How children experience fostering outcomes: participatory research with children

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INTRODUCTION

The needs of children entering foster care and the impact that such care has on their psychological, interpersonal, educational and social development remain a priority area for research. The implications are multiple, including the challenge of providing a child with a stable, if alternate, family environment to experience the key developmental challenges with care and support. Offsetting this challenge is the recognition that such children come to the foster family setting as an already at-risk group who may need more specific support and intervention than a family environment alone.

A growing body of research has identified a range of concerns including instability in care placements (Fernandez 1996; Delfabbro et al. 2000; James et al. 2004), failure of care systems to ensure optimal educational outcomes (Harker et al. 2003) and children’s vulnerability to emotional and behavioural difficulties while in care (Ward 1995; Quinton & Murray 2002; McCarthy et al. 2003; Farmer et al. 2004; Flynn et al. 2004; James et al. 2004).

Children’s relationship with members of the foster family is perceived to have a significant impact on outcomes of care (Schofield 2002; Chapman et al. 2004), and facilitating children’s attachments to new families is stressed. Children and young people often experience difficulties in developing and sustaining peer relationships and friendships (Kufeldt et al. 2003). Children in care are also at risk of losing attachments to their birth families (Fernandez 1996; Bullock, Dartington Social Research Unit 1998; Cleaver 2000; Kufeldt et al. 2003). There is support for an ‘inclusive approach’ that keeps care placements receptive to maintaining children’s connectedness to birth families and fosters emotional continuity. Research attention has also moved beyond concerns with placement stability and placement maintenance towards the study of children’s long-term developmental outcomes. The Looking After Children Initiative (Ward 1995) has articulated key dimensions of optimum care to be expected from out-of-home care systems, including health, education, emotional and behavioural development and family and social relationships, advocating the importance of focusing proactively on meeting these developmental needs.

The limitations of cross-sectional research in capturing developmental sequences and the impact of care over time have been acknowledged. In this respect the advantages of longitudinal prospective studies that enable follow-up of subjects for a period of years, and the study of interrelated phenomena at specific points in time, have been documented (Farrington 1991) and illustrated through well-known studies (Bullock, Dartington Social Research Unit
There has also been increasing recognition of the need to give a central place to the voices of children and young people in research and practice (Gilligan 2002). While children’s perspectives are important in informing knowledge building and practice, the challenge in eliciting children’s views, securing consent and managing the research process are also appreciated (Chapman et al. 2004; Christensen 2004). There has been a paucity of longitudinal prospective studies on children currently in care as well as studies that elicit children’s perspectives (Wilson & Conroy 1999). In this respect the longitudinal study of children in care reported in this paper attempts to extend the contribution of out-of-home care research.

THEORETICAL FRAMEWORK

Various theoretical ideas informing practice in out-of-home care are relevant to this study. A developmental approach is increasingly used to underpin services to children and families. Attachment, a reciprocal process in which the child and caregiver(s) participate, is an important construct. According to attachment theorist Bowlby (1969), children develop affectional ties to the caregiver that afford a secure base and contribute to their ‘internal working model’ that serves as a guide to other close relationships. Since Bowlby’s initial formulation, further developments have acknowledged children’s ability to develop and sustain multiple attachments in caregiving contexts. A fuller discussion of attachment in foster care is available in Howe (1995), Fernandez (1996) and Schofield (2002). Children’s reactions to separation at entry to care and when affectional bonds are further disrupted through placement changes are illuminated by this perspective. Attachment is fostered by sensitive caregiving, and close attachment to caregivers besides affording emotional support and a secure base enhances self-esteem.

