THE UNIVERSITY OF HULL

Foster placement breakdown: What can we learn from foster carers' stories and how successful is Multidimensional Treatment Foster Care

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By

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Overview

This thesis portfolio comprises of three parts: a systematic literature review, an empirical study and a set of appendixes.

Part one is a systematic literature review examining a specific type of therapeutic foster care, Multidimensional Treatment Foster Care. An introduction to the challenges children with complex emotional and behavioural difficulties face in the juvenile justice system and in looked after care is outlined; including a rationale for the use of MTFC. This paper provides a critical review of the current literature on MTFC within defined inclusion criteria. The main findings are presented along with recommendations for future research.

Part two is an empirical study of foster-carers experiences of placement that has broken down recently. The paper introduces the difficulties facing children and carers as a result of foster placements break down. Due to the lack of research directly conducted with foster-carers a narrative approach was applied to interviews of a placement breakdown with foster carers. The paper reports the analysis of foster carers stories in order to identify potential intervention points which may assist social workers to assist foster carers who feel their placement may be at risk of breaking down. The clinical and research implications are discussed.

Part three is a complete set of appendixes of parts one and two. This includes the forms provided to foster-carers by the researcher, analyses, an epistemological statement of the empirical piece and a reflective discussion of the research process.

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Part 1: Systematic Literature Review

How successful is Multidimensional Treatment Foster Care? A Systematic Literature Review

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This paper is written in the format for submission to Child and Youth Services Review.

Please see Appendix A for the Guidelines for Authors.

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Abstract

Multidimensional treatment foster care (MTFC) has been in development for over twenty years at the Oregon Research Centre lead by Patricia Chamberlain and colleagues. Although findings from the research group have been positive, concerns regarding the generalisibility of the programme have been raised. Since it is now piloting in several countries a review of the evidence base within the literature is timely and essential. A systematic literature review of the MTFC literature, spanning 1998 to January 2015, was conducted. The findings from the review question the success of MTFC in countries outside of the USA, which have not yielded similar results. This review also highlights concerns regarding the volume of papers published using the same MTFC trial at the Oregon Research Centre. Further international research is required to establish whether cultural differences are playing a role in the discrepancy of findings or whether the success of MTFC cannot be replicated outside the USA. Potentially, the popularity of MTFC is continuing to outstrip the evidence base- a cause for concern when evidence based practice should be the norm.

Keywords: Systematic literature review; multidimensional treatment foster care; Intensive fostering and Intervention

Introduction

In the UK, there have been long documented concerns about the outcomes of children in care in comparison to children within the general population. A recent UK review using UK and international research concluded that looked after children are achieving poorer outcomes across every domain of the Every Child Matters policy (Simkiss, 2012). Also, children in foster-care are four to five times more likely to have mental health problems compared to children within the normal population (Meltzer, Gatward, Corbin, Goodman, & Ford, 2003) and are particularly prone to emotional and conduct disorders. Despite the recognition that children in care experience poorer mental health outcomes, children were not experiencing help and support as adults either (Simkiss, 2012). Additionally, the pregnancy rates of young women in care are concerning. A University of Chicago study found that 33% of young women in care had been pregnant at or before the age of 17, in comparison to 14% of a comparative age group in the general population. Alarmingly, at the age of 19, 46% of those who had experienced one pregnancy had experienced further pregnancies; in comparison to 34% in the general population (Dworsky & Courtney, 2010). In the UK, there are also documented concerns with higher rates of risk taking behaviour such as alcohol intake, drug use and delinquency (Department for Children and families, 2009).

In a recent British review by Rock, Michelson, Thomson and Day (2015), placement stability was strongly linked to the mental health of the child. The review found that children were more likely to experience a placement break down when the child was experiencing complex mental health problems and exhibiting challenging behaviour (Rock et al, 2015). However the causality link between breakdown and complex behaviour has been unclear within the literature. One study found that controlling for baseline factors, breakdown itself was linked to children exhibiting externalising behaviour and future placement breakdowns (Rubin, O'Reilly, Luan, & Localio, 2007). Among children who were at low risk of

challenging behaviour from controlled pre placement factors, placement instability accounted for a 63% increase in the probability of challenging behaviour within the placement (Rubin et al, 2007). In a sample of children in residential care, those who exhibited challenging behaviour were less likely to achieve placement stability (James, Landsverk, & Slymen, 2004). In addition, children who had high rates of movement between placements had higher rates of challenging behaviour, which was ascribed to the instability of their placements (James et al, 2004). Equally, foster carers do not feel equipped or supported to manage challenging and complex behaviour (Ocotoman & Mclean, 2014). In particular, foster-carers need help to manage mental health difficulties, support the child and understand behaviour (Octoman & Mclean, 2014). Recurrent placement breakdowns not only affect the foster-child, but also the confidence and likelihood that the foster-carer will continue fostering (Brown & Bednar, 2006).

Both James et al (2004) and Rubin et al (2007) expressed concern regarding the lack of interventions currently directed towards achieving placement stability for children in care. A review of current interventions for children in foster care found different levels of intervention for varying needs (Kinsey & Schlosser, 2013). Five categories of services were identified: wraparound services, relational interventions, non-relational interventions (carer and child), carer training programmes and interventions for the foster-child (Kinsey & Schlosser, 2013). Wraparound services were described as offering the most intensive support due to high level of multidisciplinary involvement. The review suggested that wraparound services were the most effective; however this was based on limited research, which had been carried out in the USA only. One of the wraparound services reviewed was Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) which has developed from Multidimensional Treatment Foster Care (MTFC) developed by Patricia Chamberlain and colleagues at the Oregon Research Centre.

MTFC is an intensive wraparound service for children who are at risk of entering residential care due to -

1. High levels of emotional, social and behavioural difficulties which is therefore affecting the stability of their current placement;
2. High levels of antisocial behaviour, delinquency and offending behaviour which would otherwise require the child to be removed from their biological parents and into residential care (Chamberlain, 2003).

The two main aims of MTFC are: to support young people within the community and to prepare those whose care they will be returning to, to manage their behaviour (Chamberlain, 2003). The model is based upon social learning theory (Bandura, 1977), which states that children learn societal rules by the behaviour which they are taught or directly observe. Children also learn by receiving positive rewards for their behaviour, which increases the likelihood of the child carrying out the behaviour again. Therefore the premise behind MTFC is, that when a child is removed from an environment in which they are treated inconsistently, with limited or no boundaries, and receive negative responses from carers, stability will be created by offering positive nurturing care away from peer influences. The parental environment to which the child will be returned, will also benefit from training in maintaining parental consistency.

Earlier studies of MTFC were conducted with boys who had been removed by the criminal justice system (Chamberlain & Reid, 1998) and those facing discharge from a mental health hospital (Chamberlain & Reid, 1991). The studies found positive results for decreasing psychosocial difficulties, reducing further offending and increasing placement stability. Since then, further studies have been carried out at the Oregon Research Centre providing further evidence for the efficacy of MTFC (Chamberlain, & Reid, 1998; Chamberlain & Moore, 1998; Fisher, Ellis, & Chamberlain, 1999). The four main treatment protocols for the programme are (Chamberlain, 2003):

1) Providing the child with a clear and consistent message of encouragement and positive reinforcement;
2) Compiled into a teachable manner;
3) Close supervision of the child's location;
4) Supervising the relationships of the children in the MTFC programme and discouraging problem relationships whilst encouraging skills to develop friendships with children who would exert a positive influence.

The Oregon model has developed a standardised treatment protocol which includes (Chamberlain, 2003):

1) Foster-parents are trained to understand the ethos and protocol of MTFC. The foster carers are described as the main implementers of the interventions and as such are treated alongside professionals as valued members of the team (Chamberlain, 2003). The carer will only have one child within the placement.
2) Programme supervisors are the key over seers of the programme and liaise with other agencies such as criminal justice and mental health services. Supervisors have small caseloads of up to 10 families and provide weekly supervision to families, review daily data provided by the carers and facilitate weekly group meetings with carers. The supervisors also provide 24 hour telephone support and consultation.
3) Family therapists provide family therapy to the post-placement environment, whether that be the original family or an onward foster family. A parenting plan is also put in place for families to adhere to once the child is placed within the family.
4) Youth therapists provide advocacy and support to the child within the new fostering environment to allow the child to feel heard and to settle within the placement.
5) Behaviour support specialists teach the child positive pro-social attitudes to live within the community.

Due to the documented success of MTFC in America and following reviews on therapeutic foster-care (Hudson, Nutter, & Galaway, 1994) a Cochrane review of therapeutic foster-care was conducted by Macdonald & Turner in 2008. This rigorous review contained only five studies. The review suggested tentatively positive findings for treating young people who had histories of delinquency and emotional difficulties. However, there were several concerns raised within the review. The three main problems were 1. the generalisability of the findings to other research teams outside of the team that had developed the programme, 2. that further studies be conducted with a broader age range of children, with more diverse ethnic groups, and a broader range of difficulties and 3. lack of follow-up information over more than 2 years (MacDonald & Turner, 2008). All five studies were linked to the research team who developed the programme and collected the data. There were also concerns that only results of the children who had completed the programme were included in the results, and the risk that researchers may only be reporting significant outcome measures, due to their investment in the programme (MacDonald & Turner, 2008). However, the review acknowledged that the model was currently undergoing trials in the UK and Sweden.

The department for Children, Schools and Families (DCSF) commissioned the Care Placement Evaluation to introduce an MTFC national pilot programme in the UK in 2002. It was introduced due to the concerns raised about the outcomes and placement stability of young children in care (Care Standards Act, 2000). The Youth Justice System also commissioned a further pilot project of MTFC for chronic juvenile offenders, called Intensive Fostering (Biehal et al, 2010). This was implemented and evaluated by Biehal, Ellison and Sinclair (2011). Although it is not based on children within the care system, it is based on children who are at risk of custodial care, due to behaviour management difficulties within the community. National implementation programmes are currently being rolled out in the UK across a broad age range of 3-17 years. There are three different MTFC programmes: prevention programmes for children

3-6 (MTFC-P), School aged children aged 7-11 (MTFC-C) and adolescents aged 12-17 (MTFC-A) (MTFC-UK website). Each programme is tailored to meet the primary difficulties relevant to the age group.

The MTFC model is therefore starting to be implemented internationally due to its documented success. However, within the review of MTFC there was a concern that the popularity of MTFC is outstripping its evidence base (MacDonald & Tuner, 2008). Therefore the purpose of this review is to establish whether the evidence base of MTFC has expanded since 2008 and to also incorporate a wider review of the MTFC literature from 1998 in order to gather an overall review of its evidence base. This review will establish whether the recommendations of MacDonald & Turner (2008) have been achieved. Therefore the research questions are:

1. How does the literature base at the Oregon Research Centre compare to international literature?
2. Is MTFC successful for children across different ethnicities, specified difficulties and age range?
3. Can outcomes be sustained beyond 2 years follow up?

Method

Data sources and search strategy

Searches were conducted in the following electronic databases: Scopus, Academic search premier, CINAHL Complete, Education research complete, ERIC, MEDLINE and PsychARTICLES and psychINFO.

The search terms used were: multidimensional treatment foster care OR MTFC OR MTFC-P OR MTFC-A OR “intensive fostering”. As multidimensional treatment foster care is a specific intervention it was not felt relevant to include any other search terms other than intensive fostering. The MTFC programme was applied in an English pilot study, named

Intensive fostering. Therefore this was used as search term to capture studies published on these programmes.

Only studies published from 1998 onwards would minimise the variation in the programme delivery, as studies prior to 1998 had slight variations in programme delivery. Following the programme as described in Chamberlain, (2003).

Study selection (inclusion and exclusion criteria)

The study selection criteria were as closely based on MacDonald & Turner (2008) as possible, in order to compare the outcomes of the reviews.

Types of studies included*:*

1. Peer reviewed journal articles
2. Quantitatively based
3. Intervention condition based on the MTFC programme developed at the Oregon research centre
4. Random allocation of participants or quasi random allocation
5. Comparison of MTFC versus control (no-treatment, wait list control or treatment as usual) groups.

Types of participants:

1. Children were aged between 3 and 18 on entering treatment
2. Children were entered into care for reasons of social, psychological and behavioural problems for reasons of:
    - Severe mental health difficulties which would require psychiatric hospitalisation
    - Dependency on drug and substance abuse which has led to the requirement of detention to group care or hospitalisation

- Delinquency which has placed the child at risk of imprisonment or placement within highly restrictive settings
- Abuse and neglect and who have, or are felt to be at risk of developing the above problems.

Types of intervention

1. Studies which had specified an adherence to the Oregon Multidimensional Treatment Care Model for either pre-school (MTFC-P), primary school age children (MTFC or MTFC-C) or adolescents (MTFC-A);

2. The intervention was used for the purpose of preventing multiple placement breakdowns, as an alternative to restrictive or residential settings or in order to improve the outcomes from the specified problems.

Outcomes measures

MacDonald & Turner (2008) provided rigorous criteria for the measurement of outcome which have been replicated here:

1. Outcomes based on the looked after child

    - Behavioural outcomes
    - Psychological functioning
    - Educational outcomes
    - Interpersonal functioning
    - Mental health
    - Physical health

2. Carer outcomes

- Measuring skills acquired through post treatment training
- Interpersonal functioning and communication styles

3. MTFC outcomes

    - Placement stability

4. Costs

    - Cost effectiveness was not included within this review as it was felt to be beyond the scope of the review to compare across studies carried out in different nations

Data Extraction and synthesis

A narrative synthesis was selected as the most appropriate form of analysis in order to provide a rigorous and thorough account of the literature base of MTFC since 1998. A systematic reviewing process of the quality and specifics of the literature base was conducted in order to meet the research questions. A meta-analysis was not appropriate in this review as there were no common measures across the literature to Meta-analyse. The following information was extracted from the studies; country the study was conducted in, aims, sample, method/design, outcome measure and results. The review did not use qualitative information or information reporting mediating factors of MTFC as the focus was on the effectiveness of MTFC as an intervention.

Study Quality Assessment

The Downs and Black checklist (1998) was used to assess the quality of the studies. The checklist was adapted to meet the research aims. Questions four was adapted to include “is the MTFC and comparison condition clearly described”. Question’s 11, 13, 14 and 24 of the original checklist were removed as they were not relevant to the study (See Down’s &

Black, 1998). Question 13 on the adapted version was added to assess whether the studies had followed the MTFC programme as stated by Chamberlain (2003). Question 17 was also adapted to clarify whether adherence to the model was followed, such as by using supervision or checking progress files. Due to the ambiguity of question 27 on the Down's & Black checklist, this was adapted to a simpler yes or no response if they had included a power calculation. A random sample of the papers was also evaluated by an independent researcher, and any discrepancies between ratings were discussed and a shared decision reached. Appendix C gives an overview of the adapted Downs and Black checklist used. Studies were not excluded if they had been reviewed in MacDonald & Turner, (2008) because in that study there was no rigorous quality checklist applied with no overall quality percentage; therefore they have been included in order to compare the quality of the current literature.

Results

Search Result

Eighteen studies were included within the review (See Figure 1 for flow chart). The initial search yielded 300 papers. After an initial title and abstract search, 30 papers were reviewed for inclusion. After review, a further 12 papers were excluded on the basis of exclusion criteria (see Appendix B for reviewed excluded studies). Included studies were randomised control trails or quasi-experimental in design.

Details of included studies

Seven original studies (seven separate trials with different participants recruited to an intervention of MTFC or comparison group) were found within the search; Green et al (2014), Hansson & Olsson (2012), Westermark et al (2011), Biehal et al (2011), Fisher & Kim (2007), Leve et al (2005) and Chamberlain & Reid (1998). An additional 12 papers

were based on the seven original studies, see Table 1. For details of the included studies, see Table 2.

Table 1. Studies included in the review along with associated studies.

Original study	Papers
Chamberlain & Reid (1998)	Eddy et al (2004) Smith et al (2010)
Leve et al (2005)	Chamberlain et al (2007) Leve & Chamberlain (2007) Kerr et al (2009) Harold et al (2013) Poulton et al (2014) Kerr et al (2014) Rhoades et al (2014)
Fisher & Kim (2007)	Fisher et al (2009) Tininenko et al (2010)
Biehal et al (2011) **Hansson & Olsson (2012)** **Westermark et al (2011)** **Green et al (2014)**	

Methodological quality

Overall quality ranged from 84% (Rhoades, Leve, Harold, Kim, & Chamberlain, 2014) to 62% (Hansson & Olsson, 2012); which suggests good methodological quality in this area. Interestingly, none measured adverse effects as a consequence of treatment. Although several stated that there were no adverse consequences related to treatment, none reported whether, and how, this was measured. Various methodological quality issues affected different studies (see Appendix D for methodological quality grid).

Research conducted at the Oregon Research Centre (Leve, Chamberlain & Reid, 2005; Chamberlain & Reid, 1998) was of a varied methodological quality. Quality ranged from 64% (Kerr, Degarmo, Leve, & Chamberlain, 2014) to 84% (Rhoades et al, 2014). The studies were conducted under strict controlled conditions. However no information was provided on the cases lost to follow up, aside from the number. Due to the nature of the children within the study, there may be differences between those who remained associated

with the programme and those who did not. There were also reported discrepancies on whether researchers were blinded to the intervention condition. Fisher & Kim (2007), Fisher et al (2009) and Tininenko et al (2010) scored consistently high for methodological quality, at 81%.

Compared to the Oregon research (Chamberlain & Reid, 1998; Leve et al, 2005; Fisher & Kim, 2007), studies conducted in England and Sweden was of mixed methodological quality. Within English studies, the main problem was a lack of randomisation due to constraints within the participating local authorities. Biehal et al (2011) therefore employed a quasi-experimental design. Green et al (2014) also anticipated resistance by local authorities to randomise to intervention or non-intervention condition and so offered a two stage consent process: first to take part in the study and second consenting to randomisation of condition. Those who did consent to randomisation were recruited to an "observational arm" (see *Study Design).*

It is also difficult to compare outcome measures used in Sweden compared to those used elsewhere. In Sweden, juvenile crimes are seen as a child welfare issue rather than a criminal justice matter. Therefore measures used in Hanson & Olsson (2012) and Westermark, Hansson & Olsson (2011) were directed towards the child's wellbeing rather than a reduction in criminal behaviour (See Table 2).

