that the sample size could also be hampered by the specific time scale of the study, which is relatively short (i.e. five years).

The following table documents the responses received from children and young people, foster carers and parents of origin who were contacted to participate in the study.

Total returns <sup>6</sup>		Allowed access to case files <sup>7</sup>	Consent to child interview <sup>8</sup>
Foster carers	59	13	6
Children	27	8	6
Parents <sup>9</sup>	30	16	6
Young person (Aftercare service user)	22	8	8

Table 2.1: Total response rate

Table 2.1 demonstrates the total response rate across the four datasets (i.e., returns from foster carers, children, parents of origin, and aftercare service users). As expected, given the ethical sensitivities and the additional requirements pertaining to consent and assent, the number of returns was low and very few people agreed to participate in case file analysis. In some cases, children gave their assent to take part in the quantitative and qualitative study. However, in some of those cases, we did not have the consent of parents of origin and foster parents, so these cases could not be pursued.

The numbers of children and young people, foster careers and parents of origin who were interviewed for the study and the number of case files analysed are outlined in Table 2.2. A more detailed breakdown of the response rate from each cohort is included in Appendix 1, a number of participant's reported that they did not agree for their case files to be accessed, and others did not agree to interview.

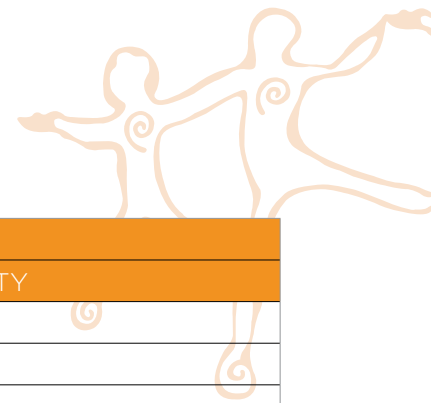
<sup>6</sup> Column details the total number of returns (i.e., participants who agreed to take part and those who did not agree to take part in the case file analysis or qualitative study).

<sup>7</sup> Column details the total number of persons who gave permission for Tusla social workers to access the child's case file and extract data.

<sup>8</sup> Column details the total number of persons who gave consent for the child to do an interview as part of the qualitative study.

<sup>9</sup> Details the total number of cases where at least one parent of origin responded, agreeing to take part in the study.





QUALITATIVE SAMPLE	
PARTICIPANTS	QUANTITY
Children	3
Young person (Aftercare service user)	7
Foster parents	13
Parents of Origin	4
QUALITATIVE SAMPLE	
PARTICIPANTS	QUANTITY
Case files	10

Table 2.2: Total number of participants

## 2.5. Qualitative research design and analysis

Most children and young people who were in long-term care for the specified time (2008–2013), their parents of origin and foster parents were invited to participate in the qualitative study. The exceptions to this were protected placements and when the principal social worker in either county decided not to contact specific adults or young people, for reasons such as severe mental health issues, exposure to abuse or neglect and where participants were deemed to be at risk of harming themselves or others.

Narrative interviewing techniques (see Wengraf, 2001) were chosen to allow for an open-ended interview where young people could tell their unique stories. It is an approach that focuses on the stories, life histories and biographies of interviewees (Jovchelovitch and Bauer, 2000). The Biographical Narrative Interpretive Method (BNIM) is mainly concerned with the ‘lived life’ and with how participants tell stories about events that happened across the life course (Wengraf, 2001). Importantly, narrative interviewing methods are led by participants who tell stories of events, people, and places and specific turning points in their lives. A similar approach was used with vulnerable children and adults in Hogan and O’Reilly’s (2007) study of children’s narratives on domestic violence; the authors contend that a narrative approach facilitates deeper exploration of how participants make sense of their experiences.

BNIM has three sub-sessions. In sub-session 1, participants are asked to respond to one open-ended question called a SQUIN: the ‘single question used to induce narrative’. This question should be specific to the topic under investigation (e.g. outcomes for permanence and stability). However, it should also be open enough to incite rich narratives from children and adults about themselves, their relationships with people (e.g. social workers, siblings, foster carers, families of origin) and changes to these relationships over time.

During sub-session 1, interviewees were asked to respond to the SQUIN and the researcher did not interrupt. The emphasis was on free-flowing narrative: the events, issues and stories that participants viewed as important and how they were ordered. Participants were informed that the information they told the researcher was valid; there were no right or wrong answers. We used a list of prompts to incite conversation on topics they might like to talk about. These prompts were only used in situations where the child or adult said they had too much to say, or when they asked for more guidance about what they might talk about.

The SQUIN used with young people in aftercare in this study was as follows:

*As you know, I'm a researcher who is interested in children and young people's experiences in care and permanence and stability. Can you tell me your opinions about what works well for children in care, and any stories about your own experiences in care? Take all the time you need. I won't interrupt. I'll just take notes.*

The SQUIN used with younger children who took part in the study was as follows:

*I want to know all about you! The things you like and don't like, what you like about your house, your pets, your parents, your family. You can tell me as little or as much as you like about anything you like. You can draw some pictures as well if you would like to do that. I won't say anything, I'll just write things down if that's OK?*

Some interviews with children and teenagers followed a broader narrative format than BNIM. This was done to honour our ethical obligations to the young people involved. In some cases, foster carers informed us that children were experiencing difficult emotions about identity, mental health, family, and difficulties at school. To minimise the risk of harm, we asked more general questions that followed a narrative format, such as: 'Can you tell me a story about something that happened to you at school recently, and why you think that's important?' and 'Can you tell me about your house, the things you like or don't like about school?'

Most of the interview sessions with adults followed a strict BNIM approach. However, some foster carers wanted to be interviewed together. In these cases, BNIM would have been unsuitable and these interviews also followed a looser narrative structure.

For parents of origin, the interview prompts for sub-session 1 included topics like their relationships with their children and opinions about child welfare systems in Ireland. The researcher did not offer her opinions, as to do so would have interrupted the flow (e.g. how participants recreate different concepts of self during the interview). It also alleviated some of the risks associated with using leading questions and with interviewer bias. Interviews were conducted in a gentle manner, mindful of the sensitivity of the topic and the risk of causing emotional distress to participants (Wengraf, 2001). In situations where children and adults stated that they did not want to talk about certain issues, the researchers did not ask questions about these topics.

During sub-session 2, the researcher asked participants to talk specifically about topics that they raised in sub-session 1. This is in line with guidance on BNIM from Wengraf (2001), which states that in sub-session 2 participants speak only about the events they discuss in sub-session 1. The emphasis here is on eliciting rich descriptions of stories, events and places that the participant discusses in sub-session 1 or 2. Also, we did not want to risk raising other topics that could cause emotional distress to interviewees.

Per Wengraf (2001), it is not always necessary to have sub-session 3. This encompasses a semi-structured interview. It is appropriate when the researcher has additional questions that they wish to ask the participant and when they need additional information about the topic under study. We used sub-session 3 to ask about how participants interpret permanence and stability, and about the factors that lead to more permanent care arrangements for children and families.

Interview data was analysed using Thematic Analysis (TA) using a framework approach. The lead researcher did several re-readings of the interview materials to familiarise herself with the data. She



extracted the most prevalent themes and subthemes that appeared across the datasets and compared them to emergent themes in the literature review.

The team created frameworks to represent the most common codes to emerge from each dataset (see Appendix 2). The data was coded, themes were synthesised, and the predominant findings were represented in matrices (Smith and Firth, 2011). During the next stage of analysis, the lead researcher used the frameworks to ascertain broader messages from the data about permanence and stability outcomes. Narratives were extracted from the interviews about participants' experiences to ascertain data about what works for children in care.

## 2.6 Quantitative Design and Analysis

The UCFRC team designed a quantitative data collection tool in partnership with project team members to compile data from children and young people's case files about permanence and stability outcomes. This tool covered the main themes identified in the literature which affect permanence and stability outcomes (relationships with foster carers and social workers, the level and quality of contact with families of origin, reasons for admission into care, the age of the child at initial care entry, information on health status, health status, placement moves, etc.). This detailed tool was informed by the literature review and is the result of close collaboration and consultation with the research team and the social worker teams. The tool is included in Appendix 3.

Initially, we envisaged that we would ascertain information on all 506 children who were in care during the specified time-period (2008-2013) and that social work teams in both counties would collate anonymised information about the young people, which they would give to the UCFRC researchers. There were some difficulties with using case file analysis, however. The two counties had different methods of recording case file information. In Donegal, case file information was recorded in an electronic system. In Galway, files were in paper and were not available electronically. This necessitated dialogue with both teams about devising a data collection system that was anonymised and confidential and that would work efficiently for both teams. Tusla initially envisaged that the data could be extracted from files by social work teams or other designated officials without asking for the young people's consent or children's assent to access the files. However, following consultation with the relevant Tusla personnel it was confirmed that consent would be required to access files, partly because the information was not collated initially as a data source for researchers, and because of ethical risks to participants. This process is described in greater depth in the section on ethics, assent and consent (see Appendix 4).

Regarding analysis, given the very low response rate and access to quantitative data, a sufficient sample for generalisation was not available. Therefore, it was not possible to achieve objective three of the study ('to collate a pen picture' of the factors that influence permanence and stability using quantitative data). The data collected through analyses of the case files where consent was given (n = 10) is provided in Appendix 5. The learning from this process for future studies is considered in the conclusion.

## 2.7 Ethical considerations: avoidance of distress and harm

Ethical concerns were accorded importance throughout the study. The study was subject to ethical approval by the NUI Galway (REC). Guidelines on data access and storage laid down by NUI Galway and Tusla were applied rigorously. Precautionary measures were put in place during the project to offset risks for interviewees as detailed in the ethics application, and are summarised in the sections below. The UCFRC researchers were experienced in researching with children and families, and one of the project's PIs is a CORU registered social worker.

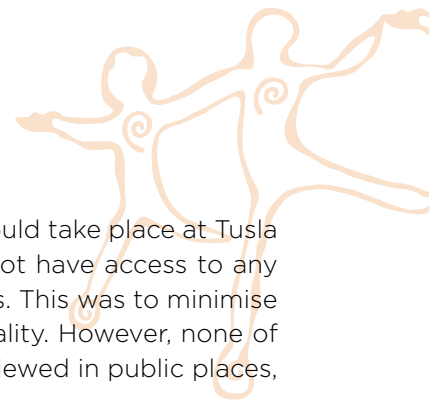
In the research ethics literature, risk is defined as physical, emotional, and psychological harms that persons may be exposed to whilst participating in research (Department of Children and Youth Affairs, 2012). We were cognisant of the range of potential emotional and psychological risks that participants could experience. Children in care and their families are vulnerable for a variety of reasons, and we wanted to respect their confidentiality and integrity. We are also mindful of potential risks for Tusla as an organisation, particularly in cases where a child or parent may divulge information to us regarding potential incidents of abuse that may have happened to any child or young person whilst in care. We are bound to report details about such abuse or risk of harm to relevant authorities.

Despite our best efforts, we were cognisant that some children and adults could experience uncomfortable feelings or emotional distress during interviews or while talking informally to researchers or practitioners about the study. We made participants aware of this in Participant Information Sheets and letters (see Appendix 6) that were posted to participants, and in our verbal interactions with children and adults in phone calls and before interviews commenced. We knew that discussing personal experiences could cause emotional distress to children and adults before, during and after the interview. The risk of harm can never be fully alleviated, as there is always a risk of causing emotional upset to participants in social research. However, we took as many steps as possible to offset these risks.

Regarding the qualitative study persons taking part study were informed verbally, and in writing, that they could choose whether they wanted to participate and could choose to opt out of the research at any time. Participants had the opportunity to address concerns or questions directly to the researchers and also had adequate time to reflect on the project and what they were being asked to do. All documentation pertaining to the qualitative study was written in a child-friendly and age-appropriate way. The lead researcher kept in regular contact with the full team to elicit opinions about ethical consent documents. Respondents were informed both verbally and in writing about what participation entailed and about the types of topics they could be asked to talk about.

Children and families who participated in the qualitative study were invited to have other people present with them during the interview (e.g. a social worker, counsellor, friend, youth leader or any other person whom they trusted). This was done to lessen the risk of emotional distress to children and adults. All support persons present during interviews were required to sign confidentiality documents stating that they would not reveal to anyone else that they were present and would not divulge matters discussed at the interview to anyone else. This was done to strengthen confidentiality and anonymity for participants. Additional supports (e.g. counselling supports) were put in place by Tusla to assist in situations where children and adults might have felt emotionally upset after interviews.

During the interview process, researchers had limited access to participants' personal details. These details were only given to researchers when it was necessary to do so, such as when interviews were arranged at the participant's home address. Names and addresses were confidentially destroyed as



soon as possible after an interview. Participants were informed that interviews could take place at Tusla regional offices in Galway and Donegal. In this instance the researcher would not have access to any personal information about the child or their parents, other than their first names. This was to minimise the risk of breaching confidentiality whilst upholding anonymity and confidentiality. However, none of the participants chose to be interviewed at a Tusla office – all opted to be interviewed in public places, the researcher's office or their own homes.

For the quantitative study, it had originally been expected that the required data was available through existing anonymised general data on children in care held within Tusla. However, it became evident that care plans and case files would have to be consulted to extract meaningful data. Therefore, the data protection requirements for the research project were confirmed with Tusla. The advice was that data could not be collected by internal staff for purposes other than that for which it was originally intended. Consent to use the information for research purposes was therefore required. It was agreed that the most ethical practice would be that consent must be sought from both foster carer(s) and parent(s) of origin. Assent from young people would also be sought. It was agreed that in cases where Tusla was the parent, all reasonable efforts would be made to gain consent from parents of origin. When parents of origin were deceased or could not be traced, it was agreed that data should be provided only when all other parties agreed (i.e. children, foster parents). In situations where one party disagreed (i.e. foster parent, parent or the child), the child and their family were not included in the sample.

Anonymised data was collected by Tusla social work teams from case files in Donegal and Galway from May to August 2016. This minimised the risk of researchers identifying participants and ensured that the research team acquired only the requisite information about the children and families participating in the study.

The research team sought consent from all young people and their families prior to data collection. An age appropriate information pack about the study was forwarded to children and families in Donegal and in Galway in early 2016. This pack included letters to all children and their families (foster parents or parents of origin), Participant Information Sheets, and Informed Consent Documentation which children and parents were asked to sign, indicating their agreement to consent or to opt out of providing anonymised case file data to researchers.

The researchers prepared the letters and coded them at NUI Galway, and packs were hand-delivered to the teams in Donegal and Galway. Only Tusla staff had the details of names and addresses, and they posted the material. This ensured that the researchers had no access to identifying information about service users at this stage (e.g. names, addresses). All Participant Information Sheets on the quantitative study detailed what the study was about, and stated that children and adults could participate or could refuse to participate in the study without any change in services provided to them by child welfare services. Participants were informed that they could opt out of the project at any time. If they were dissatisfied with the research in any way, they could also contact the NUI Galway Research Ethics Committee or the UCFRC to discuss further.

## 2.8 Data storage

Hard copies of all anonymised information (e.g. completed quantitative tools, interview transcripts) were stored in a locked cabinet, in a locked office. Only the researchers involved in the study had access to this information throughout. No information about participants (e.g. interview transcripts or SPSS files) were stored on USB mass storage keys. Guidelines on data management observed throughout this study were in line with Tusla and NUI Galway data-protection policies.<sup>10</sup>

## 2.9 Study limitations

There are a number of limitations to this study. The data pertains to a small sample of persons in foster care in two counties in Ireland (Donegal and Galway). As such, the findings cannot be generalised and are not representative of the experiences of children and youth in foster care in other counties. They are also not representative of the experiences of children or young people in residential care. The time-period (2008–2013) is also limited. The sample size for the quantitative study was too small to be representative; consequently the findings prioritise qualitative data. Also, due to this low response rate, objective three of the study could not be achieved. While the narratives are rich, qualitative findings are more subjective than large-scale quantitative data.

## 2.10 Chapter overview and conclusions

This chapter detailed how a mixed-method approach captured young people's understandings of stability and permanence as 'lived experiences'. Due to issues of consent and assent outlined in this chapter, the study was revised to have a strongly qualitative rather than quantitative orientation.

A major strength of this research is that it utilised a partnership approach with Tusla teams in Donegal and Galway. The sharing of insights and experiential knowledge was crucial to the success of the project. Some of the main ethical challenges of this research were to do with consent and assent. This impacted markedly on the sample size. However, it provided important learning about the challenges of researching with children and families and about the complexities of consent and assent in sensitive situations. The process raises other interesting questions around children's voices in research. In some cases, children gave assent to be interviewed and to take part in case-file analysis. However, when the foster parents or parents of origin did not give consent they could not participate. This raises questions about the voice of the child in research (e.g. whether their needs and wishes about participating in studies are prioritised).

The collaborative approach of this research allowed us to revise and refocus the project to extend the qualitative research with the result of producing findings as detailed in the chapters to follow. Narrative-style interviews were utilised with children in care, aftercare service users, parents of origin and foster parents to capture participants' opinions about how events that happened prior to the child's or young person's care entry, their experiences in child welfare systems, and events after leaving care affect people's interpretations of permanence and stability. As demonstrated in the main qualitative findings detailed in subsequent chapters, this has resulted in the production of valuable findings that corroborates certain existing knowledge relating to outcomes for permanence and stability and offers new insights to inform future development.

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<sup>10</sup> Please see: [http://www.nuigalway.ie/data\\_protection/documents/dataprotpolfinal.pdf](http://www.nuigalway.ie/data_protection/documents/dataprotpolfinal.pdf).

# 03



## Chapter Three: Factors affecting Permanence and Stability for Children in Care: Interviews with Children and Young People

### 3.1 Introduction

This chapter outlines the main findings from interviews with children and young people. It is divided thematically, highlighting the main themes that emerged from the interviews. We present the data in a 'storied' way, focusing on children's experiences before they went into care, factors that affected how they transitioned into care, the things that affect permanence and stability for them whilst in care, and how they transitioned out of care.

The chapter is divided into nine sections. Part 3.2 provides profile information on the children and young people interviewed for this study. Part 3.3 focuses on young people's experiences before they go into care. In part 3.4, the factors affecting children's care transitions are explored. In parts 3.5, 3.6 and 3.7, we look at young people's experiences in care and some of the factors that shape and reflect permanence and stability outcomes. These include identity and belonging, communication, and children's relationships with families of origin, foster carers and siblings. Young people's experiences of transitioning out of care is in part 3.8. A chapter summary and some conclusions are provided in part 3.9.

### 3.2 Profile of children and young people

The following table documents the number of children and young people who were interviewed for this study. As evident from the table below, the number of children and young people<sup>11</sup> interviewed was low, due to the complexities of consent and assent. In some cases, a child gave assent to be interviewed and/or to do case file analysis. However, a foster carer or a parent of origin did not consent. In line with our ethical responsibilities, in such cases, we did not interview the child or complete the case file analysis. The following table also give an overview of the gender and age profiles of participants.

<sup>11</sup> In this report, the term children and young people includes all participants aged up to 24 years.