There has been developing support for resilience-orientated perspectives to understand children’s vulnerability to risk and protective factors that promote resilience. Resilience refers to the process and outcomes of successful adaptation despite threatening circumstances and adversity (Masten & Coatsworth 1998). Resilience is enhanced when children develop attachments to caring parents/caregivers. Interational views of resilience look beyond the dyadic bond with parents/caregivers to ecological and lifespan influences including extended family, peer group and school (Werner & Smith 1992). Thus, for children in care, resilience is enhanced by support from teachers, friends and other mentors including caseworkers (Masten & Coatsworth 1998; Gilligan 2002). As a significant proportion of children enter care with disadvantage, exacerbated by the experience of disrupted placement, patterns involved in optimizing developmental outcomes and enhancing resilience are important to research and practice in foster care.

METHODOLOGY

Fifty-nine children (29 boys and 30 girls) were recruited into the Growing Up in Care Project, a longitudinal study of children in a long-term fostering programme of Barnardos Australia. The ethnic composition of the sample included Anglo-Australian (70%), Indigenous Australian (2%), European (17%), Fijian, Tongan, Thai (9%) and Sri Lankan (2%). The research used a prospective, repeated measures design incorporating quantitative and qualitative methods. Children and young people’s needs and strengths were assessed at different stages of the care process: at 4 months after entry to their current placement and at 18- to 24-month intervals thereafter. Personal interviews with children over 7 years, caseworkers and foster carers were the main sources of data. Findings reported here are confined to the perspectives of the children. The average age of children at Interview 1 was 10.7 years with a range of 7–15 years. The interviews examined the children’s adjustment, including their self-assessed abilities to develop adaptive relationships, concentration and behaviour difficulties, anxiety and dominant positive and negative emotions. Children’s relationship with the foster family and birth family, reasons for separation and history in care were explored. Interview instruments administered by the researcher incorporated items from the Assessment and Action Records (AAR) of the Looking After Children (LAC) protocols (Parker et al. 1991) that had been adapted to the Australian context and implemented in the agency at the time of this research. Standardized measures such the Hare Self-Esteem Scale (B.R. Hare, unpubl. data) and the Interpersonal Parent and Peer Attachment Inventory (Armsden & Greenberg 1987) were also completed by children.

FINDINGS

The children at entry to care

Data from caseworker interviews about the children indicated that age of first separation ranged from
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4 months to 12 years, with one-third of initial separations happening between 5 and 6 years of age. With regard to their previous placement history, half (52%) of the children had been in care placements prior to the current agency. One in four children had had no prior placements.

The most frequently cited reason for care relating to the birth mother was drug or alcohol dependence (29%). The mother’s psychological state was a factor in 22% of cases and financial and social circumstances represented 18% cases. Thirty-six per cent related to physical abuse of the child, neglect or inadequate parenting. Thirty-nine per cent of the children were abandoned by the birth father. In 39% of cases, the child was subjected to either physical or sexual abuse or inadequate parenting. Domestic violence accounted for 22% of the cases.

In exploring the emotional experience of initial separation, the children were asked about a series of feelings to elicit their emotional reactions. The results shown in Table 1 are reported both by age at the interview and by sex. The mood states are all phrased in their negative, so some items such as happy or excited are reversed in the table in data presentation.

The most commonly experienced feeling across all categories was sadness. The majority of boys also reported feeling worried (57%), while the majority of girls felt lonely (60%). Girls were more likely to feel angry than boys at the time of separation. Younger children were more nervous and awkward and shy than the children older than 10.5 years at Interview 1. For almost half of the children, their overall distress included multiple emotions like being very worried, scared, angry and lonely simultaneously.

Children rated their experience of the same emotions 18 months later at Interview 2. The most frequently experienced negative emotions were feeling angry (about one-third of the children) or worried or sad (about one-fifth of the children). It is important to note that the previous assessment made by the children referred to their recollections at Interview 1 about how they felt at the time of first separation, so considerable caution must be exercised in making comparisons with their feelings at Interview 2. Nevertheless, the children’s mood at Interview 2 was significantly better than at separation. Children were significantly happier, less scared and more excited.

