

EXPLORING THE CAUSAL FACTORS OF FOSTER
PLACEMENT BREAKDOWNS

by

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TABLE OF CONTENTS

	PAGE
CHAPTER ONE	
INTRODUCTORY ORIENTATION FOR THIS STUDY	
1.1 INTRODUCTION	1
1.2 MOTIVATION FOR THE CHOICE OF SUBJECT	2
1.3 PROBLEM FORMULATION	5
1.4 AIM AND OBJECTIVES	6
1.4.1 To undertake a literature study, emphasising the following	7
1.4.2 To conduct empirical research with the focus on the following aspects	7
1.4.3 To come to conclusions and make recommendations	8
1.5 RESEARCH APPROACH	8
1.6 RESEARCH TYPE	9
1.7 RESEARCH STRATEGY	9
1.8 RESEARCH METHODOLOGY	10
1.9 METHOD OF DATA COLLECTION AND ANALYSIS	12
1.10 VIABILITY OF THE STUDY	14
1.10.1 Literature study	14
1.10.2 Pilot study	14
1.10.3 Consultation with experts	14
1.10.4 The researcher	14
1.10.5 Limitations of the study	15
1.11 ETHICAL ASPECTS	16
1.12 DEFINITION OF TERMS AND KEY CONCEPTS	16
1.12.1 Looked after child	17
1.12.2 Foster carer	17

1.12.3	Child and adolescent	18
1.12.4	Local authority	18
1.12.5	Care order	18
1.12.6	Care plan	19
1.12.7	Drift and permanence	19
1.12.8	Social worker	20
1.12.9	Supervising social worker	20
1.12.10	Reviewing officer	21
1.13	SUMMARY	21

CHAPTER TWO

THEORETICAL CHAPTER: IMPORTANT FACTORS TO KEEP IN MIND WHEN FOSTERING ADOLESCENTS

2.1	INTRODUCTION	22
2.2	FOSTER CARERS	23
2.2.1	What is fostering?	23
2.2.2	Requirements for/expectations of foster carers	25
2.2.3	Important issues in foster care in the UK	26
2.2.3.1	<i>Parenting skills</i>	26
2.2.3.2	<i>Contact</i>	29
2.2.3.3	<i>Education</i>	31
2.2.3.4	<i>Support</i>	34
2.2.3.5	<i>Training</i>	36
2.3	ADOLESCENTS IN FOSTER CARE	37
2.3.1	The family as a system	38
2.3.2	Being looked after: the relevance of child development to foster care	39
2.3.3	The implications of adolescence as developmental phase for the adolescent in care	42
2.3.3.1	<i>Adolescence as a developmental phase</i>	42
2.3.3.2	<i>Bereavement and loss with particular reference to the adolescent</i>	47

2.3.3.3	<i>Attachment</i>	51
2.3.3.4	<i>Resilience</i>	54
2.3.4	Expectations of looked after children	55
2.4	Summary	56

CHAPTER THREE

EMPIRICAL RESEARCH

3.1	INTRODUCTION	57
3.2	UNIVERSE	57
3.3	SAMPLE	59
3.4	SAMPLING METHOD	59
3.5	SEMISTRUCTURED INTERVIEW SCHEDULES	60
3.6	RESEARCH FINDINGS	61
3.6.1	Foster carers	61
3.6.1.1	<i>Reasons for foster placement breakdowns</i>	61
3.6.1.2	<i>Difficulties carers experience in meeting the requirements of being an adolescent carer</i>	63
3.6.1.3	<i>Definition/description of foster carer</i>	63
3.6.1.4	<i>Expectations of foster children</i>	64
3.6.1.5	<i>Expectations of the adolescent's social worker</i>	64
3.6.1.6	<i>Experience of social work support</i>	64
3.6.1.7	<i>The influence of contact with family and friends on the adolescent placement</i>	65
3.6.1.8	<i>Educational needs of the adolescent in care</i>	66
3.6.1.9	<i>The role of foster carer training in adolescent placements</i>	67
3.6.1.10	<i>Behaviour of adolescents that would motivate carers to give them up</i>	67
3.6.2	Adolescents	68
3.6.2.1	<i>Reasons for foster placement breakdowns</i>	68
3.6.2.2	<i>Difficulties adolescents experience in care</i>	68
3.6.2.3	<i>Definition/description of foster carer</i>	69
3.6.2.4	<i>Adolescents' expectations of foster placements.</i>	69
3.6.2.5	<i>Expectations of their social worker</i>	69

3.6.2.6	<i>Overall experience of social work support</i>	70
3.6.2.7	<i>Educational needs of adolescents in care</i>	70
3.6.2.8	<i>The impact of contact with family and friends on relationship with carer</i>	71
3.6.2.9	<i>Needs regarding contact with biological parents</i>	72
3.6.2.10	<i>The influence of previous placement experiences on the current placement</i>	72
3.6.2.11	<i>Things that would motivate the adolescent to leave the foster placement</i>	72
3.6.3	Professionals	73
3.6.3.1	<i>Reasons for foster placement breakdowns</i>	73
3.6.3.2	<i>Difficulties carers experience in meeting the requirements of being an adolescent carer</i>	76
3.6.3.3	<i>Definition/description of foster carer</i>	77
3.6.3.4	<i>Expectations of foster placements</i>	77
3.6.3.5	<i>The role of the child's social worker in supporting the adolescent placement</i>	78
3.6.3.6	<i>The impact of the adolescents' contact with family and friends on placements</i>	79
3.6.3.7	<i>Educational needs of the adolescent in care</i>	80
3.6.3.8	<i>Role of the supervising social worker</i>	81
3.6.3.9	<i>The role of foster carer training in adolescent placements</i>	81
3.6.3.10	<i>Behaviour of adolescents that would lead carers to give them up</i>	82
3.6.4	Conclusions	82

CHAPTER FOUR

RECOMMENDATIONS AND CONCLUSION

4.1	INTRODUCTION	85
4.2	RECOMMENDATIONS	86
4.2.1	Professionals	86
4.2.1.1	<i>All parties would benefit from working together in a holistic</i>	86

	way	
4.2.1.2	<i>Constantly improving care plans for adolescents</i>	86
4.2.1.3	<i>Improving social work training and ongoing professional and personal development</i>	88
4.2.1.4	<i>Improvement of the social work management and social work system could be beneficial</i>	88
4.2.1.5	<i>Professionals could benefit from taking the power back in an appropriate way</i>	90
4.2.1.6	<i>Improvement of policy and procedure about taking children into care</i>	90
4.2.2	Foster Carers	91
4.2.2.1	<i>Take responsibility to know self and the adolescent</i>	91
4.2.2.2	<i>Regard the relationship as the most important aspect of working with the adolescent</i>	92
4.2.2.3	<i>Address the situation and the behaviour, not the person</i>	92
4.2.2.4	<i>Encourage the adolescent</i>	93
4.2.3	Adolescents	93
4.3	CONCLUSION	94
RESEARCH REFERENCES		96
APPENDICES		
A	INTERVIEW WITH FOSTER CARER	103
B	INTERVIEW WITH PROFESSIONAL	108
C	INTERVIEW WITH ADOLESCENT	112