	Participant number	Gender	Age category
Children	Participant 1	Male	12-14 years
	Participant 2	Female	13-15 years
	Participant 3	Female	16-18 years
Young People	Participant 4	Male	22-24 years
	Participant 5	Male	19-21 years
	Participant 6	Female	22-24 years
	Participant 7	Female	22-24 years
	Participant 8	Female	19-21 years
	Participant 9	Female	22-24 years
	Participant 10	Female	22-24 years

Table 3.1 Profile of children and young people interviewed for the study

### 3.3 Children and young people's life experiences before care

Children and young people's interviews were replete with stories about their lives before they went into care. Young people regularly spoke of feelings of 'brokenness' and 'being different' (cf. Biehal, 2014). Young people's narratives about their pre-care experiences contained harrowing stories of abuse and neglect. Several young people felt that early experiences of abuse and neglect destabilised their care placements, as they found it difficult to settle into care and to trust their foster carers:

*I lost a lot of weight because there wasn't food in the house and the doctor said I was malnourished. I told the social worker what was going on and I would show him a bruise or a mark I had, and there was no food in the kitchen. Those experiences affected my placements later. I didn't know who to trust... I was afraid of my father. I never knew how he'd react. I thought it was normal to be afraid of adults.*

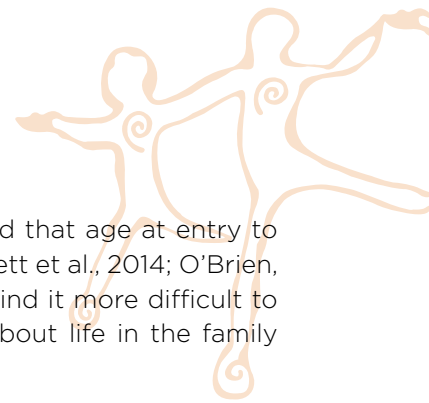
Parental separation, alcohol and substance misuse, unemployment, and mental illness figured strongly in young people's accounts of why they went into care and the factors that destabilise care placements. This is evident in the following interview quotation. Several other young people made similar comments about the impacts of early life experiences on permanence and stability:

*She's never been treated. It would go under the radar, the depression. But over the years, I remember each year it just got worse. When she lost her job when I was 15 and that is where things hit rock bottom. So, she went through like depression. Honest to God stayed in bed all day. It was the trigger for some of it.*

The need to 'feel safe' emerged strongly in interviews. Several young people commented that they were 'at risk' and 'in danger' in the family home. This sense of fear is evident in young people's narratives about their relationships with their parents: *'I was dragged', 'I had a bruise on my back... I forgot about it until I went into the shower', and 'I thought plates would be fired'*. In addition, several interviewees struggle to understand specific events that they remember from childhood, and they find it difficult to cope with their emotions:

*I still don't understand it. I struggle with it, to be honest.*





Comparable to international research literature, some young people commented that age at entry to care affects permanence and stability outcomes for children in care too (cf. Beckett et al., 2014; O'Brien, 2014). Participants stated that young people who went into care as teenagers find it more difficult to 'settle down' than younger children. Older children have 'residual memories' about life in the family home which affects their relationships with foster families:

*It can be hard for some people to settle down... They move around a lot and that becomes their reality... Age affects it too... If you go into care as a young child, you don't remember as much about your home life.*

### 3.4 Young people's narratives about transitioning into care

Young people often spoke of the difficulties they encountered transitioning into care. They required high levels of support from foster carers, social workers, and parents of origin, particularly in the early stages of care placements. Young people felt that care placements were when they were still learning about the family and who to trust. Similar accounts about emotional difficulties experienced by young people going into care are outlined in Winter (2012).

Most children and young people discussed the challenges of 'settling down' in care. This was evident in children's narratives about the feelings of uncertainty that they encountered at the beginning of new care placements:

*It was quite hard to move in with someone that I didn't know. Myself and him, my foster dad, didn't get along for quite a while. It was quite tense. But we get on quite well now. They got dumped with me, that's how I felt about it in the beginning... Not knowing who you are, where you're going and where you'll be.*

In addition, young people said that school experiences affected the stability of care placements, their feelings of family identity and self-esteem. This is indicative of how everyday school experiences impact on permanence and stability and how young people 'settle down' in care:

*I got bullied a lot for a while. I've never had that many friends... I was the weird kid that no one liked. I would sit on my own or I would become friends with someone for a while and they would slowly leave.*

Young people's discourses about transitioning into care were linked to notions about family roles and 'positioning'. Family positioning is defined as young people's sense of belonging in a family and knowledge about family members. Young people felt that their position in foster families was very uncertain, especially at the beginning of a placement. Young people often felt unable to communicate with foster carers when they went into care because they do not 'fit in'. Learning how to communicate with a new family and building trust was important for young people gaining a sense of 'belonging':

*You must learn what is said, how people say them and when. It's a new situation. New adults who you don't trust and new people.*

Lack of knowledge about family routines emerged strongly in interviews. This is evident in the following quotations: 'I didn't know what to do', and 'You really don't know where you are or where you fit in a family'.

Young people often discussed when they were reminded about their lack of knowledge about the social dynamics in foster families:

*You're minding your Ps and Qs for the first few weeks till you see how things work. It is hard, it is hard. You're trying to learn from everyone else and you're wary that they could be trying to trip you up.*

For some young people, these feelings of uncertainty often lingered into adulthood also:

*It's hard as an adult because when you think back, I never had a proper home and you carry that uncertainty with you, that difficulty to settle in which is the same as what you feel in a new placement.*

All young people said they need support from foster carers and social workers during the early stages of placements. Moving into the 'strangers' house' is an emotional process for young people. Children's emotional responses about going into care are encapsulated in quotations like '*I had a hard time dealing with it all*' and '*it is difficult, you're questioning yourself*'. Young people also spoke of dealing with separation from their families, learning about family routines, and wanting to feel 'safe' in foster care:

*It's hard to settle in, and you need support. You need to feel safe, particularly in the early days. Like who can you go to? If you don't like your social worker, you don't have anybody.*

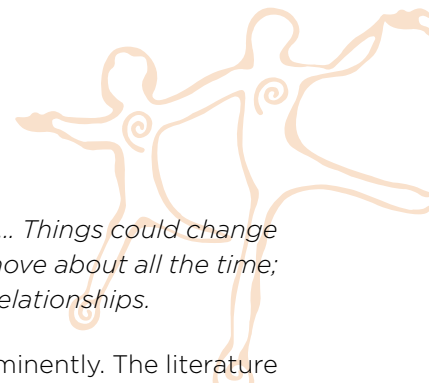
Social support is defined as 'verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or the relationship, and functions to enhance perceptions of personal control in one's experience' (Albrecht and Adelman, 1987). Young people commented on the importance of emotional supports from social workers and foster carers. Emotional supports were said to encompass '*a friendly word from the social workers*', and showing empathy: '*if they could show that they know what we're going through*'. These supports were highly valued by young people:

*That they could show that they support us and that they are with us, that would be great. I think that's the main thing, to show us that they care.*

### 3.5 Young people's experiences in care: identity and belonging

Identity and belonging emerged strongly in interviews with young people. Developing a solid sense of identity is important for permanence and stability and in facilitating young people's transitions out of care (Biehal, 2014; Pinkerton and Rooney, 2014; Stein, 2008). All young people commented on the importance of knowing who they are, where they come from and a sense of belonging. Young people often spoke of wanting to 'belong' and the significance of feeling 'in place' in a community. The subsections which follow focus on children and young people's feelings of family identity, dual/hybrid identity, sense of connection to foster carers and discourses of normality.

Only a small number of interviewees displayed strong connections to their families of origin. Most young people in aftercare, especially those who went into care as older children or teenagers, felt that their age going into care contributes to the sense of brokenness that young people carry into adulthood. When discussing what 'being in care' means to them, interviewees often talked about instability and uncertainty about their futures:



*Someone else makes the decisions for you. It's not my house, it's not my house... Things could change so I'm always worried about that... Home is a big part because all I've done is move about all the time; relationships because, well, I've built so many relationships and lost so many relationships.*

During interviews, the concepts of 'felt connection' and 'belonging' emerged prominently. The literature shows that maintaining strong connections to families of origin can improve permanence and stability outcomes; however, this is also contested (Kiraly and Humphreys, 2016; Daining and DePanfilis, 2007). Not all young people wanted to forge relationships with their parents of origin. However, young people who went into care at an advanced age tended to maintain greater contact with their families of origin, in comparison to young people who went into care as infants or as young children. Young people felt that their age at care entry impacted on whether they felt 'part of the family'. This is evident in the following quotation:

*I think if I went in younger than I did, I probably would have accepted them more and accepted the situation more as well and that I was in care... I rebelled against it.*

Children and young people also commented on how they negotiate different family identities (e.g. connections to their families of origin and/or to their foster carers). In the literature, fostering a sense of dual/hybrid identity sometimes leads to positive outcomes for children in care, as it means strong connections to families of origin and foster parents (Boyle, 2015). By embracing their dual identity, children should feel empowered to express themselves openly to their foster families and their parents of origin. The hope is that children will develop strong self-concepts which positively embrace aspects of their relationships with the family of origin and the foster family. This is in comparison to when a child maintains strong feelings of personal identification to the family of origin and 'rejects' the foster family (or vice versa) or when the child feels competing loyalties to the family of origin and the foster family (Maaskant et al., 2016). In our study, there was little evidence that young people developed dual identity. Most young people felt a stronger sense of identification with their foster families or the family of origin. Some young people recounted that they felt 'torn' between the two. This feeling of being 'torn' is evident in the following quotation:

*I did feel torn right then between them... like who to choose, who do I call Mammy?*

During interviews, having a strong sense of identity was associated with feelings of normality and what it means to be 'normal'. Indeed, this notion of normality was frequently commented on by participants (cf. Schofield et al., 2011). During interviews, 'normality' was equated with 'stability' and having a 'regular' family life. Young people described it as '*conversations about what happens to families every day*' and the '*ordinary run of the mill*'. This discourse of normality is in the following quotation, where a male interviewee talks about his experiences of a 'normal' childhood. Similar quotations about the importance of feeling 'normal' in care were in interviews with other young people:

*My childhood... it was normal... Kind of the same with us, normal day, every day. There was nothing major about it... Went to America one year on holidays, Italy the next, summer camps and all that. I'll not forget that anyway... Everything was good really, you know... Couldn't be happier.*

Discourses of normality also raise questions about how young people in care conceptualise 'difference'. Several young people referred to their lives in care as 'abnormal' and 'different' and spoke about lacking a solid sense of belonging and knowing who they are.

Several young people also commented that feelings of being different adversely affect their experiences of being in care:

*I thought I wasn't normal. You know? I wasn't normal. I didn't want to be looked at. I wanted to be normal. I wanted to have my own mum and dad.*

Similarly, other interviewees spoke about their childhood experiences as 'unbelievable' and 'extremely difficult'. Often people talked about a 'normal' childhood as the experiences of their neighbours and school friends. In the following extract, a female interviewee recounts how living with relatives gave her a solid meaning of family and a sense of normality. Eventually this led her to contact social workers about her parents' abusive behaviours at home:

*I used to go over there after school to my aunt's place and they'd feed us, they'd give us dinner. And they'd tell us stories... Ask us about our days... they were just interested in us... I know there is no such thing as normal but my family was slightly more abnormal. I say normal, I mean... not dangerous. After a while observing other people you realise they just act slightly differently, everyone does. Mainly going around friends' houses and seeing what their parents, weren't like that.*

### 3.6 Children's experiences in care: communication and outcomes for permanence and stability

All young people saw good communication with foster carers and social workers as an important factor in improving permanence and stability. This is commensurate with Winter et al. (2016: 1), who state that 'a key issue for the social work profession concerns the nature, quality and content of communicative encounters with children and families'. Young people recounted stories where good communication between foster carers and children was said to enhance foster care placements. As one young person stated:

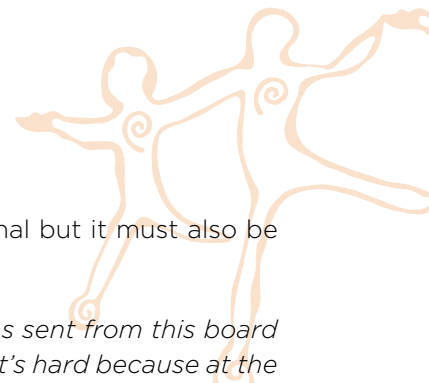
*Communication is important... I need to feel supported and that I can talk to my social worker.*

Despite this, however, most interviewees felt that factors like power and authority can impede on successful communication with social workers. Most interviewees state that child welfare systems largely negate children's opinions, indicating that child welfare systems are non-participatory. Several young people lack trust in social workers. The following quotation from a young person is indicative of the importance of good communication and trust in social workers for permanence and stability:

*I think they need to listen to the voice of the young person. I know times they think, 'Oh they're young, they don't know what they're talking about', but realistically you need to listen to them. You need to.*

The following quotation with an aftercare service-user shows how perceptions about the power and authority of child welfare services affect young people's relationships with social workers:

*You need to make them feel like they can talk to you, like even though you're a professional... They kind of need to get off that level of, they're a social worker, but it's kind of hard when it's on that level of 'I'm your social worker'. They kind of need to stay away from that a bit. Now obviously still be professional about it, but there's ways of going about it.*



Young people said that their relationship with social workers must be professional but it must also be 'child-focused'. The interview quotation below illustrates this:

*Instead of coming in and going, 'Right, I'm here about such and such and I was sent from this board to talk about this', and you're sitting going, Jesus, will you shut up. You know? It's hard because at the end of the day you are a child, so there's no reason to be so formal with you. They need to break it down to a level that you understand. If they're going to be working with kids, then you need to work on their level. Which I found sometimes they didn't do.*

Some young people felt they were treated 'differently' by child welfare professionals because they were in care. This adversely affects the relationship with their social worker and affected their self-confidence:

*The social worker saying I was odd... I used to think then I was odd. You know when I was young I would have been bursting with confidence and I went through a stage then I wouldn't even go into a shop myself... I wouldn't have done anything, wouldn't have went anywhere, wouldn't speak to anybody.*

Some young people commented that they developed better relationships with social workers who they saw as 'normal'. When defining normality in this case, they said it was about 'having no agendas', and having someone to do 'normal' activities with. Essentially, many young people wanted their social worker to 'look beyond' the labels of being 'in care' and as 'looked after' by the state:

*He was grand. He stood up for me a lot and I appreciate that. He would just watch TV and give me sweets. No agendas. Just normal really.*

For all young people who were interviewed, trust in social workers was a critical factor in enhancing permanence and stability. The interview quotation below is indicative of this:

*You should trust the social worker. That's important, but I don't trust them. They have the power.*

Some young people expressed low levels of trust in social work teams. Some participants said that their relationships with social workers broke down irrevocably. In the following quotation one young person says that a social worker broke her trust when the social worker relayed confidential information to the child's mother. Other interviewees raised similar questions about the importance of confidentiality and trust in social work teams:

*My social worker told my mother stuff and it could have put me at risk and my mother went mental. I would never, ever trust them.*

While trust in social work teams was low among several young people, there are also examples where young people spoke of close, trusting bonds that developed with social work and aftercare teams. This was evident in the following quotation from a young person:

*That's what I found with my social worker. He would come in and been all 'How was your day today?' and 'Have you any plans?' and 'Did you see this on the TV?' And had a conversation with you and made you feel like you were a normal person.*

### 3.7 Relationships with families of origin, foster carers and social workers for children in care

Young people's relationships with their families of origin also featured prominently in narratives about permanence and stability. Most young people reported that they had weak relationships with their siblings. Several young people said that they meet them only occasionally, and some interviewees said that they do not meet their siblings at all. Maintaining contact with their families of origin reminded them of the difficulties they experienced before they went into care:

*The relationship with my family, my siblings... It was toxic. What I knew they did as children and as teenagers. I just decided, no.*

Other participants maintained strong relationships with their siblings to help them to come to terms with past experiences of abuse and as a way of rebuilding relationships with their parents of origin:

*My sister and I get along well, and I guess we do talk to each other about what happened and why we had different relationships with our mother.*

Young people who maintained regular contact with their siblings tended to have strong relationships with them from childhood. Young people who had sporadic contact with their siblings in childhood tended to have weak relationships with them as adults and had less frequent contact with them. This implies that when sibling contact is deemed to be in the best interest of the child, sibling contact should be frequent and it should be encouraged from childhood.

The difficulties that young people experience forging strong bonds with families of origin was often due to early experiences of abuse and neglect and feelings of mistrust.

*I don't have much relationship with my mother and I never knew my father. I don't know how to be her daughter. I also remember what things were like and I don't trust them.*

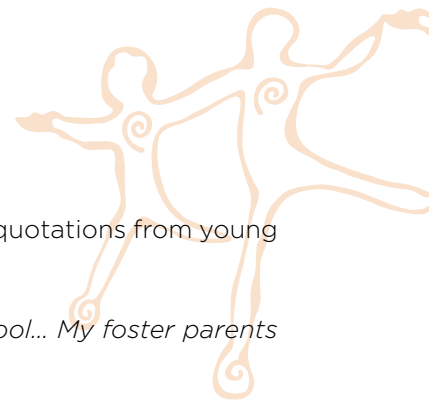
However, in some cases, contact impacted positively on young people: in building 'dual identity' (Boyle, 2015) and maintaining connections with extended family members (e.g. grandparents, aunts, uncles). Frequent contact gave young people deeper feelings of knowing who they are and where they are from:

*I think it does give you a better sense of who you are and what you're about... yes.*

Most young people adopted a 'fluid' understanding of the meaning of family. Some interviewees from aftercare think about their families of origin as 'strangers' and saw family as 'transient'. These findings correspond strongly to Biehal (2014: 957), who states that 'children in complex family circumstances may develop their own understanding of family, actively negotiating a range of kin and non-kin relationships. They may actively create a sense of kinship, considering special relationships with people who 'seem like family' as being 'family-like relationships' (ibid.). Lack of trust in families of origin is apparent in the quotation below:

*I just can't get over the fact that I was abandoned and what my mother did.*

When young people had strong relationships with their families of origin, there appeared to be strong support from foster carers and social workers to ensure that these relationships were maintained. In addition, the quality of foster carers' relationships with parents of origin impacted markedly on young



people's relationships with their parents of origin. This is evident in the following quotations from young people who were interviewed for our study:

*I love my mother and I get to go to see her and she has come here and it's cool... My foster parents like her as well.*

*I get on much better with her now. I had no tolerance for her as a child, but my foster parents got on with her. They understood her and they encouraged it. That helped later when I decided to give her a chance.*

Some young people had difficulties maintaining contact with families of origin because of differing assumptions about the level and quality of contact that family members expected. Young people commented on how sporadic contact and experiences of rejection with their families of origin impacted on them emotionally. In some cases, young people wanted to forge stronger relationships with family members, but this did not correspond to family members' assumptions, who wanted to have less frequent contact. This is evident in the following interview quotation from an aftercare respondent:

*The contact is patchy really, it's here and there and it upsets me a lot. Sometimes they let me in, sometimes they don't. It was like rejection no matter what I did.*

Significantly, all young people commented on the importance of having emotional support from social workers to help them negotiate difficulties in contact arrangements:

*Because I knew the social worker for so long, that was the main thing why I could talk to her about the family. That was a huge support.*

Social workers are pivotal to improved contact arrangements for young people in care and their siblings (Cleaver and Walker, 2004). The following quotation from a young person corroborates this:

*The social worker needs to encourage it. If the social worker doesn't support it, the contact just won't happen.*

Some interviewees were dissatisfied with how child welfare systems maintain sibling contact. Young people often commented on the range of practical and emotional supports that they need to maintain sibling contact. In addition, several young people whose siblings were also in care felt that they need greater supports from adults in their 'social ecologies' to support these relationships. The quotations below capture some of the difficulties that young people face, maintaining relationships with siblings who are also in care:

*They were going their way and I was going mine, and even though I was young, I was old enough to understand that we weren't close and that's the way it has remained to this day, really.*

*It was hard because we all have different names and I didn't see them that much, but one or two of them knew my friends so I saw them from time to time, but I didn't identify with them as my brothers, to be honest... I remember one time at school, a teacher challenged him about the surname. How can your name be this when your parents' name and your sister's name is different?*



### 3.8 Young people's experiences transitioning out of care

Most young people saw the process of transitioning out of care as 'a challenge' and as a negative experience. Young people regularly used terms like '*uncertain*', '*unsupported*' and '*difficult*' to explain what this process means. Transitioning out of care was described predominantly in negative terms by people who were in residential care and by young people who had lower amounts of perceived social support. Importantly, some young people felt that labels of being 'in care' hindered their chances at finding employment and achieving academically. Furthermore, some interviewees told stories of specific 'life events' where they felt they were taken advantage of by landlords and employers because they were in care:

*I felt he knew, he knew I was in care so he saw me as stupid or something... That made the accommodation thing more difficult... He knew I was in care and he didn't give me the deposit back. I just went along with it at the time because I didn't know any different, but it was because I was in care.*

Significantly, aftercare service users who experienced 'smoother' transitions out of care also had greater stability in living arrangements (e.g. they were in the same care placement from early childhood, or they experienced very few placement moves). Importantly, these young people exhibited much higher levels of perceived social support and stronger feelings of identification with their foster families. Because of the informal supports that were available to them from family and friends, they encountered fewer problems accessing employment and educational opportunities, and sourcing good-quality accommodation. This is evident in the following quotation:

*I'm not employed or anything... going back to college at some stage and getting on well. That's all I worry about really. I don't have other stuff to worry about like others who are leaving care. I just worry about exams and stuff and that's it.*

Most young people in aftercare expressed supportive attitudes towards their aftercare teams. While several interviewees said that there is a shortfall in supports for young people leaving care, some young people referred to their aftercare worker as '*supportive*', '*very good*' and '*a positive influence*' in their lives. This is also evident in the following quotation about aftercare services:

*If everyone's got someone like my aftercare worker, then it's all good. That's it. Any improvements? Don't think so, not that I can think of. No. I suppose not... She is one of the best, really. I'd say they're all like that, but so much help. If I had any questions around anything like money or anything like that... she would know all that.*

Aftercare workers were very important for improving educational outcomes for young people leaving care. Young people in aftercare valued education, and many acknowledged the role of their aftercare worker in helping them with college fees when they started at third level. In addition, aftercare workers were important in sourcing services for young people like counselling:

*They are there if you need anything, like. Last year I asked for counselling and they got it straight away; I only went once or twice but they got it for me straight away.*

Concepts of power and authority affected how some young people and aftercare workers relate to each other. Some young people said that they stopped attending aftercare services due to these perceptions





about the power and authority of aftercare workers. Past relationships with social workers also impacted on children and young people's relationships with aftercare workers:

*I thought I don't want anything to do with these types of people anymore, social workers, aftercare workers and the like.*

### 3.9 Chapter summary and conclusions

To summarise, this chapter provides evidence to show that young people's narratives about their pre-care experiences, what happens to them in care, and how they transition out of care are important for permanence and stability. Furthermore, the chapter shows that power and authority, identity, trust, and feelings of uncertainty shape and reflect young people's perceptions of child welfare systems. Moreover, they also affect young people's relationships with families of origin, social workers, and foster carers. Interview materials revealed here show the highly emotional aspects of young people's 'care journeys' and the challenges they face forging relationships with family members and negotiating new living arrangements.