Table 1
Feelings that children recalled experiencing at the time of their first separation

<table>
<thead>
<tr>
<th>Feeling</th>
<th>All (%)</th>
<th>Boys (%)</th>
<th>Girls (%)</th>
<th>Age &lt; 10.5 (%)</th>
<th>Age &gt; 10.5 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>64</td>
<td>60</td>
<td>70</td>
<td>67</td>
<td>61</td>
</tr>
<tr>
<td>Not at all Excited</td>
<td>58</td>
<td>50</td>
<td>70</td>
<td>62</td>
<td>54</td>
</tr>
<tr>
<td>Not at all Happy</td>
<td>58</td>
<td>50</td>
<td>70</td>
<td>62</td>
<td>54</td>
</tr>
<tr>
<td>Worried</td>
<td>50</td>
<td>57</td>
<td>40</td>
<td>54</td>
<td>46</td>
</tr>
<tr>
<td>Scared</td>
<td>50</td>
<td>47</td>
<td>56</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Lonely</td>
<td>50</td>
<td>44</td>
<td>60</td>
<td>61</td>
<td>39</td>
</tr>
<tr>
<td>Nervous</td>
<td>36</td>
<td>33</td>
<td>40</td>
<td>54</td>
<td>16</td>
</tr>
<tr>
<td>Angry</td>
<td>34</td>
<td>19</td>
<td>60</td>
<td>23</td>
<td>46</td>
</tr>
<tr>
<td>Shy/embarrassed</td>
<td>28</td>
<td>27</td>
<td>30</td>
<td>46</td>
<td>8</td>
</tr>
<tr>
<td>Helpless</td>
<td>24</td>
<td>32</td>
<td>11</td>
<td>25</td>
<td>23</td>
</tr>
<tr>
<td>Guilty/to blame</td>
<td>24</td>
<td>20</td>
<td>30</td>
<td>39</td>
<td>8</td>
</tr>
</tbody>
</table>

Children's attachment to carers

The children were asked to rate their relationship with their current foster family. The majority reported that they got on very well with their foster families. A small minority felt that they did not know how they got on with their foster father (16%) or foster mother (10%). At Interview 2 almost all of children reported that they got on very well or quite well with their foster families. Only a small minority felt that they did not get on well with their foster family.

Cohesion with members of the foster family was strongly intercorrelated and all strongly statistically significant ($P < 0.01$). The main variation in ratings of cohesion was in relation to how well the children got on with other children in the foster family. There was some variation in feelings about the foster father but little in relation to the foster mother. In general, the children appeared to have good relationships with their carers, as expressed below by one of the children.

‘They are really good, like a real mum and dad.’ (Male, 10 years)
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‘He’s a good dad, a sportsman, a soccer champ, a fast runner, he is really nice and the best dad in the world.’ (Male, 10 years)

The Inventory of Parent and Peer Attachment

Further insight into children’s attachment to carers came from their responses to the Inventory of Parent and Peer Attachment (IPPA), which was used to assess a child’s level of attachment to his or her current foster mother, foster father and peers. It includes three subscales – trust, communication and alienation – and a total attachment score. The children completed the IPPA at Interview 2.

Gender and age differences. Boys had significantly lower total peer attachment score than girls, but there were no differences on other IPPA scores. Comparing younger and older children on the IPPA revealed that there were differences in each of the subscales relating to paternal attachment. On the trust subscale children aged less than 12 years had a significantly higher mean score (29.7, SD 2.8) than the older half of the children (mean 25.8, SD 5.3). On the paternal alienation subscale younger children scored higher (mean 24.1, SD 2.1) than the older children (20.7, SD 4.4). (A high score is interpreted as less alienation.) On the third subscale, paternal communication, younger children again reported a higher mean score (mean = 24.1, SD 2.5) than the older children (mean = 21.8, SD 3.3). Similarly, younger children reported higher total paternal attachment (mean = 94.2, SD 8.4) than the older children (mean = 83.8, SD 14.9).