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I hereby declare that 'EXPLORING THE CAUSAL FACTORS OF FOSTER PLACEMENT BREAKDOWNS' is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Sandra Booyesen
Researcher

27 August 2006

SUMMARY

During the researcher's work with looked after children for the past four years, it became clear that adolescent placements were much more likely to break down than others. Although there is some literature about foster placement breakdowns, the researcher did not really get an answer as to the causes of adolescent placement breakdowns. This study therefore explores causal factors of adolescent placement breakdowns as seen by foster carers, adolescents and professionals. It is evident from this study that there are no easy answers. Although the adolescent, as much as any other child, craves to belong, to be listened to and be respected, it seems that it is not always possible for foster carers to put this into practice, given the challenging behaviour that adolescents often display. Recommendations are based on relevant literature and the empirical study, in the hope that it might be useful to those with an interest in this field.

OPSOMMING

Die navorser werk die afgelope vier jaar met kinders in pleegsorg. Gedurende hierdie tydperk het dit duidelik geword dat die pleegsorgplasings wat die maklikste faal, dié is waar adolessente betrokke is. Alhoewel daar literatuur oor die mislukking van pleegsorgplasings bestaan, is die navorser se vrae rakende die oorsake van mislukte pleegsorgplasings van adolessente nie regtig beantwoord nie. Hierdie studie ondersoek daarom die oorsaaklike faktore vir die mislukking van adolessente pleegsorgplasings, soos gesien deur pleegouers, adolessente en professionele persone. Uit die studie is dit duidelik dat daar geen maklike antwoorde bestaan nie. Soos enige ander kind smag adolessente daarna om te behoort, om na geluister te word en gerespekteer te word, maar soms openbaar hulle gedrag wat dit moeilik maak vir pleegouers om hierdie dinge vir hulle te gee. Aanbevelings is op relevante literatuur en die empiriese studie gebaseer. Die navorser se hoop is dat die studie van nut mag wees vir diegene met 'n belang by hierdie saak.

CHAPTER ONE

INTRODUCTORY ORIENTATION FOR THIS STUDY

1.1 INTRODUCTION

English local authorities have to provide care for more or less 60,000 children and adolescents at any one time. About two thirds of this number are fostered (Sinclair, 2005:15).

The Fostering Network's latest survey on the number of foster carers needed in the United Kingdom (September 2004) showed a staggering shortfall of over 10,000 across the UK (Tapsfield & Collier, 2005:1). There seems to have been changes during the last number of years as to the reasons why children enter the care system. Sinclair (2005:15) points out that, in comparison with the early eighties, children nowadays are much less likely to enter the care system due to parental misfortune, or because of children's own truancy or trouble with the law. On the other hand, there has been an increase in children entering the care system because they were abused. Furthermore, difficulties amongst adolescents in getting on with their family remains an important factor. According to Sinclair (2005:16), children looked after today pose greater challenges to their carers than before. Whatever the reasons for children and adolescents being in care, in the researcher's experience of working in the fostering field, there are not enough carers to fulfil this role.

The above statistics indicate the importance for existing placements to succeed in order to meet the ongoing needs for further placements. For the purpose of this study, the researcher attempted to identify some factors causing the failure of those foster placements that have been arranged for adolescents. In addition, a number of recommendations were made, the implementation of which might help prevent future breakdowns.

1.2 MOTIVATION FOR THE CHOICE OF SUBJECT

In the researcher's work as a supervising social worker to foster carers, and previously as a children's social worker in England, it became evident that some children move between various foster placements as a result of placements breaking down. Although foster placements can, of course, break down for children of all ages, the group where most breakdowns occur, seems to be the 11 to 16 year range. Rowe (in Farmer, Moyers & Lipscombe, 2004:9) states that twice as many foster placements for adolescents than for younger children failed to last as long as planned. This corresponds with the researcher's experience as a social worker involved with adolescent foster placements. The need seemed obvious therefore, to try and ascertain why foster placements for adolescents break down so easily, in the hope that this might contribute to the prevention or a significant decrease in such breakdowns in future.

The researcher, in her role as social worker, has been involved with foster carers and looked after children for the past four years, working closely with both. Many failed foster placements have been witnessed during this time. The researcher's current position is that of a reviewing officer, with the main responsibility to monitor the efficiency of care plans for looked after children and to try and ensure that drift does not occur. A child should either return home as soon as possible, or the child's permanence should be ensured as soon as possible. During the past two years the researcher also started to undertake studies in Gestalt Play Therapy which made her realise the benefits of a therapeutic approach in day to day life. At the same time, the conviction developed that the current social work system could benefit greatly from a more therapeutic approach as an intrinsic part of a working model.

For the purpose of this study, the researcher worked from a Systems theoretical as well as a Gestalt perspective.

- **Systems theoretical perspective**

When a child goes into foster care, the child brings with him [1] his own family system into a new system with both having a certain impact on the other.

Schaffer (2004:87) points out that children's first experience of relationships generally occurs within the family. This intimate group is the setting in which most children are introduced to social living, where the rules of interpersonal behaviour are acquired and which will continue to serve them as a secure base when they encounter the outside world. The usefulness of Systems theory lies in helping to predict human behaviour within human relationship systems and to identify solutions for relationship problems (Carruthers, 2006). The family is such a system, and consists of individual members, the relationships between them and the family group as a whole (Schaffer, 2004:87). Schaffer (2004:119) further states that a system view is appropriate for all types of families, whereby the family is seen as a dynamic entity with component parts, and consisting of individual members and their interpersonal relationships. The levels are interdependent, and what occurs in one part will influence other parts.

It is important to consider that when an adolescent enters the care home, he does so as an entity within a system and is now entering another family system. The behaviour of the family can only be understood in system terms, by bearing in mind the interrelations among all the parts, the family's history, and the external influences that may operate to stabilise or destabilise its functioning. Therefore, the family's behaviour is more than the sum of its individual parts (Keenan, 2002:34).

[1] During this study, the researcher sometimes refers to 'he' or 'him' whilst 'she' or 'her' could also have been used. In this case this was done solely for easy reading and for consistency, without specific preference of gender.

It is the view of the researcher that the Systems theoretical perspective and the Gestalt theoretical perspective complement each other as both theories support a holistic way of operating.

- **Gestalt perspective**

The researcher is currently undergoing training in Gestalt Play Therapy. The researcher's own phenomenology is therefore inevitably strongly influenced by Gestalt theoretical perspectives. The Gestalt perspective formed the main underlying theoretical basis of this study, especially during the data collecting process. Although only interviews were undertaken and no therapy, the researcher approached the individuals that were interviewed in a therapeutic way. This was done by respecting the individual's unique way of being, and by exploring carefully their perception of events, whilst bearing in mind that the individual consists of a self in relation to the environment (field). For the looked after child as well as the foster carers, the environment would be ever changing, being influenced by self and others.