When describing their pre-care experiences, young people often describe harrowing experiences of abuse and neglect in the family home. When defining their pre-care experiences and describing what happens to them in care, they draw on discourses about family, social support, and trust. Importantly, trust in social workers, relationships with extended family members, with siblings and with foster families, impact markedly on the stability of care placements. However, young people's memories of their experiences before they go into care also destabilise placements. Young people's memories of their pre-care experiences endure into adulthood, affecting their relationships with their peers and intimate partners.

Perceptions of power and authority affect how young people communicate with social workers and how they build trusting relationships with them. The process of transitioning out of care is interpreted mainly as a negative life event, and young people suggested that they need additional supports from aftercare teams in areas like accommodation and education, particularly when they have lower levels of social supports from family and friends. Most young people are satisfied with their aftercare services. The next chapter (Chapter 4) explores foster carers' perceptions about permanence and stability. Chapter 5 presents interview materials from parents of origin. Chapter 6 discusses the main findings from this study in the context of the literature and chapter 7 makes recommendations based on the findings.

# 04

## Chapter Four: Factors affecting Permanence and Stability for Children in Care: Interviews with Foster Parents

### 4.1 Introduction

This chapter documents the main findings from foster carer interviews on permanence and stability outcomes. Like Chapter 3, it is presented in a 'storied' way. It focuses on foster carers' perceptions about children and young people's pre-care experiences, the factors that affect permanence and stability whilst they are in care, and factors that affect care transitions.

It is divided into the following sections. Part 4.2 provides profile information on the foster carers interviewed. Part 4.3 focuses on foster carers' opinions on children's pre-care experiences and how they affect permanence and stability outcomes. In part 4.4 we look at foster carer identity. Part 4.5 looks at foster carers' relationships with social workers and communication. In part 4.6 foster carers' relationships with children are explored. Relationships with families of origin are explored in part 4.7. Foster carers' attitudes to child welfare systems are in part 4.8. A chapter summary and conclusions are provided in part 4.9.

### 4.2 Profile of foster parents who took part in interviews

As illustrated below eight of the foster parents were mothers, with five foster fathers also included in the sample interviewed. The youngest foster parent was aged between 44 and 46 at the time of interview with the oldest foster parent aged between 68 -70 years.

Participant number	Gender	Age category
Participant 11	Female	47-49 years
Participant 12	Female	44-46 years
Participant 13	Female	53-55 years
Participant 14	Female	59-61 years
Participant 15	Female	62-64 years
Participant 16	Female	53-55 years
Participant 17	Female	53-55 years
Participant 18	Female	62-64 years
Participant 19	Male	44-46 years
Participant 20	Male	59-61 years
Participant 21	Male	68-70 years
Participant 22	Male	56-58 years
Participant 23	Male	59-61 years

Table 4.1 Foster parents who took part in interviews



### 4.3 Foster carers' opinions on factors that affect children's Pre-care experiences and outcomes for permanence and stability

Foster carer interviews broadly corroborate research literature on factors that affect permanence and stability outcomes. All foster carers commented that children's age when they go into care, their experiences of abuse or neglect and exposure to alcohol or substance abuse markedly affect placement stability. Foster carers saw permanence and stability as providing loving homes for young people and children feeling 'part of the family'. The quotations illustrate foster carers' opinions on how factors like age, mental health and social disadvantage affect the stability of care placements:

*I think the age at care entry is important for stability... what they see before they go into care.*

*How could they have a normal upbringing with so little money, and all the alcohol abuse that was going on around them?*

*Mental health issues were rife in the family, and they couldn't cope or even function as a family unit.*

*She just had problems with drugs and alcohol from quite an early age. Unfortunately, that filtered through to my girls' mother. She loves the girls and she genuinely loves them. She's very good with them when she sees them. Unfortunately, that's sporadic. She's not capable of maintaining any consistency.*

### 4.4 Foster Care Identity

Foster carer identity is an important factor that affects permanence and stability outcomes. During interviews, much detail emerged about foster carers' discourses about what it means to be a foster parent, and how they understand their roles in the lives of looked-after children. Internationally, there is a growing body of literature on foster carer identity and stability for children in care (see for example Blythe et al., 2012).

Foster carers' identities are interlinked with how they see family and notions about being a 'good' foster parent. However, there was often a significant mismatch between foster carers' perceptions of fostering and the lived realities of fostering. In situations where there was greater alignment (or 'matching') between foster carers' expectations and fostering experiences, foster carers commented that care placements tended to last longer. This is comparable to the international literature around matching, which shows that when the needs of the child and the expectations of foster carers and children are met, placements endure for longer (see Stott and Gustavsson, 2010).

During interviews, all foster carers reflected on what it means to be a foster carer. In the following extract, one female foster carer talks about her decision to foster in the first place. This extract also highlights the challenges encountered by foster carers coping with difficult placements:

*I think that's why I did it in the beginning. I had this image of someone, a child that was unloved. It was someone I could mother and feed and look after. But the reality is so different... I wanted to give them a family life, make them a part of my family and make a difference... It is hard to cope.*

*Physically I wasn't afraid of him at that time because he was still quite small, but it was in my thought process that when this child reaches 10, 11, 12, I wouldn't be able to handle him physically.*

As evident from the extract above, this foster carer's understandings about 'making a difference' in a child's life and giving children a family life influenced her decision to foster. This was the opinion of other foster carers too, many of whom stated that the desire to 'make a difference' influenced their decisions to foster. However, all foster carers stated that they were unprepared for the everyday realities of fostering. Some participants stated that they often feel unable to cope when children present with complex physical and intellectual disabilities or complex family histories. This is evident in the interview extracts below:

*I do feel unable to cope sometimes, yes, it does get hard. It does. I just feel like I have no support really. I don't know how I'll cope if the placement goes on to 18, and what happens if he turns 18 and he wants to stay or there's nowhere for him to go? Do I just turn him out? But I can't put my life on hold forever.*

Foster carers commented on the emotional impacts of fostering on other members of the household (e.g. spouses/partners, biological children, foster siblings). In the literature, the strain of foster care on extended family members is accorded attention (see Farmer et al., 2005). However, most foster carers felt that child welfare systems overlook how fostering places emotional demands on extended family members, especially children:

*It puts her under a lot of pressure to keep up with her foster brother. He's a character and such a high achiever. She will look out for him and care for him and all that but I'd imagine it's a strain... I know it's a strain. It's like no one sees her.*

*I just can't believe how it's all turned out, that I've put my family and my children through this. I can't believe it. We couldn't cope as a family.*

*Social workers need to understand the strains that it puts on top of families, children as well, the emotional and practical side.*

Some interviewees discussed the impacts of placement breakdown on other family members (e.g. grandparents). The importance of supports from social workers to help foster carers and children to 'bounce back' after a placement breakdown was frequently discussed:

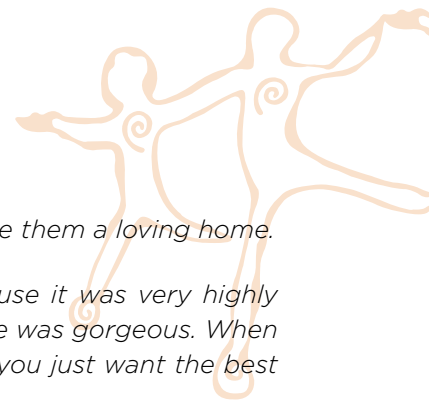
*It's important that they know about the impacts on foster carers, like placement breakdown. It has serious effects on the children, the foster child, and my own children.*

Placement breakdown incited highly negative emotions among foster carers. It was described as 'personal failure', as 'turmoil' and as 'emotional trauma'. This is evident in the following interview extract, where a female participant speaks about some of the emotional impacts of placement breakdown:

*I couldn't get up after they left because I thought, 'Is it me?' 'Is it my fault?' But you just must go on, you know. I stayed in bed and then I thought, 'I have to look after the other kids and go on.'*

The concept of care emerged strongly from foster carers' interviews and was linked to how they saw permanence and stability. All foster carers took their caring roles very seriously; caring for young people and caring about their welfare were essential for being a good foster parent:

*It all comes down to care... I am very fond of her, my young one.*



*Care is what fostering is all about... I will do my best for them every day to give them a loving home.*

*I probably became overly emotionally involved in the whole situation, because it was very highly charged and I mean I just fell hook, line, and sinker for my foster daughter. She was gorgeous. When you see the progress that she made in a loving and supportive environment you just want the best for them because you can see the potential.*

*You'd have doubts about why you did it like, associated problems with it, but I think after a while you just grow into it and it doesn't bother us really. The two kids are the same as our own; there's no difference I can see.*

All foster carers were aware of the emotional trials that children face when they go into care. Providing a caring home would enable children to develop a strong sense of self, and help them to forge positive relationships into the future. In this way, permanence and stability were about providing a stable home that would facilitate children's physical, social, and intellectual development, where they know they are cared for and supported:

*It's about showing that you care from when they are children. If the foundation isn't there, then it isn't going to appear in later life.*

Permanence and stability were often described by foster carers as regularity of routines and a stable home. Foster carers often described care as 'fighting for children's futures' and 'just being there' for children.

This notion of care was important to foster carers' identity and to how foster carers conceptualised their own roles as foster carers:

*Care is part of what we do. It's what we do as foster carers.*

*Caring about children is part of it and giving them a good home. That's what fostering is and that's what it means to be a foster carer.*

The concept of 'regulation' was also commented on by many foster carers in relation to foster carer identity. Many foster carers said that over-emphasis on regulation detracts from giving children a loving home. Some interviewees felt that home inspections were carried out in a 'clinical' and 'controlled' manner which they said contradicts the care element which is at the centre of fostering. Importantly, the interviews yielded data on foster carers' emotional reactions to home visits by social workers:

*They're brilliant, the social workers and even the younger ones, you know; but I think they're kind of killing it, the fostering. There's too much emphasis on procedure and not enough on the needs of the child.*

*A child should be a child in the house and a child should be made feel part of the house. Instead of, 'Oh, I should have your room looking well for the inspection.' Every house is different and they, the social workers I mean, need to recognise that.*

Some foster carers saw some regulations as contradicting the development of a solid family identity and as potentially undermining 'family feelings':

*We know we're going to do the best for that child... It's just kind of, I know they must do it and I know it must be done... that you treat the child as you treat your own, but it's gone away from that now too. It is, it is gone, you don't. Your child... you can't treat them as your child but a foster child.*

## 4.5 Foster carers' opinions about their relationships with social workers

Foster carers often discussed the importance of solid relationships with social workers for permanence and stability outcomes. In this section, some of the most salient issues that affect relationships with social workers are reported. These include communication, access to information, and perceptions about power and authority.

All foster carers mentioned the importance of good communication with social workers, children, and parents of origin for permanence and stability outcomes. Foster carers spoke about factors that they see as enablers and barriers to communicating with social workers. These include caseloads, power differentials, ways of working in child welfare systems and stressors that are part of foster carers' everyday lives. Some foster carers spoke about how ineffective communication with social workers to do with traumatic events in a child's life impacts emotionally on foster families.

The following narrative from a female foster carer illustrates how she felt unsupported by foster care teams at a meeting about their child:

*I got a letter in the post asking me to come in for a meeting. It didn't say what it was about. There was no detail in it and I phoned but nobody would tell me... And it was me specifically. Not my partner... And then they said, 'There's nothing to worry about. You won't be hearing from us again about this.' When they explained, I thought, 'Do I count for nothing?' 'Could you not have told me some of this earlier so I could at least have some support there?'*

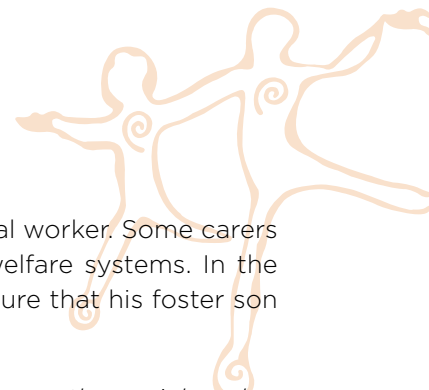
A foster carer stated that how social workers communicate adversely affects young people's emotional well-being. The quotation below illustrates this where a foster carer relays a conversation that he had with a social worker about his foster child attending college:

*Parents are looking ahead and saying, 'How am I going to get this child to college?' And what if he wants to go to college, which he does? Being told by a social worker who has shared responsibility with us that you need to manage your expectations and manage his expectations is the wrong starting point. But that's what we were told to tell him: 'Alter your expectations about life.' What sort of message is that sending out?*

Foster carers also said that power imbalances adversely affect communication with child welfare systems. In this regard, foster carer interviews are broadly comparable to young people's opinions on how power and authority affects communication with social work teams:

*There is a power thing for sure... And I see it in letters, e-mails, phone calls, the lot, but I call it like it is. There's a power difference. They have the power to make decisions but it puts foster carers off. It really does.*

Most foster carers expressed very positive attitudes about their social workers. However, some foster



carers commented that children did not always have access to an allocated social worker. Some carers also commented on what they saw as 'a lack of joined-up thinking' in child welfare systems. In the following extract, a male interviewee speaks about his personal struggles to ensure that his foster son secures a social worker:

*I'd ring again and I'd be told that we'd have a social worker next week... But anyway, the social worker that we had originally knows about the family history but they wanted her for another case. I'd automatically have to go back to her, though if I needed anything, or if I needed information but we couldn't have her, although she knew about the case... For a long time, we didn't have anybody.*

Lack of information about children's circumstances emerged prominently in foster carer interviews. Some foster carers said that they need more information about children (e.g. medical information, behavioural issues, details on the family of origin) before they commit to specific placements. This was important for permanence and stability, as some foster carers felt that they needed extra time to consider whether they could cope with the complex needs of children who were in their care:

*I think we do need more information, because we need to know if we can cope or not.*

*I know that they sometimes must make decisions on the spot when a child comes into care quickly. But we do need information about the child, especially if they have a lot going on in their lives.*

Foster carers also spoke about the importance of having more emotional and practical supports from social workers during care placements:

*I wasn't prepared, as I didn't have any clothes for them; I had nothing for them. So, the social workers arrived here at ten past four; they left here at five o'clock and that was it. It was just hand them over, out the door. And had brought nothing for them; there was nothing for them. I phoned my son, who was still at work, and I said, 'OK, go to Dunnes' and here's a list.'*

Many foster carers discussed their attitudes to training. While there was some positive feedback on training, areas for improvement were also identified. Some foster carers said, 'They need more training on the reality of foster caring', and 'They don't tell you the bad stuff in the training, just that they're there for you if you need them at any point.' Some foster carers said the training should be more informative about the realities of fostering, and how to cope when children present with very complex needs:

*It's like they just want foster carers but they don't prepare us for the realities... Like, I don't feel prepared for the realities of it, in the early stages, to be honest, like what to do with someone who has seen so much, a child... If we'd known, we probably wouldn't have done it or got involved.*

*Well I'm only talking about our boy now, say; the HSE's training would be no advantage at all. God, we've done so many down through the years, I don't know. And if something came up with the HSE then I'd get a letter to say, 'Will you go to this training day?' It would be no advantage, but I find lately now they're coming up with mandatory ones and I know I have Children First coming up with the HSE now early June. I'd say, 'We'll do them', but I find kind of they're no advantage sometimes, do you know what I mean?*

## 4.6 Relationships with foster children

Foster carers commented on the range of factors that impact on building solid, caring relationships with children. These factors include the child's care history, the age at which the child entered care, the child's relationship with social workers, and their parents of origin and family identification. They also mentioned other factors like how the child interacts with foster siblings, the child's level of access to additional services (e.g. psychological and counselling) and school experiences:

*If they fit in with the family, that's the main thing. We try to encourage her as much as possible.*

*The social worker is important to the relationship as well. That they nurture it.*

Some foster carers said that the development of strong relationships between their own children and foster siblings is important for permanence and stability too. Foster carers talked about their own children's emotional reactions to foster siblings when they go into care, and the different phases of the sibling relationship. Emotions like fear, tolerance, 'putting up with it' and notions of 'invisibility' were frequently alluded to by foster carers:

*The others are all, they adore her... the foster daughter, that is. The younger ones adore her. My son though, he kind of tolerates her as another sibling would. They do see each other as brother and sister, I think, but they aren't close. Like, he said to her one day, 'My life would be so much better if you weren't living here.' They just literally wouldn't see him. They don't see him, you know other people. They would zoom in on her, you know.*

The notion of family was mentioned by foster carers as an important factor that affects permanence and stability. All foster carers implied that fostering was a family enterprise. Many interviewees discussed the importance of their extended family members in lending support and enabling them to cope with difficult placements:

*It would be great to have more support from my mother and my sisters. I guess I'd love a situation personally where they accepted her as part of the family. It would help me out as well, but there are never any offers... they know the difficulties I guess, so I can't blame them.*

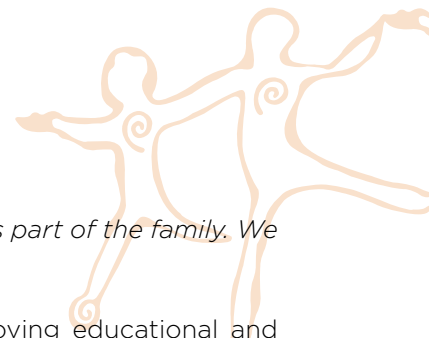
*It was great to have the advice of my sister, who fostered as well, to know about the challenges of the whole thing, what I might encounter and how to deal with it. Nothing prepares you for the challenges, I guess.*

*She, my foster child, was here a few days and I said to my daughter, 'You know what, you need to teach her how to crawl.' So, she took me seriously and my daughter brought my foster daughter out there in the hall and taught her how to crawl on her hands and knees. She got the hang of crawling and within a week and a half or two weeks she was walking.*

Foster carers regularly stated that feeling 'part of the family' led to more stable care placements. Broadly speaking, being 'part of the family' refers to feelings of belonging in the family home (cf. Biehal, 2014). The following interview extracts on being 'part of the family' are indicative of foster carers' opinions about the importance of 'family belonging':

*She is part of the family... she's a character. She's my daughter and I love her. They think of her as a sibling, oh they do, yes.*





*My son thinks of her as his sister. He says, 'Why can't we just adopt her?' She is part of the family. We see ourselves as her parents.*

Foster carers saw the development of 'family feelings' as important for improving educational and social outcomes for children, helping them to forge peer relationships and to develop a long-lasting sense of identity and selfhood. They saw family identification as important for young people developing an understanding of commitment and continuity in relationships with carers. International literature on children in care also outlines the importance of security, identity, continuity, and commitment to support them 'through childhood and beyond' (Department for Education, 2010: 12, cited in Boddy, 2013: 1).