Relationships between IPPA subscales. Children’s responses to the maternal and peer subscales were closely interrelated. Responses to the paternal attachment questions, however, were only related to each other and not to the other two sets of subscales. This pattern was reinforced with the total attachment scores, where maternal and peer attachment were related significantly ($r = 0.59, P < 0.01$), but paternal attachment was not related to the others. In other words, children’s attachment to their peers and foster mothers were based on similar judgements, but children thought in a different way when considering their attachment to their foster fathers. One possibility for the different way of responding to the foster father is the likelihood that the children have had little opportunity to develop any paternal relationship, given the high proportion of absent fathers, whereas most have had previous experiences of a mother figure or siblings in their family relationships.

Contact with birth family

At Interview 1 there was considerable variation in the amount of contact according to the family member. Over one-third of children (36%) saw their birth mother on a monthly basis; 36% saw her every 3 months. Half of the children (52%) had no contact with their father, while only one in five of the children saw their father on a monthly basis. Siblings were the most frequently contacted family members – 49% of the children saw a brother or sister at least on a monthly basis.

At Interview 2, 70% had no paternal contact at all. The majority of children saw their birth mother once every 3 months. Siblings remained the most frequently contacted family members. Compared with Interview 1, the children had increased their contact with members of their family of origin. The children, in most cases, were able to keep in contact with their birth mother, and in some cases, birth father. Most children looked forward to, and enjoyed seeing their mothers.

‘I’m always missing my mum. It doesn’t happen that much now, cause I see her every month.’ (Male, 13 years)

‘I ask her a lot of questions, I ask her what was she like when she was little, what was I like when I was little . . . Just to see her. That I have an opportunity to talk to her and I think she’s glad that she sees me cause she has an opportunity to apologise for what she done.’ (Female, 17 years)

The clear majority wanted more contact with their family of origin, most often their siblings (65%), but also their mother (56%) and the same proportion with their fathers (56%). A minority of children desired either less contact or no contact at all, predominantly in relation to their fathers (16%). Compared with Interview 1, the only significant change was an increase in children’s desire to see their fathers. This finding need not be interpreted negatively but may reflect the earlier findings that more than half of the children never see their fathers at all whereas contact with siblings and mothers does remain regular. Many appeared to be interested in establishing a connection with birth fathers.

‘. . . I’d like to see him (father) a lot more, heaps and heaps and heaps more times, it makes me feel happy.’ (Female, 8 years)

‘I don’t have a real dad, I never did. I only have false dads.’ (Female, 8 years)

‘I’ve never had a first dad.’ (Male, 11 years)
Self-esteem

Self-esteem and self-efficacy are cited as building blocks of resilience (Baumeister 1993; Gilligan 2002). In this research children’s self-esteem was assessed using the Hare Self-Esteem Scale, which has three subscales – peer, home and school – and a total score. The published normative data provided an average or mean score of 91.1 for comparison. The total score for children in the study was 82.5 (average, SD 7.0), and the range was 71–95. Girls and boys both had an average of 82. Boys had a median of 81 and a range from 71 to 95. Girls had a median of 84 and a range from 72 to 95. The self-esteem subscales measured unique domains but were significantly related to each other. Girls (mean 31.9, SD 6.7) had significantly higher home self-esteem than boys (mean 27.8, SD 2.4). There were no differences between boys and girls in relation to peer and school self-esteem.

Children’s care history

The Hare Self-Esteem Scale was examined for any relationships with variables relating to the children’s care history. The relationship between life events and self-esteem is difficult to detect, especially with global measures. In this study the most changeable aspect of self-esteem is peer self-esteem. Given the importance of peer relationships in adolescence to the development of self-esteem, it is not surprising that this may be the most sensitive indicator of the effects of care. For example, peer self-esteem was negatively correlated with total number of placements ($r = -0.42, P = 0.05$) so that the more placements children had, the lower their peer self-esteem.