Working from a phenomenological perspective helped the researcher to stay focused on the unique contribution of each person interviewed, and to not interpret but rather to explore. Clarkson (2003:1) uses the family system to describe the term Gestalt. According to Clarkson, family is made up of separate members, each with his individual psychology. One could analyse each of them without seeing the others, but the way in which the family operates as a systemic whole is uniquely more than, and different from, the sum total of the individual psychologies of the family members. In this study, the researcher therefore kept in mind that each individual brought with him his own unique way of being that is influenced by their family system and background history.

According to Mackewn (2003:73), the self is not a structure but a changing process that varies according to the different people or experiences it encounters and the always changing circumstances of the field in which it

exists. The self is not aware of itself in an abstract way, but only as making contact with something or someone (Mackewn, 2003:74). The researcher, in this study, was interested to see how individuals, circumstances and relationships could contribute to adolescent placement breakdowns.

The researcher has a professional as well as a personal interest in the subject. The question that arises is whether foster carers are sufficiently equipped to deal with the adolescent in foster care, as the adolescent has specific needs that could be quite challenging. It was important to keep an open mind during this study, as there could be many factors contributing to placement breakdown.

1.3 PROBLEM FORMULATION

Fouché (2002b:118) states that the formulation of the problem engages the reader in the specific focus of the study, and he regards it as the point from which clarity about the study is sought.

Research shows that generally children crave stability and that disruption may undermine their well-being and feelings of self-worth (SCIE, 2005:46). An adolescent spoken to in a study undertaken by Barrow Cadbury Trust (Barrow Cadbury, 2005:6) described how every time he went into a foster placement, he would think how this time it would work out, but after a couple of weeks he would be kicked out again. This adolescent craved stability, but ended up in a Young Offenders Institution. The breakdown of adolescent placements is excessively high and thus a major cause of placement instability. It is estimated that around half of all adolescent placements break down before the adolescent reaches the age of eighteen (SCIE, 2005:47).

One crucial factor in ensuring placement stability is the retention of foster carers already undertaking the task. Foster care has become the preferred option for looked after children who cannot live with their parents. In 2002, 66% of children in the care system in the UK were living with foster families.

The percentage of looked after children has doubled from 20 years ago (Farmer *et al.*, 2004:21). In the researcher's view, many foster placements break down as a result of relationship and other problems between foster carers and looked after children. This could result in children having to move between various foster placements that would have a direct impact on these children's sense of stability and security.

The problem could further be formulated that the possible causal factors of adolescent foster placement breakdowns have not been explored sufficiently, and that there is an ongoing need to do so. The researcher acknowledges that every individual situation will be different, yet, there will always be some repeating phenomena that might be useful to consider across all cases of placement breakdown.

From the problem formulation the research question can be formulated. The aim of the research question is to guide the process of enquiry and to help the researcher stay within the boundaries of the research field selected (Fouché, 2002a:106).

The following research question was formulated for this study: What are the causal factors that contribute to foster placement breakdowns?

1.4 AIM AND OBJECTIVES

According to Fouché (2002a:107) the aim identifies the end result that needs to be achieved, while objectives highlight the steps needed in order to achieve the aim. For this study, the researcher had the following aims and objectives:

Aim: To explore and describe factors contributing to foster placements breaking down.

Objectives:

The researcher had the following objectives for this study:

1.4.1 To undertake a literature study, emphasising the following:

- To describe foster placement breakdowns within a Systems theoretical and Gestalt perspective.
- To describe adolescence as a developmental phase, as each developmental phase brings with it its own concerns, challenges and needs.
- To describe the adolescent as a child in foster care, as the adolescent in care will have all the developmental needs usually associated with this phase, as well as bringing with them a range of unresolved issues from their family and past; their relationship with their family members and their measure of attachment or not to them; their need to form their identity whilst living with the carers and to make sense of what is happening to them.
- To apply literature control to the empirical study in order to validate the data that has been obtained.

1.4.2 To conduct empirical research with the focus on the following aspects:

- To obtain and analyse, by means of semistructured interviews, the views of professionals about why foster placements break down.
- To obtain and analyse, by means of semistructured interviews, the views of adolescent looked after children about why placements break down.
- To obtain and analyse, by means of semistructured interviews, the views of foster carers of why placements break down.

1.4.3 To come to conclusions and make recommendations

The researcher will come to conclusions and make recommendations about obtained results that would be useful in the long run for preventing breakdowns.

1.5 RESEARCH APPROACH

The researcher made use of the qualitative approach. According to Silverman (2005:6) the choice of method should not be predetermined, but a method should be chosen according to what you are trying to find out. When concerned with exploring people's backgrounds or everyday behaviour, the qualitative method might be favoured (Silverman, 2005:6). Fouché and Delport (2002:79) describe the qualitative approach as being holistic in nature, aiming to understand social life and the meaning that people attach to everyday life.

In this study, the researcher wanted to gain an understanding of the personal views of the participants about what they regarded as the reasons for foster placement breakdowns.

The purpose of the qualitative approach is to construct detailed descriptions of social reality and to seek to understand phenomena. Participants' own language is used in order to come to a real understanding of their world. (Fouché & Delport, 2002: 81.)

For the purpose of this study, the researcher wanted to gain an understanding of the causal factors of foster breakdowns as seen by all involved, keeping in mind the relationships between them and any other influencing factors, including the researcher's phenomenology.

1.6 RESEARCH TYPE

Applied research with an explorative and describing nature was conducted during this study. The researcher explored the causal factors that lead to foster placements breaking down, and gave a description of the findings.

Applied research is aimed at solving specific policy problems or at helping practitioners accomplish tasks. It is focused on solving problems in practice or in a particular situation (Fouché, 2002a:108). In this case, the researcher wanted to ascertain what causes foster placements to break down.

Explorative research is conducted to gain insight into a situation, phenomenon, community or individual (Fouché, 2002a:109). In this case, the researcher explored the causal factors that lead to foster placements breaking down. According to Fouché (2002a:109), the need for such a study could be to become acquainted with a situation so as to formulate a problem or develop a hypothesis. As such, exploratory research may be the first stage in a sequence of studies.

In qualitative studies, according to Rubin and Babbie (in Fouché, 2002a:109), description is more likely to refer to a more intensive examination of phenomena and their deeper meanings, thus leading to a more complete description. In this study, the researcher wanted to gain specific details from the participants about why, in their opinion, foster placements break down.

1.7 RESEARCH STRATEGY

The researcher made use of a case study and the working procedure used were one on one, semistructured interviews. Interviews were conducted with adolescents, foster carers and professionals. Ruben and Babbie (1997:402) describe case studies as being ideal for qualitative research, as it is able to investigate current phenomena in real life situations.