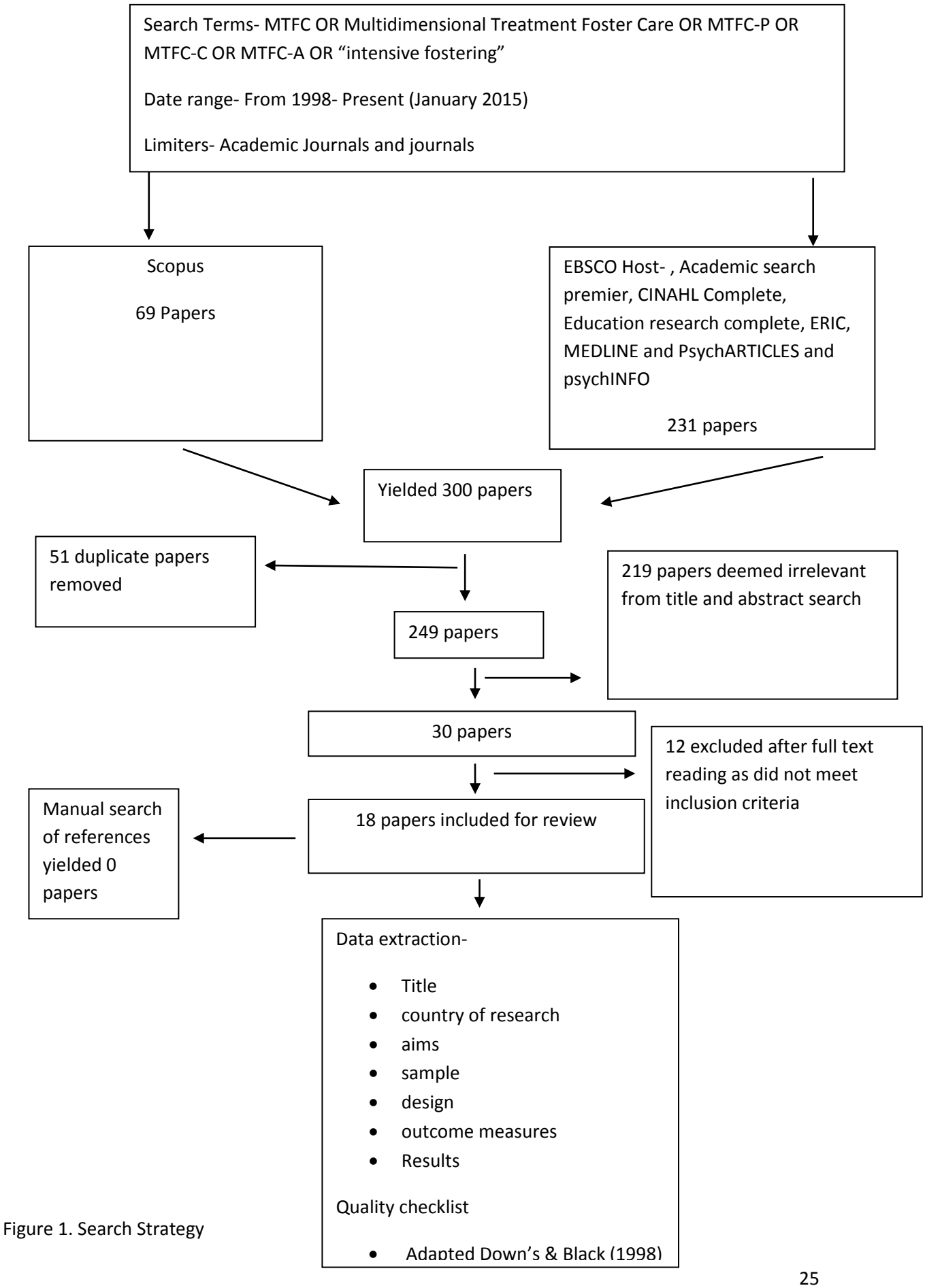

Figure 1. Search Strategy

Table 2. Details of included studies and papers (See below for legends)

No	Title	Country	Aim	Sample	Design	Outcome measure	results	Quality Score (%)
1	Rhoades et al (2014)	Oregon, USA	Drug use in women with prior juvenile system involvement and the effects of MTFC during adolescence on drug use in young adulthood	166 (girls 13-17) from JJS	RCT MTFC (n=81) and GC (n= 85)	Self report of drug-use over last 6 months Assessed on 5 occasions over 24 months post intervention	Participants who undertook MTFC programme reported greater decrease in drug use than girls in TAU at follow-up	84
2	Green et al (2014)	England	Mental health	219 youth (11-16 years) from LA	RCT (n=34) with an observational quasi-experimental case-control study (n=185) Data collected 6 months prior to	Mental health: HoNOSCA CGAS Secondary outcomes ratings: educational	No significant differences between groups on primary or secondary outcomes	69

					placement and 12 months post baseline	attendance, achievement and offending rate		
3	Kerr et al (2014)	Oregon, USA	Does MTFC-A reduce depressive symptoms and suicidal ideation in delinquent adolescent females 9 years post-baseline	166 girls (13-17 years) from JJS	RCT MTFC (n=81) and TAU (n=85) (group care)	Depression: CES-D Suicidal Ideation: One item on BSI Suicide attempt: C-SSRS	Significant decreases in depression in MTFC compared to GC long term, marginally less suicidal ideation in MTFC, no difference in attempts	65
4	Poulton, et al (2014)	Oregon, USA	Does MTFC alter psychotic symptom trajectories from adolescence to adulthood	166 girls from JJS	RCT MTFC (n=81) and GC (n= 85)	Psychosis: DISC and BSI: psychotic subscale at 24 months post baseline	Significantly fewer psychotic symptoms in MTFC than GC	81
5	Harold et al (2013)	Oregon, USA	Depressive symptoms and delinquency	Girls (n = 166) from JJS	RCT MTFC (n=81)	BSI: Depression sub	Those in MTFC experience greater decreases in depressive	73

					and GC (n=85) .	Baseline risk factors: criminal referrals, maltreatment history and depression 24 months post baseline	symptoms across 2 years compared to GC girls	
6	Hansson & Olsson (2012)	Sweden	Foster children's in psychosocial outcomes and placement breakdown	Youth (12-17 years) with conduct disorder and at risk of out-of-home placement. 19 MTFC 23 TAU	RCT MTFC (n=19) and TAU (n=23) assessed at baseline and at 12 and 24 months post baseline	Breakdown (only recorded for MTFC) Psychosocial symptoms: ASEBA Maternal mental health: SCL-90	Breakdown in the MTFC foster homes 15% No significant differences between other variables	62

						Youth's and mother's sense of coherence: SOC		
7	Biehal, (2011)	UK	persistent young offenders	47 youth from JJS	Quasi experimental design Intensive fostering (n=23) and custody (n=24)	Dates and types of offences at baseline, one year after commencing and one year exit from placement	At 1 year follow-up the IF group were significantly less likely to be reconvicted During the year after the programme, the IF group were as likely to re-offend as the comparison group	84
8	Westermark, (2011)	Sweden	Serious behavioural problems Treatment outcomes for	37 youth (age 12-18) from LA	RCT MTFC (n=20) and TAU (n=15)	Measured at baseline, 12 and 24 months	In all variables, MTFC showed significant reduction in symptoms between baseline	81

			MTFC vs TAU at 2 year post intervention			Psychosocial functioning: ASEBA Mother's mental health: SCL-90	and post-baseline. TAU showed significant reduction on externalising symptoms and total symptoms of YSR and CBCL	
9	Smith et al (2010)	USA	Substance misuse and delinquency	Boys (12-17 years) with chronic delinquency from JJS	RCT MTFC (n=40) and GC (n=45)	Substance abuse measured at baseline , 12 and 18 months Self rating scales frequency drug-taking	Treatment condition had a significant effect on "other drug use" at 12 and 18 months post-baseline, with MTFC reporting lower levels than GC	69
10	Tininenko, et al	Oregon,	Sleep quality in	79 children (	RCT RFC (n=15)	Actigraphy	MTFC-P slept	81

	(2010)	USA	children	3-7-years) from community	MTFC-P (n=17) low-income com- munity (n = 17) Upper middle income community (n = 29)	Sleep diary	longer than LIC and RFC MTFC-P truer sleep than RFC MTFC-P better sleep than UMC children	
11	Kerr et al (2009)	Oregon, USA	Pregnancy rates amongst delinquent youths	166 girls (12-17 years) from JJS	RCT MTFC (n=81) and GC (n=85)	Baseline criminal referral history, sexual history, pregnancy self-report Pregnancy history self-report Follow up	MTFC decreased the probability of pregnancy after baseline relative to GC	73

						pregnancy results at trial 1-12 and 24 months post-baseline		
12	Fisher, et al (2009)	Oregon, USA	Reducing permanent placement failures in children with prior placement instability.	52 children (3-5 years) from LA	RCT MTFC-P (n=29) RFC (n=23) Baseline and 24 months	Prior placement experience and maltreatment history, placement changes, permanency attempts and successful outcomes	Significant difference: 30% RFC children and 69% MTFC-P children experienced successful permanency	81
13	Leve, L.D., & Chamberlain, P. (2007)	Oregon, USA	School attendance and homework completion	81 girls (13-17) from JJS	RCT MTFC (n=37) GC (n=44) 6 and 12 months post-baseline	Daily reports by carer Self-report (carer and child)	Girls in MTFC spent more time completing homework and had better school attendance than GC at both post	77

							baselines	
14	Fisher, & Kim, (2007)	Oregon, USA	Attachment styles	117 children (3-5 years) from LA	RCT MTFC-P (n = 57) RFC (n = 60) Assessed from baseline to 12 months five times	Attachment behaviours: PAD	MTFC-P condition showed significant increases in secure behavior and significant decreases in avoidant behavior relative to children assigned to RFC condition	81
15	Chamberlain, et al (2007)	Oregon, USA	2-year follow-up of girls with serious and chronic delinquency	81 girls (13-17 years) from JJS	RCT MTFC (n = 37) GC (n = 44) baseline and 24 month	Delinquency: criminal referrals, days in locked settings, EGDS	MTFC group significantly better than GC on all measures and sustained at 2 year	77
16	Leve, et al (2005)	Oregon, USA	Delinquency GC girls in a 12-month	81 girls (13-17 years) from JJS	RCT MTFC (n=37) and GC (n=44)	Delinquency: locked settings, criminal	MTFC associated with greater reductions in delinquency	73

			Follow-up		12 months follow-up	referrals, CBCL EGDS	compared with GC	
17	Eddy, et al (2004)	Oregon, USA	Reducing violent offending	79 boys From JJS	RCT MTFC (n=37) vs GC (n=42) measured bi-annually, baseline- 24 months	Delinquency: criminal records, EGDS, recorded and self-reported violent behaviour	MTFC significant reduction in all in comparison to GC	73
18	Chamberlain, & Reid (1998)	Oregon	Delinquency and offending rates	79 boys from JJS	Individual records from Oregon Youth Authority and self-report	The Group × Time interaction was significant with MTFC boys showing larger drops in official criminal referral rates.	81	

JJC: Juvenile Justice System

GC: Group Care

RFC: routine foster care

LA: local authority

HoNOSCA : Health of the Nation Outcome Scale for Children and Adolescents (Gowers et al, 1999)

CGAS: Child Global Assessment Scale (Shaffer et al, 1983)

CSSRS: Columbia Suicide Severity Rating Scale (Posner et al, 2011)

CES-D : Centre for Epistemological Studies Depression Scale (Radloff, 1977)

BSI: Brief Symptom Inventory (Derogatis & Spencer, 1982)

DISC: Diagnosis Interview Schedule for Children (Fisher et al, 1991)

CBCL: Child Behaviour Checklist (Achenbach & Edelbrock, 1983)

ASEBA: Achenbach System of Empirically Based Assessment (Achenbach & Edelbrock, 1983)

SCL-90: Symptom Checklist- 90 (Derogatis, Rickels, & Rock, 1976)

SOC- Sense of Coherence (Antonovsky, 1987)

PAD: Parent Attachment Diary (Stovall-McClough & Dozier, 2000)

EGDS- Elliot General Delinquency Scale (Elliot, Ageton, Huizinga, Knowles, & Canter, 1983)

Study Location

Chamberlain et al (1998), Leve et al (2005) and Fisher & Kim (2007), conducted research at the Oregon Social Learning Centre and included the MTFC programme creators. Studies by Green et al (2014) and Biehal et al (2011) were conducted in England. Hansson & Olsson (2012) and Westermark et al (2011) conducted studies in Sweden.

Study Design

Chamberlain et al (1998), Fisher & Kim (2007), Leve et al (2005), Westermark et al (2011), Hansson & Olsson (2012) conducted randomised controlled trials. Biehal's (2011) study was a quasi-experimental design which did not describe how participants were recruited to Intensive Fostering or to the comparison group. The comparison condition was either placed in custody or allocated to an intensive surveillance programme. As stated above, Green et al (2014) described difficulties with authorities consenting to randomising children into MTFC or control conditions and implemented a two stage consent process. From the overall sample of 219 young people, 34 were randomised to a condition and 185 did not consent to randomisation, this group was termed the 'observational' group. The effects of MTFC-A compared to TAU at the end of treatment was estimated for the observational group based on the results of the RCT.

Sample breakdown

Number of participants

The smallest number of participants was within Westermark et al's (2011) study: 35 participants (MTFC 20 and TAU 15). The largest scale study was carried out by Green et al (2014) and included 219 children; however only 34 (MTFC 20 and TAU 14) were randomised to a condition and 185 (MTFC 92 TAU and 93) were in the observational cohort. Kerr et al (2009) included data from two cohorts of randomised control trials (first cohort Leve et al, 2005) which therefore consisted of a sample of 166 (MTFC 81 and TAU

85). Only one study (Green et al, 2014) described a power calculation, which described how many participants were needed to obtain significance. Nine of the studies, based on Leve (2005) included all females within their sample and three of the studies based on Chamberlain & Reid (1998) consisted of males only. The remaining seven were mixed gender.

Age range

Across the seven studies the samples included children aged from three years to 18, however the majority of the participants were teenagers (Chamberlain et al, 1998; Leve et al, 2005; Westermark et al 2011; Hansson & Olsson, 2012). Fisher & Kim (2007) trialled MTFC-P on preschool children aged between three and five years. Biehal et al (2011) did not provide an age range but stated the mean age was around 15 years.

Ethnicity

Only three of the seven studies provided information regarding the ethnic background of the included sample, with Caucasians predominantly ranging 74% in Leve et al, (2005) and 89% in Fisher et al, (2007). Westermark et al (2011) reported that a quarter of the children originated from immigrant backgrounds. Biehal et al (2011), Hansson & Olsson (2012) and Green et al (2014) did not provide ethnic information.

Aims of Intervention

The majority of the studies provided information on the intervention condition which was consistent with the Oregon MTFC programme (Chamberlain, 2003). All of the studies also described adherence methods to maintain treatment fidelity. They also received supervision from the programme creators or from other MTFC sites. The only study different from the original study was Green et al's (2014) study which did not state whether family therapy was provided after the placement.

The majority of studies recruited children due to delinquency. Several studies included participants who had criminal histories and were at risk of, or were facing imprisonment (Chamberlain et al 1998; Leve et al 2005; Biehal et al, 2011). Westermark et al (2011) and Hansson & Olsson (2012) recruited young people with serious behavioural issues, meeting the DSM IV criteria for conduct disorder, who were at risk of out of home placement. Only Green et al's (2014) study outside of Fisher & Kim (2007) included children already in foster care, who were at risk of placement breakdown. Fisher & Kim (2007) conducted a trial of MTFC-P for children entering a new placement; they aimed to measure whether MTFC-P increased secure attachment in children with previous histories of abuse.

Outcomes measured

Looked after child outcomes

Drugs and Substance misuse

Rhoades et al (2014) found that young women who had received MTFC during adolescence had less self-reported drug use in later life than young women who had received group care. Women who associated with a romantic partner who also took drugs (based on self rating scales) were at greater risk of having drug trajectories later in life. However, MTFC appeared to provide a greater protective effect than group care. Smith et al (2010) also conducted a two year follow up study of boys drug use after completing MTFC or Group care. The boys who had received MTFC self-reported less drug use than those who had completed group care. Both papers provide positive two year follow up results on drug use for boys and girls completing MTFC. However, both rely on self-report data by the young person; which has been found to be unreliable in earlier studies due to under-reporting (Leve et al, 2005).

Physical health

Only one paper considered the effect of MTFC on improving children's physical health. Tininenko et al (2010) found that in comparison to children in routine foster-care, low socio-economic status and middle class children, children in MTFC obtained better sleep. The researchers used combined measures from carer reports of sleep schedule and an actigraph unit (a way to measure sleep and wake cycles). Westermark et al (2011) completed the Sense of Coherence (SOC) (Antonovsky, 1987) questionnaire with youth who were in MTFC compared to treatment as usual. They found no difference between the two groups at any of the time points across 24 months (Westermark et al, 2011). However, it was not clearly explained in the context of the research aims why this measure was used. The validity of this measure has been questioned (Flensberg-Madsen et al, 2005).

Mental health

Harold et al (2013) assessed depressive symptom trajectories over 24 months for young girls in either MTFC or group care conditions. Symptoms of depression on the Brief Symptom Inventory (Derogatis & Spencer, 1982) were lower for girls who had completed MTFC than for those in group care. This finding was replicated at 24 month follow up, and 9 year follow up these results were still evident (Kerr et al, 2014). Girls were followed up 9 years post-intervention for depression (CES-D) (Radloff, 1977) and suicidal ideation (number of suicide attempts and sub scale of BSI) (Derogatis & Spencer, 1982) (Kerr et al, 2014). Poulton et al (2014) assessed the trajectories of self-reported psychotic symptoms in young girls completing MTFC or group care. At two years follow up girls in the MTFC condition reported fewer psychotic symptoms on the DISC (Fisher et al, 1991) and psychotic symptoms sub scale of BSI (Derogatis & Spencer, 1982).

However, there are several methodological problems with the quality of the papers. All three papers were assessed using the same sample of girls who were referred to the MTFC or group care condition due to delinquency and risk of incarceration. Only 23% of the overall sample (Harold et al, 2013) reached a clinical level of depression on the BSI (Derogatis &

Spencer, 1982). Therefore, it is difficult to ascertain whether the results would have been replicated with a higher number of clinically depressed girls. Equally, Kerr et al (2014) changed the BSI (Derogatis & Spencer, 1982) (baseline to 24 months post treatment) to the CES-D (Radloff, 1977) (3 years to 9 years post treatment). Although Poulton et al (2014) found fewer psychotic symptoms within the MTFC sample, compared to those in group care at two years follow up. However the majority of girls showed sub-clinical levels of psychotic symptoms at pre-baseline.

Green et al (2014) assessed the outcomes of looked after children with severe behavioural and emotional difficulties who were at risk of placements breaking down. No significant differences were found between MTFC and usual care on the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) (Gowers et al, 1999) and the Children's Global Assessment Scale (CGAS) (Shaffer et al, 1983).

Risk taking behaviour

Kerr et al (2009) found that young girls who completed MTFC compared to group care where much less likely to report unwanted pregnancies or terminations at 24 months follow. However, self-report in young people is notoriously unreliable (Leve et al, 2005). There were also differences between the interventions in the first cohort of girls in comparison to the second cohort who received MTFC. The second group received education and support regarding risk-taking sexual behaviour. Therefore, the effects may not have been found for cohort 1 separately.

Self-reported delinquency

Eddy et al (2004) found that after two years in MTFC boys were more likely to self-rate (using the Elliot Behaviour Checklist, (Elliot et al, 1983)) fewer violent incidents over a two year follow up than boys within group care. However, Eddy et al (2004) expanded Chamberlain et al's (1998) definition of self-reported violence, which yielded clinically

significant results. For girls, there were no reported significant differences on the Elliot Behaviour Checklist (Elliot et al, 1983) between those who completed the MTFC programme and those in group care for self-reported delinquency (Chamberlain et al, 2007).

Westermark et al (2011) used several self report behaviour checklists. Youth completed the Achenbach system of empirically based assessment (ASEBA) (Achenbach & Edelbrock, 1983) and the mothers of the youth completed the SCL-90 (Derogatis, et al, 1976). The researchers self-defined a clinically significant change as reaching a 30% symptom reduction. They then compared how many children in each group reached a 30% improvement for each symptom from baseline to 24 months. Hansson (2012) could not replicate the results of Westermark (2011) with a different cohort. However, only two domains (aggression and rule breaking behaviour) of the 8 relate to the client group referred (conduct disorder). The samples were both based on children with conduct disorder, however the ASEBA (Achenbach & Edelbrock, 1983) is designed to assess across the spectrum of child disorders (e.g. depression, anxiety, attention difficulties) and the total score was used. The researchers commented that some of the rated values were low in the beginning, suggesting the measure may not have captured what they were aiming to assess. Green et al (2014) also did not find a significant difference between rates of offending between youths in the MTFC-A condition and traditional foster care as rated by foster-carers or social workers. However, the researchers expressed concern regarding following up care and not having the resources to measure treatment adherence.

Offending behaviour

Several researchers directly measured outcomes relating to offending based on court records, days in locked settings. Chamberlain et al (1998) found that young boys who had completed MTFC were less likely to have received criminal referrals to the Oregon Youth Authority as compared to those in group care. Leve et al (2005) also found a reduction in girls' offending in the MTFC group compared to group care at 24 months follow up based on data provided

by the police and court circuit data. Both studies found modest effect sizes even at 24 months post-intervention follow up.

Biehal et al (2011) assessed serious and recurrent youth offenders who had undertaken intensive fostering or custody by monitoring reconviction and custody. Youth who had undertaken intensive fostering were significantly less likely to re-offend during the first year post-baseline. However, a year after the treatment was completed, those in the intervention group were just as likely to reoffend as those in the control condition.

Educational outcomes

Leve et al (2007) compared the school attendance and homework completion of girls in MTFC and group care conditions. Girls who had undertaken MTFC were more likely to have spent more time on their homework and attended school more regularly. The results were based on carers' daily rating through daily phone calls as part of the behaviour checking within the MTFC intervention. However, the researchers did not state how or who recorded homework completion or school attendance for the group care condition, because there were no daily phone calls as part of this condition. Conversely, Green et al (2014) assessed education outcomes as a secondary measure for children in foster-care and did not find a significant difference in educational outcome in MTFC-A compared to group care as rated by the HoNOSCA (Gowers et al, 1998). Biehal et al (2011) also recorded educational outcomes through interviews with families one year after the placement had ended. Although many children in the intensive fostering group had been integrated back into education, the researchers expressed their concerns at the difficulties maintaining the child's education once they had left their intensive fostering placement, due to the geographical constraints of moving back home.

Attachment

Fisher & Kim (2007) compared children in routine foster-care to children in MTFC-P in terms of attachment related behaviours. The children were assessed from baseline to 12 months post-baseline. The children in the MTFC-P condition had a significant increase in secure attachment behaviours as rated by carers using the parent attachment diary (Stovall-McClough & Dozier, 2000).

Carer outcomes

None of the studies included information monitoring or measuring the skills of the foster-carers prior to the children entering their care. There were also discrepancies between amounts of training the carers received. None of the studies compared carer stress, wellbeing or satisfaction with the treatment model. Interestingly, there was also no outcome data measuring the satisfaction, knowledge, problem solving ability or self-esteem of carers' post-placement.

MTFC Outcomes

Placement breakdown

Hansson & Olsson (2012) recorded breakdown rates for the MTFC condition, but they could not be compared to the treatment as usual condition due to the lack of reporting by social services.

Fisher et al (2009) studied the effects on placement permanency for children in MTFC-P and routine foster-care who had a history of placements breaking down. The children who received MTFC-P were more likely to achieve placement permanency during the 24 months following MTFC-P than those in routine care.

Discussion

MTFC is a promising approach to working with children who are in need of out-of-home care (MacDonald and Turner, 2008) particularly for those who are at risk of placement

breakdown or imprisonment. However there is concern in relation to the lack of an evidence base. Particularly issues are the; generalisibility of MTFC outside of the Oregon research centre, to different ethnicities, different presenting difficulties and various ages. The success rate has not been assessed beyond two years follow up. Although this review found similar positive results as MacDonald and Turner (2008), there were some notable discrepancies.