## 4.7 Young people's relationships with families of origin

Most foster carers expressed supportive attitudes about parents of origin and the importance of maintaining contact for permanence and stability (e.g. for enhancing children's sense of belonging and developing family identity). The interview extracts below illustrate foster carers' comments on the positive relationships they forged with parents of origin:

*There's nothing I'd like better than if the mother could get well again and have them back and to see them reunited as a family, because she is lovely and we get on the best with her and we adore the kids as well.*

*She will be inclusive of me and I am inclusive of her and that makes the child feel comfortable with it as well. They're not in competition; myself and the mother aren't in competition. We're just the people who look after you and that's it.*

*Their mother used to come here every Christmas with sweets for the kids and small presents, like whatever she could afford, but it makes the difference. She didn't have all that much, so it was appreciated.*

*They've cousins and we've been a couple of times to meet them and it's nice. So, I've kind of got to a situation now where I can just call in to their granny; we can just go call and say hello. That's the kind of the relationship their granny would love to have, so there's no reason why that shouldn't happen.*

Foster carers and parents of origin face many challenges in forging and maintaining solid relationships, however. Interviews reveal the complexity of building and maintaining relationships in difficult and sensitive circumstances. Foster carers frequently spoke of the challenges maintaining regular contact with parents of origin, especially when parents experienced homelessness or alcohol or substance abuse:

*It's very hard to keep the relationship going with the mother, although I like her. She dips in and out with the contact and has been homeless as well. The grandmother, grandfather is difficult too. They've got problems to do with alcohol.*

*She loves them but she's not capable of maintaining consistency. She talks the talk; she knows what she needs to do and she wants to do it in the moment, but she's unable to follow through. She's a lovely girl. The kids miss her a lot, you know.*

None of the foster carers discouraged familial contact when it was positive for children's well-being. However, in some cases, foster carers disagreed with decisions made by child welfare systems about maintaining contact, particularly when it led to emotional difficulties for children. This is evident in the following interview quotation from a foster carer, who talks about the emotional impacts that sporadic contact with the family of origin has on her foster son:

*I can see the problems because I pick up the pieces. I know how it hurts when they let him down, and they have let him down so very badly.*

Some foster carers were fearful about the long-term well-being of their foster children. This was prevalent when the child went into care as an older child or as a teenager. Most foster carers felt that older children developed an enduring sense of family identification with their families of origin and that it was more difficult for them to feel part of the foster family. Some foster carers were also worried about the implications for the young person's life if they return to their family of origin when they transition out of care:

*I do think he will have issues later forging relationships because of what he's been through and because he still identifies with the family and not with us. He sees his upbringing as completely normal, and it was anything but normal.*

Some foster carers were fearful that children may be at risk of exposure to neglectful behaviours should they choose to return to their families of origin on reaching 18 years of age:

*She is like somebody that's in prison, she's doing a sentence and as soon as the sentence is over she'll go back into that life and she will be back doing the same things as she was doing before she came here.*

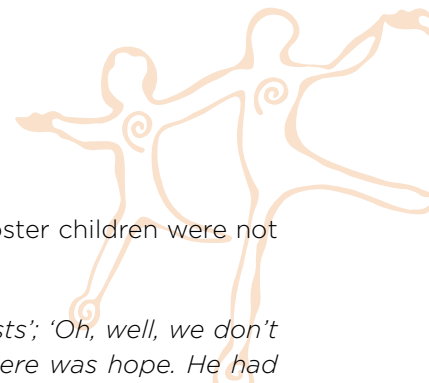
*She misses that; she would happily go back to that, despite the abuse. We can only hope and pray, the bit of advice we're giving her all the time and the boundaries that we set on her, they might click with her eventually and she might say, 'Well, you know what, I'm going to stay here, I won't be moving out.' She'll tell in you in one breath, 'No, I won't, I won't have anywhere to go', and then in the other breath she'll tell you she wants to go, you know.*

*She'll say things to you like, 'You know when I'm eighteen and I can go back to my mam', and then I'd say yes and then she'd look and she'd go, 'Well I mightn't go back to my mam, I might just go and live somewhere.' But she has said it.*

## 4.8 Foster carers' attitudes to service provision

There were mixed views among foster carers about the quality of service provided to them by Tusla. Some foster families were very positive about accessing services and described their experiences as follows: *'I get what I need'*, and *'I only have to ask for it'*. Services like occupational therapy, paediatric services, psychiatry, and counselling were interpreted as a 'lifeline' by many foster carers:

*The social worker has brilliant ideas and it doesn't cost the earth to put them into practice. She's very proactive on services that we get. She is always on the ball with services, and we have what we need.*



However, some foster carers said that supports provided to them and to their foster children were not always adequate. This is evident in the following quotation:

*When I would ask for support and help I was told, 'Oh, well, there's waiting lists'; 'Oh, well, we don't have resources'; oh yes. I felt that if he got the intervention early enough there was hope. He had the potential, he was a lovely, lovely child and was capable of being very loving and very good and was showing signs that he could be good at school and everything with the right network and intervention. But there was never any help for him.*

In cases where children presented with more complex needs (e.g. physical or intellectual disabilities or mental health issues), foster parents relayed examples where service provision was found to be lacking. This view was expressed by some foster carers in rural areas whose foster children had several physical and intellectual disabilities or other health issues:

*Because of her disabilities, she said she couldn't offer anything... I suppose I felt that we were kind of left out in that sense. But that's what I find the hardest, the summer... The holidays are a disaster... Because of her disabilities and the numbers of other children that are around trying to get into places, it's very hard. There's literally nothing for her to do.*

The discourses of 'fighting for services' and 'doing my best for the child' emerged very strongly from some foster carers, especially when foster children had mental health issues or physical or intellectual disabilities:

*I'd keep going and if I didn't get one place I'd go to another place. I'd keep going till I get it, you know. We're like dogs with bones about services. That could be my battle... to try and get something done. But yes, just to see. I'm the sort of person that once I know what I'm dealing with I will hammer along and I'll get the best service possible.*

*I had sought a lot of support for them. I hadn't been able to access that support and I tried everything to access it. I went to everyone I could think of to access help and support for him, couldn't get it. And in the end, it left bad feeling with the social workers towards me because I probably had pushed it too far, but that was my duty.*

Some foster carers commented that there is a lack of 'joined-up thinking' between medical professionals, psychiatric services, and social work teams which impacts negatively on outcomes for children in care:

*They don't talk to one another, that's the one thing I've noticed is we're years doing this and we're no further on. I asked one day about the results of a blood test. I asked the psychiatrist and he was saying, 'No, I've nothing on the file', so it must be somebody else has it on file. But you'd be hoping everybody would have it on file.*

Problems accessing out-of-hours services was also commented on by some foster carers. Some foster carers related very powerful narratives about the inadequacy of weekend services provided to young people who had severe mental health issues (e.g. suicidal ideations, self-harming, eating disorders, depression):

*It's a nine-to-six service at the end of the day, forty or forty-five hours a week. But what happens to him after hours? Is that not important too? And we've been told that about the forty-hour week as well.*

*It's very process-oriented, and systems-oriented. But when he needs someone out of hours and I'm told, 'I'm sorry, this is a forty-hour service', what can you say?*

Foster carers acknowledged the pivotal role of social work professionals as 'enablers' to services. This is evident in the following quotations: *'If the social worker isn't committed, then it falls apart'*, and *'It's the social worker's attitude that gets all those things done'*. Trust in child welfare systems seemed to be particularly low among foster parents who said that they had negative experiences with services provided to them. This is evident in the following interview extracts:

*I don't trust them... I really don't after what happened in the past.*

*I source my own services as much as possible, because to be honest, I don't trust them that they always get it right. I think most of them try to get it right, but they don't always.*

Some foster carers worried about services that would be provided to young people when transitioning out of care. This was a concern for foster carers where young people had complex needs:

*I wonder what will be out there for him and what he can do. I do think a lot about what will happen to her when she must transition out of care, or will she just be left with me? And what will my life be like?*

That said, most foster carers were broadly satisfied with the range of service provided to them and to the children:

*Her speech was very poor and it wasn't developing. So, I asked about speech and language therapy; got it straight away. So, she did speech and language therapy for about almost a year, and her speech is fantastic now, very good overall.*

*She has a lot of emotional issues, you know, they'd be related to development issues, I suppose, so I asked about therapy around that and she got occupational therapy straight away. It was excellent, very, very effective. She still has quite a lot of emotional issues, and she's going to start play therapy at the end of August.*

## 4.9 Chapter summary and conclusions

This chapter focuses on foster carers' opinions about factors that affect permanence and stability outcomes for children in care. The findings indicate that age at entry into care, identity, trust in social workers, discourses about family, and relationships with families of origin affect permanence and stability outcomes. This also corresponds to international and Irish research findings.

Foster carers' interviews reveal the challenges that they experience coping with placements, especially when children present with complex behavioural or psychological needs, and with the emotional impacts of placement breakdown. Foster carers commented that the emotional impacts of fostering on children and extended family members need greater recognition by child welfare systems. Moreover, foster carers' interviews underline that some changes may be necessary to training programmes for foster carers. Most foster carers expressed positive attitudes about their social worker. However, foster carers' narratives also imply that change needs to happen in how social workers communicate with children and foster carers. Similarly, foster carers worried about young people's access to services when they are transitioning out of care, and about a lack of forward planning and joined-up thinking, which they see as important for children's futures.



## Chapter Five: Factors affecting Permanence and Stability for Children in Care: Interviews with Parents of Origin

### 5.1 Introduction

This chapter documents the findings from parents of origin. Part 5.2 provides a profile of parents of origin who participated in the study. Part 5.3 focuses on parents' descriptions of family life before their children went into care. Part 5.3 looks at descriptions about the factors that affected care entry. Part 5.4 focuses on factors leading to children's care admission. Part 5.5 covers parental reactions to their children going into care. In part 5.6, we look at perceived social support which emerged in interviews about coping. In part 5.7, parents' relationships with children are examined. Part 5.8 looks at parents' relationships with social workers and attitudes to HSE / Tusla. Part 5.9 focuses on relationships with foster carers, and part 5.10 briefly considers parents' views about 'future selves'. Finally, part 5.11 gives a chapter summary and offers some conclusions.

### 5.2 Profile of parents of origin who participated in the study

As can be seen in table 5.1 below three parents of origin who participated in the study were mothers and one was a father. The youngest parent was aged between 22 -24 years with the oldest parent aged between 50 -52 years.

Participant number	Gender	Age category
Participant 24	Male	50-52 years
Participant 25	Female	38-40 years
Participant 26	Female	41-43 years
Participant 27	Female	22-24 years

Table 5.1: Parents of origin interviewed for the study

### 5.3 Descriptions of family life 'before care'

Parents of origin often spoke about their family circumstances from childhood. Their narratives about their early lives contain descriptions of friendships, school, and events like Christmas and holidays. Parents' discourses about their own early life experiences are often framed around the concept of 'normality', which is shown in the following quotations. This compares with data from children and young people who drew upon a 'normality' discourse to describe their family circumstances:

*It was all pretty normal... my family life... nothing major to report.*

*We had our difficulties, our family, but we always stuck together and there was no, nothing bad, like nothing ever major. Nothing at all, like.*

*Going for walks and not knowing when to come back. They would be my best memories, going out with my friends and going for walks and stuff like that, even though there was no Internet back then but you made the most of it.*

While parental descriptions about their early lives were often framed around 'normality', some parents traced incidents that happened during adolescence and in early adulthood which, they said, started a chain of events that led to their children going into care later in life. These life events included their first experiences having an alcoholic drink, violent relationships with intimate partners, and early experiences of depression and mental illness:

*I started to drink and that was the beginning of it... I'd go to the shop and buy drink and say, 'That's for my mother.' He probably thought, 'The poor kid, getting the drink for his mother.' But it was for me. My mother was a pioneer.*

*The abuse started after I met him... He seemed lovely for a while... we didn't have the greatest relationship and he put a lot of pressure on me and didn't help at all.*

Parents regularly related memories of events they shared with their children before they went into care. Most were anxious that they would forge strong relationships with their children in the future to make happy memories again. This is evident in the following quotation:

*My daughter loved hanging out with the older kids as well... So, there must have been about seven of us, and I'd my high-viz vest on, and it's a windy road and I was like, 'Car coming, everyone stand in', and she still remembers that today.*

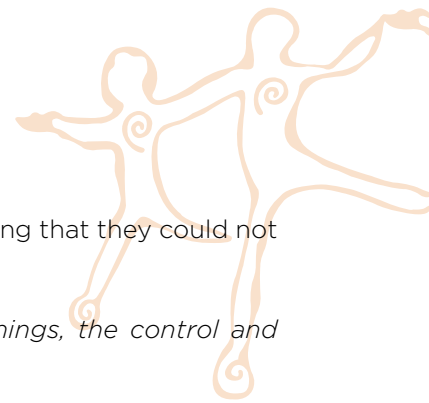
## 5.4 Factors leading to children's care admission

Commensurate with the international and Irish literature, the findings indicate that several factors affected children's care admission, including substance and alcohol abuse, family breakdown, domestic violence, neglect, and poverty. There was ample evidence of this in parents' interviews:

*My partner was controlling... He wouldn't let me work, wouldn't allow me to go out. He controlled the finances too... It was a big change later, having food in the house. The kids got nothing... I had to ask for permission to do things... He didn't acknowledge the kids either.*

*Just after I had my first baby he started changing, even though I suppose I made it worse by arguing back, even though I was trying to stick up for myself but it never worked, fighting back. I wanted to go down to the shop, I'd have to ask him first and he would say, 'No, we're staying here, wait till I'm ready and we'll go down.' Wouldn't let me go out anywhere without him, it's like he didn't trust me.*

*Basically, he would shout at my daughter and call her stupid and stuff like that. I said, 'Do not call her that', and I ended up getting slapped. I ended up getting hit for saying, for sticking up for her. And there was one night, and it still hurts me to this day and it took that boy a long time to get used to men, is when he hit my son across the head because he wasn't sleeping. He came into the room, walloped him in front of me. I said, 'Get away from him' and [he] hit the child again. I said, 'Hit him again, I'll hit you.' This time he was high on drugs and drink.*



Most parents commented that the children's care entry stemmed from them feeling that they could not cope. This *'inability to cope'* discourse is prominent in quotations below:

*I just couldn't cope with everything... my partner and the money side of things, the control and everything.*

*I had a drink problem and I couldn't manage things.*

*I just couldn't keep her... When she found out I was pregnant, my mother was shocked. I thought the doctor would start crying. They knew I couldn't keep her, the baby which is why she went into care at the start. I wouldn't have managed.*

When describing their lives before their children's care admissions, a discourse of *'having nobody to turn to'* and *'being alone'* emerged strongly from interviews:

*I felt alone... Nobody understood, not my family, not anyone... I've always been alone and I think I always will be alone.*

*I didn't have anybody, you know, properly, apart from my sister, and then when he went into care no one bothered about me, absolutely nobody bothered about me.*

## 5.5 Parents' reactions to children's care admissions

Parental narratives show powerful emotional reactions to their children going into care. Parents described this event in detail, often in relation to how they coped with *'losing'* a child to care. When describing the child's care admission, parents regularly commented that it was like *'trauma'* and *'a great loss'*, while others commented that it *'was the hardest thing I've ever done'*. Others spoke of their feelings of powerlessness, saying that they found the fostering process *'hostile'* and *'emotionally difficult'*:

*Initially I disagreed with them but I had to go along with them, but I totally disagree with it. It upsets me... The social workers were very hostile to me... I've never been treated like this in my life.*

Anger, guilt, failure, and recrimination were also evident in parents' narratives about children going into care. Commenting on the complexity of parental experiences, Schofield, et al. (2011: 75) comment that emotional reactions to a child going into foster care are *'powerful, diverse'* and that *'often contradictory feelings arise from their experience of loss'*. There was a sense of regret and guilt among parents about circumstances (e.g. abuse and neglect) that children experienced:

*Every time I see her now, I always get a hug and a kiss and there's never mention of what I did, but she did say it in the past: 'Mammy, you were mean.' I know I was and I'm sorry, but I hope she knows I'm not like that anymore, because I've changed.*

There was also a feeling of being *'let down'* by child welfare systems, which is evident in the quotation below:

*I felt crap because they had said when I put her into voluntary care that they would work with me and they'd see how well I'd do, but they never like wanted to do any of that. They just wanted to put the baby in.*

Most parents of origin commented that they now feel a greater sense of acceptance about their children's care admission as their children are progressing well in foster care. Parents often commented that they can cope with challenges in their own lives, which they could not have managed previously. A discourse of being 'better off in care' emerged too. This is comparable to findings from Schofield et al. (2011: 75), who assert that 'there may be grief for the loss of their children, but also for some parents, relief that the children are now cared for and thriving'. Comparable evidence from our study is discernible in the following quotes:

*It's the best thing [that] ever happened, because the kids are a lot better and I'm a lot better even though they're not living with me... I always put them first, even when they were with me, they had everything they wanted.*

*I hope they have everything they always need. I'm always here when they want me, even when they're older. If they know that, that's the main thing.*

*I've never stopped seeing him. He has loads of family on the foster parent's side as well. He is always saying about his Granny and Granddad and his uncles and all his cousins and all this. So he seems to have a lovely life so far.*

Parents of origin also spoke about stigmatisation and labelling. They spoke about the label of being 'in care' and they felt that they carried labels that were unfairly levelled upon them by society as 'unfit' and 'bad parents'. Most parents stated that they are powerless in determining their own futures.