This particular case study consisted of a collective case study. The researcher has spoken to thirteen individuals who all had experiences during the past year of foster placement breakdowns for children aged 11 to 16, at a local authority in East London, England. The collective case study (Fouché, 2002c:276) furthers the understanding of the researcher about a social issue or population being studied. The interest in the individual case is secondary to the researcher's interest in a group of cases.

The purpose of the collective case study was for the researcher to gain a better understanding of a social issue, in this case the reasons for foster placements breaking down.

1.8 RESEARCH METHODOLOGY

- A qualitative approach was followed, as the researcher was of the opinion that qualitative research was best suited to explore matters such as people's experiences and interactions. In this particular case, the foster carers, adolescents and social workers' individual experiences of a situation, relationships and interactions were explored. When the purpose of the research is to explore people's everyday behaviour, a qualitative method is best suited (Silverman, 2005:6).
- Applied research with an explorative and describing nature was conducted.
- The universe of this study was foster carers and adolescents in their care, as well as professionals involved in foster care, living in England. According to Arkava and Lane (in Strydom & Venter, 2002:198), "universe" refers to all potential subjects who possess the attributes in which the researcher is interested. They further describe "population" as referring to those individuals in the universe who possess specific characteristics. The population in this study consisted of foster carers, looked after child and professionals involved with placements of children aged 11 to 16, at a local authority in East London, England, with experiences during the last year of a foster placement breakdown. A

sample of the population was included in the semistructured interview process, until facts started to repeat. Sample refers to a small portion of the total set of objects, events or persons that together comprise the subject of the study (Strydom & Venter, 2002:199).

- A sample of three looked after children, five professionals and five foster carers were used. The cases involved were those where looked after children between the ages of 11 and 16 had to move placements during the past year as a result of placement breakdowns. Thus, adolescents and foster carers from any gender, culture, race or religion were involved. The carers were single foster carers as well as foster carers who have partners. The professionals consisted of any professional who had past involvement and experiences of placement breakdowns between foster carers and adolescents.
- The respondents were selected with non-probability sampling. This means that choosing them did not involve random selection. The reason is that this study represents applied social research, and it was not feasible or practical to do random sampling in this case. According to Sarantakos (in Strydom & Delport, 2002:334), non-probability sampling is almost always used in qualitative research. The non-probability method followed was purposive sampling, following the expert sampling approach. According to Silverman (2005:129), purposive sampling allows the selection of a case because it illustrates some feature or process in which the researcher is interested. The reason for using purposive sampling with an expert sampling approach in this study was that the foster carers, adolescents and professionals are all experts in the area of this research, namely the causal factors of foster placement breakdowns. The researcher obtained a list from the database of the particular local authority, of all the foster placements that broke down over a period of one year. The foster carers, adolescents and the professionals were then approached to take part in this study.
- The researcher made use of semistructured interviews with the looked after children, the foster carers and the professionals.

- Although the researcher had a significant amount of data to analyse, it was possible to do this manually, and the researcher used the interview questions to provide structure in analysing the data.
- Literature had been studied for background information before this study was undertaken, including the following: British Association for Fostering and Adoption Website; **Cairns, K** *Trauma and Resilience*; **Farmer, E, Moyers, S & Lipscombe, J** *Fostering Adolescents*; Fostering Results Website; **Geldard, K & Geldard, D** *Counseling Adolescents*; **Granot, T** *Without you*; **Hartnett, M. A.; Falconnier L; Leathers, S & Testa, M** *Placement stability study*; **Hirst, M** *Attachment, Loving and living with traumatised children*; **Sinclair, I** *Fostering Now*; **Walker, M, Hill, M & Triseliotis, J** *Testing the limits of foster care*.

1.9 METHOD OF DATA COLLECTION AND ANALYSIS

According to De Vos (2002:351), the strength of the qualitative study that aims to explore a problem or describe a setting, a process, a social group, or a pattern of interaction will be its validity. De Vos (2002:352) goes on to say that within the parameters of that setting, population and theoretical framework the research will be valid. For that reason, the researcher should adequately state those parameters, thereby setting boundaries to the study. In this study, the researcher based the semistructured interview schedule on specific issues of concern to those involved with fostering adolescents. These schedules were then used to name the categories under which the data was coded. Strauss and Corbin (in De Vos, 2002:347) state that the category chosen usually is the one that seems most logically related to the data it represents.

The researcher made use of semistructured, one on one interviews with foster carers, the looked after children and professionals in order to ascertain their individual views about why the placements broke down. Greeff (2002:292) refers to interviewing as the predominant method of data collection in qualitative research. In general, researchers use semistructured interviews to

gain a detailed picture of a participant's perception of a particular topic. In this study, the researcher followed this method in order to obtain information about the participants' personal experiences.

Janesick (in De Vos 2002: 339) states that qualitative research depends on the presentation of solid descriptive data, so that the researcher leads the reader to an understanding of the meaning of the experience or phenomenon being studied. Data analysis then brings order, structure and meaning to the mass of collected data. In this study, the interviews were recorded with the permission of the participants and transcribed by the researcher after each interview. In order to make analysis more user-friendly, the researcher used as far as possible, the same structure of interviews for all the participants. At the same time, deviation was allowed in every individual case in order to keep the collection process flexible. Transcribing was then done by also using the same structure for all the participants. This enabled the researcher to make comparisons and to notice when information started to repeat itself.

Analysing the results from the semistructured interviews enabled the researcher to draw conclusions and make recommendations about the data obtained in this study.

The data that was collected during three of the thirteen interviews is attached as appendices for the reader's interest. These are marked Appendices A, B and C.

1.10 VIABILITY OF THE STUDY

For the researcher, there was a clear need to make available foster placements work and in order to do this, it was important to ascertain what aspects can make a placement break down.

1.10.1 Literature study

Literature was consulted before the undertaking of the study and the theoretical chapter was completed before the empirical research. The researcher made use of current and relevant literature in the form of books, articles and scientific internet sources. Babbie in Fouché (2002c:275) points out that case study researchers seek to enter the field with knowledge of the relevant literature before conducting the field research.

1.10.2 Pilot study

A pilot study was not applicable in this particular study.

1.10.3 Consultation with experts

The researcher has spoken to three managers in fostering, two senior managers responsible for looked after children and a senior practitioner in the fostering service about the feasibility of this study, as well as with the administrative clerk who is responsible for recording data of placements that break down. According to all of them, this was a feasible study to undertake.

1.10.4 The researcher

Since the researcher's involvement with looked after children in February 2002, it became clear that this special group of young people often has little say about what is happening in their lives.

The researcher wants the best possible outcomes for these children. This is only possible by finding out in what areas improvements can be made. As a social worker, the researcher worked with foster carers and looked after children every day and at present in her role as reviewing officer of looked after children's care plans. Part of both these roles is to ensure that the quality of the care that the children receive is satisfactory. The researcher also works closely with other professionals involved in the decision-making processes that have an impact on the outcomes for looked after children. The researcher was therefore well positioned to undertake this research, with the additional motivation that it could contribute to future studies.