Firstly, MacDonald and Turner (2008) put forward the need for further research teams to replicate the findings outside the Oregon research centre. From the 18 papers included in this review, four originated outside of the USA. Two of the studies were based in Sweden (Westermark et al 2011; Hansson & Olsson 2012) and two in the UK (Biehal et al, 2011; Green et al, 2014). Westermark et al (2011) found positive results for the treatment of youths referred for behavioural issues who met the criteria for conduct disorder. The effects were found to be effective at 24 months follow up. However, Hansson & Olsson (2012) found initial positive results at the end of treatment, but the results were not sustained at 12 month follow up. The UK studies did not find any positive treatment effects of MTFC on children at risk of entering the youth justice system or children in care who have complex emotional and psychological needs (Biehal et al, 2011; Green et al, 2014). Therefore in answer to the first research question, although studies have been conducted outside of the Oregon Research Centre since the MacDonald & Turner (2008) review; the findings are not consistent with the rest of the literature base from 1998.

There are several reasons why there may have been differences between the USA and international studies. Firstly, the studies in Sweden did not use outcomes measuring change in offending behaviour. The Swedish studies used Outcomes measures that were directly related to wellbeing, such as the Sense of Coherence questionnaire (Antonovsky, 1987). In the UK however, Biehal et al (2011) used reconviction rates as the primary outcome measure. It is therefore difficult to directly compare differences in results from the UK to Sweden because of the differences in aims of outcome and cultural differences. Comparative

studies from the Oregon Research Centre used many self-rating outcomes (Rhoades et al, 2014; Kerr et al, 2014), which have questionable reliability (Leve et al, 2005). Therefore, when outcomes were measured externally to the foster care placement, results were not as positive. There were also significant differences in the backgrounds from which the children were recruited. In the USA studies the children were court mandated to take part in the study and they were in care due to delinquency and chronic offending. The sample of children recruited for Green et al's (2014) MTFC-A study on the other hand recruited children who were in care due to reasons of abuse and neglect. There were no recorded offending histories for the children in Hansson & Olsson (2012) and Westermark et al's (2011) studies, due to the researchers classifying behavioural issues as a Welfare issue rather than criminal justice, so there could be considerable differences between the samples.

Another reason for potential differences is due to the primary intention of the researchers. The research team at the Oregon Research Team were funded to conduct a randomised control trail of MTFC, whereas the British teams where funded by the government to roll out MTFC as an intervention programme without the primary intention of research. Therefore the British studies described several difficulties through the process of recruitment and post-treatment, which the USA studies did not report. Green et al (2014) described recruitment difficulties due to reluctance by the local authorities to consent to randomising children to a study condition. This reluctance could be seen as understandable given the ethical implications. As a consequence, there was a larger number of children in the observational arm of the study. Biehal et al (2011) also documented recruiting a smaller sample size than aimed for, due to the limitations of how many intensive fostering placements were provided. Biehal et al's (2011) aim was to provide more placements but only small numbers of intensive fostering placements were available and only small numbers entered placements. This suggests further work is needed introducing local authorities to the MTFC model for practice, alongside the importance of conducting rigorous intervention based research. However, ethical considerations are important when recruiting children to the non-

intervention condition, which might have been addressed by authorities offering a different intervention, rather than non-intervention. These findings also demonstrate previous research findings which suggest that applying laboratory controlled interventions to real world environment does not always lead to the same results (Weisz et al, 1992).

Biehal (2011) reported that when children were removed from their families away from negative influences of peer groups, this reduced antisocial behaviour, which is consistent with the USA studies (Chamberlain & Reid, 1998). However, once children were placed back with their families, children were just as likely to return to their groups of peers as they had done prior to entering care (Biehal et al, 2011). This suggests that families need more support and guidance to maintain the boundaries that were achieved whilst the child was in foster care, and also demonstrates the importance of intervening in the children's communities or schools. Peer groups can be a positive asset and school can play a role in supporting friendships (Berndt, 2002). Another issue was the lack of post-placement support provided. Parents described inconsistencies with support from youth offending teams and the intensive fostering after the treatment was completed. The researchers also described difficulties with consistency in providing adequate staffing to be able to offer the three month support provided by the team (Biehal et al, 2011). The MFTC treatment package then appears incomplete without post-treatment follow-up from the required supportive agencies. It is important that MFTC is seen as a systemic intervention and that it can only be part of a larger intervention pathway, which allows close collaboration between social care, health and educational services.

Westermark et al (2011) highlighted the difference between treatment as usual in the UK and in the USA. In USA, the treatment as usual condition was to place children in custody, which leads to increased delinquent behaviours rather than a reduction (Dmitrieva, Monahan, Cauffman, & Steinberg 2012). Within the British and Swedish studies children were placed in either regular foster-care where they had access to interventions or other care

provisions needed. Control conditions therefore are very different across studies and the efficacy of MFTC is therefore potentially in question (Green et al, 2014). MTFC in the UK may thus not be superior to treatment as usual (Green et al, 2014) as the treatment as usual is of better quality than custody alone. There may be cultural issues here relating to how child welfare operates and its underlying philosophy in the different countries. In the UK MTFC is part of a child safeguarding arsenal, alongside regular foster-care, where in the US MTFC is seen as an alternative within youth justice.

Three of the eighteen studies based in the USA were completed with children aged 3-6 and were found to be successful (Fisher & Kim, 2007). A provisional study by Jonkmon et al (2012) conducted in Netherlands found benefits of providing MTFC to pre-schoolers, however these findings were not included in the review as the research was not based on a randomised controlled trial. International future studies (RCT's) are therefore required for this age group. Many of the studies included in the review were conducted with children aged 12-18 years (Chamberlain & Reid, 1998; Leve et al, 2005; Westermark et al 2011; Biehal et al 2011; Hansson & Olsson, 2012; Green et al, 2014). However, there appears to be a gap in the literature for children aged 7-11 receiving MTFC, and this gap needs research attention. In the UK, MTFC-C which is aimed at children between this age group, is being piloted in several areas of the UK (MTFC-UK website). However, there is no empirical research evidence that the programme is successful for children within this age range. Similar to MacDonald & Turner's (2008) findings, many of the children in the studies were Caucasian, which suggests that MTFC may not be generalisable to all populations or representative of the countries the research was based within. Further research is therefore also required with children and families from a variety of ethnic backgrounds and with middle school aged group children.

In 2010, the demographic population of youth in America was 56% Caucasian, 23% Hispanic, 15% African-American, 5% Asian and 1% Native American (Sickmund &

Puzzanchera, 2014). However, the demographic breakdown of juvenile offending shows 64% Caucasian, 33% African American, 2% Native American and 1% Asian (Hockenbury & Puzzenchera, 2011). Therefore, the ethnic breakdown is not representative of those involved in the studies. Leve et al (2005) also stated 93% of juveniles living in Oregon were Caucasian, which suggests the location of is not representative of the national demographics. In comparison to the UK, the demographic breakdown is very different. In the year 2013-2014 75% of juvenile offences were committed by Caucasians, 8% by black ethnic and 5% Asian (Ministry of Justice, 2015). This suggests both countries have very different breakdowns in demographics and so it is impossible to generalise findings.

The Oregon research group have published the results of outcomes after two years follow up. Kerr et al (2014) found girls who completed a programme of MTFC were less likely to have depressive symptoms or suicidal ideation at nine year follow up in comparison to those who were kept in custody. Although there are several papers publishing findings up to 24 months follow up on offending behaviour (Chamberlain et al, 2007), psychotic symptoms (Poulton et al, 2014), drug use (Rhoades et al, 2014) there is no research published highlighting outcomes after those two years. This is particularly concerning considering that MacDonald & Tuner (2008) raised issues about the amount of unpublished data from the Oregon researchers. Worryingly, there may be a bias towards publishing only outcomes which have yielded significantly positive results for MTFC, skewing findings. Although the review has established there has been research conducted post 2 years follow up, the nature of the outcomes reviewed may not be representative.

Limitations

The review only had a limited search strategy and may not have found other papers that would have been generated from other search terms or engines. As only one researcher completed the search, there may have been biases in the studies selected from the initial search. The findings are also limited by the lack of independent samples to have completed

MTFC. Of the 18 papers reviewed, only seven are studies based on separate samples. It suggests that although there is a decent amount of literature on MTFC, there are limitations to how far the results can be generalised. It does suggest that the popularity of MTFC is 'outstripping its evidence base', as put forward by MacDonald & Turner (2008). There were also evident cultural differences between USA, UK and Sweden in their view of mental health and juvenile delinquency. Evidently, there are differences in practice, policies and law which govern the protection and treatment of children which has contributed to distinctive differences in intervention cultures and practice.

Conclusions and implications

The results from the review suggest that there is tentative evidence to support the findings of MTFC, but that caution is required since findings lack in generalisability. The results of research produced by the Oregon Research Centre have provided evidence to support the effectiveness of MTFC. There are also strong results highlighting MTFC-P as a successful programme for increasing attachment, placement stability, health and wellbeing for pre-school children in care. However, the results of the initial implementation outside of the Oregon research centre have not been so successful, perhaps due to cultural differences in social care services and philosophy. Several potential reasons have been discussed within this review. Future research should evaluate the effectiveness of MTFC outside of a research environment, such as those used in the British studies. It is also important that treatment as usual options are similar across studies internationally, and that ethical considerations are addressed to enable RCT's to take place. There is also a need for consistency amongst the outcome measures used and an explicit statement about what the measures are aiming to assess. There appears to be a discrepancy between the cultural definitions of a "good outcome"- varying in Sweden from a sense of coherence to, in the USA, a reduction in referrals to the criminal justice system. The review has raised questions around the desired outcomes for children in care. Is MTFC at risk of becoming a panacea for children who are

at risk of out of home care when it originated as an alternative to providing an alternative to custody for juvenile youth? Future research needs to address this notion before it is expanded further.

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* Indicates included in review

Part 2: Empirical Paper

Foster Placement Breakdown: What can we learn from foster carers' stories?

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Please see Appendix A for the Guidelines for Authors.

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Abstract

Previous research conducted on foster placement breakdown has sought to identify risk factors associated with placements breaking down. Factors have ranged from child focused, carer focused and the dynamic between foster-child and carer. This literature has largely been acquired from social workers case notes or questionnaires. There has been little qualitative research conducted with foster carers on placement breakdown. As such, there are currently no frameworks or models of placement breakdown. This study used a narrative research method to analyse foster carers stories of a recent placement breakdown to gain an understanding of the process of placement breakdown, the mutual adjustment required to create a successful placement and whether this impacted foster-carers decision to foster. Using Lieblich's (1998) model of narrative analysis two distinct plots emerged, representing the process of breakdown. "Moving Forward" had a positive trajectory once the placement broke-down, recovering from the negative experience, whereas "Lost Faith" did not recover from the negative experience. A holistic content analysis found differences between the two groups in how they viewed the adjustment required for a successful placement. This research supports new models of social care which have a focus on reflection and psychological input to help social workers consider placement breakdown as a process rather than a series of risk factors.

Keywords: Looked after children; narrative research; foster-carers and placement breakdown

Introduction

Children who are classified as "looked after children" (LAC) are those under the care of the local authorities; such as in foster or residential care (Department of Health, 1989). There were 65,520 children classified as LAC in England over the period of March 2011 to March 2012 (Department of Education, 2012). Of those entering into the care system, 62% had been removed due to abuse or neglect (Department of Education, 2012). In spite of the care system's aim to create stability in children's lives, around a third of children will experience their placement breaking down within two years (Children's Services Development Group, 2012). It is therefore imperative to understand the reasons behind foster placements breaking down to create stability and build attachments for the most vulnerable children. There is a dearth of literature on foster placement breakdown using the understanding of carers. In particular, there is no research highlighting the perspectives of foster-carers- on placement breakdown either their understanding or meaning of the event. This proposal uses the theoretical frameworks behind adaptation and family crisis literature as a foundation to understand the process of foster placement breakdown.

Adjustment and transition

When a foster-child enters a family, the family and the child must adapt and adjust to the change which is potentially a difficult transition. Many families and children do not adjust to this change and do not transition well, which can eventually lead to foster placement breakdown. All families move through stages of adjustment naturally as the family develops (Hazel, 2006). For a family to become stable, it needs to be in a state of dynamic equilibrium (Hazel, 2006). Dynamic equilibrium is considered the optimum family state, as members constantly respond to new information. The opposite state is static equilibrium, in which a family does not "move" unless a great force is applied to it; this is referred to as a closed family system (Hazel, 2006). Foster families need to be open systems to adjust to the new family member. However, not all foster family members maybe in a state of dynamic

equilibrium (Hazel, 2006). Other members such as siblings may need a static equilibrium in which family life is more orderly and predictable (Hazel, 2006). One of the reasons therefore why placements where children placed with foster carers with biological children are more likely to break down (Martin, 1993), may be due to the family's inability to adjust to the new member by maintaining a state of static equilibrium.

Although this model of adjustment discusses the adjustment of the family as a whole, it does not explain the process of family transition as members are adapting to a newcomer. There is currently no model which documents the process families move through as they are adapting to the new family member. Without such a model to demonstrate the emotions and phases foster families experience, it is difficult to understand at which points families experience breakdown. Williams (1999) model however could explain why some placements break down. This is an adaptation of the Hopson & Adams (1976) adjustment model and considers the phases individuals pass through when they are dealing with a life event or crisis. This model could be applied to the stages of fostering a child, see figure 1.

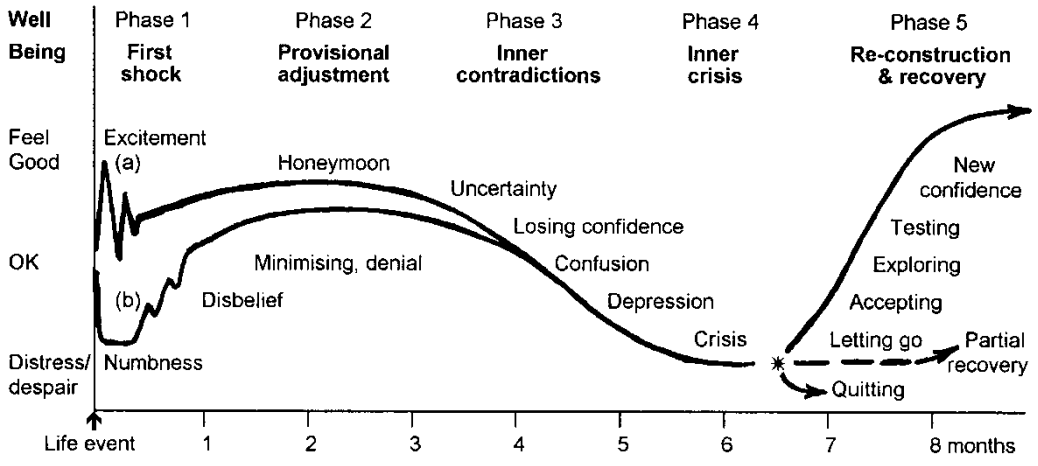

Figure 1. The transition cycle and the human response to change. Williams (1999) adaptation of Hopson & Adams (1976).

Family crisis

Family stress, crisis and breakdown have been the subject of family therapy literature since the 1930's (Cavan & Ranck, 1938). Modern theories of family stress consider the cultural, contextual factors, strengths and identity, rather than focusing purely on risks and protective factors (Weber, 2011). This thinking led to the creation of the Family Adjustment and Adaptation Response (FAAR) (McCubbin & Patterson, 1983). The model emphasises the daily balance between family demands and capabilities with the interaction between family meanings and the process of adjusting and adapting (Patterson, 2002). Figure 2 demonstrates the cycle of adjusting and adapting to the constant daily demands of family life. Family demands are built up of stressors within daily life, family strains which are on-going such as disagreements, and daily disruptions such as day to day problems that arise. The daily hassles on the arrival of a foster-child can change dramatically from the daily hassles experienced prior to this. These hassles can include hostile or negative comments from neighbours, transporting children to different places (biological and foster children maybe at different schools) and liaising with services (Wilson, Sinclair & Gibbs, 2000). The family demands are classified as risk factors (Patterson, 2002). Balanced amongst stressors are the families' own capabilities. On a day to day basis the family adjusts to the demands, however there are times when the stress or the demand outweighs the family experience (Patterson, 2002), this could be due to the novelty of the situation and the lack of preformed coping strategies for the situation. The family then experience crisis, a period of prolonged disorganisation and disruption within the family environment (Patterson, 2002).

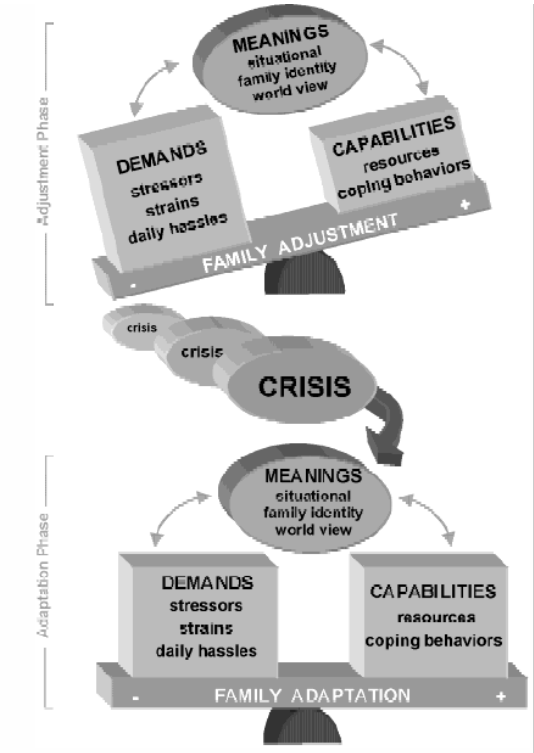

Figure 2. Family Adjustment and Adaptation Response (FAAR) model

Summary of current models

Current models of family stress and adjustment to change demonstrate potential effects on foster-children when they enter a new family environment. The Family crisis model (Figure 2) demonstrates the effects day to day troubles can have on a family. Such problems are likely to be challenging in families with a foster-child, with a limited shared history and therefore knowledge and coping strategies. As the demands outweigh the family's capabilities, crisis is more likely. The adjustment model highlights the emotions families experience over time, during the formation of a new family. Once a child has entered a family, families experience a decline in confidence after stresses build up. Both models demonstrate how over time, family and individual events can lead to a crisis and an eventual breakdown in placement.

Foster placement breakdown

Previous literature associated with foster placement breakdown has concentrated on social workers perceptions of risk factors associated with foster placement breakdown. This research originated from studying looked after children's case files and has generated child, carer and service related risk factors.

Child Factors

Older children are more likely to experience break down than younger children (Oosterman et al, 2007; Rosser, 2011; Rock, Michelson, Thomson & Day, 2013) potentially due to older children experiencing prolonged abuse, hormonal changes and having a greater awareness of their experiences (Oosterman et al, 2007). In addition, the more placements a child has experienced, the less stable a placement is predicted to be (Newton, Litrownik, & Landsverk, 2000; Strijker, Knorth, Knot-Dickscheit, 2008). A placement is also more likely to break down if the child has previous experience of residential care (Lopez, Del Valle, Montserrat & Bravo, 2011; Oosterman et al, 2013). A third factor is children's mental health problems. Children in foster-care are more likely to experience such problems than the normative population (Ford, Vostanis, Meltzer & Goodman, 2007). Mental health problems in children of any age may be expressed by behavioural difficulties or attachment related behaviours (Newton, et al, 2000; Strijker et al, 2008; Egeland & Vitus, 2009). The consequences of breakdown may have further detrimental effects on the child's mental health and wellbeing.

Foster-carer factors

Some studies have looked beyond child factors. In comparison to non-kin foster placements, children in kin ship care have more stable placements (Strijker et al, 2008; Lopez et al, 2011, Rock et al, 2013), which could be due to moral obligations relatives feel at caring for the child. Kinship care is however not usually an option. The presence of foster-carers' biological children also impact on placement stability (Kalland & Sinkkonen, 2001; Brown

& Bednar, 2006). Foster-carers identified that they would quit a placement if the foster-child was inappropriate towards the biological child, or demanded too much attention away from the biological children, or if the biological child's wellbeing was affected due to the presence of a foster-child (Brown & Bednar, 2006).

External factors

A recurrent theme is the involvement of biological parents in the foster-child and carer's relationship, with more involvement being more likely to produce break down (Kalland & Sinkkonen, 2001). Foster-carers do not want to put their own children in potentially dangerous situations if the child is exhibiting challenging behaviour or requiring too much attention which would have a detrimental effect on their own children. They were less likely to continue if the placement was having any negative effects on their own children. In addition, consistency in social workers is associated with better placement outcomes (Brown & Bednar, 2006; Egeland & Vitus, 2009; Oosterman et al, 2013). Studies relying on social workers' accounts however may underestimate the importance of this issue.