Changing placement breaks the continuity of peer relationships. When they moved to a new placement, children lamented the loss of old friends. The child below expresses quite aptly the plight of changing placements.

‘...sometimes I get really scared cause sometimes I get worried that I have to move again and I don’t want to move ever again. Cause I don’t want to lose all my friends as well.’ (Female, 12)

Children’s accounts suggested that being in care affected their self-esteem. However, children did compare themselves with their peers in normalizing their experience.

‘It’s like we’re second hand kids; unless that’s how all kids feel who are my age...’ (Female, 12 years)

Children’s emotional and behavioural outcomes

A core part of the children’s interview involved the children’s self-assessment of their feelings and interpersonal skills using the 30-item LAC AAR. In this study data from the 30 items were examined in two ways. Firstly, the data were scored using the LAC subscales developed by Quinton & Murray (2002). Secondly, data were scored more conservatively by noting the presence or absence of each feeling or behaviour to allow description of individual items and a sum of problematic items in three areas – relationship-building skills, anxiety symptoms and concentration/behavioural problems.

LAC subscales

Children’s assessments for both interviews are compared with caseworker ratings in Table 2. Note that all LAC subscales, except pro-social skills, are scored to indicate that a higher score means more problems.

The caseworker ratings in Table 2 provide some interesting contrast with the children’s own assessment. While the LAC total scores were similar, children reported more emotional problems than the caseworkers, and more problems with carers. Children were more favourable in their ratings of their social skills and problems with peers. There was a significant improvement in the children’s ratings of emotional problems between interviews. The mean scores for the remaining LAC scores suggest a positive change. At Interview 2 there were two key differences between boys and girls on their LAC subscales. Girls had significantly higher pro-social scores, which...
indicates a more positive social skill set than boys, yet girls also reported having more carer problems than boys. Age was also significantly related to one LAC subscale, with older children being more likely to have more conduct problems ($r = 0.54$, $P = 0.003$).

### Ability to build adaptive relationships

The data presented in Table 3 show children’s ratings of 16 relationship-building skills. These relationship-building skills are expressed in the positive version (i.e. if it was a negative characteristic like get into fights, ‘not like me’, it is written next to the item). Five relationship strengths most frequently reported by the children at Interview 1 included their self-perceived ability to share or include others in their activities, their sense of appropriate relationship boundaries and a sense of empathy. These skills were each reported by 75% or more of the children.

The 16 relationship-building skills were also considered together as a further way of describing the children’s relationship maturity. Each child reported a repertoire of between 4 and 15 positive relationship skills and abilities. A quarter (24%) of the children felt that they had eight or fewer of these skills and abilities. While the majority endorsed skills like sharing and letting others join in, 50% or more of the children saw themselves as: often in trouble, extremely suspicious of others motives, felt unable to trust. Additionally, less than 50% felt able to look to their carers for reassurance.

At Interview 2, seven skills were reported by more than 75% of the children. In particular, the children now reported feelings of empathy and support, such as comforting others, and being considerate of other’s feelings. ‘Being able to trust’ remained the lowest ranked attribute, yet more than 58% of the children endorsed it. Similarly, more than half of the children reported positive skills towards their carers.

### Concentration and behavioural problems

Children were asked about their experience of six concentration and behavioural difficulties over the preceding 3 months. The most commonly acknowledged was ‘finding it difficult to stick at things for more than a few minutes’, affecting 54% of the children. Others included difficulties concentrating, impulsivity and restlessness, affecting between 44% and 40% of the children. At Interview 2, a significant minority of children continued to acknowledge concentration and behavioural difficulties, most frequently impulsiveness and concentration.