1.10.5 Limitations of the study

This study was limited in this respect that the researcher was only capable of doing research on a scale possible for one individual within a limited time and scope. Furthermore, the researcher is aware that the empirical data is limited to the individual experiences and phenomenologies of the thirteen individuals interviewed, as well as by the phenomenology of the researcher herself. Although the researcher is convinced that this research will be of value to those in society interested in fostering, she also considers further studies in this field necessary as times, circumstances and personal experiences are constantly changing.

The adolescents interviewed were not subject to Local Authority care orders, but in the care system under a voluntary agreement. If the researcher wanted to interview adolescents on care orders, the permission of the Director as well as that of the adolescents parents (in some cases) would have had to be obtained. If this was not an issue, more adolescents could have been interviewed.

The researcher is aware that all the foster carers and adolescents interviewed were females. All but one of the professionals were also female. Although gender would not necessarily be a sole deciding factor in foster placement breakdown, it would have been interesting to have obtained more male views

on the subject as gender could most definitely play a role in perception and experience.

1.11 ETHICAL ASPECTS

As a qualified social worker registered with the General Social Care Council, the researcher is obliged to work under a code of conduct that safeguards children and their families. This includes foster carers.

The researcher in this study approached people with the greatest respect for every individual and his choice to participate in this study. This is also consistent with a Gestalt way of working.

Individuals were approached about this study with an explanation of what the study was about; how the information would be used; what could be expected; and with the assurance that the individual's identity would remain confidential. It was also explained to participants before the interviews that these had to be recorded for the sake of time saving and accuracy. This was only done with the participants' permission. Participants were also informed that they could withdraw from the research at any given time.

The three adolescents were each given a CD voucher worth £10.00 to thank them for their time. The researcher has found during her work with adolescents that it sometimes could be very difficult for them to keep appointments due to a busy social and school programme, and thus was duly grateful that they could find the time to see the researcher.

1.12 DEFINITIONS OF TERMS AND KEY CONCEPTS

The researcher is aware that being a professional in England while undertaking this study through the University of South Africa, will impact on how terminology could be perceived. All of the following are statutory terms that are used in England but would not necessarily be used in the social work profession in South Africa. The researcher therefore considered clarification

of certain terms and core concepts to be necessary. In some cases a definition will be provided. In others, the meaning of a specific term employed in this study will be clarified.

1.12.1 Looked after child

If a local authority is providing accommodation for a child, the local authority is “looking after” a child. This expression covers both children subject to court orders and those who are not. The provision of accommodation does not affect the parental responsibilities of any person, neither does it give the local authority parental responsibility. When the local authority has the child in care under a court order, they share parental responsibility with the parents and have control over a child. This court order is often referred to as a care order. A child subject to a care order will automatically be looked after by an authority and provided with accommodation. (Brayne & Carr, 2003:263.) In this study, the researcher will always refer to “looked after child” and never to “looked after adolescent”. The reason for this is “that looked after child” is a statutory term and incorporates all children in the care system, including adolescents.

1.12.2 Foster carer

Foster carers (also known as foster parents) are suitable people selected by the local authority to provide accommodation and maintenance for a child being looked after (Brayne & Carr, 2003:266).

Foster carers look after children in their own homes, children who for various reasons cannot live with their families. Many of these children would eventually return to their families. In some cases this may be a matter of days or weeks, while others may take much longer (Directgov, 2005).

In the researcher’s experience, the foster home is often referred to as placement or foster placement.

1.12.3 Child and adolescent

Where possible the term adolescent was used, although in some cases the use of “child” was more appropriate, as the use of adolescent might have changed the author’s original meaning. Whenever the term child is used, this includes the adolescent, but where adolescent is used, it refers specifically to a group of children between the age of 11 and 16.

1.12.4 Local authority

Local authorities are empowered and required by various Acts of Parliament to carry out the local government of their areas (PHEL, 2005). In the researcher’s experience, the term department is often used by professionals to refer to the social services side of the local authority. For the sake of consistency, the researcher will use the term local authority throughout this study.

The main Act imposing the social services function on local authorities is the Local Authority Act 1970. Section 2 of this Act requires local authorities to establish a social services committee to administer the social services function of the local authority. In turn, local authorities must in the exercise of their social services functions, act under the general guidance of the Secretary of State. (Brayne & Carr, 2003:69.)

1.12.5 Care order

In the researcher’s experience, care orders are applied for as a last resort, when all other means of working with a family have been exhausted and have proved unsuccessful or insufficient.

A care order is a long-term order, which commits the child to the care of the local authority. It provides extensive powers to local authorities but requires sufficient evidence, demonstrating to the court that a child is suffering or likely

to suffer significant harm, or that the likelihood of harm is attributable to a lack of adequate parental care or control. (Brayne & Carr, 2003:317.)

1.12.6 Care plan

In this case, the researcher is not referring specifically to the care plan that has to be brought before the court when applying for a care order. The care plan here refers to the planned interventions for a child looked after, describing what the planned outcome is for a child and his family. In some cases, this could be a return to his home, an assessment of family members, long term foster care, or adoption.

Effective planning for children should be a major focus of activity for social work. Good care plans should be prepared for all children looked after by the local authority and this should include inquiry, consultation, assessments and decision-making. (Brayne & Carr, 2003:304.)

1.12.7 Drift and permanence

When planning for children, it is important that no drift occur. As the child is already disrupted by being removed from the home known to him, it is important that he finds permanence as soon as possible. This permanence is provided by returning home or by going into long-term foster care or adoption. In the researcher's experience, there is often confusion amongst professionals, children and their families alike about the concept of permanence and it could be that often, without intent, social workers are confused about short-term and long-term foster placements. When a child enters care, he usually moves into a short-term placement because moves from home are not always planned. This means that such foster carers provide short-term placements for children who have to move out of their family home for whatever reason, often in a rushed way. In effect this means that the child cannot remain with this foster carer long term, although they often do. It is the view of the researcher that these terms are frequently misunderstood because they are not properly clarified to those who become

involved with the local authority. Long-term fostering should be clearly distinguished from short-term fostering and requires careful planning. In the case of long-term fostering, specific foster carers have to be sought for a particular adolescent in order to match his particular needs. Long-term carers are persons who are committed to caring for a child as long as needed, until the child is old enough to leave the care system.

1.12.8 Social worker

In this study, when referring to the social worker responsible for the adolescent and his care plan, the term adolescent's social worker will be used. This is done to avoid confusion between the adolescent's social worker and the foster carer's own social worker.

1.12.9 Supervising social worker

The supervising social worker is the foster carers' social worker who is responsible to support the foster carers in their caring role, making sure that all the child's needs are met in the placement. There often seems to be confusion about this role, both amongst professionals and foster carers. The supervising social worker's main role is not to be the advocate or representative of the foster carer, but to support the carer in providing quality care to the child.