These feelings of being stigmatised by child welfare systems also affected their perceptions of social workers as 'powerful', 'different' and as 'removed' from the daily experiences of children in care and parents. These findings about the perceived power of social workers are broadly comparable to those of Ghaffar et al. (2012: 887), who state that parents do not 'expect an equal role in decision-making', and that many parents find 'case conferences daunting and intimidating'. Comparable discourses about social workers' power are evident in the quotations from parents below:

*Most of the time people are accommodating, but sometimes I meet people and I get no respect.*

*There's still prejudice, in this day and age. People see me as different... I've had comments from neighbours like because of it.*

*I do feel they look at me differently, the social workers.*

## 5.6 Perceived social support and coping

All parents of origin commented that they lack social supports from child welfare systems. Interviews were replete with stories about social isolation, loneliness, and feelings of uncertainty. In this regard, perceived social supports (e.g. the amount and type of social support that a person expects to give and to receive from others in the future) was low among parents overall. These feelings of being unsupported impacted on parents' morale:

*They don't understand like maybe the parents are missing you or they break up and like... a lot of people don't understand that at all. Like I worry about my son all the time and his foster parents.*

*I don't have anybody. Effectively, I'm on my own and I probably always will be.*





For some parents, the sense of loneliness and isolation impacts severely on their mental health, their ability to cope with everyday routines and how they manage relationships with foster carers, children, and social workers. Among parents who exhibited low levels of perceived social support, their trust in child welfare systems also appeared to be low. Parental narratives about lack of support, mental health, and coping are provided below:

*The more it escalated, the worse I got with my health... so I ended up in hospital. I just felt alone, like nobody understood.*

*All those things, I was highly frustrated to the point that I thought of committing suicide but that won't solve the problem.*

*I get very anxious over things in general, and I think it's because of them social workers, that's where I've pinpointed it down. I'm a very, very anxious person because of what I've had to deal with. I'm always on edge, thinking, 'Right, once one thing is over and done with, I think OK, what's next?' There's no ending in my brain for some reason.*

Parents also said that extended family members (e.g. parents, siblings, children, partners, spouses) are important sources of social support. As one parent said: *'When I got back on my feet, my sisters helped me.'* However, many parents had difficult relationships with family members and told stories about relationship breakdown. For many parents, the breakdown of these relationships added to feelings of strain, anxiety, and loneliness:

*My mother and I had a big argument... I shut her out; I didn't want anything to do with her. She thought she was doing the best thing at the time... I wasn't talking to my mother... She said, 'When are you going to cop yourself on?' That was her reaction to the whole thing. It was just, 'She's not here anymore, she's out of the picture.'*

*My sisters did try and help, but I said, 'Look, you have enough to cope of your own.' But they did try and help the best they could... We had a big argument afterwards.*

Friends did not feature prominently in parents' narratives about social support. Most parents who were interviewed stated that they do not have many friends: *'I wanted to start my life away from people'*, and *'I had to stop being friends with her as we were toxic for each other.'* In situations where parents split from partners or spouses and began new relationships, their new partner's family sometimes provided valuable social support too. Some of the interview extracts from parents about this included the following: *'They are more of a family to me now than my own family'*, and *'His aunt is teaching me to drive and will pick the kids up from school, so it's a real help'*. There was little evidence that neighbours provided regular social support to parents either:

*I had to get away from them, from that place, and start a new life.*

*I'm not missing out on anything by not being there, living in that area anymore I mean. Too many people who want to know the bad story about everyone.*

## 5.7 Parents' relationships with children

The impact of children's relationships with parents of origin on permanence and stability is widely acknowledged in the literature. As Schofield, et al. (2011: 75) state, 'parents' involvement through contact is also likely to have an impact on children's stability and security in the foster family'. However, an array of factors impact on successful contact arrangements and on children's and parents' perceptions about what 'good' contact is. This includes parents'/children's involvement in decisions about contact, the speed of social workers' responses, information about care placements, and perceived emotional supports.

All parents commented on how relationships with their children transformed since they went into care. This included quotations like: *'The biggest change is that I don't see them'*, *'She now calls someone else Mammy... now I'm called Mam'*, and *'She sees me as a best friend, I think.'* While most parents felt a sense of loss about how their relationships with children transformed, some parents felt that children would 'open up' to them about personal issues if they saw them as a friend rather than a parent:

*Maybe he'll talk to me more about his emotions than his foster mother when he sees me more in the friend role.*

*It might change how he sees me as his mother to someone he can confide in, like an older aunty or a sister or something.*

All parents desired greater contact with their children. Parents felt it was important to keep updated on their children's progress and their activities: games the child likes, places that they like to go, how they are progressing at school, what their favourite pastimes are. Parents regularly commented that they do not receive enough information about their children from child welfare systems and foster carers and they felt it was their right to receive this information:

*I didn't know she was moved to a different foster home. And I never received any feedback regarding it.*

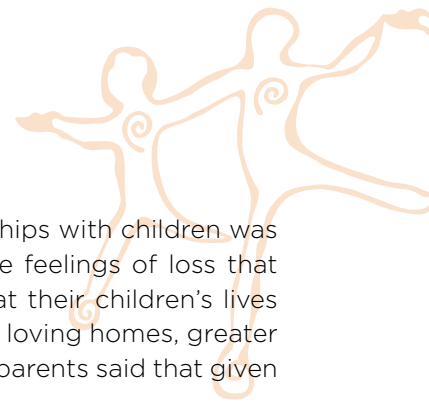
*I don't know anything about her communion, her confirmation, her first day at school, her last day at school, because I wasn't there and there are no pictures. So, I don't even know what kind of dress she had at the confirmation or what her confirmation name is or if she had a party or presents. I don't know.*

*I've no contact with the school, so I don't know when she is on holiday or how she's doing. Does she like maths, like me? Does she do art? Anything like that, I'm not told.*

Parents wanted more information about their children's educational progress and about the services they are using. Some parents commented that they feel they are only given information when negative events happen in the child's life:

*I only ever hear if things are going bad, so I don't know how she's getting on with school. I just hear that things are OK right now... in general.*

*I heard that something happened at the school. Something bad, of course. They never tell me if it's a good story. Like when she got an A in her maths.*



Another significant narrative to emerge from parental interviews about relationships with children was around their inability to provide for them financially and materially. Despite the feelings of loss that they experienced after their child went into care, most parents commented that their children's lives improved since they went into foster care. All parents said that the children have loving homes, greater educational opportunities, and more access to recreational activities. Thus, most parents said that given the same set of circumstances, they would place their children in foster care:

*Financially I wouldn't be able to cope; I wouldn't be able to pay for the football, the Gaelic, the basketball, the music... I wouldn't be able to do all those things for him. But when he needs me I'll be able to direct him and help him.*

*If I could get her back in the morning, I'd say no because her foster family can give her everything that I can't... That thought keeps me going.*

Most parents were anxious about how relationships with their children would develop in the future. Parents were worried that the child would not accept them as they moved into adolescence, and some parents were afraid of explaining to the child why they went into care in the first place:

*See, I don't know because it's hard to tell, because he has his own problems going on at the minute, so I don't know how he's going to, what kind of a person he's going to transform into. Is he going to accept it all, is he going to find it hard and struggle with it all?*

*Will he hate me? Will he like me? I've all these questions which I won't know until he's older. I don't think he'll hate me, but like I'm not ever going to hide all the information from him.*

While parents were apprehensive about their future relationships, they were also hopeful about developing stronger relationships with the child/young person. Social workers and foster carers were pivotal to supporting better relationships with children going forward:

*I'd like more time with him, to be able to do things; spontaneity, I suppose.*

*He's going through his own stuff probably because the way he was treated, how I treated him and what they think of their dad as well, but it's big cuddles now.*

## 5.8 Parents' relationships with social workers and attitudes to Tusla

Power and authority influenced parents' perceptions of child welfare systems. Social workers were perceived as 'powerful' as they regularly make decisions that affect children's futures and how parents' relationships with children will develop in the future. Reflecting on social workers' roles and how they are treated by child welfare systems, some parents commented:

*I feel like a ghost, like nothing.*

*There's an aura around social workers because they have so much power.*

*You're treated as nothing by social workers. They make me anxious.*

Some parents also drew upon a rights-based discourse to conceptualise their relationships with social workers. Parents often commented that they feel powerless to effect positive change in their own lives, saying they are treated as ‘second-class citizens’ and ‘like we have no rights’. This is in the quotation below:

*They make you think that you don't have any right... They won't say it to you; don't have any rights, don't have anything to say. Whatever you say, it's no. You don't have to wait; they're going to bin it.*

Trust emerged as a very significant theme in parents' interviews too. The amount of trust that parents placed in child welfare systems was indirectly related to perceived social support (e.g. the amount of social support parents received from social workers in the past and the amount they expected to receive in the future). The most important sources of social support identified by parents of origin in interviews included their family members, spouses/partners, children, social workers, and other professionals (e.g. counsellors, mental health professionals). However, among parents of origin, trust in child welfare systems was low overall. Parents said that Irish foster care systems are focused on processes rather than people. They regularly invoked the notion of ‘sides’ when discussing events in court and meetings with social workers. This was reflected in phrases like: ‘she took her side’ and ‘he took the side of the social worker’.

*The HSE has so many professionals to back them up.*

*I trust my sister and my family and that's about it!*

*When I went to court, they had her on their side because she was HSE. They couldn't have HSE against HSE.*

Parents attributed their lack of trust in social workers to their past experiences with child welfare systems and their perceptions about social work practice. This is evident in the following quotations:

*I didn't have a social worker, and [what] Tusla need to understand is when a child goes in to care the birth parents need a social worker. The foster carer had one, my parents they didn't have one. Everyone had a social worker except me.*

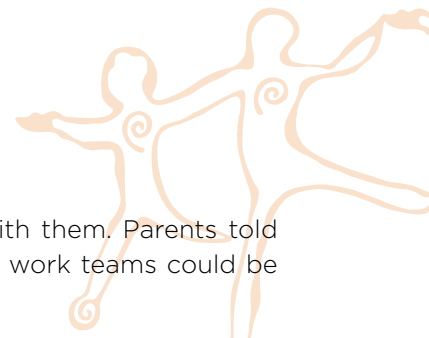
*I had a very bad experience with her, that's all I should say about it. She should never have been a social worker, in my opinion.*

When parents reported that they have strong relationships with social workers, they seemed to have more trust in social workers and they also had more positive perceptions about child welfare systems overall. However, when parents reported that they had poor experiences with social workers, their trust in child welfare systems seemed to be much lower. This is illustrative of how past experiences with child welfare systems affect relationships between parents and social work teams:

*They didn't give me enough information about the placement. I knew I couldn't trust her after that.*

*She didn't give me a lot of help, to be honest, when I needed it.*

*My social worker was brilliant. He helped, so yes, I do trust him.*



All parents commented that social workers do not communicate effectively with them. Parents told stories about specific incidents where they felt that communication with social work teams could be more respectful:

*One day I got like a letter in the door and I had to go to court for, the social workers were bringing me to court for a full care order. I literally had like a week to do something. I don't know how they expected me to get legal aid in a week... It was a hard experience...*

*I was in a bad place in that meeting... I didn't know what I was saying and the fact was, I didn't get on with the social worker, which affected things too.*

Parents regularly spoke of contact meetings with children, describing them as 'emotional events'. Phrases like 'joy', 'hugs and cuddles' and 'it's always great to see the kids' were regularly used in interviews. However, some parents described contact meetings as 'difficult' experiences. Some parents said that access meetings were allegedly cancelled by social workers and they did not receive sufficient notice about cancellations. Parents expressed disappointment that child welfare teams did not contact them prior to meetings, to inform them when children were not attending access. This is evident in the quotation below:

*I should be told, yes. The last time I came for the access hoping to meet the kids, but only one showed up. They said, 'They won't come.' I need to be told earlier. I still feel hurt about what happened.*

Parents said that regular contact between siblings is important for improving outcomes for permanence and stability. Interviews with parents were revelatory of how sibling contact affects children's well-being and the development of 'family feelings'. The following quotation from a mother illustrates her child's fears about being forgotten by his siblings when he went into a different care placement:

*He said to me, 'Mammy, but will they forget who we are if we don't see them?' I said, 'Of course you won't, they'll always know who you are.' He couldn't do without seeing his sister because he couldn't cope with it.*

Some parents felt that their child was 'let down' by child welfare systems in relation to sibling contact. In the following narratives, two parents say that social workers made commitments to the children about writing letters to their siblings who are also in care. However, the interview data is indicative of the emotional impacts on the children when social workers allegedly withdrew this commitment later:

*There was something about him writing a letter to his sister who is also in care, and then they went back on it and said, 'No, you can't.' So, it was hard on him.*

*A few months back ago it hurt, because the social worker promised her that she could write a letter, and it never happened.*

Parents' perceptions about their level of involvement in care planning affected their relationships with social workers. All parents felt marginalised from care planning processes and did not feel that they are accorded a legitimate role in planning for their children's futures.

Feelings of marginalisation are evident in the interview extracts below:

*Because that placement was so close to where I live, some of my friends saw her and said, 'Oh, I just seen your daughter and she won a gold medal for art at school.' And I'd think to myself, I didn't even know she was getting a haircut; or, 'She had great fun today', and I'd be like, 'I didn't know she was doing any of that.'*

*It is our right to receive more information unless there's a specific reason that the parents and child are to be separate, but it's our right otherwise.*

Many parents described care planning meetings as 'difficult'. Parents talked about the importance of getting the support of their social workers in care planning meetings. The interview quotations below underline parental perceptions about the 'invisibility' that they feel in these settings:

*It was like being in court without a lawyer. There was absolutely no point in me being there.*

*I feel like they treat me like nobody.*

*Some people aren't suited to being social workers... That was the perception I was left with after the meeting.*

Comparably, some parents spoke about their experiences in court when describing their relationships with social workers. These narratives convey feelings of powerlessness and not being listened to. These narratives are further suggestive of parents' lack of trust in social workers, perceptions about the power and authority of social workers, and feelings of 'disempowerment':

*But when I went to court it was all literally statistics, like. It wasn't how well I was doing and what I did... They didn't look at the good points.*

*Didn't see that I did a parenting programme. I'd letters in court from people saying how well I did, but it didn't make a difference. It did not make a difference. I could have done absolutely everything; I ticked all the boxes. It didn't make a difference.*

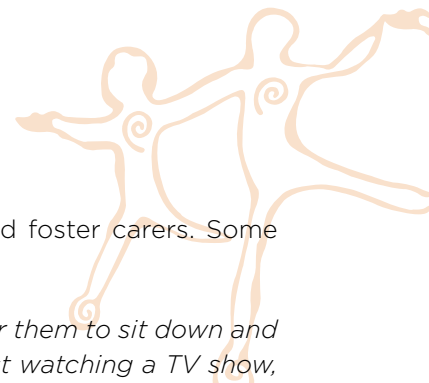
## 5.9 Parents' relationships with foster carers

Most parents have good relationships with foster carers. Some parents commented: 'The foster mother is a great woman', and 'I really like the foster parents. They are good people'. The interview extracts below further corroborate this:

*She's a proper Mammy; she bakes cakes, she brings the kids to the different functions, whether it be football, soccer, whatever; she goes to the parent teacher meetings.*

*The foster parents, he gets on well with them from what I can see... I think he gets on great with them. He literally does not see any; he doesn't see it the way I see it or anybody else sees it. Like he thinks it's brilliant, he thinks this is brilliant; he has two Mammies and two Daddies.*

While the relationships between foster carers and parents of origin were relatively stable, there were disagreements too.



Differences in parenting styles sometimes led to conflicts between parents and foster carers. Some parents felt that their opinions were dismissed by foster carers:

*There was a TV show for kids about emotions. I thought it would be brilliant for them to sit down and watch it as a tool to discuss feelings and emotions. To the kids, they were just watching a TV show, but I was saying, 'I've that sadness in my head a lot, that's why you can't live with me or your mother.' They said, 'Oh right.' It helped them to understand. The foster mother said to me, 'I've no time for that, sure I'm too busy, I don't have time to sit down and watch a show about emotions.' She dismissed it. That's how I feel about it.*

There was evidence however that foster carers helped parents of origin to re-establish relationships with their children as well. This is evident in the quotations below:

*They are the foster family, you know. But he calls them Mom and Dad. We share things like what to do to make him feel better. Like he had difficulties with food, over there he eats everything, so we just shared some ideas how to get him to eat some vegetables and these things. I didn't know that about him before, what he likes to eat, so that was good.*

*They call her Mommy and they call me Mommy, so there is no conflict between us. And the foster mother is very supportive of the kids having contact with my family too.*

## 5.10 'Future selves': parents' hopes for the future

All parents who were interviewed said that they are hopeful for the future. Most parents hope to build stronger relationships with their children. Some parents said they are trying 'to get on with life' and spoke about things they want to achieve (e.g. education, employment). The discourse of 'making something out of my life' emerged strongly from some parents' interviews. This was important for improving their own life chances and creating better futures for their children:

*Hopefully I'll get to college and get the experience out of it, and hopefully I can maybe get something out of it in the future... You need experience to get experience.*

*I'd like him to be proud of me, that Mammy is achieving and doing something for herself.*

However, most parents of origin had a high degree of uncertainty about their futures:

*I mean, I have tried looking for jobs but I gave up... Truth I don't know where I'll be. Maybe have a job and maybe have my son come over the weekends or whatever. Or maybe get to see them a bit longer during the day on their holidays.*

*It's all confusing. I don't know. I don't know.*

## 5.11 Chapter summary and conclusions

This chapter illustrates parental attitudes about factors that affect permanence and stability outcomes. Qualitative data in this chapter illustrates that parental reactions to children's care entries are multi-layered. This corresponds strongly to international research on parents' attitudes about their children going into care (e.g. Schofield et al., 2011). The findings show how emotional having a child in care can be for parents. The findings also show that parents of origin often feel unsupported by the child welfare system. The importance of the relationship with social workers and the care system is emphasised. The findings show that how parents build good relationships with social workers and how they forge strong, trusting bonds with children and foster carers is contingent on several factors that include their early life experiences, experiences of mental illness, substance abuse, social marginalisation, perceptions of power and authority, and feelings that they are unable to cope. These findings, along with those in Chapters four and five are discussed in more detail in the following Discussion chapter.



# 06

## Chapter Six: Discussion



### 6.1 Introduction

The narrative approach in the research captures the stories of our participants in an authentic and engaging way. Our respondents provided an in-depth, insightful glimpse of the complex interplay of internal and external factors that impact on outcomes for permanence and stability for children in care. The data presented gives a freshness and honesty that at times is intense and deeply emotive.

This chapter begins with a general overview of the findings, summarising key messages across the three chapters with regard to the pre-care, in-care and post-care phases. This is followed by a discussion of three core themes that emerged across the narratives: Relationships, Communications, and Formal and Informal Support. Connecting these three themes, we found Continuity to dominate as an overarching frame. We set these findings with the context of a socio-ecological framework.

### 6.2 General overview of the findings

Reflecting on the literature reviewed, much of the findings corroborate international research on the factors that can lead to improved permanence and stability outcomes (see Moran et al., 2016a, 2016b). The findings highlight the importance of attention to the pre-care (Gilligan 2000; Farmer et al. 2013; Vanderfaille et al. 2013), in-care and aftercare experiences and confirm that placement breakdown and instability occur for many different and multi-dimensional reasons. Although it has been difficult to establish causal relationships for most of the factors identified, due to the mostly qualitative nature of the study, the impact of factors identified in Chapter 1 and in the accompanying literature review for this study (Moran et al., 2016a, 2016b) are borne out in respondents' stories.

For example, the presence of behavioural or mental health problems cannot be assumed to cause instability on their own. This depends on how young people address these matters, and how they are addressed by their carers, their support workers and sometimes their families of origin. The ability of foster carers to cope is another factor that can impact on stability (see Kyhle Westermarck et al. 2011), but again it is not alone a causal factor but rather seems to depend on the individual qualities of the foster carers, their family support, the individual young person, and the support from their service system. The pre-care experiences and level of difficulties in the family of origin can be an important negative factor, but again, not always on its own but rather in connection with how the young person was helped to manage this relationship, understand their family background or how the foster carers were able to support communication with family of origin to help process and understand the reasons for being in care. Many other powerful exemplary narratives are present throughout the findings chapters that illuminate the range of interacting factors that impact on an individual's experience of stability and permanence.