### Anxiety problems

Anxiety feelings experienced by children at Interviews 1 and 2 are reported in Table 4. Children were asked about their experience of eight anxiety feelings in the preceding 3 months. Change in appetite was the most frequently reported symptom. Half of the children...
reported worrying a lot or having anxiety-related somatic complaints. At Interview 2, there was a change in the ranking of anxiety symptoms. At Interview 1, worry was the most frequently reported symptom (56%), but this had dropped to fourth rank, affecting 27% of the children. Statistically significant differences were observed in three symptoms, chiefly relating to generalized distress. ‘Feeling miserable or sad’ remained highly ranked but was reported by significantly fewer children at Interview 2, as was ‘worry a lot’ and somatic complaints (often get aches and pains).

The total number of symptoms of anxiety or distress is a further indicator of a child’s emotional needs. Fifty-two per cent of the children continued to experience multiple feelings of anxiety at Interview 2. Girls had significantly more anxiety problems than boys. Similarly, younger children (less than 10.5 years) had more anxiety problems. It is important to note that this tool does not attempt a diagnosis of an anxiety disorder. It does, however, indicate that the majority of children experienced multiple anxiety feelings at the time of the first interview. The most disturbing figure was in relation to deliberate self-harm, which appeared to have increased between interviews. Four children, three girls and one boy, at Interview 2 and one boy at Interview 1 reported engaging in deliberate self-harm. These incidents were minor bruising to their limbs.

### Analysis of children’s adjustment at Interviews 1 and 2

Data on the children’s background and history in care were analysed to identify potential relationships with their adjustment. Indicators of children’s adjustment included their perceived attachment with the foster family, their self-assessed anxiety, behavioural problems and relationship-building skills.

#### Factors affecting the level of cohesion with the foster family

**Demographic and placement variables.** Age was significantly related to cohesion with the foster father ($r = 0.5, P = 0.01$) such that older children were less likely to report getting on very well with the foster father. This relationship did not extend to cohesion with other members of the foster family. The child’s cohesion with other children from the foster family, however, was significantly related to the child’s number of placements since entering care. Children who got on very well with the children of the foster family had an average of 1.7 placements, which was significantly fewer than children who did not get on very well.

**Interview 1 variables.** There were significant relationships between the child’s self-reported relationship-building skills and cohesion with the foster mother ($r = -0.69, P < 0.01$) and the foster father ($r = -0.63, P < 0.05$).

**Interview 2 LAC subscales.** The number of conduct problems was significantly negatively correlated with foster father cohesion ($r = -0.40, P = 0.057$) so that the more conduct problems a child had, the poorer the cohesion. This relationship did not extend to foster mother or other children in the foster family.

**IPPA attachment.** There were significant relationships between cohesion at Interview 2 and the IPPA maternal attachment subscales. Children reporting a higher maternal trust and communication and less alienation

### Table 4 Anxiety symptoms reported by children at Interview 2

<table>
<thead>
<tr>
<th>Rank</th>
<th>Anxiety symptoms</th>
<th>Interview 1 (%)</th>
<th>Interview 2 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Are frightened of particular things or situations</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>2.</td>
<td>Have strong feelings of misery or sadness</td>
<td>54**</td>
<td>38</td>
</tr>
<tr>
<td>3.</td>
<td>Have difficulty sleeping because of worry</td>
<td>44</td>
<td>32</td>
</tr>
<tr>
<td>4.</td>
<td>Worry a lot</td>
<td>56*</td>
<td>27</td>
</tr>
<tr>
<td>5.</td>
<td>Have a very poor appetite or are concerned about dieting</td>
<td>32</td>
<td>23</td>
</tr>
<tr>
<td>6.</td>
<td>Often get aches and pains (including headaches and stomach aches)</td>
<td>48**</td>
<td>19</td>
</tr>
<tr>
<td>7.</td>
<td>Deliberately injure themselves</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>8.</td>
<td>Sometimes wet the bed</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

* $P < 0.05$; ** $P < 0.01$ two-tailed.
were more likely to get on very well with their foster family.