1.12.10 Reviewing officer

The Children Act 1989 and the associated guidelines and regulations set out detailed arrangements concerning care planning and reviewing of care planning for children looked after by local authorities. The guidelines identify the concept of a review as a continuous process of planning and reconsideration of the plan for the child. A number of steps in the review process are outlined, leading to a meeting to review the plan which has been drawn up for a child who is being looked after by the local authority. (Department for Education and Skills, 2004:6.) The reviewing officer is the person responsible for chairing such a meeting and well as for monitoring the local authority's handling of the care plan.

1.13 SUMMARY

In chapter one, the researcher focused on the methodology that was undertaken in this research as well as highlighting important terminology that would support the reader in making sense of the remaining chapters.

Chapter two will focus on the adolescent in care and their specific development needs. It also focuses on issues that are relevant to the foster carers of adolescents.

CHAPTER TWO

THEORETICAL CHAPTER: IMPORTANT FACTORS TO KEEP IN MIND WHEN FOSTERING ADOLESCENTS

2.1 INTRODUCTION

In this chapter the researcher places the emphasis on the concept of fostering and the meaning of fostering in England, as well as on adolescence as a developmental phase and the adolescent in foster care. Earlier child development is discussed in so far as it is relevant and important for this study. It needs to be acknowledged that developmental theories are regarded as mere guidelines which are not necessarily true for or applicable to all children or cultures (Donald, Lazarus & Lolwana, 1997:53). While in agreement with this statement, the researcher is of the opinion that there are general developmental milestones that all children have in common, despite their culture and race. These milestones could be jeopardised by life events that might have an influence on the question whether the individual will be capable of becoming a fully functioning human being who is healthy, integrated and who can make a positive and responsible contribution to society.

Inevitably, this study is one of limited scope, so that there will be a number of factors that the researcher could have incorporated or expanded upon, should it have been a broader study. Still, the researcher considers this study an important contribution for anyone interested in fostering adolescents; it will also make the reader want to find out more.

The purpose of this chapter is to give an integrated overview of some of the aspects that are crucial when considering the adolescent in care, as is evident from literature and from the researcher's work as a professional in a fostering department in London.

2.2 FOSTER CARERS

2.2.1 What is fostering?

Some families reach the stage where they are not able to resolve their own difficulties, resulting in inadequate care for their child or being afraid of doing so. They may then look to social services for support and assistance (Brayne & Carr, 2003:262). Children go into care for all sorts of reasons. Parents themselves may request care for their children, or sometimes children are removed from their home against the parents' wishes. This can happen when the local authority is convinced that a child is at risk of significant harm, or that the child's needs are neglected to such an extent that it would be detrimental for their development. Parents may even feel relief when their child goes into care as there might have been difficulties at home with relationships or finances (Flood, 2004:2).

According to the Children's Act 1989 (in Brayne & Carr, 2003:236), the best place for the child to be brought up is usually in the child's own family. The child in need can be helped most effectively if the local authority, working in partnership with the parents, provides a range and level of services appropriate to the child's needs (Brayne & Carr, 2003:236). The local authority may consider that the only way to safeguard and promote the welfare of a child is through the provision of accommodation. The accommodation of a child by a local authority is a service providing positive support to the child and the child's family (Brayne & Carr, 2003:262). Overall, although family life should be respected, the welfare of the child should be the court's paramount consideration (Brayne & Carr, 2003:237).

Until a child can return home, he needs a stable home where he can be safe and healthy, developing and achieving, as he should. Choice Protects is a government initiative that was launched in March 2002 to improve outcomes for looked after children by providing better placement stability, matching and choice. The programme makes a valuable contribution to the Government

Greenpaper of 2002, *Every Child Matters: Change for children* in particular by supporting local authorities in developing the range of placements necessary to meet the needs of looked after children. A greater choice of placement leads to better matched placements, and consequently to greater stability for children. This programme therefore plays a central part in delivering better outcomes for looked after children (Every Child Matters, 2003:42).

Every Child Matters focuses on the well being of children and young people from birth to age nineteen. The Government's aim is for every child, whatever his background or circumstances, to have the support they need to:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution and
- achieve economic well-being.

(Every Child Matters, 2003:14).

2.2.2 Requirements for /expectations of foster carers

Foster care is both like and unlike family care. Evaluation of needs depends on views of what is a good life for foster children and on theories of what they require to achieve it (Sinclair, 2005:51). Social workers look to placements to provide adolescents with stability, nurture and clear guidance. Older foster children want to be valued by their carers and dislike approaches to discipline that they perceive as harsh, unreasonable or unfair. Foster carers may need to be particularly skilled if they are to provide appropriate discipline without making their foster children feel rejected. (Sinclair, 2005:52.)

Foster carers are suitable people selected by the local authority to provide accommodation and maintenance for children being looked after until they can return home or are old enough to leave care (Brayne & Carr, 2003:266). Foster carers have an agreement with social services or an Independent Fostering Agency to look after a child of a specific age, for a specific period of time. The child lives in the carer's own home. (Wheal, 2003:5.) This may be either for a short time while things are sorted out at home or for a longer period, depending on the situation (Wheal, 2003:29).

Sinclair (2005:52) and Wheal (2003:2) suggest the following list of key things that should be provided by foster carers to children:

- “Good enough” parenting (nurture as well as boundaries) by establishing clear expectations and limits, by disciplining fairly, by dealing with negative behaviour in a positive way and by rewarding good behaviour;
- the development or support of good attachments by including each child in the activities of the home and by promoting and encouraging relationships with the birth family;
- good education and experiences in school by assuming responsibility for the young person's daily school activities and educational needs;

- support for the children in developing their sense of identity and promoting their self-esteem and positive self-image;
- support for friendships and the development of skills and interests;
- to provide each child with basic needs, a bed and a small personal area, or separate room if possible;
- to encourage a child's cultural and religious heritage and behave in a way which does not discriminate;
- respect for the child and his birth family;
- work with all concerned, including the child, to make a permanent plan for him;
- help prepare the child to return to his birth family or to be placed with relatives or friends, adoptive parents, or to live independently;
- help the child to speak up, be heard and be listened to and to also listen, understand and relate to each young person.

2.2.3 Important issues in foster care in the United Kingdom

2.2.3.1 Parenting skills

Theories about parenting suggest that some styles work better than others. Authoritative parenting, which combines clear boundaries with warmth has been mentioned to work better than other styles of parenting in placements (Berk, 2003:566; Sinclair, 2005:80). Such carers have been experienced to be warm, encouraging and clear about expectations, for example, reading a bedtime story or going to a football match. Carers who have authoritative styles of parenting were found to be able to respond to children in relation to their emotional rather than their chronological age, for example, by providing regular opportunities for play and nurture appropriate to a much younger child, to meet the elder one's earlier unmet needs. (Sinclair, 2005:80.)