Qualitative literature

Previous literature has focused upon identifying risk factors of placement breakdown, predominantly from social worker perspectives. A recent meta-analysis by Rock and colleagues (2013), identified eighteen qualitative studies. Only five had involved foster-carers. Beek and Schofield (2002) studied foster-carers opinion on long term fostering and adoption. Brown and Bednar (2006) and Brown, Bednar, and Sigvaldason (2007) questioned foster carers in each study relating to potential reasons of placement breakdown rather than actual experiences of placement breakdown. Buehler, Cox, and Cuddeback (2003) asked foster-carer's opinions on the factors leading to a successful or unsuccessful foster placement. The study identified themes from carers which they felt were important to successful and unsuccessful fostering. Thirty-six themes related to factors promoting

fostering, such as feeling a genuine love for the child, positive discipline, being a good role model and advocating for the child (Buehler et al, 2003). In comparison, there were 13 themes associated with unsuccessful fostering which included poor communication, non-child-centred reasons for fostering, inflexibility and loving the child too much (Buehler et al, 2003). Only Gilbertson and Barber (2003) asked foster-carers about foster placement breakdown by discussing a recent breakdown due to behavioural difficulties. Children over 10 were examined because the literature revealed this to be the most likely age group to experience a breakdown due to behavioural difficulties. However, no rationale was described for choosing one perceived reason of placement breakdown, not was information provided in whose opinion the placement had broken down due to challenging behaviour. Although this is a retrospective finding, half of the respondents felt that they could have benefitted from a supportive intervention. This suggests that foster-carers are willing to prevent placements from breaking down and maybe open to appropriate interventions.

Overview and rationale of proposed study

Although there have been some developments in qualitative research with foster carers on their experiences of fostering, this area is still in need of development. In particular, research relating to foster placement breakdown is under-studied. Quantitative literature has focused upon risk factors of placement breakdown; however findings are inconsistent. Qualitative research has also asked carers' opinions on various topics with little research focus upon the actual experiences of carers. This gap is being addressed within this study which aims to document the accounts of foster-carers' experiences of placement breakdown to provide further understanding of the process. Most worryingly, children who have experienced foster placement breakdown, especially as teenagers, have poor long term outcomes in adulthood (Vinnerljung & Sallnäs, 2008). As this is an exploratory study focusing on the stories of foster carers', and given that all stories are constructed with a socially constructed

understanding (Josselson, 2011); narrative research methods were considered appropriate for this study.

The research questions are:

1. What are foster carers experiences and retrospective memories of foster placement breakdown?

2. What are foster carers' perspectives on the mutual adjustment required to ensure successful placements?

3. How can foster carers' narratives of fostering and breakdown, and of mutual adjustment inform the process of placement breakdown?

4. Did placement breakdown experiences impact on foster carers' decision to continue fostering?

Method

Recruitment

Following Ethical approval granted by the Faculty of Health and Social Care at the University of Hull (See Appendix E), two Local Authority Fostering Agencies were approached to recruit participants. The research proposal was discussed and reviewed with the Fostering managers, who both consented to take part. Foster-carers who had experienced a placement breakdown within December 2012- December 2014 were identified from the fostering manager's yearly audit. The fostering managers then checked whether the carers met the inclusion/exclusion criteria. Once the potential participants were identified an information sheet with the researcher's contact information was sent out (See Appendix F). The foster-carer's social workers were also provided with the study information and discussed the research with carers, prior to foster-carers signing up.

Participants

Overall, n=7 interviews were conducted with n=9 foster-carers who met the inclusion criteria and gave informed consent to take part in the study. Demographic information is included in Table 1.

Table 1. Demographic information of participants.

Participant number	Interview	Age	Single or joint carer
1	1	43	Joint
2	2	53	Single
3	3	37	Joint
4	3	39	Joint
5	4	54	Joint
6	5	54	Single
7	6	74	Single
8	7	57	Joint
9	7	59	Joint

Design

Due to the nature of the narrative approach (Jovchelovitch & Bauer, 2000), a non-directive interview was conducted. This prevented leading questions and ensured a non-judgemental stance, as per narrative inquiry (McCance, McKenna & Boore, 2001; Josselson, 2011). Narrative inquiry works on the assumption that stories are understood contextually and are influenced by circumstances under which they were obtained (Josselson, 2011), therefore any pre-planned questions would influence the telling of the story (See Epistemological statement, Appendix L). This is consistent with other studies which used a holistic analysis of form method (Dole, 2001; Mcilfatrick, Sullivan, & McKenna, 2006). A statement was read to each participant before the participant commenced with the story:

"I'd like to ask you about your experience of a placement that has broken down recently. I'd like you to think of the entire experience as a story, each story has a beginning, middle and ending, with different significant characters and events. I'd like you to recount the story from the circumstances around when the child was placed to after the child left with as much detail as you can remember".

The instructions were based on studies using similar methods of analysis (Robichaux & Clark, 2000; Beal, Stuifbergen, & Bolker, 2012). The purpose of the instruction was to help orient participants to the story, and to provide a prompt, as it has been identified from previous research that some participants struggle to construct stories (McCance, 2003). The process of constructing stories reflects the internal world of the story teller as well as the social world they inhabit (Josselson, 2011), which here is particularly useful in understanding the context of a placement breakdown in terms of services input and other environmental factors. Once the participant was coming to the end of the story, the researcher asked further explorative questions to elicit further thoughts and feelings around the context of the story.

Procedure

At the interview, the researcher reiterated the interview was about a recent placement that broke down and offered the opportunity for questions. Written consent was obtained for participation in the study and permission was requested to audio record the interview (See Appendix G). A demographic questionnaire was also completed to obtain further information on; the carer, placement and child at the time of the breakdown (See Appendix H). The interview times ranged from 41 minutes to one hour and forty minutes. All foster-carers opted to be interviewed at home.

After the interview, notes were made of researcher reflections on the interviews. These included reflections on the process of the interview, the feelings that were evoked in the researcher on listening to the story, reflections on the questions asked about the story and reflections on the interviewee. Further considerations of the researcher's input into this research is explored in the Epistemological Statement (See Appendix L).

Analysis

Although there are several ways to conduct a narrative analysis, a model by Lieblich, Tuval-Mashiach & Zilber (1998) model has been applied here. The Lieblich (1998) model is a four cell design (see Figure 3,), in which it is recommended that the combination of several cells is used in order to answer the research questions (Lieblich, et al 1998) (See Appendix L for more information). In this research, a holistic approach was adopted in order to maintain the stories that were told. Although there is little explanatory methodological literature on how to analyse research in a holistic manner, the researcher based the method of analysis on several papers using a holistic analysis approach (Gergen & Gergen, 1987; Polkinghorne, 1995; Lieblich et al, 1998; Ayres, 2000; Dole, 2001; Mcilfatrick, Sullivan, & McKenna, 2006; Robichaux & Clark, 2006; Beal, Stuifbergen, & Volker, 2012; Beal, 2013). The story is understood in its entirety and analysed in relation to other parts of the story.

Holistic Form	**Holistic Content**
Categorical Form	**Categorical Content**

Figure 3. Lieblich et al, (1998) four cell design.

The recordings were transcribed verbatim and each recording was listened to several times in order to consider tone of voice, emotional expression and any general impressions from the interview. Following the Lieblich et al (1998) model, the transcripts were read several times and the first step of holistic form analysis was to identify the plot axis within each story. The plot axis is defined as the events, themes, emotions, issues and actions which

were significant to the telling of the story (Lieblich et al, 1998; Beal, 2013). Lieblich (1998) describes that the content of the story at this stage is only important so far as to guide the general direction of the story. A guide by Gergen & Gergen (1988) was employed in order to define the plot axis which involves several stages of: a) understanding the development of the story in context to the end point, b) selecting events which contribute to the end point (including significant characters), c) re-writing the events in temporal order, d) establishing causal links (understanding where events were linked) and e) establishing demarcation signs (how has one event finished and how did another begin) (Gergen & Gergen, 1988). The second stage of the analysis is to identify the dynamics of the plot (Lieblich et al, 1998) or the form of the narrative (Fyre, 1957). In this stage, reflections after the interviews were taken into consideration with Fyre's (1957) research on narrative plots, in order to get an overall sense of the form. Fyre (1957) outlines four basic plot forms based on the direction of the story: comedy, romance, tragedy and satire. Within this research, these plot forms were named the plot theme. The third stage of the analysis of form was to construct a graph for each story. Individual graphs were developed which were based on the description of events. The formation of the graphs was based on evaluative comments, responses to queries about particular events, reflections from the interviews and details of emotions within each phase (Gergen & Gergen, 1988; Lieblich et al, 1998). In the final stage, the graphs were compared and plots which shared common denominators between them were grouped together and a prototypical graph was created (Lieblich et al, 1998).

Holistic content

After plots were created, a holistic content analysis was conducted based on a model by Beal (2013) and Lieblich et al (1998). The method was based on a method conducted by Beal (2013) in which a five step stage of analysis was conducted:

"1) reading and re-reading the narrative accounts to obtain an overall impression of participant's experiences, 2) identifying portions of the accounts related to 3 components of

symptom experience (perception, evaluation and response), 3) identifying the "essential themes and insights" of these components 4) identifying differences in the accounts and the contextual factors that may have accounted for the differences and 5) writing a synthesis of the accounts" Beal (2013), pg 242-243

However within this study the portions of the accounts are related to three components of foster-carers' experience of breakdown (views of fostering, mutual adjustment, and evaluation of the experience) as these aspects were related to the research questions.

Results

Table 2. Context of narratives

Placement	Age of child at breakdown	Gender of child	Length of placement	Access foster support groups	Plot Axis	Number of story phases	Plot theme
1	8 and 9	F	3 years	Yes	Breakdown of relationships	7	Tragedy
2	3	F	3.3 years	Yes	Breakdown of relationships	8	Romance
3	11	M	18 months	No	Coping with behaviour	7	Tragedy
4	15	F	5 years	Yes	Coping with behaviour	8	Romance

5	14	F	6 weeks	No	Breakdown of relationships	7	Tragedy
6	15	F	18 months	No	Adjustment to care	7	Romance
7	13 and 11	F M	10 months	No	Trying to protect	8	Romance

Holistic analysis of form

Plot Axis

Examining the stories, three had a plot axis which described a breakdown in relationships (See Table 2). The events were in relation to the breakdowns in relationships with a variety of characters within the story.

Two of the stories had a plot axis of trying to cope with behaviour. Events which surrounded the central plot which were summarised by the title behaviour included the foster-child's behaviour, the behaviour of services and behaviour of the foster-carer.

The two remaining stories had a plot axis of adjusting to care and trying to protect. The events within both stories were similar, however the narratives had variations in the telling of the stories. One of the stories centred on events of a child trying to adjust into the life of care and the events after the story centred on the carer adjusting to life after the child left. The other story had a central axis of trying to protect the children, in which the events surrounding the child were focused upon the attempts of the carers to protect the children from current and future harm, and containing emotions after the placement broke down.

Constructing plots

Once the plot axis had been gathered for each narrative, the process of constructing individual graphs for the narratives began (Lieblich et al, 1998). After the seven plots were constructed, the graphs were then compared against each other.

Comparing plots

Moving forward

Of the seven graphs, four had plots which were consistent with Fyre's (1957) narrative plot categorisation of "romance" (see Figure 4). The graphs have a steady decline and then incline at the end of the story. The narrative has a series of episodes whereby there are challenges and threats which are overcome by the hero of the story (Gergen & Gergen, 1987). During the analysis of the plots there were distinct phases which the stories moved through (See Table 3). In three of the graphs there were eight phases and in one of the graphs there were seven; however it was consistent with the overall plot typology of "moving forward". Due to the temporal proximity of the breakdown at the time of the interview, the interviewee could not have reached the next phase.

Figure 4. Plot axis Moving Forward.

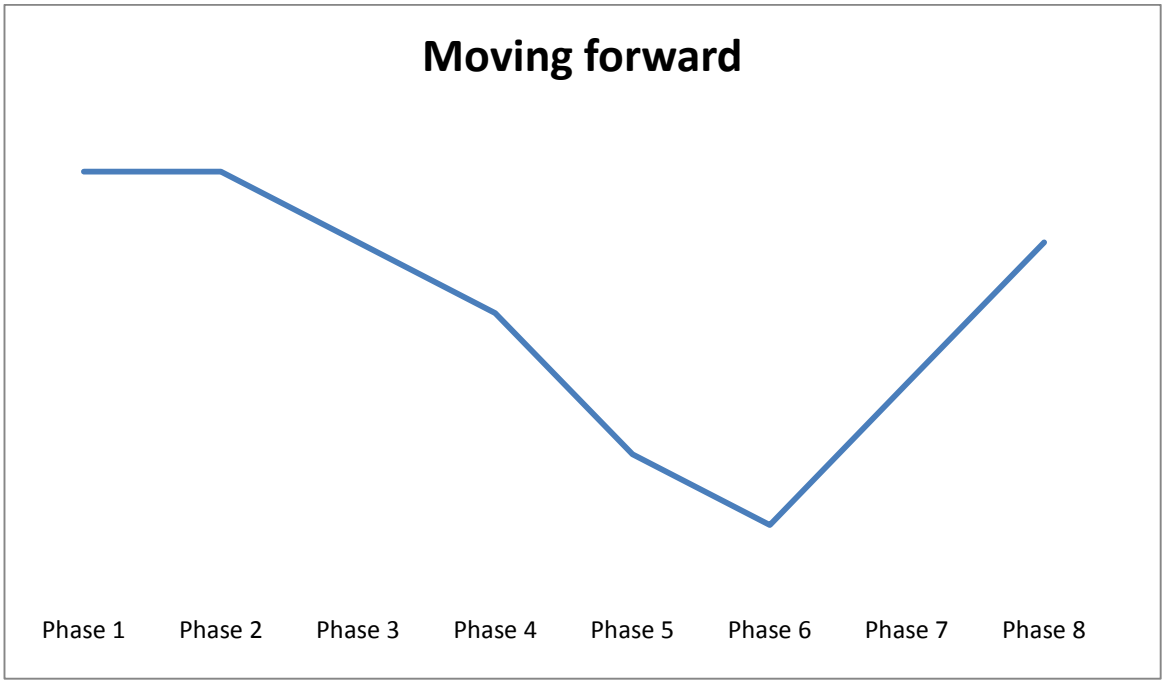

Table 3. Phases of the Moving Forward breakdown.

Phase	Theme
1	“The happy beginning”
2	“The wobble”
3	“The turning point”
4	“The escalation”
5	“The decision made”
6	“The loss”
7	“Attempts to make meaning”
8	“Acceptance and letting go”

Lost faith

Of the seven graphs, three had plots which were consistent with Fyre’s (1957) narrative plot categorisation of “tragedy” (See Figure 5), in which the graphs show a steady decline, even after the story, which does not recover. Each narrative takes a series of episodes whereby there are challenges and threats which defeat the carers and from which they do not recover (Gergen & Gergen, 1987). During the analysis, similar to “Moving forward”, there were distinct phases which the stories moved through. All three graphs had seven phases (See Table 4).

Figure 5. Plot axis lost faith

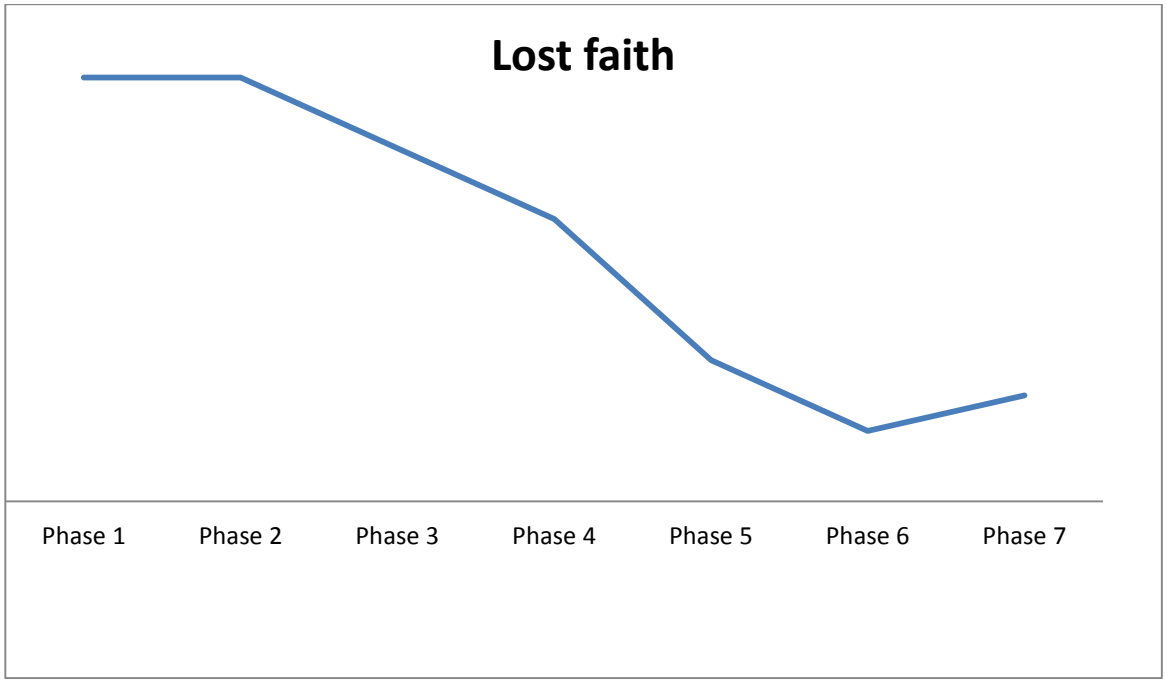

Table 4. Phases of the Lost Faith breakdown.

Phase	Theme
1	“The happy beginning”
2	“The wobble”
3	“The turning point”
4	“The escalation”
5	“The decision made”
6	“Managing unresolved issues”

7	"Future scepticism"

Phases of the breakdown

Graphs consisted of seven or eight phases. A phase can be defined as an event, experience, emotion or action which moved the course of events, centred around the plot axis (Gergen & Gergen, 1987). The phases were split between pre, during and post break down.

Pre breakdown (phases 1-4)

Prior to the placement breakdown, both groups experienced the same four phases.

The happy beginning

The first phase was characterised by carers' experiences of the child arriving at the placement. Both groups described this period positively, many describing how happy children were in the placement. Carers associated this period with positive memories, which for some were over a period of time.

"*We had some really good happy times with her, really good fun with her and it was lovely and she got on with [other foster child] for a lot of years her and [other foster child] used to play together*" (Interview 4, page 1, 25-26).

Conversely, for other participants this phase appeared to comprise only the first few days:

"At first everything seemed absolutely fine... they seemed quite happy... two happy normal little children... little girls really. They were quite affectionate to us which... was to us it was strange because they were affectionate straight from day 1 really.. erm.. and on the night they just went to bed as if they had lived here forever." (Interview 1, page 1, 27-32),

Foster carers described feeling they had made a positive improvement to the child's life:

"For the first two months, both of them were quite content, you know to be with us, they played board games and jigsaws. I got [foster child] knitting, we used to do craft things together. Erm.. she was quite happy to be in the family environment" (Interview 7, page 1, 30-32).

The Wobble

This phase marked the beginning of problems emerging. Carers started to outline issues which they were trying to overcome. During this phase there was also a lot of trial and error, which may have involved carers trying things out for themselves such as trying to cope with behaviour.

"A lot of it I did was what CAMHS had sort of.. information and support they'd given me. I must admit, I must be truthful a lot of the stuff I was told I didn't agree with. I felt a lot of things I did was my way worked, more than doing it the professionals' way" (Interview 4, page 1, 36-39)

A difference within this phase in comparison to later phases was the sense of hope and having some success with the child.

"We found various ways around of dealing with his issues and we made progress and in end... I mean he wouldn't eat any meat at all... but eventually we sort of made lots of progress.. didn't we? In lots of ways and never made any progress really with the bedwetting, did we?" (Interview 3, page 2, 64-67).

The turning point

There came a point in all of the narratives where the direction took a distinct negative shift. The carers had insight that a specific event, relationship or experience marked a change in the events that occurred after.

"So she was coming up for... I don't know... I met with [professional] when she was 2... which was the start of the downfall" (interview 2, page 2, 75-76)

"[She] was sort of coming out of the first throws of her shock and her loss... making lots of demands.. you know and it wasn't going too well, it was getting quite obvious to all of us that it wouldn't work..." (Interview 6, page 7, 347-348)

"..and that's when it all seemed to go really down hill didn't it? When he started speaking at school the behaviour started to escalate at home" (Interview 3, page 4, 176-177).

Carers were largely able to reflect on this period. Some carers were able to describe interventions that may have prevented the course of the negative events which occurred, whereas others did not feel there was anything which could have prevented the course of events.

The escalation

This was a very tense time for foster carers and was marked by a lot of distress within the household and involved a culmination of factors. For example, those whose plot axis was characterised by relationships described several relationships becoming negative. Those with a plot axis describing challenging behaviour discussed behaviour that they were unable to manage. During this period the plot axis went in a sharply negative direction. This period was described as escalating very quickly:

"Things went from bad to worse, you used to worry didn't you and you asked for some help, didn't we?... I could see she were at risk." (Interview 7, page 3, 111-112)

"It just seemed to snowball didn't it? All the problems we had, it was all just the same problems but they were just getting worse" (interview 3, page 7, 335-336)

Foster carers described needing the most support at this phase and feeling alienated from their families or other members of the house:

"Then it just got to the point where it started to affect the other girls in placement really bad" (Interview 4, page 2, 73-74).

During this phase the main issue appeared to be feeling unable to cope- the placement had exceeded the carers' resources. Many foster carers felt that it was too late by this stage and that there was no going back. They expected the breakdown to occur soon after this phase.