Factors affecting emotional and behavioural adjustment

There was a significant relationship between the child's cohesion with their foster father at Interview 1 and their self-perceived relationship skills at Interview 2 ($r = -0.58$, $P < 0.01$). The better the cohesion at Interview 1, the more skills the child reported having at Interview 2.

Children's anxiety at Interview 1 was strongly predictive of subsequent adjustment, correlating significantly with relationship skills ($r = -0.48$, $P < 0.05$), negative mood ($r = 0.66$, $P < 0.01$) and anxiety ($r = 0.74$, $P < 0.001$), all at Interview 2. Children with more concentration and behavioural problems at Interview 1 were also significantly more likely to report more negative mood at Interview 2 ($r = 0.57$, $P < 0.05$).

**KEY FINDINGS AND IMPLICATIONS FOR PRACTICE**

**Psychological need**

The findings are broadly comparable to trends in previous research. As in the research of Johnson et al. (1995), children experienced strong feelings of sadness and anxiety at the time of separation and in the ensuing months. Corrigan & Flood (1990) elaborate on the impact of children's separation experiences on their self-image and support direct work with children to help them ameliorate these feelings. This needs to encompass support to carers in their engagement with children in this vulnerable phase of the placement. Explaining clearly to children what is happening and allowing them some participation in decisions helps them feel empowered and builds trust (Fahlberg 1991).

Pre-care experience of abuse, neglect, domestic violence and parental abandonment carry their mental-health vulnerabilities. While children displayed a high level of psychological need, there was encouraging evidence that being in care did help. At the second interview there were encouraging signs of increased placement stability and small but positive changes, including improvement in the children's ratings of emotional problems. An important finding was that the number of each child's self-rated anxiety symptoms at Interview 1 predicted subsequent adjustment difficulties and as such gives guidance to targeted interventions, enabling children's anxiety to be adequately acknowledged and supported within the foster family. Findings from this research and previous studies (McCarthy et al. 2003; Farmer et al. 2004) underline the importance of recognizing emotional and behavioural difficulties experienced by children in care early and identifying their impact on carers. Carers are likely to need high levels of support in the management of children's distress and impairments associated with them (Sargent & O'Brien 2004). There were variations in responses and outcomes based on gender, age and individual differences that alert us to the vulnerabilities and strengths of children based on gender and age, and the need for individualized and differential responses from carers and caseworkers.

**Self-concept and self-esteem**

The children's self-esteem levels were lower than published normative data, reaffirming the children's level of need. There are wide-ranging views on the overall trajectory of self-esteem across the life-span. Researchers have attributed changes in self-esteem in childhood and adolescence to both maturational and socio-contextual changes (Harter 1993). By focusing on specific domains of self-esteem, significant results emerged. Care variables were found to account for the differences. Having a younger age of entry into care, coupled with multiple placement changes, negatively affected children's self-esteem, especially peer self-esteem. Peer self-esteem was negatively correlated with the number of placements so that the more placements children had, the lower their peer self-esteem. It is likely that as children experience rejection accompanying placement breakdown they internalize blame and their self-evaluations become more negative. This result points to the need to assess more specific aspects of self-esteem to better understand the needs of children in care.

Consistent with a resilience orientation, interventions may include fostering children's relationship-building skills and reinforcing their pro-social behaviours and self-worth, or finding turning points in their schooling through mentoring and extra-curricular opportunities and positive peer and adult attachment relationships. Foster/adoptive carers can play an important role in influencing the continuum of risk factors and assets and enhancing children's resilience. In addition to enhancing resilience, policy and practice must strive to reduce the odds whether this be
placement breakdown or school changes to minimize children’s experience of adversity in the care system.