Authoritative parenting seems to create an emotional context for positive parental influence. This is done by making demands and giving autonomy suitable to children's ability to take responsibility for their own behaviour. As a

result, these parents let children know that they are competent individuals who can do things successfully for themselves, thereby supporting high self-esteem and cognitive and social maturity. (Berk, 2003:567.) Control that appears fair and reasonable to the child and not arbitrary, is far more likely to be complied with and internalised. Warm, involved parents, who are secure in the standards they hold for their children provide models of caring, confidence and self-controlled behaviour. (Berk, 2003:482, 566.)

In a study undertaken by Farmer, Moyers and Lipscombe (2004:12), they found two particular factors associated with successful placements for adolescents: firstly, where the foster carers had given a moderate level of encouragement to adolescents to learn life skills that would prepare them for leaving care and for later life, such as budgeting, helping with cooking meals and completing forms; and secondly, where they monitored the activities of adolescents when they were outside the house. Both of these required a certain skill and an extended view of the foster care role, and were important to those adolescents who were unable to keep themselves safe and out of trouble when they were away from the foster family. In the researcher's view, the above is helpful in practice, but not sufficient, as local authorities still face high numbers of foster placement breakdowns for adolescents. Much more should be done to understand and meet the needs and functioning of adolescents in care, and to learn how this can best be supported by all involved in providing a service to them.

Berk (2003:567) mentions that some theorists are convinced that parenting has little impact on children's development. They claim that parents and children share genes, leading parents to provide children with genetically influenced child rearing that does little more than enhance a child's built-in propensities. This conclusion has however been rebutted by a host of findings indicating that parenting contributes crucially to children's competence. The researcher is convinced that consistent parenting, an understanding of child development, knowledge of the impact of trauma on children, and home stability can lead to most children feeling safe and secure. This could in turn contribute to more successful foster placements for children.

According to Wolfradt, Hempel and Miles (2003:522), several studies emphasise the importance of perceived parenting styles as risk factors for individual development during adolescence. They report that adolescents with authoritative parents are better adjusted as to school misconduct, drug abuse and delinquency, and more competent in areas of achievement than adolescents with neglecting or indulgent parents. They go on to say that parental warmth is positively related to optimal psychological adjustment, and also found that rejecting discipline such as control and punishment, was related to poorer psychological adjustment. Adolescents who reported warm parenting by both mother and father were less likely to suffer symptoms of depression in reaction to stressful events than were adolescents who reported harsher discipline by both parents. These results suggest that a positive relationship with parents provide a form of social support, which enhances psychological resources such as self-esteem and therefore enables adolescents to cope with stressful events. In the researcher's view, the same applies to adolescents in foster care, as respect for the individual is the key element in authoritative parenting.

According to Sainsbury (2004:12), research has shown that foster care which offers stability, security and a good relationship, can help adolescents to develop and mature emotionally. The researcher is in agreement with this. Foster carers might expect that they can parent adolescents in care in the same way as their own children. This, however, is not necessarily effective, due to the adolescent being an individual with his own circumstances and personality.

2.2.3.2 *Contact*

It is a requirement of the Children's Act 1989 that children will have reasonable contact with their parents while they are in care (Brayne & Carr, 2003:272; Mehmet, 2005:77; Sinclair, 2005:94; Wheal, 2003:19). Contact between children and their family and friends can take place at a foster carer's own home or at a contact centre.

The latter usually entails supervised contact. The concept of partnership with parents was established in the Children's Act 1989, and this means that there are clear duties and responsibilities that a foster carer has to promote when working in partnership with parents. The foster carer would always wait for clear instructions from the child's social worker as to such contact, in order for them to take the responsibility of assessing any possible risk to children before contact takes place. (Mehmet, 2005:80.)

As far as possible, foster carers should work in partnership with parents. Research has shown that a very large number of adolescents who are looked after return home again, often quite soon. It is therefore crucial to make good links with adolescents' families within the first weeks of them being placed in care. This may determine how often an adolescent will meet up with the family in future. (Wheal, 2003:19.) In the view of the researcher, the ideal would be if the foster family could be seen as an extension of the adolescent's family, rather than a replacement for it. Adolescents should have a supportive atmosphere that will enable them to form their own opinion about their family, rather than feel divided by loyalties between the two homes. If adolescents are of the opinion that their birth family is not being respected, they will regard themselves as part of that equation. Contact is a way in which a foster carer can show respect to adolescents and their families.

The National Minimum Standards for Fostering stipulates clearly the important role of the foster carer in encouraging and maintaining contact between adolescents and their families and friends as set out in adolescents' care

plans and/or the foster placement agreement (Mehmet, 2005:77). Adolescents have a right to contact with their parents, siblings or anyone important to them, unless there is an overriding safety reason for them not doing so. Contact extends much wider than adolescents seeing their families in the foster carers' home or at a contact centre. Foster carers must actively encourage and support adolescents to keep memories of their families alive. This concerns not only adolescents' immediate families. Adolescents live as part of wider family networks and many people, and even domestic animals, in their network may be equally important to them. They may for instance be very fond of pets that have been left behind. (Mehmet, 2005:78.)

Before World War Two, the common approach was to discourage contact. Nowadays, the need for contact is embodied in legislation and widely accepted by social workers and carers. It is believed that all children need contact with their parents so that the latter can "give permission" for the new carers to parent. This could be helpful in preventing adolescents from developing unrealistic fantasies about their families, or to have a basis for their identity, and as resources available to them in later life. Research indicates that when in care, both adolescents and parents commonly spent time thinking about each other every day. It is also suggested that contact is associated with a greater likelihood of returning home and of good mental health, but that contact is often prevented by poor practice and avoidable difficulties. (Sinclair, 2005:89.)

The overall picture of contact is complicated. Adolescents usually look forward to contact and generally want more contact than they get, but are nevertheless also often upset by it (Sinclair, 2005:91). It also happens that adolescents do not want contact. In all circumstances, the Children Act 1989 states that careful consideration should be given by carers to learning the opinions and wishes of adolescents. Carers, however, need to support and guide adolescents in making the right decisions. Adolescents need to understand that it is normal to be angry at parents or siblings from time to time, and that they might at some point not feel inclined to see them. However, this is no reason to stop contact completely. Adolescents should

also be encouraged to have different forms of contact, such as phone calls, letters, etcetera. (Mehmet, 2005:78.)

Some carers often find themselves in the middle of adolescents and parents wishes. In such a case, it is good for the carer to listen to what both sides have to say and to take things slowly, while carefully establishing all the facts. It is good for carers to talk to adolescents regularly about all sorts of things. (Wheal, 2003:19.) In the researcher's view, although there will likely be contact between the parents and the carers, the latter need to remind themselves that they are carers to the children and not their parents. Carers should therefore give adolescents ample opportunity to vent their feelings, without getting overly involved by trying to act as a mediator between the adolescent and the parent, which is not their role. Carers should also never collude with parents or side with them against adolescents, as this would defy the purpose of the adolescent being in care.