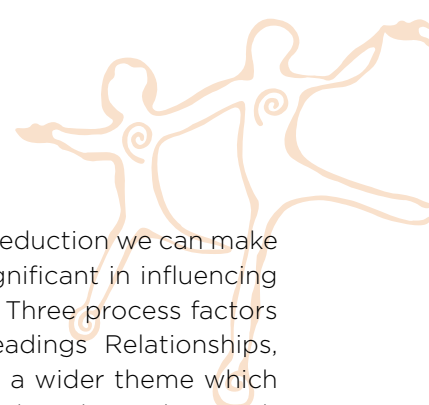
Regarding the pre-care experience, there are multiple factors that affect children's initial care placement. These include the child's behaviour, exposure to abuse or neglect, circumstances in the family home, domestic violence, substance or alcohol abuse, poverty and social disadvantage, the influence of extended family members on parental behaviours, parents' inability to cope, and parental engagement in risky behaviours. This is commensurate with international and Irish studies on outcomes for permanence

and stability and factors which affect children's initial care placement. Several factors affect how young people transition into care too. These include family belonging, loneliness and social isolation, behavioural issues, foster carer training, foster carer's ability to cope, and the child's ability to process their new surroundings (see Vanderfaeillie et al., 2013; Blakey et al., 2012; Crum, 2010). For parents, the experience of their child going into care is highlighted especially in terms of the emotionality of the experience and the strong sense of power relations between them and the care system and individual social workers. The importance of identity and family connections is also emphasised. Foster carers echo that continuous social support is required by young people, foster families, and families of origin.

Regarding in-care experiences, the findings show the range of factors that affect the outcomes for stability and permanence, including the ongoing impact of managing diverse family relations and contact (cf. O'Brien 2002; McNicholas et al. 2011; McMahon and Curtin 2013), communication (see Winter et al. 2016), relationships between the foster carers and the young person, foster carers' relationships with families of origin and the social worker (Gilligan 2009), power and power relations, and changes over time. As shown in Chapters 3 and 4, placement breakdown often happened when a child did not settle into the routines of the foster family, leading to strained relationships with foster siblings and parents. Some children who went into care at a more advanced age tended to exhibit stronger identification with their communities of origin and biological families. These findings illustrate the importance of developing high levels of family identity and belonging for children in care, especially for those who go into care at a more advanced age, and the significance of supports from social workers, foster carers and families of origin in helping young people to achieve this.

Our findings suggest that children need additional supports from social work teams and foster carers, particularly in the early stages of a care placement, to help them develop 'family feelings'. Furthermore, the findings suggest that children and young people who go into care at more advanced ages often need greater supports to settle into care, compared to children who go into care as infants or young children (cf. Biehal 2014). Interviews with parents highlight the ongoing impact that having a child in care can have, and the need for discussion about the extent of ongoing support provided to them, once the child is in care, to help them manage family relationships, contact and dual identities. Foster carer narratives are particularly attuned to how the system and individual social workers within it can powerfully influence the likelihood of positive or negative outcomes based on levels and quality of support, management of relationships, communication, and awareness of how power relations impact on permanence and stability. The Alternative Care Handbook emphasises that Practitioners need to be aware of their interactions with children and other service users. They should be aware of how power, perceptions about trust and uncertainty affect their relationships with service users (Tusla 2014: 216)

Regarding the experiences of young people in aftercare, those in receipt of aftercare service were generally positive about the services provided to them. However, some young people with complex behavioural or health difficulties continue to lack services, particularly in rural areas. Many respondents in aftercare who were in long-term foster care retained strong bonds with foster carers, who were identified as critical sources of social support (cf. Christiansen et al., 2013). Many aftercare service users see themselves as socially and economically vulnerable in comparison to their peers who were not in care. Some young people in aftercare were cognisant of the challenges that they often face in sourcing employment and housing, and achieving in education, compared to young people who were not in care. Most were satisfied with the services provided to them and many did well academically, achieving third-level qualifications. Many had a strong sense of stability post-care based on their foster care experiences. Others, who had not formed close relationships with foster families, spoke about how they lacked this sense of belonging in adulthood. The importance of support in relation to planning for further education was emphasised by many (See Kelleher et al. 2000; Darmody et al., 2013).



Reflecting on Figure 1 (a) from Chapter 1, this study suggests that a generalised deduction we can make is that the processes involved in supporting young people in care are highly significant in influencing positive or negative outcomes for permanence and stability for children in care. Three process factors that emerged most strongly are categorised under the inter-connected headings Relationships, Communication, and Formal and Informal Social Support. Underpinning each is a wider theme which shows the vital importance of Continuity, not just of the placement itself but of the relationships with social workers, family, and other key services and supports involved with the young person. Figure 1 (b) illustrates this point below.

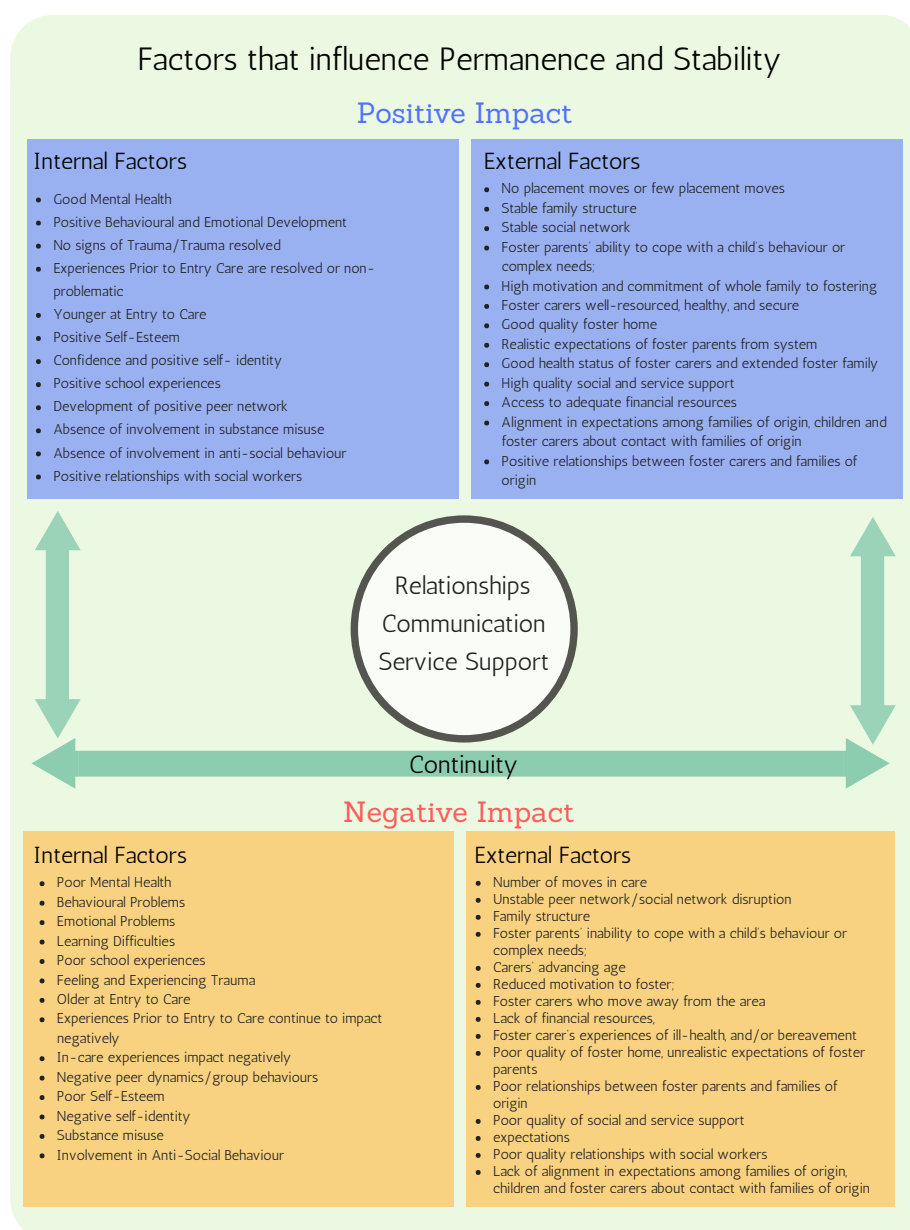


Figure 1 (b) Factors (revised) that influence Permanence and Stability

As discussed in Chapter 1, we suggest that these factors are best understood with an ecological systemic context. A critical understanding of these relationships and interactions can form the basis for recommendations for improved practice and guidance for the future. To adequately locate and focus external service support for children in care, a socio-ecological frame helps identify the complexity and the need for interaction between all levels, from on-the-ground interactions (micro and meso) to the caseload management and resources (exo) and the wider policy (macro) level. The chrono level reminds us that these cannot be considered at a single point of time in a young person's plan for intervention, but as an ongoing framework for practice. For children in care, we emphasise that at the micro and meso level, they can find themselves interacting at a multi-systems level overlapping to different degrees between their family of origin micro and meso system as well as their foster family micro and meso system. The fact that the map will be unique to each young person's system is important to emphasise. Figure 2 (b) provides a developed version of Figure 2 (a) to show how the core overarching themes of the research can overlay onto the socio-ecological model to emphasise the importance of processes of often multiple interactions through communication, relationships and support systems at any specific moment in time. The Relationship, Communication and Support. Throughout, Continuity is identified as one of the most important elements that impact on stability and permanence. More Continuity - in placements and relationships - generally leads to greater stability.

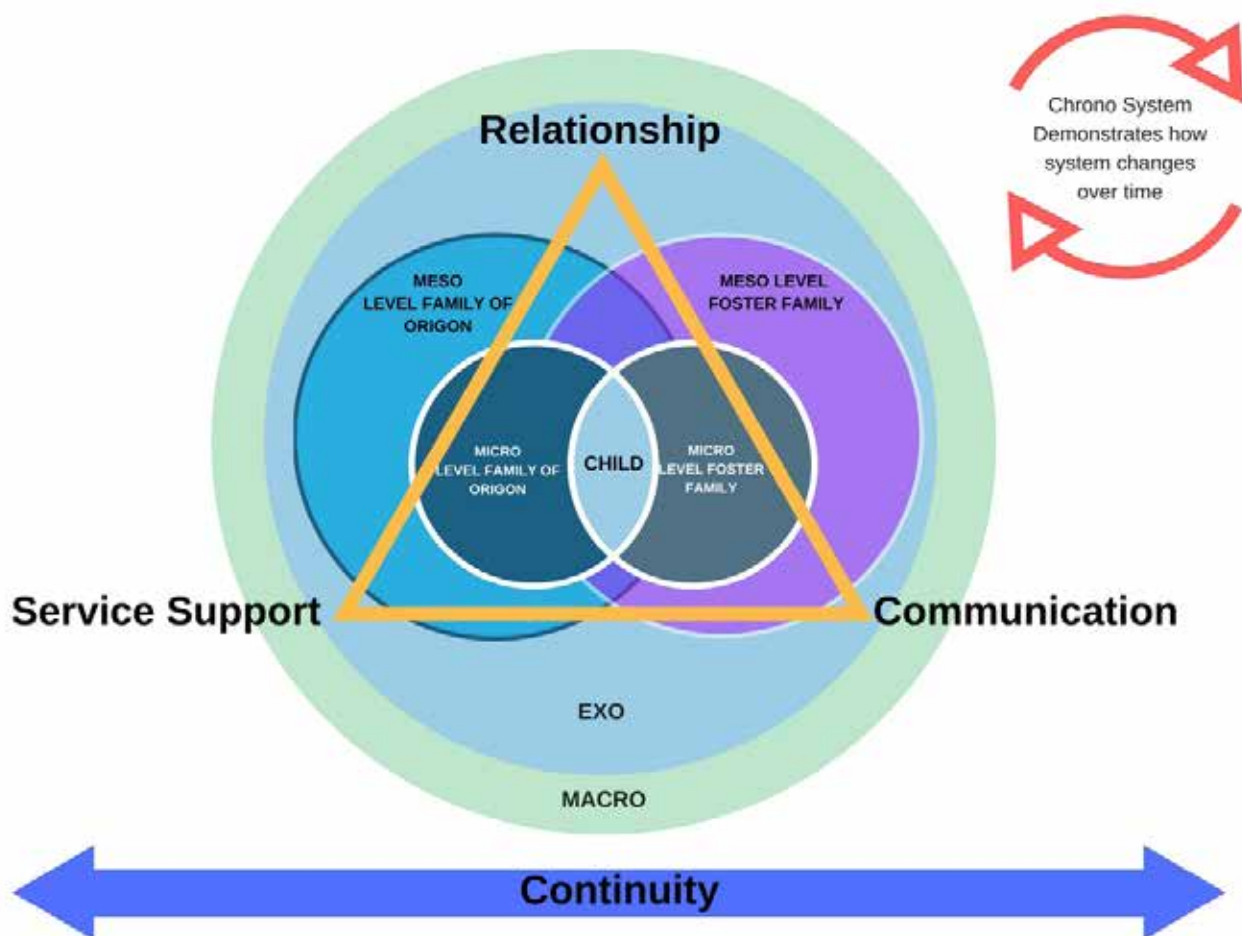
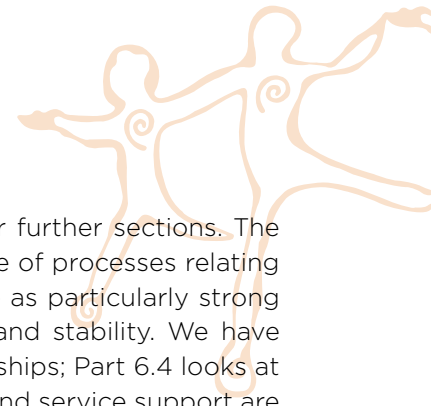


Figure 2 (b): Developed Socio-ecological framework



With this framework in mind, the remainder of this chapter is divided into four further sections. The first three sections discuss the three over-arching findings about the importance of processes relating to Relationships, Communications, and Support. Our findings highlighted these as particularly strong influences on the likelihood of achieving positive outcomes for permanence and stability. We have organised the following three sections accordingly: Part 6.3 focuses on Relationships; Part 6.4 looks at Communication at the different levels of the young person's system and Social and service support are examined in part 6.5. Following this, Part 6.6 draws out a final and overarching theme, Continuity, which was found to be most prominent as an indicator for positive outcomes for children in care. The conclusion, in 6.7, sets the findings and discussion back into the context of the wider socio-ecological framework presented in Chapter 1 and introduces the final chapter, on Key Messages and Recommendations from the research.

### 6.3 Relationships and contact

Findings presented in this report illustrate the crucial importance of children's relationships with foster carers, social workers, and parents of origin for improved permanence and stability outcomes. Broadly speaking, the findings strongly corroborate Irish and international literature on the importance of building strong relationships with adults for better permanence and stability outcomes for children and youth in care (cf. McEvoy and Smith, 2011; McSherry et al., 2008). These relationships are important for building family identity (Stott and Gustavsson, 2010), for informal social support and for enabling youth to transition to independent living (see Skoog et al., 2014; Chamberlain et al., 2006). Moreover, findings show that how young people forge trusting bonds with adults (e.g. parents of origin, extended family, social workers, and foster parents) is contingent on life events that happened prior to the child's initial care entry, and on events that happen when they are in care.

As is evident in the literature, young people in care can carry various degrees and types of trauma with them into adolescence and adulthood (Van Santen, 2013; Healey and Fisher, 2011). This can affect how they continually process the notion of 'being in care' and how they relate to adults and members of their peer group across the life course. In previous chapters, we showed that feelings of 'brokenness' from childhood severely affected young people's relationships: some young people had difficulties forging solid relationships with foster carers and parents of origin due to physical and emotional abuse that they endured in childhood. Only a few young people forged feelings of 'dual' identity whilst they were in care (Boyle, 2015). Feelings of dual identity appeared to be particularly low amongst interviewees who went into care at an advanced age (as older children or teenagers). Findings about children's relationships with families of origin, foster parents and social workers, outlined below, shows the importance of the need to manage multiple interactions across multiple micro and meso system levels.

Regarding children's relationships with families of origin, the findings broadly correspond to international, UK and Irish research findings on the importance of children's relationships with their parents of origin for permanence and stability outcomes (cf. Fernandez and Lee, 2013; Whitaker, 2011; McSherry et al., 2008). Sometimes young people wanted to maintain contact with their families of origin to help them come to terms with their identity and understand more about their family backgrounds. This 'identity' narrative emerged particularly strongly in interviews with children and youth who went into care at a young age and who had little or no contact with parents of origin.

As noted by Biehal (2014), contact with families of origin can improve outcomes for permanence and stability, as it could enhance young people's feeling of belonging and family identity. Similarly, Biehal

(2014) states the importance of family identification for children and youth, arguing that they often want to feel part of the family. The findings show the importance of support from social worker and foster carers to facilitate contact with families of origin, where appropriate. The need for attention to managing expectations, disappointment with change of arrangements, and the emotional impact of contact are emphasised. Some young people were generally of the view that social workers and foster carers are important in helping them to maintain contact with their families of origin. Children whose siblings are also in care can encounter particular problems maintaining strong relationships. Commensurate with the literature, these children often require additional supports from foster carers, social workers and extended family to maintain relationships with siblings, where appropriate (cf. Angels - Balsells et al., 2016). This is particularly important when more than one sibling is in care and when siblings are placed in different homes.

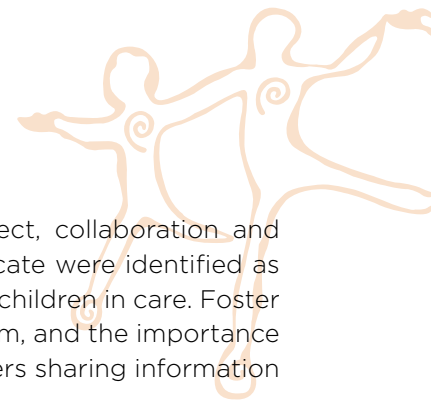
The findings show that contact can be complicated and different parties can have differing expectations. A discourse about parents' rights to contact and the importance of having more information about their child's care placements and routines emerged from interviews with parents. This rights-based discourse also affected parents' trust in child welfare systems, as some parents felt 'let down' by the system. This is also indicative of the emotional experiences of permanence and stability of children and adults who were interviewed. On the other hand, as Kiraly and Humphreys (2016) found, maintaining contact with families of origin sometimes impacted negatively on the child. The findings suggest that children need improved supports to cope with the emotional impact of contact, especially in situations where strong bonds with family do not develop. Foster carers also need supports to help the child cope with rejection by families of origin. Even in cases where contact is deemed to be appropriate and in the best interests of the child, all parties need to be accorded emotional and practical supports to maintain and sustain this in a way that it enhances the young person's sense of stability. Authors such as Neil et al. (2007) and Schofield and Stevenson (2009) provide helpful guidance for practitioners in planning contact.

Generally, the findings relating to contact indicate the importance of social workers' awareness of how a mismatch in assumptions about relationships and contact can lead to negative outcomes for parents of origin too. As evidenced in this study, the importance of taking an ecological systemic approach is emphasised here, as effective management of the complex issue of contact implies careful management of interactions and relations between the dual micro system of foster family and family of origin, which may also have dual meso and exo systems to manage.

Moving on to look at relationships with foster carers and children, the research shows that strong, trusting bonds with foster carers improve permanence and stability outcomes for children in care. This is reinforced in the literature (Skoog et al., 2014; Christiansen et al., 2013; Oosterman et al., 2007). Most young people had solid relationships with foster carers, and some regarded them as their parents. This discourse about family was especially evident among children and young people who entered care as young children and those who had very stable care placements. In this way, the age of the child at entry into care, and the continuity of relationships whilst in care, seemed to impact on their relationship with foster carers. Children who entered care at younger ages often developed stronger relationships with foster carers compared to interviewees who went into care later. While it must be remembered that the sample size for this study is not representative of children's experiences in Irish care systems, these findings broadly corroborate international research findings on how children's age and continuity of relationships impact on their relationships with foster families (cf. Moran et al. 2016a).