Breakdown (phase 5)

The decision made

During the fifth phase, carers described the decision process regarding whether the placement could continue. There were differences amongst the carers as to who had decided the placement should end, such as social workers:

"They'd made up their minds, they weren't listening to me, they were just talking like this was going to happen and even at that point... to the point where they should have listened they didn't," (Interview 2, page 5, 246-248).

Or the foster carers themselves:

"So from that point, we decided that no that was it. When duty got here, we said you take her and she's not coming back," (Interview 1, page 7, 291-293).

In one placement, it was the child who wanted to leave and the social workers supported the decision:

"I was informed on the... that she wouldn't be returning. I wasn't told why." (Interview 5, page 3, 113-114)

There were also differences between whether the foster-carers supported the decision (interview 1) or did not.

"And then it really spiralled out and we were asking for help and in the end they just took her away. They said she'd to go" (Interview 7, page 4, 158-159).

For some the decision was made over a longer period of time than others and was met with mixed feelings of relief and guilt.

Post Breakdown- "Lost faith" (phases 6-7)

Once the placement broke down the "lost faith" group did not recover to their pre-placement level. Once the placement had ended, the trajectory was largely negative and carers were left feeling sceptical about the future as a result of the experience.

Managing unresolved feelings

Once the placement had broken down foster carers described feelings of anger. This was a confusing and emotive time for foster-carers which caused a further negative trajectory.

"We decided that if they put these things in place we felt that the placement could have worked. But they just said no that's it. [foster child] is leaving you and you know we kind of felt as if they were trying to control the situation by doing that. It was if, like no you've been saying no all this time, so no you're not having her back, you had your chance tough luck." (Interview 1, page 11, 454-457)

A lack of consistency during transition to the child's next placement also featured in this group.

"You feel bad you feel you've absolutely.. we felt as if we'd let him down anyway didn't we because we couldn't cope with the behaviour and then to have him move like that and he was distraught, I mean he really was distraught it was awful. You know.. you feel..I mean it were upsetting, it was distressing." (Interview 3, page 9, 428-434)

Future Scepticism

During the final stage of the narrative, once carers were reflecting on their future in fostering, anxiety arose. Carers were concerned that they would have similar problems in the future. Sadly, carers lost faith in services' ability to help carers during breakdown or to prevent them from occurring:

"What it has changed in our minds is we won't keep going and going with the same child. We will say right, this is enough and we can do no more for that child and we wouldn't get to the point where we did with [foster child]." (Interview 1, page 13, 516-519)

Foster carers also lost faith in their own ability to manage the difficulties that had lead to the placement breakdown.

"I think it's made us more wary of placements that you take on, hasn't it?... Yeah I think we'll be a lot more selective… you know whereas you get ringing up and saying will you take this on an emergency placement, yeah I've got a vacancy, yeah I will. Yeah I mean we were never really choosey were we? Now I've had it were they've rung up and I've said I've wanted to know all the ins and outs and then I've said no I couldn't cope with that. So in that respect yeah it's made me more selective." (Interview 3, page 18, 899-909).

The negative feelings were left unresolved and carers within this group did not speak positively about the future.

Post breakdown- "Moving Forward" (phases 6-8)

The loss

In comparison to the "lost faith" group, the "moving forward" group focused on the loss that had occurred once the placement had broken down. Although this group also experienced a negative trajectory, this group was more focused on the loss of the child.

"I'm the one she's been sobbing to and it shouldn't be separating me like this" (Interview 6, page 14, 661)

The group described entering a bereavement process but carers within this group discussed this phase less than the "lost faith" group discussed "managing unresolved feelings."

Attempts to make meaning

After the initial loss of the child, this group focused on ways to make sense of why the placement had ended, which reflected a positive trajectory from the previous phase. Carers were more likely to draw on support networks to help them reflect on the placement.

"[fostering social worker] been fantastic and I mean that upset even [Fostering social work manager]... came out. And er tried to explain it and... had no real answers really, just says, it's up to the social worker we can't question it " (Interview 7, page 19, 872-873).

Carers started to talk about the future from this point and used their previous experiences of the placement to help them in the future. There was a process of understanding the past and an acknowledgement that things would get better.

"Well I think it... we're alright now and I think I've come to terms with it now. It's very sad when she keeps saying to me, I want to come home" (Interview 6, page 14, 672-673).

Acceptance and Letting go

Within the final phase of the narratives, foster carers within this group were able to think beyond the placement and also saw the benefits of ending the relationship they had with the child, despite how emotionally challenging that would be.

"But I think I've got to sort of know emotionally and I am doing slowly... letting go and then... it's sad but.. it's an awful thing but then when she's 18, if I continue to be too much in her life, I could be in awful position where there's a knock on the door and think about it... what the hell am I going to do then? Not.. it's an awful thing but that is the decision I've had to make..." (Interview 4, page 8, 384-386).

There was also a reflection on what the process had meant to them personally and how it would shape their future fostering careers:

"There are positives that have come out of it for me. Not one of them is worth what they did to her but for me there have been some positives" (Interview 2, page 13, 621-622).

Foster-carers described what they had learnt from the experience and wanted to make changes for the future as a direct consequence of the breakdown.

Holistic content analysis

A holistic content analysis was also conducted to establish themes across the stories.

Table 5. Themes from holistic content analysis.

Research Question	Theme
Views of fostering	Single vs Joint fostering
	You're not living it
	Previous placement experience
Mutual Adjustment	Allowing the child into the family
	The pull of the past
	Drawing on support system
Evaluation on experience	The decision to foster
	What would have helped

Views of fostering

Caring as a couple

Joint foster-carers spoke of the benefits of sharing the fostering role. There were clear differences between the perceptions of a couple who fostered and a single carer in regards to their approaches to fostering. Couple carers described how sharing the caring role helped prevent burn out and gave the other a break.

"If you're a couple that's caring, you need to be a couple because you get to point sometimes were you say, you know, one of you will say, I've had enough, then other one will say, well you do whatever and I'll take them.." (Interview 1, page 6, pg 22, 1018-1020)

Carers also described the different challenges that each of them faced within the couple relationship.

"No I struggled with her, I struggled with her more than you did. Funny that how, you know, he struggled with (male foster child) more than I did but I struggled with her more than you did, you got on really well with her" (Interview 3, page 15, 738-740).

Noticeably, fostering couples who were in the "moving forward" group described the positive effect it had brought to their relationship.

"R: I wondered, when it was really difficult, did it affect your relationship or, was it, did it bring you closer together?

P9: made us stronger really didn't it?

P8: yeah how we care" (Interview 7, pg 21, 1002-1005).

The "lost faith" group on the other hand were more likely to describe the negative effects the placement was having on their relationship:

"P3: Well we was having problems with our relationship wasn't we?

P4: and to be fair since he's gone, things have been alright haven't they so it obviously affected it more than we realised" (Interview 3, pg 20, 945-948)

You're not living it

Foster-carers also described that although they valued the support provided by social care and other agencies, they felt their experiences of living with the children fulltime, and having greater insight into the children's behaviour and motivations were not always acknowledged. This lead to resentment when foster carers experienced criticism from social workers.

"I was criticised for that by the social worker but we say to the social worker you wasn't here... You don't know the children like we know the children and what makes them tick and how we can get the behaviours back down and things like that" (Interview 1, page 6, 223-226).

Carers also expressed their frustration that those consulting or advising the carers were not exposed to the same emotional and physical toll. This led to hostility and was particularly relevant during the escalation phase:

"as I say social worker did give us a lot of support! But they're not living through it and they're not seeing the day to day..." (Interview 3, page 11, 524-525)

Some foster carers described feeling left to manage very difficult situations with little support and guidance from services. When strategies and suggestions were given, some foster carers felt as though the context that they were applied to were not helpful or feasible.

"I mean, I did do the TCI [therapeutic crisis intervention], so a lot of that was helpful but when you are in that situation 24/7..." (Interview 4, page 3, 129-130)

Previous placement experience

All carers at some point during the story started to discuss previous placements. Some of the carers compared the child's behaviour to similar behaviour experienced in earlier placements.

"In my other experiences, I mean I've fostered quite a few teenagers and had one child who kept going missing and then she came to us for a week and she went missing again…" (Interview 5, page 6, 255-257).

Foster carers who were in the "moving on" group were more likely to describe what they had learnt from previous fostering experiences, however the "lost faith" group were more likely to describe negative feelings towards previous placements. This highlights the importance of carers' previous placement experiences on their current placement.

Mutual Adjustment

Becoming part of the family

The "moving forward" group described allowing children into the family and becoming part of the family, despite the breakdown. Carers felt that it was an important part of fostering, essential to forming an attachment and giving the child a sense of security.

"Well I mean at the end of the day, if you're doing your job properly, how can you not get emotionally involved and I do not when people say to me, oh you musn't be emotionally involved, then I say, well shouldn't be doing it." (Interview 6, page 15, 688-690).

The carers spoke of the difficulties trying to accept the child into the family, knowing the criticism that it could bring:

"You're kind of damned if you do, damned if you don't. If you get too attached them, well you're too attached to them and if you don't get attached to them… You're damned then as well." (Interview 2, page 14, 690-693).

However, the "lost faith" group were more likely to have cautious feelings regarding allowing the child into the family and did not feel it was appropriate.

"You're told as a foster carer to treat the child as if, you know as if they are part of the family.. God help you if you do!" (interview 5, page 7, 332-333).

The pull of the past

Foster-carers described the difficulties of trying to integrate a child into a family while the foster-child was being pulled to their old lifestyle choices. This was described with a sense of helplessness within both groups. Foster carers described the child's difficulties of trying new opportunities and experiences but feeling obliged or loyal to their birth-families. Those who were in the "moving forward" group were more likely to relate the child's behaviour to the child's previous experiences in a compassionate and understanding way.

"I think a lot of their behaviour has actually been the same as the birth parents behaviour how their lives have turned out and I do believe.. personally sometimes it is genetics you know.. it's as much as.. you know you can try and show them the right road to make their own choices..." (Interview 4, page 9, 447-452)

Conversely, the "lost faith" group were likely to blame the child or others for the issues.

"There's no.. the young people have no respect for authority and I often find that social workers make excuses for the behaviour, and sort of say well you know.." (Interview 5, page 6, 305-306).

Drawing on support systems

Those who were in the "lost faith" group were less likely to draw on their support systems and described being alienated from their external family or not drawing on the support of other professionals.

".. coz you don't discuss it with people. You just get on with it. You don't want your family knowing, you know because they probably would have been upset if they'd have known what [foster child] was doing to me"(participant 1, page 15, 598-600).

Conversely, the "moving forward" group described actively seeking and using support systems in different ways at different times.

"I found out I had a lot more friends then I thought I did. The day that I was told (the date child was leaving), she was still with me at that point, I had a friend that came round just sat there, for about four hours... (then) when she moved again my friends, they wouldn't let me do what my natural instinct is which is to hide in a hole and they would make me go out places and do things" (interview 2, 12, 566-570)

After the child left, the "moving forward" group described using their support networks to help come to terms and make sense of the experience, whereas the "lost faith" group did not.

Evaluation on the experience

Decision to carry on fostering

All foster-carers within the sample were still fostering, however many had considered ending fostering after the breakdown.

"I mean we thought after they'd gone, we did actually, well you sent a letter didn't you? Through them. We were going to resign. Coz we said we can't keep putting ourselves through this". (interview 7, page 19, 892-893)

"if we hadn't of had [other foster child] I could have quite easily said that's it… Coz I was just that worn out with it." (Interview 3, page 12, 598)

After the placement broke down most reflected on why they were still fostering. All carers who had considered stopping felt that the reason they continued to foster was due to the advancements the children made whilst in the placement, despite the placement ending.

"We did know that we still wanted to carry on with fostering because you do get a lot from it. I mean because the massive change in the (children) was unbelievable, from what the[y] came, the state they came in." (Interview 1, page 12, 468-470)

What would have helped?

Foster carers described several things that would have helped the placement either during the crisis phase or which would have prevented the placement from breaking down. The main elements foster carers described highlighted as helpful were greater communication between agencies, inclusion of the foster carers within meetings, post-placement breakdown support, identification of mental health issues within the child and treating foster carers with professional respect.

Discussion

What are foster carers' experiences and retrospective memories of foster placement breakdown?

Foster carers discussed their experiences of a placement breakdown, providing insights into the processes involved before, during and after breakdown. Unlike previous research which describes challenging behaviour as the main factor for placements breaking down (Oosterman et al, 2007), this was not replicated in this study. The plot axis within all carers' stories reflected struggles and events which occurred during and after the placement. Although previous research has predominantly focused on categorising placements on the reason the placement broke down (e.g. challenging behaviour, effects on biological children), the findings from this research suggest this may not be how foster-carers conceptualise the placement breakdown. Foster carers' plots were not similar due to the reasons for breakdown (the plot axis of the narrative), but due to how they viewed the complex issues that were occurring through the placement and post-breakdown. Therefore, there was no difference between the "moving forward" and "lost faith" group in terms of the

plot axis, as there were equal numbers of “coping with behaviour” and “breakdown in relationships” in each grouping. The findings from this study support previous findings that placement breakdown is complex in nature and related to a variety of systemic factors (Khoo & Skoog, 2014). It demonstrates the difference between research that is conducted on risk factors which is reductionist in nature (Egelund & Vitus, 2009) and qualitative literature, which gathers rich first-hand experiences. There may be other factors affecting foster-carers’ experiences and understanding of placement breakdown, rather than those purely based on risk factors. Different interventions are therefore indicated, depending on whether foster-carers narratives are consistent with the “moving forward” or “lost faith” stories.

There were mixed responses regarding whether foster carers felt the placement could have been prevented from breaking down. Foster carers suggested several factors that would have helped the placement through breakdown. The main factors were a need for greater communication between agencies, inclusion of the foster carers within meetings, post-placement breakdown support, identifying mental health issues and treating foster carers with professional respect. These findings support previous literature which has found that foster-carers commonly leave fostering due to lack of communication with social care, lack of involvement in planning for the children and when struggling to manage behaviour (Rhodes, Orme & Buehler, 2001). Providing stability for foster-carers therefore has a greater impact on placement stability and foster-carer retention. Four of the participants felt that the breakdown could have been prevented, three considered it unavoidable and one couple suggested that one of the children in the placement could have stayed. This is consistent with previous research highlighting a difference in the type of support and intervention that would have been desirable in potentially saving placements (Gilbertson & Barber, 2003). Carers’ feelings on whether the placement could have been saved or not, did not determine their plot group.

Interestingly, both groups experienced similar experiences between phases one to five, prior to the breakdown and during the breakdown. During “the happy beginning” phase carers described feelings of success with the child, engaging them in activities and describing the child as happy. Most of the narratives commenced with a description of the first few days of the child arriving. In terms of time frame, some appeared to describe this phase over several weeks and others over months. Foster-carers described this phase fondly, which may reflect foster-carers’ motivations for fostering. In the context of the plot axis participants would describe strong relationships, a lack of behavioural issues, and the sense the child was adapting into the home or a sense that the child was safe. Previous research has found the most common reasons for fostering are child-centred rather than related to the foster-carers or societal factors (Rhoades, Cox, Orme & Coakley, 2006; De maeyer, Vanderfaeillie, Vanschoonlandt, Robberechts & Van Holen, 2014). Foster-carers commonly described wanting to provide a child with a home (De maeyer et al, 2014), which is consistent with the memories and feelings of success foster-carers described during the initial phase of the placement. Reasons for fostering have even been found to predict the attachment relationship between carers and child. When carers chose to foster for reasons of increasing their family size and concern for society, secure attachments were evident, whereas carers motivated to foster for reasons of spirituality, replacing children who had grown up and with the intention of adoption predicted poorer attachment relationships (Cole, 2005). Foster carers’ own motivations for fostering may have affected the trajectories of the placement within this study. Although motivations for fostering were not assessed, within the initial phases carers clearly felt they were providing security and safety to the children, which they may not have felt they could continue to provide.

After the initial phase, the descriptions of phases two to four describe the gradual deterioration of the placement before the breakdown. The pre-breakdown phases demonstrate that there are multiple stages before the crisis phase, which could be more stages in which to potentially intervene. During “the wobble” phase, foster carers described

a sense that reality was starting to creep in. Many described experiences of "trial and error" towards the problems that were developing. In relation to the plot axis participant's described issues commencing with relationships with others, trying to implement strategies to manage challenging behaviour and finding ways to help the child adapt into the placement. There was no sense of hopelessness in this stage; there was a sense that the family were trying to overcome the challenge that had presented itself. Therefore within this phase, foster carers may need guidance and support to manage problems. However, due to the constraints and pressures of services this need may have gone undetected. Gilbertson & Barber (2003) have discussed the effects of social care constraints on placement stability and conclude that many interventions are not being offered at the right time.

One of the striking findings from the narratives was the identification of a "turning point". This has not been documented within previous literature. The "turning point" was marked by an event or experience by every carer, and was considered to change the course of the placement. Some foster carers described an awareness of the change during the placement; others felt this on reflection after the placement ended. By identifying a "turning point", a crucial time is identified to intervene before the "escalation" phase. Agencies working with foster carers need to recognise when a placement has taken a turn in a different direction and intervene before the placement progresses into "escalation".

Once the "turning point" had occurred, carers saw the placement deteriorate in a rapid, snowball manner in the "escalation" phase. Carers described this phase developing rapidly and with an impactful effect on their lives. Foster carers described feelings of helplessness and anger, and feeling anxious about a lack of an end point to the challenges they were facing. For many this resulted in seeing breakdown as the only option. Many carers described this phase as an extremely stressful and emotional time for both the carers and the child. Carers described the events having an impact on all areas of their life, further

exacerbating other factors. For example, one carer described the effect of trying to cope with challenging behaviour on his work.

"I was just that worn out with it. I'd had a couple of incidents at work hadn't I? I'm a [occupation] so obviously I work mainly, it's not a hard job it's just keeping your concentration and when there is issues at home obviously it affects your concentration and I'd had a couple of minor incidents at work and I don't want to blame [foster child] but I think it was because of all.." (Interview 3, page 12, 598-602).

This phase supports previous research by Khoo & Skoog (2014) who described a theme of an ordinary family meeting an extra-ordinary child. By this phase it may be difficult for those who are in a position to intervene because they become pulled into the "escalation". There is a place within this field for utilising psychological terms which are more frequently used within mental health services such as "splitting", "parallel processes" and "transference" (Bales & Bateman, 2012). Within social care settings these are not commonly used terms, suggesting a strong role for psychological input within services to identify when other people are being pulled into and enacting the roles of others. Although psychologists were sometimes discussed within some of the narratives, they were generally associated with CAMHS services who worked with the children or supported foster carers. There may be a separate important role for a psychologist to monitor the overall picture of the placement, offering an outside perspective, to establish how teams are managing complex interactions between foster carers, children and social workers. Models such as this have been implemented in therapeutic foster placements such as Multidimensional treatment foster care (Chamberlain, 2003) but are not commonly applied in routine foster care. New social care models such as "The reclaiming social care" model (Goodman, Trawler, & Munro, 2012) promote reflection and systemic thinking, which may help to identify sooner when a placement is at risk of breaking down. There is also an active role of the psychologist within this model, to help manage and over see social workers case loads.

Within this study, foster-carers felt they needed the most support during the "escalation" phase, but many stated that at this point they felt it would have been too late to save the placement. These findings suggest that preventing placements from breaking down is a complex process. Therefore, providing a narrative framework such as the plots, to understand the process of foster placement breakdown could help tailor specific intervention plans for placements at risk. Although general considerations such as adequate communication and supporting carers is needed, individualised plans based on whether placement trajectories are consistent with "moving forward" or "lost faith" is required.

What are foster carers' perspectives on the mutual adjustment required to ensure successful placements?

Once the placements had broken down, the "moving forward" and "lost faith" groups took different trajectories. Once foster children had left the placement, foster-carers in the "moving forward" group described a different emotional response to those in the "lost faith" group. The holistic content analysis revealed that carers differed in opinion within the "moving forward" and "lost faith" group over the adjustment of the child into the placement. This was the main area where foster carers in each group differed in their opinions of the adjustment required for a successful placement.

Firstly, the "moving forward" group appeared to go through a grief process of "loss", feeling angry and upset but moving on to "attempts to make meaning" of the loss. The "moving forward" group were much more likely to access help and support which they integrated into their understanding of the placement. Many described talking to friends, family or their social workers to help come to terms with the child leaving, whereas the "lost faith" group appeared to be much more isolated and did not actively seek the help the other group did. This may have been a key part of their adjustment to the loss and may have helped facilitate an understanding of why the placement ended. One reason why the "moving forward" group actively sought help may be related to foster carers' own attachment. Considering the

importance of attachment on child development, there is a relatively small literature base addressing foster carer attachment styles (Caltabiano & Thorpe, 2007). Adoption research suggests that adopters with secure attachments predict successful placements, where those with insecure attachments are more likely to experience breakdown (Kaniuk, Steele, & Hodges 2004). However, foster-carers with insecure attachments have not been found to differ from those with secure attachments in terms of quality of care (Caltabiano & Thorpe, 2007). Nevertheless, there is some evidence that foster-carers with insecure attachments are likely to have children with disorganized attachments (Dozier, Stovall, Albus & Bates, 2001). Foster-carers' with histories of abuse and insecure attachments are also more likely to provide fearful/disorganised styles of parenting (Ballen, Bernier, Moss, Tarabulsy, & St-Laurent, 2010). Foster carers' own attachment styles may be triggered when the child leaves the placement and as such may affect how the carers process the ending of placement. There is currently limited research into foster-carers' own attachment styles, particularly how their attachment style affects their reaction to breakdown. Davis, Shaver & Vernon (2003) found that attachment styles influenced different reactions to a romantic relationship breakdown, ranging from distress, anger and desire, preoccupation, exploration, coping, resolution, to chronic mourning and replacement. There may be a similar process occurring within foster placement breakdown.