Family and social relationships

A core role of family in a child’s development and socialization is that it provides a direct experience of interpersonal relationships and an opportunity to observe skills and norms in different relationships. Positive outcomes are evident in adaptive parental attachment and positive social learning. For children growing up in care, this process is grossly disrupted at entry to care and through subsequent placement disruptions. While acknowledging strong attachments with their foster parents, children desired more contact with their family of origin. Children wanted to belong emotionally to foster and birth families in significant ways. Although they are placed in permanent foster families, their sense of permanence incorporated the link with birth families, a dynamic documented by Sinclair et al. (2005), who see children’s attachment to carers and birth parents as conceptually linked. Yet contact remains a challenging and contentious issue (Cleaver 2000) and carers must be supported in their dual task of building strong attachments with their foster children while responding to the children’s need for continuing connection with birth families. As in the study of Sinclair et al. (2005), children confronted painful dilemmas around their relationships with birth parents. In this context, Sinclair et al. (2005, p. 169) argue appropriately for ‘a safe space in which they can come to terms with these dilemmas in time, and psychologically move on’. An important implication for caseworkers and carers is that supportive and sensitive responses are needed to facilitate children’s affective involvement with foster and birth families.

As in the research of Johnson et al. (1995) and Chapman et al. (2004), encouragingly, children reported good levels of cohesion with foster carers at both interviews. There were a number of significant relationships that emerged regarding the children’s judgement of their interpersonal skills and attachment with their foster parents. The more perceived skills at Interview 1, the more cohesive relationships at Interview 2. This finding points to an important area of supportive foster care and an accessible area for intervention. It suggests that where the children receive either well-modelled relationship skills in their earlier placements, or explicit teaching of these skills, the more likely they will develop cohesive relationships later in placements. Sinclair et al. (2005) note that children with pro-social characteristics are less vulnerable to placement breakdown. Resources and training to enable carers and care systems to build on these strengths are stressed. The nature of the relationship with the foster father at Interview 1 appears to have had an important developmental influence on the children. In this context the role of foster carers and, given the frequent absence of any father figure, the role of foster fathers is critical to exposure to learning and to the development and maintenance of interpersonal relationships.

There has been a proliferation of interest in research on fathers and their relationships with children. Available studies suggest they have positive effects on children’s self-confidence and achievement (Lamb & Lewis 2004). However, they have not attained a high degree of visibility in child welfare systems (Featherstone 2001). The findings reflect the potential fathers have for a more involved caring relationship. Developing approaches to promote fuller involvement of fathers in fostering relationships are important to outcomes for children. Birth fathers were also important to the children in this study, and there is the challenge of engaging them in safe and positive relationships with children.

CONCLUSION

Children enter care with a high level of need. In some circumstances this becomes more difficult developmentally as children experience multiple placements, increasing their sense of vulnerability, especially in relation to peer self-esteem. In other circumstances the children benefit from cohesive early placements and develop relationship-building skills that enhance their future relationships. For the most part, children were positive about their placements, findings that confirm earlier research that point to the developmental benefits of, and children’s satisfaction with the care experience (Johnson et al. 1995; Kufeldt et al. 2003).

In the research of Kufeldt et al. (2003) and Flynn et al. (2004), the LAC AARs are endorsed as being valuable in monitoring and furthering resilient outcomes. While cognizant of Garrett’s (1999) critique of the AARs and its empirical and value base, this study found the particular domains incorporated into the research instruments useful in delivering important knowledge of the pattern of difficulties and strengths identified by the children and how they changed over time.

Capturing the voices of children brought an important dimension to the study. The implementation of
this component of the wider study was not without its challenges ethically and methodologically. Careful thought had to be given to issues of consent, privacy, child-friendly data collection strategies and sensitive communication, and working closely with caseworkers to address issues related to the emotional impact on children of participating in research interviews (Thomas & O’Kane 1998; Christensen 2004). The research yielded valuable insights into children’s perceptions of their experiences and concerns, affirming the emphasis placed on encouraging child consumers’ right to self-expression (Gilligan 2002) and honouring children’s voices and knowledge in the development of child-centred policy and practice.

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