Foster carers and young people were found to have better relationships with social workers when communication is open, and when foster carers listen and engage with them. In the Irish context,





O'Brien (2002: 66), makes similar comments about the importance of 'respect, collaboration and accountability' in child welfare systems. Openness and willingness to communicate were identified as significant enablers to building stronger relationships between foster carers and children in care. Foster carers also spoke of the importance of the child being open and honest with them, and the importance of making time for talking to the child every day. The importance of social workers sharing information about the child and their family with the foster carers was emphasised.

Brodzinsky (2006) suggests that 'communicative openness' can enhance permanence and stability outcomes. Communicative openness is the attitudes, expectations, belief systems, emotions and behaviours that adults and children have about life in care. It also underlines the important roles that adults play in supporting dual connection and in facilitating contact with families of origin (where appropriate). Open communication could also help foster carers to better understand their own motivations to foster, improve relationships with social workers and build better relationships with children. Together, this could improve a sense of stability for the young person in care.

The concept of coping emerged prominently in foster carers' interviews on their relationships with children and young people. The findings indicate that foster carers often require greater supports from Tusla to cope with the emotional and physical challenges that they encounter regularly. This view was particularly acute among foster carers where children presented with complex emotional, psychological, and physical difficulties. The study findings underline the emotional impacts of placement breakdown on the children of foster carers, and mirror findings of studies such as Younes and Harp (2007) and Sutton and Stack (2013). The findings also corroborate the literature on how foster siblings need support from parents and social workers to deal with emotional aspects of care placements and placement breakdown (Williams, 2016).

Finally, considering the relationship between social workers and children, findings presented in this report strongly corroborate international and Irish research on the importance of social workers' relationships with young people for permanence and stability (cf. McEvoy and Smith, 2011). Our findings show the extent to which the continuity of the social worker's relationship with young people is important for building trust. Our findings show that some young people developed very strong relationships with social workers. Of note, these relationships were stronger when they were founded in mutual respect and when communication was clear and open.

The impact for young people who encountered problems forging relationships with their social workers has also been highlighted. Trust arose as an important theme. Discourses about normality also affected young people's relationships with social workers, as some young people reported that social workers sometimes communicate in a way that intensifies the child's feelings of being an 'outsider'. When relationships with social workers were better, distinctions between young people and social workers based on beliefs about power, authority and status were not as apparent, according to children, parents, and foster carers. As evident in international literature, children in care often say that they desire 'normality' (Selwyn and Riley, 2015: 12). They do not want to feel stigmatised or different amongst peers or professionals. These findings further echo Smith (2013: 1552), who argues for the need for practitioners to be aware of their positions and of how service users perceive their social statuses.

The findings reveal that young people, parents, and foster carers who had stronger relationships with social workers tended to have much more trust in child welfare systems to make decisions on their behalf. Most parents reported that they feel valued and listened to by social workers when they work with them in a respectful and participatory fashion. Where relationships were poor, often this was

discussed in the context of discourses of power and authority, feelings of ‘powerlessness’ and not being heard. This was especially the case for parents’ understandings about Tusla and their relationships with individual members of social work teams. These findings are broadly comparable to Buckley et al. (2011: 1), who found that families dealing with child protection services in the context of reports made on child abuse often experience powerlessness and frustration, which has a ‘very detrimental emotional impact on children and parents’. They also reinforce well-established literature, especially in the UK after the Munro Review of Child Protection (Munro, 2011), on the significance of relationship and communication in child welfare practice (see e.g. Ruch et al. 2016; Winter et al., 2016; O’Reilly & Dolan, 2016).

Overall, it is evident that relationships between the young person, their family of origin, their foster family, and their social workers or support workers have a major influence on outcomes for stability for young people (cf. Gilligan 1999). These relationships, we must assume, will often be complex because of the interactions within the duality of the micro and meso systems and their likelihood of changing at different moments in time. The need for the exo system of the local informal and formal support system to support this through supervision, resources and caseload allocation is evident. At a macro level, the implications of these findings should influence resource and programme planning, as discussed in more detail in our recommendations.

## 6.4 Communication

Our findings corroborate international, UK, and Irish literature on the importance of clear and effective communication for permanence and stability (Brown and Bednar 2006; Blakey et al. 2012; McEvoy and Smith 2011). As Winter, et al. (2016: 1) observes, ‘a key issue for the social work profession concerns the nature, quality, and content of communicative encounters with children and families’. This report illustrates the barriers and enablers to effective communication with children and young people, and how specific ‘communicative encounters’ (cf. Winter et al., 2016) between social workers and young people heighten rather than alleviate feelings of ‘otherness’ and insider/outsider distinctions. These findings imply the importance of modes of communication that are grounded in empathy, participation, and respect.

In our findings, there were many examples of how social workers impacted positively on young people’s lives. Many young people feel empowered to communicate honestly with their social workers and aftercare workers about sensitive issues like bullying, relationships, education, and finances, which are important aspects of permanence and stability. This is indicative of the importance of clear communication with social workers and aftercare support teams in developing feelings of acceptance, self-esteem and belonging among young people. These findings were corroborated with parents of origin and foster carers too, which illustrates the importance of reacting to families in a supportive and participatory manner. As indicated in previous chapters, parents of origin and foster carers want to feel respected by social work teams.

With regards to communication between young people and social workers specifically, many of the young people who were interviewed also commented on difficulties in their communications with their social worker (cf. McEvoy and Smith 2011). In contrast, most of the foster carers who were interviewed reported that they had good relationships with social workers. Foster carers’ opinions about social workers seemed to be directly related to trust. Foster carers had greater confidence in practitioners who they felt ‘worked hard’ for foster children. This discourse of ‘working hard’ for children was particularly evident where children and young people in care had more complex needs (e.g. physical





or intellectual disability, prior experiences of neglect or abuse). For parents of origin, most reported that they encountered difficulties coping with their children's care admissions. Descriptions of the child going into care were often framed as loss, grief, and emotional trauma. Most parents felt that social work professionals did not respond adequately to these feelings of loss and did not communicate adequately about these matters. Perceptions of power and authority affect how aftercare service users formed relationships with social workers too.

Focusing on barriers and enablers to communicating effectively with social workers, numerous factors were found to affect young people's relationships with social workers: life experiences, memories, identity and belonging, feelings of 'being different', normality, stigma and labelling, feelings of not being heard, trust, social support, feelings of being 'at risk', power and authority, experiences of acceptance and rejection, contact with families of origin, and relationships with foster carers. Broadly speaking, these findings are comparable to Winter (2009) who documents how factors like trust and organisational norms and practices both help and hinder relationship-building with children and young people. The Alternative Care Practice Handbook also emphasises children and young people need to be able to trust adults in their social ecologies (e.g. social workers, parents of origin, foster carers etc. (Tusla 2014: 213)). This further indicates how pre-care experiences, young people's experiences in care, and relationships in after care affect young people's relationships with social workers and aftercare workers across time (e.g. through adolescence and into adulthood). As O'Reilly and Dolan (2016) argue, the need for social workers to be skilled communicators with children around emotional and personal issues is strongly emphasised.

In this study, some narratives focused on 'not being heard' by social workers. This was attributed to a focus on a process-oriented approach to practice rather than a child-centred communicative style. The Alternative Care Practice Handbook identifies five main elements to effective communication as follows; working in partnership, building trust relations, acknowledging that communication is a two-way process, understanding that children should be treated with respect and they should be empowered and encouraged (Tusla 2014: 215). The findings show long-established evidence of the impact of routine situations where social workers, children and young people communicate with each other (e.g. via telephone calls, care planning review meetings, in the family home) (see McLeod, 2006). In recently published work, Winter et al. (2016: 4) refer to these routine situations as 'communicative encounters', saying that they are 'nuanced, contingent, and complex' (cf. O'Brien 2002). Young people's narratives underline the importance of adopting a communicative mode that is nurturing, facilitative, participatory, respectful and grounded in the concept of care. This applies to all forms of communication (e.g. face-to-face meetings, telephone contact, and written communications). Children and young people clearly accorded high importance to their relationships with social workers, and they want to feel valued, respected, and heard (cf. McEvoy and Smith 2011).

As noted in Tusla (2014: 212) Alternative Care Practice Handbook, 'adults need to be flexible and willing to try a variety of communication techniques to help children share information'. Findings from foster carers and parents of origin revealed examples where some communications that took place with adults undermined their self-esteem and did not operate in a way that would be described as participatory (cf. Keane, 2012; Thoburn et al., 2012; Kennan et. al. 2016). The findings highlight the importance of emotion and communication in social work practice corresponding strongly to Schofield et al. (2011) and Ghaffar et al. (2011). In recognition of this in the UK context, the Common Core of Skills and Knowledge for the Children's Workforce (Children's Workforce Development Council, 2010) provides a framework around the significance of emotional intelligence (Howe 2008; Goleman 2005) in social work practice.

Another factor that affected confidence was parents and young people's level of trust in the system. Concepts of power and the perceived authority of social work teams to make decisions that directly and indirectly affect people's lives impact markedly on trust. This view sometimes related to an individual social worker or team and other times related to the wider child welfare system at a macro level. The findings indicate the importance of awareness of service users' perceptions about their power and authority in society and their ability to acknowledge and discuss this in an open way (see McGregor, 2016). They also show the importance of critical analysis, using an ecological approach, of how individuals and families are impacted by interactions with the child welfare system in general and individual practitioners and/or teams in particular. Use of the socio-ecological framework, with an emphasis on multiple and layered interactions can assist in this by locating the different levels and processes of power specifically in relation to the interactions at the micro and meso level, the practices of the local formal support services at the exo level, and the way in which culture, procedure, ethos, and resource allocation at the wider macro level impact on power and power relations (see Smith, 2013).

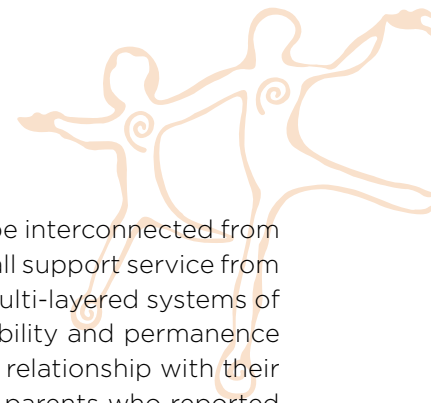
## 6.5 Formal and Informal support

Informal supports include the social supports available in families' own naturally occurring systems and networks. By formal social support we mean the services provided mostly from the child welfare system and related service providers. The impacts of social support on the emotional well-being of children and families is well documented in the literature (see Devaney et al. 2013). In the present research, the main formal supports referred to were the children-in-care team social worker and the foster care team social worker.

Overall, the findings relating to perceived social support and coping illustrate the importance of informal social support for service users alongside dedicated formal social support (Devaney et al., 2013; Devaney, 2011). This must include support to young people in care, foster carers, foster carers' children and families of origin and be framed from a systemic ecological perspective.

Parents of origin, children and young people generally require high levels of supports from practitioners, especially at key moments of transition and change. Most parents of origin were very positive about the professional services they are currently accessing (e.g. counselling, psychotherapy, medical services). None of the parents who were interviewed reported that they had any problems accessing services that were provided to them. However, some parents feel unsupported by the child welfare system generally. Parents who have better relationships with individual social workers commented that this was because the practitioner adopted a participatory way of working with them. The findings show that parents of origin need. They report that they need supports to help them process their initial feelings of loss and grief at the child's initial care entry and ongoing continuous emotional supports to help them throughout their child's care placement period. The findings indicate that for many parents, the sense of emotional loss endures well beyond the initial stages of the care admission.

The findings imply that parents value 'everyday' expressions of support like displaying shared understanding of their feelings of emotional loss. This strongly corresponds to Daro (2015), who argues that 'ordinary' expressions of social support are important for parents. These expressions of support include exchanging a friendly word or showing empathy. The importance of family support is emphasised (See Devaney and Dolan, 2014) including both informal and formal social support for children and families (cf. McMahon and Curtin 2013). It is essential to consider the potential for support within the micro and meso levels here, with an eye to both the system of the foster family and the system of the



family of origin, which may or may not be overlapping but in most instances will be interconnected from the young person's point of view and experience. How to deliver an effective overall support service from the wider exo system of local services and community, taking into account the multi-layered systems of the child is an important and key consideration for improving outcomes for stability and permanence for young people. Our findings also suggest that how the parent perceives their relationship with their direct worker can influence their perception of the overall system. For example, parents who reported that they had high perceived social support often had better relationships with social workers and frequently drew on a 'normality' discourse to describe their relationship with child welfare services (e.g., *'my social worker makes me feel that I am normal'*).

Regarding social support for children, while some young people received supports from their parents of origin, the main source of social support for them was their foster families. Financial and emotional supports given to young people by foster carers often continued long after the young person left care. Some foster carers also provided significant emotional support to parents of origin. These supports were important for rebuilding relationships between parents of origin and children, and impacted positively on parents' feelings of morale. Emotional supports were invaluable for some parents of origin, especially those who experienced frequent feelings of loss and mental illnesses.

After care service users also relied heavily on informal social supports from friends, family members, and foster carers. Many respondents in aftercare retained strong bonds with foster carers, who were identified as critical sources of social support (cf. Christiansen et al., 2013). The continuation of social, financial, and accommodation supports was evident, even in situations where placements were relatively unstable or broke down altogether. Stein (2008) provides similar findings about the importance of young people's relationships with foster carers after placements end. Supports from foster carers were critically important for young people transitioning out of care. Making a similar point, Hayes (2013: 134) writes that 'leaving care is a time of reappraisal ... at such a stage, it is important for young people to know, from the pool of people in their lives, who may be willing to provide practical and emotional support'.

Aftercare service users who were in residential care tended to have lower levels of perceived social support. This is due to the transient nature of relationships between adults and children in residential care settings. Comparable to the literature, we found that children's relationships with peers and residential care staff were extremely important emotional supports for youth in care. Some of the findings suggest that the child's age at entry into care impacts markedly on their perceived social support. Respondents who went into care as infants or young children often developed deeper feelings of family identification with their foster families than children who went into care as teenagers. Aftercare service users who experienced residential care often said that their peers in residential care facilities provided them with informal social supports during adolescence.

Young people who went into care as teenagers or older children, tended to require more support from child welfare systems than persons who were in stable foster care placements. When relationships with foster families did not endure beyond the care placement, young people in foster care encountered challenges transitioning into independent living. Young people who experienced higher stability in care often connected this with feelings of 'being supported' and 'family identification' during interviews showing the importance of supportive relationships for young people with adults and members of their peer group (Biehal 2014; McSherry, 2008).

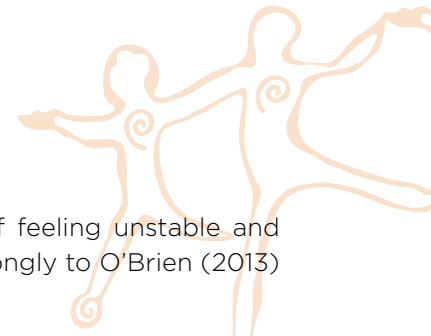
The findings on perceived social support and coping also show that young people often need help coping with the notion of being in care and knowing what this means for identity (cf. Fernandez 2009; Barth et al 2011; Farmer et al. 2013). Similar findings about feeling unable to cope were evident in interviews with parents of origin and with foster carers. This underlines the vital importance of supporting foster carers' biological children, as the emotional aspects of fostering impact on their well-being too. As Williams (2016: 1) argues, there is 'increased recognition of the importance of birth-children's contribution to successful foster care placements and the prevention of placement breakdown'.

Finally, the findings regarding support highlight again the role of power and power relations in the case of working with children in care, their foster families and families of origins. While a sense of power difference can be a barrier to partnership working (see for e.g. Winter et al., 2016) an awareness of and willingness to discuss power imbalances can lead to greater recognition of how power affects service delivery. Considering power and power relations within the context of a socio-ecological framework highlight the importance of the different elements within the system working in partnership to ensure a whole-system approach to the young person's support and care planning. They show that the better integrated the relationships and interactions between the different elements of the system, the more likely positive outcomes for stability for the young person will be possible. From a chrono level point of view, this seems to be especially crucial for children who have entered the care system at a later stage. At the exo system level and macro level, the importance of policy support and investment in the system for supporting children in care, their foster families and their families of origin is emphasised and focused on in greater depth in the practice guidance.

## 6.6 Continuity as an overarching theme

Throughout the narratives that inform this research, continuity came through as one of the most significant themes. Continuity firstly in terms of length of time in care, linking to age at entry to care and length of time in one home has already been highlighted as an important factor that impacts on permanence and stability. Age was found to be one of the strongest tangible indicators in that early entry to care generally seemed to result in a greater sense of stability and permanence, corroborated across the narratives of young people, foster parents, and parents of origin. Our findings imply that age at care entry affects children's relationships with family members: that young people's relationships with their families of origin tend to be stronger when the child went into care at an advanced age or when contact is encouraged during the child's care placement (cf. Khoo et al., 2012; McSherry, 2008).

The research also underlines the positive impact of continuity of relationship with foster parents, families of origin, and social workers and support practitioners. On the other hand, it is the negative impact of changes for young people when placement or relationships of support are not continuous. Disruptions in placement or in support systems often have major and long-lasting impacts on young people's sense of trust, belonging, support and security. It must be acknowledged that change cannot be prevented. In some instances, placements break down. Many children will live in more than one foster home during their lifetimes, and social workers will inevitably change over time. However, the importance of continuity of help and support to young people especially during these moments of change is emphasised here. Being acutely aware of the level of impact such changes can have (e.g. a change of social worker) should encourage practitioners to invest in processes such as handovers, joint working, introductions, and endings, and explicit acknowledgement of the enormity of such a change for a young person. Putting in place other appropriate forms of continuous support (e.g. mentoring for children in care) is also an important consideration to ensure young people have sufficient opportunities



for support, given the deeply emotional and sometimes traumatic impacts of feeling unstable and insecure as evidenced in these research findings. These findings correspond strongly to O'Brien (2013) who also underlines the emotional impacts of placement disruption.

Focusing in particular on the micro and meso elements of the system, factors such as identity, belonging, relationship-building, and contact with parents of origin and extended family members are all significant influences. The more continuity there can be in the narratives, interactions, and relationships of young people, it seems the better the outcomes are likely to be. This study shows the importance of identity, belonging, and family identification for children in care and the need to ensure good management of the complex continuity for many children of having their family of origin identity and their foster family identity and relationships. The report's findings underline the challenges of maintaining regular contact with families of origin when it is in the child's best interests, and the roles of foster carers and social workers in supporting these relationships. The most important continuity that emerges is the voice of the young person and their wishes when it comes to managing the continuous and complex system in which they interact and live on a day-to-day basis. To enable comprehensive support at the micro and meso levels and to ensure continuity as far as possible, the capacity and resources available in the formal support services play an important role, as does policy at the macro, national level.

## 6.7 Conclusion

Our conclusion to this discussion is that while many intrinsic factors play a part in a young person's likelihood of achieving stability and permanence, we need to ask the question from existing literature and research as to whether there is still an over-emphasis on an individual deficit approach, despite the fact that the need for a strengths-based approach has been well established (see Gilligan, 2001). While all are important and unique in their application to each young person and their eco-system, the findings and discussion in this study point to the need for greater focus on the level of support and attention given to assisting in the achievement of stability and permanence for young people who are likely, because of the circumstances leading to entry into care, to have various complex intrinsic factors impacting on their sense of stability and permanence. The thematic analysis that emerged for the discussion highlights the significance of three process factors that have predominated: Relationship, Communication, and Formal and Informal Support. Underpinning these themes, Continuity in all domains is key.