Another theme which divided opinion was the place of the child in the families. The "lost faith" group were very clear that allowing the child to become part of the family was naive. Some felt this opinion had changed over time, whereas others had felt that way from the start. Foster-care has become more complex in nature, with increasingly challenging children's behaviour and systems where the professionalisation of foster care is affecting the extent to which it is experienced as normal family life for the child (Kjedson & Kjedson, 2010). By increasing the professionalism of foster care, there are concerns that carers will treat children differently and so children may not be able to form attachments to foster-carers (Schofield, Beek, Ward & Biggart 2013). Foster-carers professional and home lives are one

and the same which increases the role confusion. There is divided opinion on the optimal balance, as carers' home life is also their work life (Schofield et al, 2013). Schofield et al (2013) interviewed foster-carers to examine the differences in those identifying themselves as carers and those- who saw themselves as parents. Some foster-carers where able to switch between roles where it was appropriate and others were not. Better training and support is therefore required to aid foster-carers in adjusting to their double and sometimes conflicting roles. Schofield et al (2013) highlighted that those who were fostering and saw themselves as a parent were more emotionally invested and attuned to the child. However, carers who described themselves as a professional described fostering as a job and did not appear to be as emotionally invested in the child. It is yet unclear how this affects the attachments with the children.

What effect did the breakdown have on foster carers' views of fostering?

De maeyer et al (2014) found that child-centred reasons for commencing fostering did not predict retention in fostering, suggesting that motivations and reasons for fostering may change the longer they are involved. The findings of this study demonstrate that a breakdown can have long lasting effects on carers' views of fostering, which may explain why many carers questioned whether they were going to continue fostering. Given the difference between two groups, future research should be conducted to establish how breakdown affects motivation to foster.

This study is consistent with Daniel (2011) who interviewed experienced foster carers about unrealistic expectations regarding children in their care. The authors found that foster-carers had a "soft heart" when the child entered the placement, and an "iron heart" when they left, reflecting the process of having to re-shift expectations of the child (Daniel, 2011). This is mirrored within this study and may be a psychological defence against the rejection they faced from the child leaving (Kramer, 2010).

Limitations

There were several limitations to the study. Firstly, people were asked to tell the story of a recent placement breakdown, which although recent, may not have been the carers' story of choice. Secondly, previous research has encouraged participants to generate their own phases (referred to as chapters) of their stories (Gergen & Gergen, 1988; Lieblich et al, 1998), however within this research the researcher generated these. By asking the carers to break the story into chapters, may have found felt disorganising and prevented the natural flow of the story; however this maybe something that is considered in the future.

This story was based on a small sample size. However, the aim of narrative research is not to generalise or generate representative data. Interestingly, the fact that there were similarities in experiences between the participants suggests that there were shared experiences amongst the individual stories. The plots gathered from this study should be used as a basis for understanding foster-carers' experiences of breakdown. This research has supported Lieblich et al (1998) findings that is possible to implement narrative research methods with groups of people rather than with individuals, as is more commonly the case.

Implications and conclusions

Foster-carers are increasingly managing more complex and challenging children in their care. The findings from this study support and expand upon previous research findings on foster-carers' experiences of fostering (Khoo & Skoog, 2014), suggesting breakdown is a complex process involving a variety of factors. It also demonstrates that breakdown is a process, not just an end point. More attention is required to understand the lead up to the breakdown rather than just focusing on the crisis point. This study highlights more clearly the experiences foster-carers are facing leading up to a breakdown, which have not been documented previously. The findings also emphasise the importance of considering placements holistically. It is vital that the events leading up to a breakdown are documented

and dealt with, rather than solely focusing on the risk factors associated with breakdown, or crisis point as this will already be too late to make a change to the placement trajectory. Psychological input in social care settings is urgently needed, to allow social workers reflective space in which casework can be carefully considered. The findings further support the implementation of models such as “reclaiming social work” (Goodman et al, 2012).

It is important to consider the individual differences between foster-carers on motivation, views on adjustment into the family and carers’ own attachment styles on the transition process once the child has left the placement. More support needs to be provided to carers across the placement lifespan to ensure breakdown is less likely to happen. Should breakdown be inevitable, then help is needed for carers to fully understand, and to come to terms with the child leaving. Psychologically informed, social care models, as well as peer support models, could be extremely helpful in this process.

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Appendices

Appendix A. Guidelines for submission

PREPARATION

NEW SUBMISSIONS

Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts your files to a single PDF file, which is used in the peer-review process.
As part of the Your Paper Your Way service, you may choose to submit your manuscript as a single file to be used in the refereeing process. This can be a PDF file or a Word document, in any format or lay- out that can be used by referees to evaluate your manuscript. It should contain high enough quality figures for refereeing. If you prefer to do so, you may still provide all or some of the source files at the initial submission. Please note that individual figure files larger than 10 MB must be uploaded separately.

References

There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.

Formatting requirements

There are no strict formatting requirements but all manuscripts must contain the essential elements needed to convey your manuscript, for example Abstract, Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions.
If your article includes any Videos and/or other Supplementary material, this should be included in your initial submission for peer review purposes.

Divide the article into clearly defined sections.

Figures and tables embedded in text

Please ensure the figures and the tables included in the single file are placed next to the relevant text in the manuscript, rather than at the bottom or the top of the file.

REVISED SUBMISSIONS

Use of word processing software

Regardless of the file format of the original submission, at revision you must provide us with an editable file of the entire article. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the

Guide to Publishing with Elsevier: http://www.elsevier.com/guidepublication). See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Subdivision - numbered sections

Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

Theory/calculation

A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a

subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

• ***Title.*** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
• ***Author names and affiliations.*** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower- case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.

• ***Corresponding author.*** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**
• ***Present/permanent address.*** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Abstract

A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Graphical abstract

Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. See http://www.elsevier.com/graphicalabstracts for examples.

Authors can make use of Elsevier's Illustration and Enhancement service to ensure the best presentation of their images and in accordance with all technical requirements: Illustration Service.

Highlights

Highlights are mandatory for this journal. They consist of a short collection of bullet points that convey the core findings of the article and should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point). See http://www.elsevier.com/highlights for examples.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Abbreviations

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Math formulae

Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

Footnotes

Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors build footnotes into the text, and this feature may be used. Should this not be the case, indicate the position of footnotes in the text and present the footnotes themselves separately at the end of the article.

Artwork

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General points
• Make sure you use uniform lettering and sizing of your original artwork.
• Preferred fonts: Arial (or Helvetica), Times New Roman (or Times), Symbol, Courier. • Number the illustrations according to their sequence in the text.

• Use a logical naming convention for your artwork files.
• Indicate per figure if it is a single, 1.5 or 2-column fitting image.

For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage.
• Please note that individual figure files larger than 10 MB must be provided in separate source files. A detailed guide on electronic artwork is available on our website: http://www.elsevier.com/artworkinstructions.

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Regardless of the application used, when your electronic artwork is finalized, please 'save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
EPS (or PDF): Vector drawings. Embed the font or save the text as 'graphics'.

TIFF (or JPG): Color or grayscale photographs (halftones): always use a minimum of 300 dpi.
TIFF (or JPG): Bitmapped line drawings: use a minimum of 1000 dpi.
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Please do not:
• Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); the resolution is too low. • Supply files that are too low in resolution.
• Submit graphics that are disproportionately large for the content.

Color artwork

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Ensure that each illustration has a caption. A caption should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Tables

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules.

References

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

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As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

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Reference management software

Most Elsevier journals have a standard template available in key reference management packages. This covers packages using the Citation Style Language, such as Mendeley (http://www.mendeley.com/features/reference-manager) and also others like EndNote (http://www.endnote.com/support/enstyles.asp) and Reference Manager (http://refman.com/support/rmstyles.asp). Using plug-ins to word processing packages which are available from the above sites, authors only need to select the appropriate journal template when preparing their article and the list of references and citations to these will be formatted according to the journal style as described in this Guide. The process of including templates in these packages is constantly ongoing. If the journal you are looking for does not have a template available yet, please see the list of sample references and citations provided in this Guide to help you format these according to the journal style.

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When preparing your manuscript, you will then be able to select this style using the Mendeley plug- ins for Microsoft Word or LibreOffice. For more information about the Citation Style Language, visit http://citationstyles.org.

Reference formatting

There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct. If you do wish to format the references yourself they should be arranged according to the following examples:

Reference style
Text: Citations in the text should follow the referencing style used by the American Psychological Association. You are referred to the Publication Manual of the American Psychological Association, Sixth Edition, ISBN 978-1-4338-0561-5, copies of which may be ordered from http://books.apa.org/books.cfm?id=4200067 or APA Order Dept., P.O.B. 2710, Hyattsville, MD 20784, USA or APA, 3 Henrietta Street, London, WC3E 8LU, UK.
List: references should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.
Examples:
Reference to a journal publication:
Van der Geer, J., Hanraads, J. A. J., & Lupton, R. A. (2010). The art of writing a scientific article. *Journal of Scientific Communications, 163*, 51–59.
Reference to a book:
Strunk, W., Jr., & White, E. B. (2000). *The elements of style.* (4th ed.). New York: Longman, (Chapter 4).
Reference to a chapter in an edited book:
Mettam, G. R., & Adams, L. B. (2009). How to prepare an electronic version of your article. In B. S. Jones, & R. Z. Smith (Eds.), *Introduction to the electronic age* (pp. 281–304). New York: E-Publishing Inc.

Video data

Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the files in one of our recommended file formats with a preferred maximum size of 150 MB. Video and animation files supplied will be published online in the electronic version

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The following list will be useful during the final checking of an article prior to sending it to the journal for review. Please consult this Guide for Authors for further details of any item.
Ensure that the following items are present:
One author has been designated as the corresponding author with contact details:

• E-mail address
• Full postal address
All necessary files have been uploaded, and contain:
• Keywords
• All figure captions
• All tables (including title, description, footnotes)
Further considerations
• Manuscript has been 'spell-checked' and 'grammar-checked'
• All references mentioned in the Reference list are cited in the text, and vice versa
• Permission has been obtained for use of copyrighted material from other sources (including

the Internet)
Printed version of figures (if applicable) in color or black-and-white
• Indicate clearly whether or not color or black-and-white in print is required.
• For reproduction in black-and-white, please supply black-and-white versions of the figures for printing purposes.
For any further information please visit our customer support site at http://support.elsevier.com.

Appendix B. List of excluded references

Number	Reference	Exclusion
1	Lynch, F.L., Dickerson, J.F., Saldana, L., & Fisher, P.A. (2014). Incremental net benefit of early intervention for preschool aged children with emotional and behavioural problems in foster care. Children and Youth Services Review, 36, 213-219	Predominantly based on the cost benefits of MTFC-P which would not generalise internationally
2	Rhoades, K.H., Chamberlain, P., Roberts, R., & Leve, L.D. (2013). MTFC for high risk adolescent girls: a comparison of outcomes in England and the United States. Journal of Child and Adolescent Substance Abuse, 22(5), 435-449	Both samples used in separate studies already included in the review
3	Leve, L.D., Kerr, D.C.R., & Harold, G.T. (2013). Young Adult Outcomes Associated with teen pregnancy among high risk girls in a randomised control trial of multidimensional treatment foster care. Journal of child and adolescent substance abuse, 22(5), 421-434	Factors affecting pregnancy and drug use, efficiency of the study reviewed elsewhere
4	Jonkmon, C.S., Bolle, E.A., Lindeboom, R., Schuengal, C., Oosterman, M., Boer, F., & Lindauer, R.J.L. (2012). Multidimensional treatment foster care for preschoolers: Early findings of an implementation in the Netherlands. Child and Adolescent Psychiatry and mental health., 6(38),	No comparison group
5	Van Ryzin, M., & Leve, L.D. (2012). Affiliation with delinquent peers as a mediator for the effects of multidimensional treatment foster care for delinquent girls. Journal of consulting and clinical psychology, 80(4), 588-596	Assessing factors mediating the outcomes of MTFC rather than the efficacy of MTFC
6	Mellon, M. (2010). Is intensive fostering more effective than custody? Community care, 1840, 32-33	A review of intensive fostering rather than an independent paper
7	Leve, L.D., Fisher, P.A., & Chamberlain, P. (2009). Multidimensional treatment foster care as a preventive intervention to promote resiliency among youth in the child welfare system. Journal of Personality, 77(6), 1869-1902	Review paper of studies already included within the review

8	Bruce, J., McDermott, J.M., Fisher, P.A., & Fox, N.A. (2009). Using behavioural and electrophysiological measures to assess the effects of a preventive intervention: A preliminary study with preschool aged foster children. Prevention Science, 10(2), 129-140	Not felt to be clinically relevant
9	Gustle, L.H., Hansson, K., Sundell, K., Lundh, L.G., & Lofholm, C.A. (2007). Blueprints in sweden. Symptom load in Swedish adolescents in studies of functional family therapy (FFT), Multisystemic therapy (MST) and Multidimensional Treatment foster care (MTFC). Nordic Journal of Psychiatry, 61(6), 443-451	Compares symptom loads of the samples rather than the intervention
10	Leve, L.D., & Chamberlain, P. (2005). Association with delinquent peers: intervention effects for youth in the juvenile justice system. Journal of abnormal child psychology, 33(3), 339-347	Associated facors
11	Smith, D.K. (2004). Risk, Reinforcement, Retention in Treatment, and Reoffending for boys and girls in multidimensional treatment foster care. Journal of emotional and behavioural disorders, 12(1), 38-48	Risk factors
12	Eddy, J.M. & Chamberlain, P. (2000). Family management and deviant peer association as mediators of the impact of treatment condition on youth antisocial behaviour. Journal of consulting and clinical psychology, 68(5), 857-863	Associated factors

Appendix C. Modified Down's & Black Checklist

Checklist for measuring study quality- Downs & Black (1998)

Reporting

1. Is the hypothesis/aim/objective of the study clearly described?

Yes 1 no 0

2. Are the main outcomes to be measured clearly described in the Introduction or Methods section?
If the main outcomes are first mentioned in the Results section, the question should be answered no.

Yes 1 no 0

3. Are the characteristics of the patients included in the study clearly described?
In cohort studies and trials, inclusion and/or exclusion criteria should be given. In case-control studies, a case-definition and the source for controls should be given.

Yes 1 no 0

4. Is the MTFC programme and the comparison treatment clearly described?

Treatments and placebo (where relevant) that are to be compared should be clearly described.

yes 1 no 0

5. Are the distributions of principal confounders in each group of subjects to be compared clearly described?
A list of principal confounders is provided.

yes 2 partially 1 no 0

6. Are the main findings of the study clearly described?

Simple outcome data (including denominators and numerators) should be reported for all major findings so that the reader can check the major analyses and conclusions. (This question does not cover statistical tests which are considered below).

yes 1 no 0

7. Does the study provide estimates of the random variability in the data for the main outcomes?

In non normally distributed data the inter-quartile range of results should be reported. In normally distributed data the standard error, standard deviation or confidence intervals

should be reported. If the distribution of the data is not described, it must be assumed that the estimates used were appropriate and the question should be answered yes.

yes 1 no 0

8. Have all important adverse events that may be a consequence of the intervention been reported?

This should be answered yes if the study demonstrates that there was a comprehensive attempt to measure adverse events. (A list of possible adverse events is provided).

yes 1 no 0

9. Have the characteristics of patients lost to follow-up been described?
This should be answered yes where there were no losses to follow-up or where losses to follow-up were so small that findings would be unaffected by their inclusion. This should be answered no where a study does not report the number of patients lost to follow-up.

Yes 1 no 0

10. Have actual probability values been reported (e.g. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?

Yes 1 no 0

External validity

All the following criteria attempt to address the representativeness of the findings of the study and whether they may be generalised to the population from which the study subjects were derived.

11. Were the subjects who were prepared to participate in the study representative of the entire population from which they were recruited?

Validation that the sample was representative would include demonstrating that the distribution of the main confounding factors was the same in the study sample and the source population.

Yes 1 No 0 Unable to determine 0

12. In trials and cohort studies, do the analyses adjust for different lengths of follow-up of patients, or in case-control studies, is the time period between the intervention and outcome the same for cases and controls ?

Where follow-up was the same for all study patients the answer should yes. If different lengths of follow-up were adjusted for by, for example, survival analysis the answer should be yes. Studies where differences in follow-up are ignored should be answered no.

Yes 1 no 0 unable to determine 0

Internal validity - bias

13. Did the MTFC programme follow the Oregon Multidimensional Treatment Foster Care Programme?

Treatment should comprise of core components of MTFC: foster carers trained in the MTFC approach, programme supervisors (who were available on call 24/7 providing support in all areas), family therapy for family post MTFC placement

Yes 2 Partially 1 No 0

14. Was an attempt made to blind those measuring the main outcomes of the intervention?

Yes 1 no 0 unable to determine 0

15. If any of the results of the study were based on "data dredging", was this made clear? *Any analyses that had not been planned at the outset of the study should be clearly indicated. If no retrospective unplanned subgroup analyses were reported, then answer yes.*

Yes 1 No 0 Unable to determine 0

16. Were the statistical tests used to assess the main outcomes appropriate?
The statistical techniques used must be appropriate to the data. For example non-parametric methods should be used for small sample sizes. Where little statistical analysis has been undertaken but where there is no evidence of bias, the question should be answered yes. If the distribution of the data (normal or not) is not described it must be assumed that the estimates used were appropriate and the question should be answered yes.

Yes 1 No 0 Unable to determine 0

17. Was there an attempt to adhere to the MTFC programme?

Was there an active attempt to adhere to the MTFC programme as outlined by the Oregon Treatment Centre. Includes supervision, discussion with programme originators, informal discussions with other MTFC programme sites

Yes 1 No 0 Unable to determine

18. Were the main outcome measures used accurate (valid and reliable)?

For studies where the outcome measures are clearly described, the question should be answered yes. For studies which refer to other work or that demonstrates the outcome measures are accurate, the question should be answered as yes.

Yes 1 No 0 Unable to determine 0

Internal Validity- confounding (selection bias)

19.Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?

For example, patients for all comparison groups should be selected from the same hospital. The question should be answered unable to determine for cohort and case- control studies where there is no information concerning the source of patients included in the study.

Yes 1 No 0 Unable to determine 0

20. Were study subjects in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited over the same period of time?

For a study which does not specify the time period over which patients were recruited, the question should be answered as unable to determine.

Yes 1 No 0 Unable to determine 0

21. Were study subjects randomised to intervention groups?

Studies which state that subjects were randomised should be answered yes except where method of randomisation would not ensure random allocation. For example alternate allocation would score no be- cause it is predictable.

Yes 1 No 0 Unable to determine 0

22. Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?

This question should be answered no for trials if: the main conclusions of the study were based on analyses of treatment rather than intention to treat; the distribution of known confounders in the different treatment groups was not described; or the distribution of known confounders differed between the treatment groups but was not taken into account in the analyses. In non- randomised studies if the effect of the main confounders was not investigated or con- founding was demonstrated but no adjustment was made in the final analyses the question should be answered as no.

Yes 1 No 0 Unable to determine 0

23. Were losses of patients to follow-up taken into account?

If the numbers of patients lost to follow-up are not reported, the question should be answered as unable to determine. If the proportion lost to follow-up was too small to affect the main findings, the question should be answered yes.

Yes 1 No 0 Unable to determine 0

Power

24. Did the study use a power calculation to detect whether the probability value for a difference being due to chance is less than 5%?

Yes 1 No 0 Unable to determine 0

Abstract D. Methodological Quality Grid.