This study also shows the importance of developing recommendations and practice guidance from a socio-ecological approach and within a strengths-based perspective with regard to recognising, amongst the many challenges, the resilience and capacity to cope shown in the participants' narratives. The positive impact of interventions based on partnership, participation and mutual respect is also highlighted. The study shows the potential to improve outcomes for permanence and stability through an approach that places the young person firmly at the centre. This approach places responsibility to achieve positive outcomes for them to be clearly and articulately dispersed throughout the appropriate levels of the ecological system rather than focused in on the individual or family alone. As Bronfenbrenner (1979: 291) argues, we can reject the deficit model of practice in favour of 'research, policy and practice committed to ... transforming endeavours'. Indeed, Bronfenbrenner's well-recognised systems framework can offer direction not only in mapping the complex set of factors that impact on an individual situation but also in giving insight into how best to intervene and interact to produce best outcomes. The ecological model emphasises that while some focus is on the interactions at the micro and meso levels, interaction of third parties can also have a profound impact on interpersonal

relations, and 'it seems plausible that such an influence could extend across as well as within settings' (Bronfenbrenner 1979: 96). This research highlights the potential transformative role the third party, the social worker or support worker, and changes in the wider exo and macro system can play in improving outcomes for young people and children in their unique micro and meso systems. The final chapter outlines recommendations from this study with this proposition in mind.

# 07

## Chapter Seven: Conclusion and Recommendations



### 7.1 Introduction

The findings and discussion have provided an in-depth insight into the factors that impact positively or negatively on a child's stability and sense of permanence in care. These findings are not generalizable but they are very informative. Based on the stories of 27 participants, the findings and discussion illustrate the range of factors that contribute to achieving positive outcomes for permanence and stability for children. The biographical narrative approach has meant that certain themes have emerged that may not have with a more traditional structured or semi-structured approach. On the other hand, it also has meant that some themes may not be probed as deeply as would have been with a different approach. The quantitative data collection has not produced the desired outcomes but the template developed from it, a product of in-depth work by the social work teams with the researchers, provides a tool for use in the future that is comprehensive and well informed by day-to-day practice as well as existing literature and research. The learning gained and expressed in the methodology chapter has also been invaluable for informing future practice.

As we conclude this work, it is important to note that this report is not an evaluation to assess if practice is good or bad. It is produced to provide an opportunity to consider how the possibility for stability and permanence for children in care can be improved. The questions for the study were set out and agreed by the practitioners and teams involved. The intention is to use this research to better inform practice in relation to care planning, case conference reports and court reports to ensure that decisions and practices developed for children in care at the local level (meso and exo) as well as the wider policy level (macro). The research study has three final outputs: A literature review, a practitioner guide to the literature produced in 2016; this research report and the practice guidance that has been developed from this.

In this final chapter, we return to the original list of questions that were identified by colleagues in the Tusla teams at the outset of the project. We provide a summary response to each question that was posed by identifying some key messages and recommendations. These recommendations are then used to inform the practice guidance produced to accompany this report. Some recommendations may also inform national developments such as revisions of the Aftercare Handbook (2014) and the Alternative Care Strategy currently being developed within Tusla.

The questions are organised under 5 headings and a full list is provided in Appendix 7 of this report:

- Definitions of permanence and stability;
- Connection between prior life experience (e.g. pre-care experiences) and experiences in long-term care;
- Young people's in-care experiences which include the;
  - Impact of relationships on young people's care experience;
  - Impact of placement stability on experiences and feelings of stability in care;
- Aftercare services and supports for transitioning out of care (e.g. stability 'into the future');
- Tusla support services.

The overall message from this research is that being in care places a young person in a unique ecological context, whereby they are often managing a dual identity as well as layered micro and meso systems that change over time. The levels of support from both formal and informal sources impacts significantly on permanence and stability both positively and negatively. Continuity is an important underpinning theme that enhances or threatens security and permanence. This includes continuity in actual place to live, alternative care placements and in relationships with family, foster family and support/social workers. Effective communication between children and young people, parents and foster parents is vital. It is in the best interest of young people that developments in policy and practice take a whole system viewpoint focused on the micro, meso, exo and macro levels because while often the narratives refer to the social worker or the child welfare team, many of the comments are relating not just to the individual worker (meso level) or local child welfare team (exo) but also to the wider context of policy (macro) and changes over time (chrono).

The Practice Guidance produced from this study pays particular attention to the development of interventions within a socio-ecological context. It is designed to enhance existing good practice and inform ongoing development of practice skills, to ensure a systemic and co-ordinated intervention, with the young person/child in care at the centre. The Practice Guidance covers practice with young person, foster families and families of origin. In addition, it encourages an ecological systems approach to recognise the importance of integration, interactions and collaboration across the support systems within the micro/meso system domains.

Part 7.2 of this chapter responds to the question of how children, youth, foster carers and parents of origin interpret permanence and stability and the factors that they see as improving outcomes. Part 7.3 responds to the question of how pre-care experiences affect permanence and stability. In part 7.4 the focus is on in-care experience in terms of impact of relationships and impact of placement stability. Part 7.5 responds to the questions relating to after-care and how young people's transitions out of care can be better facilitated. Part 7.6 focuses on views about Tusla support services and how they can be improved. Part 7.8 comments on the findings overall and offers some final key messages and recommendations for general policy and practice.





## 7.2 Definitions of Permanence and Stability

**How do children and young people conceptualise permanence and stability and what are the factors that they identify as affecting better outcomes for them?**

From this study, we can conclude that instability has a very major impact on a young person's coping and wellbeing and support during this period is especially important. Permanence and stability is viewed as encompassing practical (living arrangements, stable), emotional (sense of care, love and respect from foster carers) and social (e.g. impact on siblings and other family members) components. The most significant factors that impacted on children and young persons' experience were: Relationships with social workers and family members (foster carers and family of origin); Social Support (level of support from social work, after care family members and other supports) and Communication between social work and family of origin. Continuity in terms of placement and relationships is crucial for ensuring better outcomes for permanence and stability.

### Key Messages and Recommendations

Practice Guidance should take account of the following messages in particular:

- That individual life experiences and care pathways from childhood shape and reflect permanence and stability;
- Permanence and stability are impacted significantly by the quality and consistency of relationships with family of origin, foster family and social workers;
- Maintaining good communication with all significant individuals within the young person's system is essential for ensuring a sense of stability. Particular attention should be paid in practice guidance regarding new ways for communicating day-to-day news about the young person to their family of origin;
- Formal and informal social support have a very significant impact throughout a child's time in care and after care.
- More recognition of the importance of continued support for Birth Parents in respect to the interests of the child is needed.

## 7.3 Connection between prior life experience (e.g. pre-care experiences) and experiences in long-term care.

**How does a child's experiences prior to entering care shape and reflect how they think about permanence and stability, and other factors that are significant to their experiences in care (e.g. their relationships with social workers, contact with families of origin, relationships with foster carers, siblings, peer networks etc.)?**

The findings show that prior experience has a major impact on stability and sense of permanence. There are multiple factors that affect children's initial care placement and transition to care. Residual memories of prior experience have a significant impact on the care experience for the young person.

Prior experience has a particular impact on relationships with foster carers, social workers and siblings. For parents, the experience of their child going into care is highlighted especially in terms of the emotionality of the experience and the strong sense of power relations between them and the care system/individual social workers.

### **Key Messages and Recommendations**

- To enhance a sense of permanence and stability, young people need to be helped to process what it means to go into care and the reasons for their personal experience. Support in relation to this need should be continuous in recognition of the ongoing impact this can have.
- Practice Guidance should focus on communication with children and relationship building should be an ongoing priority for social work and social care staff given its clear significance to the child/young person's sense of support and stability. A focus on identity and family connections in working with young people in care is crucial.
- Greater emphasis on the socio-ecological approach in care planning, support practice and policy development can ensure that the role of minding and maintaining the young person's wider social support network, alongside his/her family networks is central in care planning and care support practice.

## **7.4 Young people's in-care experiences**

This section has a number of questions relating to two main areas:

Impact of relationships on young people's care experience including with social workers, foster carers and families of origin, and impact of placement stability on experiences and feelings of stability in care. These are presented in Sections 7.4.1 and 7.4.2 below.

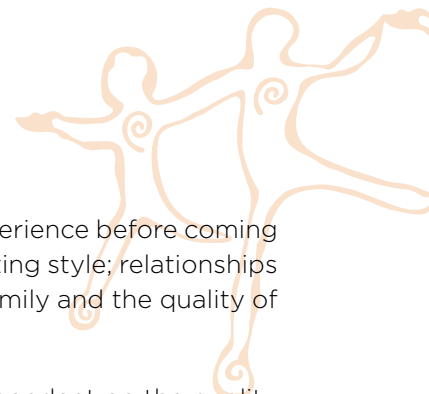
### **7.4.1 Impact of relationships on young people's care experience**

**What are the factors that affect children's relationships with social workers whilst in care and what suggestions do they make about how these relationships can be improved?**

**What are the factors that affect children/young people's relationships with foster families whilst in care, what do they say about things that work well in foster care and what needs to be improved?**

**How do relationships with parents of origin whilst in care shape and reflect children/young people's care experiences and outcomes when they leave care?**

The findings show that the main factors that impact on relationships with social workers are: prior experiences of abuse and neglect; trust; confidence in social work; past experience of social work; length of relationship and perception that social work treated them as 'normal' or 'different'. People's perceptions of social work practice endure over time. Suggestions from participants to improve relationships included: increased awareness of the power imbalance between the social worker and young person a more child-centred approach.



The main factors impacting on relationships with foster carers included: prior experience before coming into care; the culture and routine of the foster home; ability to adapt to the parenting style; relationships with foster siblings ; extent to how they felt they were listened to by the foster family and the quality of the relationship between the foster and birth family.

For relationships with parents and families of origin, good relations are often dependent on the quality of the relationship between parent of origin and foster parent. There seems to be a more negative impact if contact is sporadic especially if the child's expectations are different. The Alternative Care Practice Handbook further acknowledges that children must be asked about the level of contact that they require with siblings, parents of origin and other family members (Tusla 2014: 76). The research reminds us that this can pose difficulties for some children. Some children felt rejected by parents of origin because of different expectations. The impact on identity resulting from disappointment with the quality of relationships with families of origin is significant. The Alternative Care Practice Handbook (Tusla 2014: 59) also recommends that parents of origin are kept 'informed and involved with the work of child welfare professionals' at all times. This should include information about day-to-day events in the young persons lives on a continuous basis.

### **Key Messages and Recommendations**

- Recognition of the importance of extensive Child-Centred Practice Skills and knowledge about the emotional impact of being in care should be emphasised in practice and policy development. Alongside this, the importance of explicit attention being paid to supporting the development of the relationship between the foster family and the family of origin throughout the care placement is highlighted.
- Practice Guidance should pay particular attention to the impact of power relations and power imbalance in social work interventions to help inform guidance on improving support for young people in care, foster carers and families of origin. Specific focus should be given to the balance between regulation and support required in these interventions.
- The need for ongoing support in relation to contact is emphasised. A wider systems approach to managing contact could ensure greater attention to maintaining and helping to manage a range of relationships that are important to a young person in care.
- The pivotal role of Social worker in not just facilitating contact but helping young people to process the feelings and emotions linked to this needs to be recognised in practice development, supervision and support.
- More direct work with parents and families of origin while children in care would help them understand, support and engage effectively in supporting the care placement and ensuring greater stability for the young person.

## 7.4.2 Impact of placement stability on experiences and feelings of stability in care

**How does number of moves impact on the lives of children in care?**

**What are the factors identified by parents of origin, children/young people and foster carers as affecting placement breakdown?**

The findings show that instability is conceptualised by young people by number of moves. More moves generally does result in less of a sense of stability and permanence. Young people value continuity of relationships with social workers and other adults in their unique social ecologies especially at times of breakdown and transition. The emotional side of loss of relationship and problems in coping or processing the social conventions in new homes is significant. The initial phase in a foster home is a particularly vulnerable time for young people.

Factors leading to placement breakdown are multiple and include: foster carers inability to cope with a child's behaviour; impact on foster siblings/biological children of the new addition to the family; effect on the overall household; personal circumstances such as bereavement; difficulty for young person to settle because of individual circumstances; distance from original family network and a desire on the part of the young person to return home.

### **Key Messages and Recommendations**

- Practice guidance should consider how greater investment of support during times of transition can be provided.
- Guidance should also focus on the need for greater recognition of the impact of moving on young people and the need for support with transition between moves that are practical, emotional and social.
- Foster carer training and support needs to ensure the range of factors that can lead to break down are incorporated into training for foster parents and social work/family support.

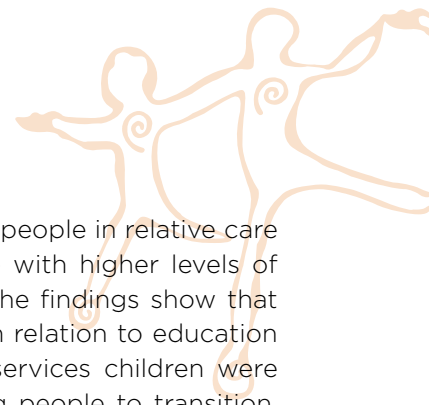
## 7.5 Aftercare services and supports for transitioning out of care (i.e. Stability 'into the future').

**What do young people think about aftercare services provided by Tusla and what suggestions would they make on how they can be improved?**

**What are the main challenges that young people face transitioning to independent life and how can aftercare services better meet their needs?**

**What are the opinions of parents of origin about Tusla services for children in care and young people transitioning out of care and what suggestions do they make for improvements?**

**What are the opinions of foster carers about Tusla services for children in care and young people transitioning out of care and what improvements would they suggest?**



Placement instability impacts on how young people transition from care. Young people in relative care or with stable foster placements generally had more stable transitions. Those with higher levels of family identification with foster families transitioned more easily out of care. The findings show that young people were generally very positive about after care services. Support in relation to education was particularly valued. Most parents were also supportive of the range of services children were getting. Many families offered good informal support that helped some young people to transition. Some parents have a lack of knowledge about the specificity of services. Foster carers showed high levels of trust in social work and Tusla as an organisation. Most were very happy with services provided. Most felt they got what they needed, though for rural parents, however, some issues arose in relation to accessing services. The need for ongoing support to parents of origin after the children are placed in long-term care is emphasised.

### **Key Messages and Recommendations**

- Adequate after care support for all young people leaving care should be available to assist with educational developments, social, psychological and emotional needs.
- Practice Guidance should include attention to early preparation of young people from care should be developed including a focus on family identity, development of networks and preparation for independent living.
- A socio-ecological mapping approach should be used in care planning to help young people develop a systematic plan for post-care and to enable identification of the most appropriate formal supports that should be provided.
- How to maximise opportunities for developing informal supports, especially for young people who did not have strong family ties or a strong sense of family identity with the foster carers, should be included in practice. This could include, for example, further development of the use of mentoring for young people in care.

## **7.6 Tusla support services**

### **How can Tusla social workers better support parents of origin?**

### **How can Tusla social workers better support foster carers?**

### **How can Tusla social workers better support young people?**

In order to provide support to parents of origin, the findings show that social workers work best when a parent has a good understanding of their role and a sense that they empathise with the parents' situation. Every day supports for parents of origin are important as is participatory practice with parents.

Regarding support to foster carers, social workers can improve support around preparation for the realities of foster care and on-going improvement in quality of training was important. Foster carers advise that training does not gloss over the difficulties of fostering. Children and young people are most positive about social work when they experience interventions through open child centred communication. The significance of recognition of depth of emotional impact of being in care, moving placement and past experiences is crucially important for young people. Social Workers need to ensure

children and young people are enabled to process their 'dual identity' and helped to understand their context in a continuous way. Young people would also benefit from more help to develop their positive identity in their own right.

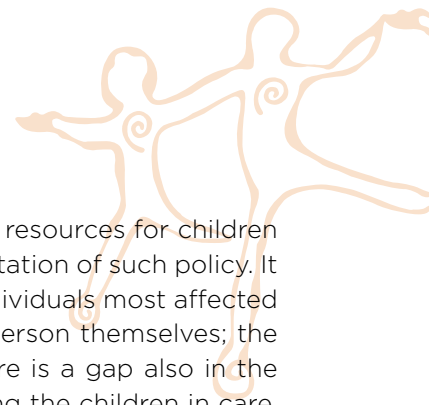
In all aspects of service, continuity of service, placement and social worker support plays a significant role. Outcomes are generally enhanced through effective communication between all parties involved, good relationships and appropriate levels of support provided. To adequately locate and focus external service support for children in care, use of a socio-ecological framework can help identify the complexity and the need for interaction between all levels of a young person's system. This ranges from on-the-ground interactions (micro and meso) to the caseload management and resources (exo) and the wider policy (macro) level. The chrono level reminds us that these cannot be considered at a single point of time in a young person's plan for intervention, but as an ongoing framework for practice.

### **Key Messages and Recommendations**

- Develop and implement Practice Guidance in line with this report to complement other resources such as the Alternative Care handbook (2014) and emphasise specifically the value of applying a socio-ecological approach in care planning and placement support.
- In continuing to develop the Alternative Care service of the child and family services particular attention should be paid to:
  - The role of social workers to support parents of origin throughout the care pathway;
  - Foster parent training and support;
  - Opportunities for on-going skills development in relation to communication,
  - Engaging with the emotional depth of the impact of being in care on young people and;
  - On-going development of participative practices with children and young people.
  - Consideration of joint working with children and families to ensure continuity during times of change of personnel.
  - Use of the Tusla Alternative Care Handbook (2014) alongside the guidance developed from this research based on a socio-ecological framework to enhance best practice.

## **7.7 Final Key messages and recommendations**

The Tusla Alternative Care Handbook (2014) is an excellent resource that became available during the course of this study. It offers helpful and informed advice and support to practitioners in relation to supporting children in care, their carers and their families of origin. The Handbook takes an approach that recognises the social ecology of the young person. The findings and discussion of this study has developed further the potential of a socio-ecological framework to help enhance and improve practice with a view to improving outcomes for permanence and stability. The accompanying practice guidance from this report is developed within the context of the framework presented in Figure 2 (b) within the discussion. An alternative care strategy is also being developed by Tusla, this provides another



opportunity to ensure policy is developed to improve and enhance services and resources for children in care. This study can usefully inform the continued development and implementation of such policy. It is a strength of the study that the knowledge we have derived has been from individuals most affected on a day to day basis by the fact of a child being in care: the child or young person themselves; the carer(s) and their families and the parents and families of origin. However, there is a gap also in the absence of the views and experiences of those who deliver the services including the children in care, and foster care and child and family teams in Tusla and those who make and implement policies and resources in this sphere. While this report has focused specifically on the study and implications for the two counties who participated, it clearly has wider resonance and application to a broader national context.

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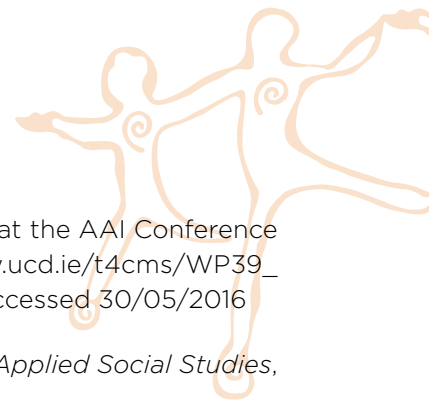
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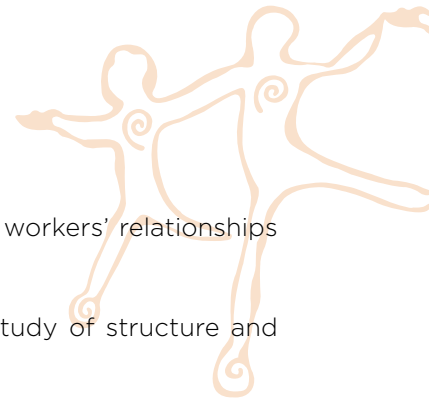
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All appendices are available at:

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