	Adapted Down's & Black Checklist																									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Total (/26)	Quality percentage
Rhoades et al (2014)	1	1	1	1	2	1	1	0	1	1	1	0	2	0	1	1	1	1	1	1	1	1	1	0	22	84
Green et a (2014)	1	1	1	1	1	1	0	0	0	1	1	1	1	0	1	1	1	1	1	1	0	1	0	1	18	69
Kerr et al (2014)	1	1	1	1	0	1	1	0	0	0	1	1	2	0	1	1	1	1	1	1	1	0	0	0	17	65
Poulton et al, (2014)	1	1	1	1	1	1	1	0	0	1	1	1	2	1	1	1	1	1	1	1	1	1	0	0	21	81
Harold et al, (2013)	1	1	1	1	2	1	1	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	0	0	19	73
Hansson & Olssen,	0	1	1	1	1	1	1	0	0	0	1	1	2	0	1	1	1	0	1	1	1	0	0	0	16	62

(2012)																									
Biehal et al (2011)	1	1	1	1	2	1	0	1	1	1	1	1	2	0	1	1	1	1	1	1	0	1	1	0	22	84
Westermark et al (2011)	1	1	1	1	1	1	1	0	1	0	1	1	2	0	1	1	1	1	1	1	1	1	1	0	21	81
Smith et al, 2010	1	1	1	1	2	1	0	0	1	0	1	1	2	1	1	1	1	1	1	1	1	1	0	0	18	69
Tininenko et al (2010)	1	1	1	1	0	1	0	0	0	1	1	1	2	0	1	1	1	1	1	1	1	1	0	0	21	81
Kerr et al (2009)	1	1	1	1	2	1	0	0	0	1	1	2	1	1	1	1	1	1	1	0	1	1	0	0	19	73
Fisher et al (2009)	1	1	1	1	1	1	1	0	0	0	1	1	2	0	1	1	1	1	1	1	1	1	0	0	21	81
Leve et al (2007)	1	1	1	1	2	1	1	0	0	1	1	1	2	0	1	1	1	1	1	0	1	1	0	0	20	77
Fisher & Kim	1	1	1	1	0	1	1	0	1	1	1	1	2	1	1	1	1	1	1	1	1	1	0	0	21	81

(2007)																										
Chamberlain et al (2007)	1	1	0	1	0	1	1	0	1	1	1	1	2	1	1	1	1	1	1	1	1	1	0	0	20	77
Leve et al (2005)	1	1	1	1	0	1	1	0	1	0	1	1	2	1	1	1	1	1	1	1	1	0	0	0	19	73
Eddy et al, (2004)	1	1	1	1	2	1	0	0	0	0	1	1	2	0	1	1	1	1	1	1	1	1	0	0	19	73
Chamberlain et al (1998)	1	1	1	1	2	1	1	0	0	1	1	1	2	0	1	1	1	1	1	1	1	1	0	0	21	81

Appendix E. Ethical Approval letter

UNIVERSITY OF Hull

Ms S Lamswood
Trainee Clinical Psychologist
Dept Clinical Psychology and Psychological Therapies
Hertford Building
University of Hull
Hull
HU6 7RX

FACULTY OF HEALTH AND SOCIAL CARE
T: 01482 464530
E: j.kelly@hull.ac.uk

OUR REF: 134
29 May 2014

Dear Sarah

Re: Foster carer perspectives on placement breakdown: an adjustment process

Thank you for your responses to the Faculty Research Ethics Committee regarding the above proposal. Given the information you have provided, I am able to grant Chair's approval, as per the Committee's Terms of Reference.

Nevertheless, there is just one point that the Committee have asked me to bring to your attention;

4. Please consult your course handbook to familiarise yourself with the departmental lone worker policy and refer to the relevant parts of it in your application (you mention Humber Foundation Trust guidelines).

In your response you say that 'there are no departmental lone working policies', however there is one contained within your departmental handbook, please ask your departmental administrator if you do not have a copy.

I wish you every success with your study.

Yours sincerely

Dr Janet Kelly
Acting Chair, Research Ethics Committee
cc: file/supervisors

Appendix F. Participant information sheet

Carer Participant Information Sheet

Studying Foster placement breakdown from carers' perspectives

My name is Sarah and I am a trainee clinical psychologist on the Doctorate in Clinical Psychology course at the University of Hull. I am required to carry out research as part of my course. I have chosen to look at the foster carers' that have experienced a placement breaking down. If you have experienced a foster placement breakdown, I would like to invite you to take part in the study.

Before you decide to take part, it is important for you to understand why the research is being carried out and what it will involve. This information sheet gives you information about the research. Please read it carefully while deciding if you'd like to take part. If there is anything you are unsure about or you have any questions, please contact me using the details provided below. Please feel free to talk to other people about the research if you wish.

Part 1 – information about the study and what it involves

Part 2 – more detailed information about the research

Part 1

What is the study about?

This study aims to find out about the experiences of foster carers' who have experienced a placement breakdown. The study is particularly interested in hearing the stories of foster carers so that we can have a better idea of the factors that may lead to a foster placement breakdown. If we understand breakdown better, we can help services develop ways to avoid them in future.

Why am I being invited to take part?

You have been identified as a carer for a child by your local authority. Your consent is therefore being sought for you to talk to a researcher about your experience of a foster placement breakdown.

Do I have to take part?

No, you are under no obligation to take part in this study. It is up to you whether or not you would like to participate. If you decide you would like to participate, you will be asked to sign a consent form. You are free to withdraw from the study up to the point of transcription and destruction of personal identifiable information; you do not have to give a reason why. If you do choose to withdraw from the study, in no way will this affect the support or access to services you or your foster child have.

What will happen if I take part?

If you decide to take part in the study, please contact the researcher using the details provided below. Alternatively, you can speak to your social worker and they will give your contact details for the researcher. The researcher will then contact you to arrange a first meeting that is convenient for you. The meeting can take place at a location that all involved would prefer.

At the meeting, the researcher will explain in more detail what the research involves to you. You will then need to sign a consent form that states that you agree to take part in the study. The researcher will then ask you a few questions about the particular placement that broke down before the interview. You will also be given further opportunity to ask questions.

The interview is expected to last approximately one hour and will be recorded on to a Dictaphone. The interview will involve you talking about a particular placement which has broken down in as much detail as possible. You will also be asked about how the breakdown has affected you now.

Will it cost anything?

No, there is no cost involved in taking part in this study.

If after reading the information in Part 1 you are still interested in taking part, please continue to read Part 2 for further details.

Part 2

Will my information be kept confidentially?

Yes, your participation in the study and all information about you will be kept confidential. Information will be stored in a locked cabinet at the University of Hull. Only the researcher and her research supervisor will have access to the information. Once the study has been completed, the information will be kept for 10 years before being destroyed. Your social worker will not be informed that you have taken part in the research nor will they be told any details in the interview.

Confidentiality may be broken, in line with current legislation, only if information is shared that raises concerns for the safety of you, your child or anyone else. If information is shared that implies misconduct, illegal activity or dishonest behaviour within the local authority, the researcher has a duty to follow up concerns in accordance with local authority whistleblowing procedures. If such information emerges, the researcher will discuss with you what needs to happen next, and your social worker may also be involved to decide this happens, it will first be discussed with the social worker an appropriate course of action.

What will happen with the results of the study?

The results will be collected and analysed by the researcher. She will then write up the results and submit them for publication in an appropriate professional journal. The information will be transcribed after the interview during which all identifiable information will be removed. Direct quotes from the interview may be used in the write-up of the

research and subsequent publication but you will never be personally identified. If you would like to find out about the results of the study once it has been completed, please contact the researcher (details provided below) and she will feed back to you.

What if I change my mind?

You are free to change your mind and withdraw from the study at any point up to the point of transcription and destruction of personal identifiable information; you do not have to give a reason why. This will not affect the support or services that you or your child receives.

What if there is a problem?

If at any point during the study you have any questions or concerns you can contact the researcher (details provided below). The researcher will answer any questions you have.

Has anyone reviewed the study?

The study has been reviewed and approved by the Ethics Committee of the Health and Social Care Faculty at the University of Hull.

Thank you for taking the time to read this information sheet.

If you would like to take part in the study or have any further questions please contact me by:

Telephone: 07804349491

Email: fosteringresearch@hotmail.co.uk

Sarah Lamswood

Trainee Clinical Psychologist

Department of Clinical Psychology and Psychological Therapies

Hertford Building

University of Hull

Hull

HU6 7RX

Appendix G. Consent Form

Carer Consent Form

Participant ID:

Title of study: Foster carer perspectives on placement breakdown: an adjustment process

Researcher: Sarah Lamswood

Please read the statements below carefully and if you agree to them please complete your details in the spaces below.

Please initial the boxes

1. I confirm I have read the information sheet about the above research project and would like to participate in the study. ☐
2. I understand what the project is for and what it involves. ☐
3. I understand that participation in the project is voluntary and that I can withdraw at anytime for no reason without it affecting my, or my foster child's support or legal rights. ☐
4. I understand that our participation, information about us and contact details will be kept confidentially. ☐
5. I understand that if I share information that raises concerns about misconduct within the local authority, or concerns for the safety of myself, children or anyone else confidentiality will be broken. ☐
6. I have had the opportunity to ask any questions I had and confirm I have had satisfactory replies to these. ☐
7. I have considered all of the information provided and would like to participate in the above study. ☐

Name of carer …….

Signature of carer ……

Date ……

Contact telephone number …….

Name of researcher…….

Signature of researcher …….

Date……

If you have any queries please phone me on – 07766342894 or email me on fosteringresearch@hotmail.com

Appendix H. Demographic Questionnaire.

Demographic Questionnaire

Questions specific to carer

1. What is your name? ……
2. What is your age? …….
3. Are you a single carer or do you care for children with your partner? ……..

Placement specific questions

Please base the answers to these questions upon your most recent foster placement breakdown

4. What was the age of the child? ……
5. What was the gender of the child? ……
6. How long did the placement last before it broke down? ……..
7. How many family members were living in the house at the time of the breakdown?

   ……
   - Who were they to you?
     .....
8. Were there any biological children living in the house at the time? ……..
   - How many? .....
   - How old were they? .....
9. Why were you chosen as foster carers for this particular child?

   …….....
10. Did you receive support from foster carer groups? ……..

11. Why was the child placed in foster care?

Abuse or neglect ☐

Child's disability ☐

Parent Illness or disability ☐

Family in acute distress ☐

Family dysfunction ☐

Socially unacceptable behaviour ☐

Low income ☐

Absent parenting ☐

Don't know ☐

Thank you for completing the questionnaire.

Appendix I. Sources of Support.

Sources of Support

If you felt you were affected by any of the issues raised within the interview today and would like further support or advice please contact any of the potential sources of support:

Your fostering social worker

GP

British Adoption and Fostering (BAAF)

020 3597 6116

Parent line

0808 800 2222

The fostering Network

http://www.fostering.net/

Appendix J: Example of a holistic form analysis.

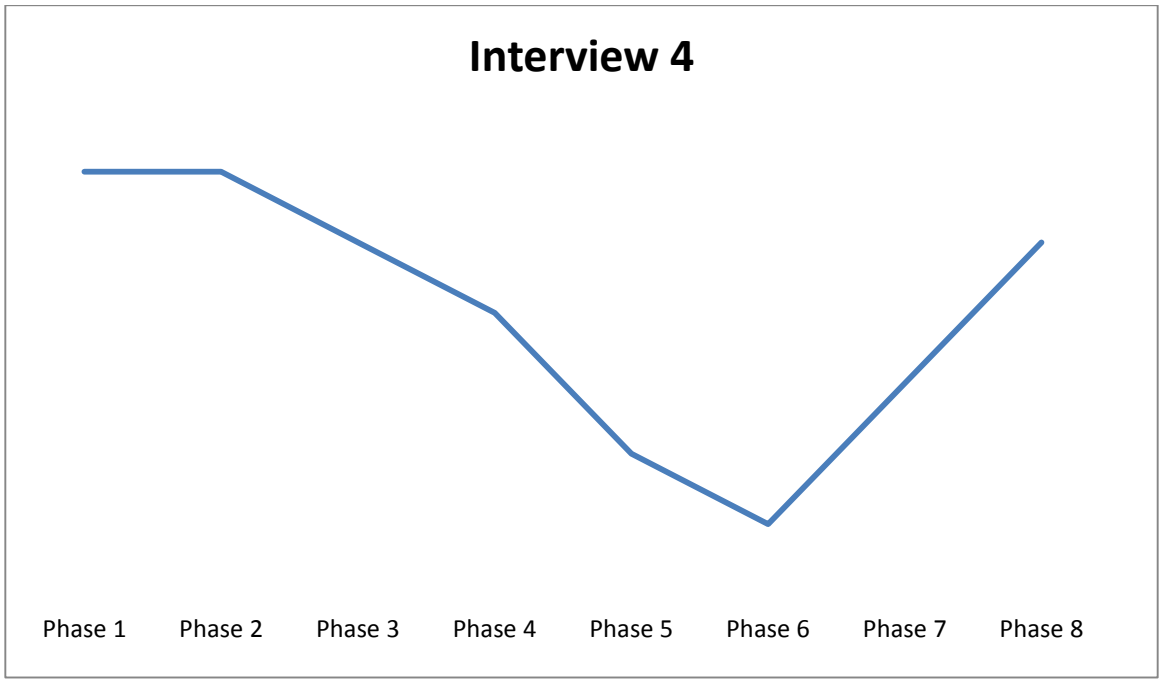
Plot axis- coping with behaviour

Plot axis trajectory	Transcript	Phase/ Appraisal of Events
Positive	And then we had some really good happy times with her, really good fun with her and it was lovely and she got on with [other foster child] for a lot of years her and [other foster child] used to play together when they was younger and got out together.	Fitting into the family, enjoying family life.
First point in the story started "wobble"	But then they were both so completely different when they got into adolescence that they had different groups of friends and things were different and then she got involved with a group of girls from [neighbouring location] which were her friends and like I've always said you can't choose their friends for them.	Phase 2- the wobble- started hanging around with a different group of friends
	And the first incident was when she came home in the back of a police van drunk and then we dealt with that. She was sick she was ill, it made her ill and I said well that's the effects of alcohol. So obviously I didn't let her go out the following weekend, I had to get the trust back again and then I went back to basics. You know well we've have a couple of hours [foster child] and just see how it goes. A lot of it I did was what CAMHS had sort of information and support they'd given me. I must admit, I will be truthful a lot of the stuff I was told I didn't agree with. I felt a lot of things I did was my way worked, more than it did doing it the	Phase 2- trying to manage the behaviour "we had to deal with that" trial and error putting things in place

	professionals way. I'm sorry to say that but that's what I felt and [foster child] seemed to respond better doing it my way. Well when I say my way it was similar but instead of putting too many restrictions on, sort of thinking well she is a teenager you know you can't be oh you've got to be in at 7 o'clock when her friends are out while half 8, 9 because then you're making her different. My way was ok you can stay out while half 8 and if she did something or she got herself in trouble then she knew she wouldn't be going out the following weekend and I found that by doing that she was there bang on time, sometimes say if it was half 8, I'd turn up at 20 past 8 and she would be there. But if I did it the other way and they said oh well go pick her up at 6 o'clock and then give her so many hours after, do it slowly then next weekend 7 o'clock she wouldn't be there. So then it made it more impossible for me, because then she would be, I'd have to say well I'm sorry but you'll be grounded for an extra and it made it really.. do you understand… this was really difficult for me. So I had a word with my support worker at the time who said no well you do it your way, it's working and I didn't want to put her at risk because she would be there and she would be safe she wasn't staying out later and later and it worked and then sadly she came home from a friends' one day and... [turning point incident].	Bringing different suggestions in but it not working Having some success with the problem Wobble- up and down After this point things turned in the story- the feeling of lost control of the behaviour
Turning part start of phase 3- decline		

Phase	Event and brief summary	Direction
1	Child arrived at placement and early years	Stable part of the narrative, lack of events
2	Started going out with friends, trial and error	Wobble events, having some success but gradually declining as feeling more

		helpless
3	Turning point event*- changed the course of the story	Downward trajectory
4	Violence within the home, trying to further manage the behaviour but escalating	Rapidly declining
5	Breakdown- child has to leave the placement	Declining rapidly
6	Child has left the placement, health of carer deteriorates and grieving for child gone	Slow decline
7	Remains in contact with the child, realises it was the right thing for her to leave. Has some contact still	Increasing, feeling happy, positive trajectory
8	Reflecting on the event, feels the family is stronger because of it. Learnt from the placement experience. Cutting ties with the child, feels ready.	Positive trajectory



Appendix K. Worked Example of Holistic Content Analysis

Research Question	Transcript	Theme
Mutual adjustment	And then we had some really good happy times with her, really good fun with her and it was lovely and she got on with [other foster child] for a lot of years her and [other foster child] used to play together when they was younger and got out together.	**Allowing into the family**
Mutual adjustment	But then they were both so completely different when they got into adolescence that they had different groups of friends and things were different and then she got involved with a group of girls from [neighbouring location] which were her friends and like I've always said you can't choose their friends for them.	**Pull of the past**- reverting back to previous negative influence friendship group
Views of fostering	And the first incident was when she came home in the back of a police van drunk and then we dealt with that.	**Caring as a couple-** "We" used frequently in managing behaviour, strengths of caring together
Views of fostering	She was sick she was ill, it made her ill and I said well that's the effects of alcohol. So obviously I didn't let her go out the following weekend, I had to get the trust back again and then I went back to basics. You know well we've have a couple of hours [foster child] and just see how it goes. A lot of it I did was what CAMHS had sort of information and support they'd given me. I must admit, I will be truthful a lot of the	**You're not living it**- using professional advice but

	stuff I was told I didn't agree with. I felt a lot of things I did was my way worked, more than it did doing it the professionals way. I'm sorry to say that but that's what I felt and [foster child] seemed to respond better doing it my way. Well when I say my way it was similar but instead of putting too many restrictions on, sort of thinking well she is a teenager you know you can't be oh you've got to be in at 7 o'clock when her friends are out while half 8, 9 because then you're making her different. My way was ok you can stay out while half 8 and if she did something or she got herself in trouble then she knew she wouldn't be going out the following weekend and I found that by doing that she was there bang on time, sometimes say if it was half 8, I'd turn up at 20 past 8 and she would be there. But if I did it the other way and they said oh well go pick her up at 6 o'clock and then give her so many hours after, do it slowly then next weekend 7 o'clock she wouldn't be there. So then it made it more impossible for me, because then she would be, I'd have to say well I'm sorry but you'll be grounded for an extra and it made it really.. do you understand… this was really difficult for me. So I had a word with my support worker at the time who said no well you do it your way, it's working and I didn't want to put her at risk because she would be there and she would be safe she wasn't staying out later and later and it worked and then sadly she came home from a friends' one day and... [turning point incident].	feeling they are giving it from a place of not seeing everything **You're not living it**- "do you understand" trying to justify actions to researcher, I didn't see it, could I understand how difficult it was? "Drawing on support systems"
Views of fostering **Mutual adjustment**		

Appendix L. Epistemological Statement

The aim of my research project was to understand the process of foster placement breakdown and to capture foster-carers views and experiences. Initially, I felt an interpretative phenomenological analysis (IPA) would be the qualitative method of choice. However, I felt that something was missing from the method when I read further into it. In preparing my final research proposal I was drawn to the William's (1999) model of transition and change. I wondered how closely foster carers own experiences of a placement breakdown mirrored this model of transition. Initially, my belief was that if a story could be gathered and plotted in a visual representative form, there may be stages of intervention prior to the breakdown which would prevent the breakdown from occurring.

I therefore viewed this with a positivist belief, that stories would be factual and based within a "truth". This view came from the models and theories that are prevalent within psychology, such as the Hopkins & Adam (1976) model of change. I initially took the stance that foster-carers stories would mark a series of factual events that could be used to develop a model of placement breakdown. My hope was that it could be applied to work with foster-carers, in order to establish when a placement was showing signs of breaking down. However, through the research process my opinions and stance developed along with my research.

After evaluating the aims of the research I considered approaches which would allow me to gather the underlying process of placement breakdown across the entire placement, rather than in thematic units (Josselson, 2011). From studying the literature on foster placement breakdown, there was substantial information on the content of placements (what occurred) such as risk factors, but nothing on how placements breakdown(the process). I therefore felt a different approach which would consider a placement in its entirety, whilst respecting its individuality would be much more suitable to the research aims. I also felt liberated by the underpinnings of narrative research, that the focus is capturing people's experiences rather

than a methodological orthodox (Josselson, 2011). I therefore felt a narrative method of analysis would best suit the research.

As my experience in training and familiarity with research methods developed, I came to understand the importance of holding multiple truths in narrative analysis (Josselson, 2011). I started to read works by Bruner (1991), Polkinghorne (1995) and Spence (1982), and I realised that rather than there being an objective reality, that there are multiple truths. The stories, rather than being a historical truth, were a narrative truth (Spence, 1982). Therefore, it was important for me to gather the individual experiences through storytelling to understand how foster-carers had understood placement breakdown. Narrative research holds the premise that people understand their experiences through storytelling, the meaning we give to our lives is through storytelling (Polkinghorne, 1995). The emphasis would therefore be to provide a story which was developed from the understanding of the teller rather than there being a "truth" (Polkinghorne, 1995). It is more important to understand a story from within the context, motivations and environment of the teller (Josselson, 2011).

When initially reading about narrative research I quickly became overwhelmed by the differences in approaches and became concerned that I would get it "wrong". However, despite the differences within the literature, I noticed there were several similarities which I found helpful starting points to guide my research process. The first is that there is no universal agreement of "how" to conduct narrative research (Josselson, 2011) it is more important to use a methodology which fits the research aims. Secondly, frameworks can be adapted to meet the needs of the research aims and creativity is encouraged (Lieblich et al, 1998). Thirdly the term 'narrative' is synonymous with the word 'stories', as such I use them interchangeably in my thesis. Lieblich et al (1998) defines narrative research as understanding the discourse used to connect series of events to analyse narrative material. Narrative research can be used to analyse a range of forms such as transcripts, political

speeches or texts (Lieblich et al, 1998). The narratives of groups of people can be compared or they can be used to analyse single case studies.

Narrative research draws upon different theoretical and philosophical perspectives, and cannot be seen as a single research method (Josselson, 2011). The main philosophical contributors I have drawn upon for the purpose of this research are Bruner (1990), Gergen & Gergen (1988), and Lieblich et al (1998). For Bruner, the purpose of narratives is to construct a reality which can be used to be shared with others, to make sense of an experience or an event (Bruner, 1991). The purpose of telling the story is to give meaning and understanding from the experience; the analysis focuses upon understanding the events that have been told to give meaning to the experience (Bruner, 1991). From reading Bruner, I began to understand the emphasis of making meaning from the stories, rather than the stories being a historical or factual narrative. This led me to read further work by Gergen & Gergen, (1988).

Gergen & Gergen (1988) describe narratives as being embedded in the social world in which people are immersed. Stories are representative of the reflections of their inner world, rather than a historical accuracy of the past. Gergen & Gergen refer to the work of Loftus (1979), who found that people's accounts of events are affected by the way they view their social world. Gergen & Gergen (1988) developed an evaluative framework to consider narratives which included: looking for the end point, considering which events were selected, how the events were ordered, how events were linked and how the story was ended. Gergen & Gergen (1988) also drew upon Fyre's (1957) narrative plots which considers the form a story presents, with the four forms being comedy, tragedy, romance and satire. I drew upon this model in order to evaluate the forms the plots took; it allowed me to compare the plot direction between narratives in order to find similarities and differences.

Gergen & Gergen (1988) describe three different forms of narratives which can be used to plot the directionality of stories: stability, progressive and regressive forms. I followed

Gergen & Gergen's (1988) previous research to plot the directionality of the plots. Therefore, the content of the stories was not the main important element in the graphs, but the directionality of the plots. As the content of foster placements was varied across the stories, the plot forms shared similarities at different stages through the narrative. I felt identifying this would be more helpful to guide intervention, to meet the needs of the foster placement.

Lieblich et al (1998) model has been developed through the work by Gergen & Gergen (1988). Josselson (2011) described narrative analysis as based on two dimensions. The first dimension is whether it is holistic or categorically based. A holistic based analysis considers the details of the story as a whole, rather than categorical parts (Lieblich et al, 1998). As the basis of this research was to understand how a story has developed, a holistic analysis seemed the most appropriate. The second dimension is form or content, and this research chose to use both; to gather information on the whole and the parts and their interaction. A plot could therefore be developed from the plot axis in each story. As the individual stories were the important foundations of the research, an individualised graph was developed for each participant. Once all the graphs had been developed they were compared and graphs which had similar plot trajectories were grouped together. This is consistent with methodology used by Gergen & Gergen, (1988). The plots were defined by the narrative typologies as defined by Fyre (1957). A holistic-content analysis was conducted with each individual story, as described in the method section. This was conducted to gather information on the other research questions, which were based on participant's views of fostering and whether they would have wanted to carry on fostering. This method was chosen due to its success in studies with a temporal dimension (Beal, 2013). I found this section particularly challenging as I needed to decide whether I was conducting a Holistic-content or a categorical-content analysis. However, in order to establish this I read literature which had used this method and found similarities between the research aims of those

conducting holistic-content analysis, rather than categorical content. According to Holloway & Freshwater (2007) and Lieblich et al (1998), the method is to be used as guidance.

Unlike other methods, narrative analysis draws upon many different other approaches as part of the analysis process. Greetz described narrative analysis as a cross-genre embedded within other qualitative methods: analysing narratives, whilst considering discourse and a hermeneutic process (Josselson, 2011). Both phenomenology and narrative draw upon the hermeneutic circle. The similarities between IPA and narrative are the beliefs that words and language reflect the knowledge and understanding of the teller (Wertz, 2011). However there are differences between narrative analysis and other methods of analysis.

Narrative analysis draws upon phenomenological approaches, as it draws upon the views of the narrator and their experiences. Within this study I am interested in the experiences of foster carers and a placement breakdown. However, I am more specifically interested in the process behind placement breakdown, rather than carers' views of the event. As I was interested in hearing how foster carers described adjustment and their views on whether to continue fostering, I was interested in the context of the process of breakdown. Therefore, phenomenological approaches such as IPA would not have elicited this information.

Equally, despite the focus on the use of language to describe the events that occurred within the placement breakdown, discourse analysis focuses upon the social construction of words through discourse analysis (Josselson, 2011). Discourse analysis can be used by those conducting narrative research as a strategy to analyse narrative texts, such as by focusing on the meaning of specific words or statements (McMullen, 2011). Particularly, within this research statements were identified which suggested the narrative had entered a different phase and the plot trajectory was changing. However, in contrast to a discourse analysis, I was interested in the story in its entirety, whereas discourse analysis focuses upon segments or discursive units (McMullen, 2011).

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Appendix M. Reflective Statement

I can't quite believe I am writing the final chapter. I figured when I sat down to write my reflective statement, that my story would start with the day I walked around the research fair and would go from there. I now realise my story begins far before then, so I will start with the beginning.

I feel the beginning of my story started with a book. When I was 14 years old, I read a book called One Child, by Torey Hayden. It was certainly not the type of book I would have read at that age, but after reading it I was hooked. I had never been so inspired by a book, not least, one that was based on a true story. I was struck by the passion, commitment and dedication Torey showed to a little girl, who for the most part had been written off by everyone else. I ended up reading all of Torey Hayden's books, all based on children with extreme emotional and behavioural difficulties. I became inspired by her work. Mostly, I was inspired by the power of a single relationship, how much one relationship can turn someone's life around. Despite all the turmoil and hopelessness within these children's lives, the power of a positive relationship, a good role model and dedication seemed to go such a long way. Suddenly things started to change for me; I felt I had found something I was interested in. Prior to reading those books I didn't really have an idea of where I wanted to go with my future. I had found something that had genuinely interested me and I developed a passion for working with children who were hard to reach which has never left me. I was so curious about the children who seemed trapped within themselves, the ones that no one else wanted to work with. I wanted to know the stories that were trapped inside them, that made them lash out at the rest of the world. Even now, when my motivation is wavering, and I feel trapped by systems that I feel are failing people, I read those books to remind myself why it is I do this.

During my undergraduate degree I worked for Barnardo's. I worked with children who had been excluded from school and with their families needing support until a new school could

be found. It was my first experience of working with children who were hard to reach. The children I worked with had been out of school for a range of reasons; many were very lost and needing direction. This was the hardest work I had ever done and most days were spent with me desperately trying to build relationships with these children- finding any sort of common ground was a starting point. I learnt about football, video games and kids' TV in my desperate attempts! Many were angry, in trouble with the law and not wanting help from anyone. The smallest gains felt incredible. I learnt so much about myself, and surprisingly, how much patience and dedication I had.

When I first got on to the clinical psychology course I was elated when I was told my first placement would be a child placement. I remember starting placement with so much passion and enthusiasm, I was so excited. I was finally going to be doing the job I had first read about so many years before. However, it was not as I thought it would be. I still remember that feeling when I realised the system was not set out the way I had imagined. Although I loved the clinical aspect of working with children, I could not help but be angry and disappointed with the system. I couldn't understand why the system seemed to turn away so many children and why many were left without answers. There was certainly no scope to work with hard to reach children, only those who were willing to turn up to a clinic and had "sufficient" motivation would be seen. I felt so conflicted, this was meant to be what I had wanted to do. Yet, I felt like I wasn't doing that. When I finished my placement I remember feeling so very conflicted about my experience and trying to merge reality with passion was not easy. I honestly wondered whether it was an area I could go into because of it. However the turning point in my story, was when I met people along the way through the doctorate course, who shared the same ideologies as me. There were others like me! Who were as passionate and dedicated to wanting to change the system in their own ways, to make sure more people don't slip through the net. They know who they are.

When it came to choosing a research topic, the idea developed from an experience I witnessed on my child placement. I noticed that most the children who were hard to reach were within the looked after system. Many had had extreme life circumstances and as such they were very hard to place in foster families. I remember shadowing a colleague on my child placement and listened to a meeting about a young lady whose placement had broken down because of her mental health problems. As a consequence of the placement breakdown, her mental health deteriorated further. I was so shocked by what I had seen, I couldn't believe that after already experiencing so much rejection in her life, she had encountered more by the very people who were meant to protect her. At the same time, I could also see the turmoil and the pain it had caused her carers, who were clearly devastated and described feeling like they had failed her. I remember feeling so helpless in that meeting; everyone seemed to feel like they had failed. The carers, the child, the professionals, how could we move forward?

I then started to think about the hard to reach children with emotional and behavioural difficulties. I was left with so many questions. How do these carers manage? How do carers form relationships with these children that appear as though they don't want to be helped? What made these carers carry on fostering despite the pain who had been caused as a consequence of the breakdown? But mostly, how can I prevent these children from going through more rejection and abandonment.

I was very interested in forming a research question about the relationships between foster carers and foster children. I found it very difficult to formulate a research question, and I did not feel that clinical measures that I was looking at originally captured that. After many reflective discussions in my research supervision, I realised I was trying to capture more than could be by a questionnaire. I was trying to capture the daily lives of the carers and the foster child in the placement. Thinking back to the meeting I had been in, that seemed to be what they were describing. They didn't talk about the breakdown point, they talked about

how hard they were finding it day to day and the breakdown itself didn't seem to me as though it had come from nowhere. Although, the research I was reading around foster placement breakdown did not seem congruent with my experiences. It was very risk factor focused and mainly used the perspectives of social workers. Any research that did involve foster carers was tick box based, which seemed to me as though it lost the essence of the relationship between the carers and the child. It had also lost so much information around how the placements evolve and change over time. I wondered how many stories had been lost through tick box based studies. I realised there were probably so many stories similar to this one that had never been heard. Having been inspired by stories to enter into psychology in the first place, it seemed to fit that I would give a voice to those who had not been given one.

When I started to think about how I would gather these stories of placements breaking down, I presumed I would be using IPA. An assumption based on listening to the experiences of others who had used qualitative research methods. I started to read about IPA for my final research proposal and felt that it was missing what I was trying to capture. I realised I was trying to capture more than just experiences, but process. It made me think about what I was trying to capture from stories. I realised that I was trying to capture more than just the content, I was aware that every story would be different, but what connected these stories was beyond the content. I was interested in how the placements had broken down. I wanted to look at the placement holistically, not just as a way to divide it into themes; I didn't think I would be able to capture that from IPA. I started to read about narrative research and realised my research fit much more with this. I thought that would be the hardest decision to make, it turned out it was just the start! I quickly realised how expansive and confusing narrative literature was, there wasn't even an agreed definition! I quickly started to wonder whether to change back and do IPA, for fear of getting it wrong. I was so worried that I wouldn't get it right because of how confusing it was. Everything I read seemed to come at a different angle and it felt overwhelming. One book that really helped me through that time

was the Lieblich et al (1998) book on conducting narrative research. I felt it made so much sense to me, and fitted with what I was trying to capture. After I felt I had chosen my methodology for analysing my data I then started to consider recruitment.

I was extremely lucky that a local fostering manager was very interested in my research. What was most interesting was how eager he was to show me the context I was gathering stories from. I noticed how anxious he was that I would make conclusions about systems that I didn't know anything about. I ended up shadowing social workers, sitting in on meetings, attending foster recruitment events, talking to social workers about my research and attended their yearly conference. I was so grateful to him for allowing me into their world, which as a psychologist we just don't really see. I couldn't believe how different a system it was in comparison to mental health systems. I found it fascinating and could see how much psychology would have a really good place within this system. Many social workers seemed confused that as a clinical psychologist I was interested in social care settings, but they all seemed very open to what a psychologist could bring. Many of the social workers felt their involvement with psychologists had largely been through CAMHS and their experiences had been mixed. I felt I gained a lot of insight into the difficulties that social workers faced when trying to obtain psychological input for the children they were supporting. I couldn't help but notice their grievances were very similar to mine!

After I had sent my letters out to foster carers, I quickly received several responses. I remember feeling really nervous for my first interview and not really knowing what to expect. I had so many anxieties about asking foster carers to tell me their stories. For a start I know how terrible I personally am at telling stories! I wondered whether people would remember the stories in detail or if they would struggle to tell them. During my first interview I was completely blown away by the honesty, passion and pain a carer had been through with her foster child. It didn't feel like an interview at all it felt like a conversation. Some told their stories for over an hour before I needed to ask anything. I realised there was

no question that I could have asked that would have obtained that amount of detail. In my design, I did not plan questions to ask at the end of their stories. I felt the importance was about the stories and instead I asked questions about their stories to prompt further information.

One thing that struck me when I was reading about narrative research was the debate about how much questions influenced people's answers. For me, I felt that by asking questions, it would give judgement on what I felt to be the most important aspects of their stories. I wanted to find out what they felt was important, not what I felt was important. From reading the literature, I was aware of how much foster carers voices were not heard. I therefore felt it was important to ask questions based on what they were telling me. During the interviews I would jot words or sentences down and pick up on them after they had finished telling the story. After I had analysed the transcripts I did start to imagine some questions that I could have asked, but I did not feel I could have known to ask them until I had conducted the interviews.

I came away from my first interview feeling so inspired and knew that this was a worthwhile study to complete. I found the interview process the most enjoyable part of conducting my research and could not believe how different each story appeared when I first listened to it. During the interviews I could not imagine how the stories could appear similar due to the vast difference between the content of the stories. The children were of different ages, circumstances, family contexts and histories. I was also surprised by the sheer amount of different events that had occurred across the stories, such as running away, violence, mental health problems and allegations. I was so grateful for the honest accounts and I could see how much the carers' genuinely wanted things to change.

Once I completed the interviews I was overwhelmed by how long many of my interviews were, as many were well over an hour. However, I did quite enjoy the data transcription process; I noticed how much information I was gathering from the interviews. I made many

notes as I was listening to the tapes. The transcription process took much longer than I had anticipated but was none the less a worthwhile experience. I found it was much easier to do over full days rather than an hour or so in an evening due to the immersive process required.

Once I had my transcripts I set to work with the data analysis. It was helpful to use the Lieblich (1998) book as a guide to analyse the transcripts. I made sure I only analysed one transcript per day and tried to keep each one very separate in order to retain the individuality of the stories. I had a colour coded system which I would use to define when I noticed the narrative had changed trajectory, or a new event had occurred that changed the emotions within the story. I then highlighted all the parts of the story which were relevant to that section. I noticed how people jumped around in their stories, suddenly remembering things or including references to earlier sections later on. At first I found this very confusing and difficult, but as I got into the process I realised how important it was to the formation of their stories. Once I had gathered all of the events and points of reference within the story I compiled them into a list for each narrative, numbering them in a temporal sequence. I then used the highlighted material within each section to decide which direction I felt the narrative was taking. I then used the guidance of Lieblich et al (1998) to capture the narratives into plots. Once I had done this for each narrative, I gathered all the graphs together. I was astounded that there seemed to be two types of graphs. My biggest surprise was how similar the pre-breakdown section of the plot was. If anything, when I heard the stories, I was struck by how different they all appeared in terms of the contextual factors. To see that there was a similarity in the process was astounding. After the breakdown I was also surprised that the stories took a further dip- the sense of loss to the carers was enormous. I would never have realised how rich their stories were in detail even after the child left. There were so many carers who had been left to manage those feelings of loss and emptiness, I couldn't help but wonder how that would impact on their future fostering experiences.

I had many lovely meetings with Lesley and Annette who were genuinely so excited by my findings. The transcripts were so rich in detail, there were so many different ways we could have taken the results. I felt that was the hardest part: I had so much material that there were numerous ways I could have reported it. In the end, I had to sacrifice to try to make a results section somewhat feasible! I realised I could have written several papers on those transcripts and interestingly, many papers that had used a similar methodology reported findings over several papers. It gave me an opportunity to think about the feasibility of using models such as Lieblich et al (1998) for journals, as the results are so rich and detailed that it is difficult to report in a style suitable for a journal.

As a consequence, it made the write up section very difficult as I knew I was sacrificing some of the findings that I would have loved to have reported. I never realised how hard it would be to write up; I think writing up my findings was the hardest and most draining part of the research. It was a really difficult process trying to write up everything we had discussed in meetings and from my findings. The other factor I had not thought of was how hard it was to evidence my results. Many of the quotes were surrounded by so many contextual factors that it would have made them too identifiable to have used them. I realised how different the process had been for me in comparison to my colleagues. Even without names and places, these were people's lives that I had and I was aware of how privileged I had been to be given them. It brought up a lot of ethical decisions for me about how I used and interpreted the findings; these weren't just people's opinions on matters, they were life experiences. I was very conscious about how I reported that and wondered about the impact of my findings on those who had participated. Would people agree that they had not moved forward for example? I realised how much more interpretative narrative research is in comparison to other qualitative methods, and I made sure I held that in mind.

I would definitely say I got off to a rocky start with narrative research, finding it a mine-field and some of the literature very user unfriendly. I found reading other people's narrative

research interesting and helpful in the process. I could see how much information they had drawn from their transcripts by using narrative research. I was blown away by my findings and truly don't believe I could have found the results through other qualitative research methods. During the research process doing something different to everyone else was at times very challenging. I felt I didn't have anything to base my reasoning on other than previous research. It meant that going to the trainee qualitative groups was very difficult; I wasn't sure where my methods fitted in compared to others. I kept feeling that in some way what I was doing was wrong. I found it hard when my colleagues asked me how my method of analysis was different to theirs, and I honestly could not answer, which made me feel even worse. The process has taught me not to worry about what others are doing and just go forward yourself. I realised that the reason I struggled to answer was because our methods weren't that different, we were just looking at things slightly differently. In some ways I wish hadn't gone to the meetings because I generally came away feeling worse and not feeling any closer to knowing whether what I was doing was right!

Whilst coming to the end of my research journey I started a looked after child placement, based within a social care setting. I have been privileged enough to witness a social services department who have adapted the reclaiming social care model. It has been fascinating to be a part of a social care team and to work directly with foster families. I have also witnessed how social workers themselves have adapted to the shift in culture of working systemically and including psychologists to help over see their case loads. I have found many experiences on this placement of working with children and families who are in need of support and psychological intervention that would have likely not have been seen through a CAMHS team. I am also gaining experience of working with children from very deprived backgrounds who are exhibiting emotional and behavioural difficulties across a range of settings. I have found this work truly rewarding and have very much enjoyed working with foster carers. I have also used the models from my findings to think about what interventions would be needed for foster carers that are at risk of experiencing placements breaking down.

I have even shared the models with them and asked whether they fit with how they were feeling. The reception to them has been gratefully received by social workers and foster carers, creating a language for a process that has otherwise not been there. It has also helped social workers think about the language foster carers are using to describe their placements and to think about what might be helpful at different stages of the placement. I have continued to use my findings from my study to help improve foster placements and have many examples of where I have used it.

As I found a topic that was very meaningful to me for my empirical piece, I wanted to find an SLR that equally fitted my interests. I spent many weeks trying to find a topic that had not already been reviewed recently and had many disappointments along the way. I was initially interested in reviewing foster carers' motivations for fostering, but realised it had been reviewed recently. I was gutted that I had to go back to the drawing board and looked at lots of different topics. I eventually started to think about what happens to children who continuously move around placements due to breakdown and wondered whether there were any alternative foster care provisions for these children. I was surprised to find that there was not really anything other than residential care. I was shocked to think that children were not getting the chance to experience family settings. I started to look at whether there were any models of therapeutic foster care for children who were particularly emotionally and behaviourally challenging. I found multidimensional treatment foster care which had been developed in America. I found that there had not been any recent reviews and a provisional search of the literature suggested there had been some developments since the previous review.

As I had a found a topic that was genuinely interesting to me I did not mind the literature review process. If anything, it was relieving to find a process that was so structured and organised in comparison to my empirical work which at the time was feeling so very chaotic! I read lots of papers about the development of MTFC and was interested in the

avenues it was pursuing. I also couldn't help but reflect on the children I had worked with in Barnardo's- many could have benefited from MTFC. It was only after I had gathered the information from the studies and completed my quality checklist that I realised that many of the studies had based their findings on the same sample of children. At first I thought it was just a coincidence that they had the same sample size, as it was not referenced in any of them that they were based on one sample of children. I started to group together the papers that were based in the same locations, with the same sample sizes and very similar description of the intervention applied. I was startled to realise that 18 papers were based on seven samples of children. I had never thought that this was even allowed in academic circles and I felt very misled! The papers which had used the same samples had not referenced in any of the papers that they were connected as the named author was different on all of the papers. At first glance the papers read as though 18 separate trials of MTFC were conducted on children, which would suggest that MTFC is very successful. However what the results actually show is very mixed. I even had doubts whether it would make a suitable SLR as I felt I was basing my review only on seven samples! However, after discussing it in supervision I realised how important it was that the information is made explicit in the literature as the previous review had not made this explicit. It was only through doing the review that I had realised this, so there may be others who are misled to believing there is more literature than there is.

I also found it very interesting that other countries were struggling to replicate the Oregon Research Centre results. I had many reflective discussions in supervision about the difference in culture and whether the same approach is helpful across all cultures. As many of the children were based on children in the juvenile system, I was surprised to see the unrepresentative samples used in the British and American studies.

Overall, I would say my own plot of going through the research process has been filled with many highs and lows. I am very proud of myself for completing this research and to all those

who have supported me through it. I still can't quite believe this chapter of my life is coming to an end and after 20 years of education, move forward with my life. I am genuinely interested in research and wish to pursue further research in the area of foster care. I would like to continue my research to help more children experience a secure family environment. Although I will not miss sleepless nights worrying about my thesis and how it would end up, overall I would dare say I enjoyed it! I realised how passionate I am about working with children who are hard to reach across a different clinical setting. I am also keen to pursue research in the future and would like to use narrative research methods. I am pleased to say that my research process taught me so much and I genuinely feel I will be a better clinical psychologist because of it.