Keeping parents in touch with what is going on in adolescents' lives is a good way of keeping them informed. It is much easier for parents to work in partnership if they are kept informed. Adolescents themselves may keep in touch with, or are willing to see, other family members, such as grandparents or aunts and uncles. This should be encouraged if there is no reason why it should not happen. It is a good way to maintain family links and it may lead to contact with parents in future. (Wheal, 2003:20.)

2.2.3.3 *Education*

Previous research has highlighted the poor educational performance of foster children at school. In general it seemed as if these adolescents were behind at school before they were looked after. Adolescents who performed poorly at school also tended to have more difficulties when they left the care system. Looked after children generally stopped being looked after by the age of about seventeen, although they still get some support from the local authority until they are eighteen. Some of the difficulties these adolescents experience when they leave care, is budgeting, finding employment and negotiating for

themselves. These findings emphasise the importance of education for looked after children. (Bostock, 2004:29; Sinclair, 2005:96; Wilson, Sinclair, Taylor, Pithouse & Sellick, 2004:26.)

The Department of Health has found that care plans and adolescents' reviews have not sufficiently promoted or prioritised their educational needs. Personal Education Plans (PEP) were devised to remedy this, and foster carers have a crucial role to play in ensuring good outcomes for the education of adolescents in care. (Mehmet, 2005:85; SCIE, 2005:31.)

The government set out achievement targets that it expects schools to achieve for all the pupils in their school who are looked after by introducing the Personal Educational Plan. Each school has a designated teacher who takes responsibility for the coordination of Personal Educational Plans. Foster carers need to find out who the teacher is and can contact them as needed. (Mehmet, 2005:84.)

The United Kingdom National Standards and the National Minimum Standards for Fostering are clear about the important role foster carers have in looked after children's education, while the government also makes it clear that foster carers should be assisted to develop children's educational achievement. The foster home must promote, encourage and value education. Schooling is regarded as very important and adolescents should attend regularly. They should also be enabled to be fully part of the school by ensuring that they are provided with the necessary uniform, equipment and financial or other support to attend school trips or after school activities. Adolescents in care must also be supported with their homework. (Mehmet, 2005: 82; Tapsfield & Collier, 2005:16.)

Often adolescents in care will have a poor self-image and the role of the carer will include promoting activities for them that give them opportunities to succeed and get a sense of achievement. Opportunities can include games and sports; clubs; arts and crafts and other creative activities; music; dancing;

cycling; swimming; and reading books that can stimulate their interests and boost their sense of themselves. (Mehmet, 2005:86; SCIE, 2005:31.)

After their family, the most important institution in the lives of most adolescents is their school (Bostock, 2004:29). Some of the factors that can improve educational outcomes for adolescents in care are:

- Encouragement from carers and the presence of other children who can model academic involvement and success;
- professionals should take a wide view of the role of schools in a foster child's well-being. It is important to be happy at school. This is a value in itself and can contribute to the success of the placement as well as academic success;
- the presence of educational supports. The foster carers' efforts to encourage adolescents in care should be well founded. Things to consider are weekly contact with schools, the development of strategies of getting adolescents up on time and to school, spotting potential flash points at school, and working out ways to avoid or address them;
- adolescents' happiness at school is equally important when they return home. The lessons learned in foster care should be applied to this more difficult situation and
- contact with an educational psychologist or similar services could potentially improve outcomes (Bostock, 2004:29; Sinclair, 2005:99).

Having a carer or parent who properly values education and high educational achievement among care leavers is associated with placement stability, according to Wilson *et al.*,(2004:26).

In the researcher's experience, adolescents resent feeling different, and living with other people away from your family is often very different from what other adolescents in the school are experiencing. Foster carers can play a bigger role in adolescents' educational outcomes and should be intensively involved in motivating the adolescent to perform well and working out strategies in cooperation with them as to what adolescents can tell other children and

teachers at school about them being in care. The researcher have come across numerous adolescents who have refrained from telling anyone at school that they were in care, so this is clearly an issue to consider in educational outcomes.

2.2.3.4 *Support*

Adolescents who are looked after have more emotional and mental health needs, as well as more behavioural difficulties than most children. Their difficulties usually start before they become looked after (Sainsbury, 2004:12). It is therefore evident that foster carers need support in dealing with adolescents whom they look after. There are four factors that seem to provide backup to foster carers: training, support from social workers, support from other professionals, and organisation (Sinclair, 2005:115).

In some studies it was found that successful placements of adolescents were more likely when:

- adolescents were receiving counselling;
- social workers arranged services for adolescents;
- foster carers were supported by their immediate family or received substantial support from their social networks or from local professionals. Support from their parents and children was particularly crucial for lone carers;
- foster carers received proper support from adolescents' social workers (Sinclair, 2005:84).

In the view of the researcher, these are some of the factors that could contribute to placement success while the placement lasts, but it does not explain the reasons for foster placement breakdowns or suggest what could prevent these breakdowns.

All the stages of foster care involve social workers. They are key players in the decision of whether adolescents should or should not be looked after.

They orchestrate the placement process. Once the adolescent is placed, there are two social workers who support carers; intervene when relationships between carer and child become difficult; have a key role in enabling, mediating or forbidding contact; help decide whether or not a child should return home or be adopted; and who arrange support both during and after the placement process. The social workers are the adolescents' social workers and the foster carers' supervising social workers. (Mehmet, 2005:29.) Foster carers and adolescents want social workers who really listen; understand their position; are warm; are prompt; are practical and efficient; and who are straight (not saying one thing and doing another) and reliable, answering telephone calls and turn up when they say they will (Sinclair, 2005:117).

Issues that have been reported by foster carers as frustrating were when social workers appear to never be available because they were either on leave or sick leave while the carers are waiting for them to sort out important paperwork and other issues (Sinclair, 2005:117). In general, carers who feel poorly supported are more likely to feel under strain and to be exposed to difficult behaviour on the part of adolescents for whom they felt that appropriate help was not forthcoming. There are indications that carers with overall high levels of support are more likely to be rated as showing warmth and as meeting the needs of adolescents in their care. (Sinclair, 2005:85; Wilson *et al.*, 2004:68.)

While a definite correlation between perceived levels of support and successful outcomes seems to be inconclusive, there are some general conclusions about support to be drawn, namely:

- Perceptions by carers of a lack of formal and informal support go with negative spirals in placements;
- evidence suggests that the usual levels of contact with mental health professionals do not affect outcomes;
- possible exceptions to this rule are provided by counselling and educational psychology;

- inadequate social work support associated with carer strain may for this reason contribute to increasing difficulties in placement and poorer outcomes and should, in any event, be deplored. (Sinclair, 2005:85.)

In the researcher's view, support is a relative concept. Although it is very important that professionals support foster carers, the researcher has experienced occasions where the level of support required by foster carers were the type of support that would be more appropriate for their family and friends to provide. When carers set out to do fostering they need to be clear in themselves about their own limitations, about what they can offer and what they would need in order to provide a good and stable home to a foster child. A strong family and friend support system where all the adults are willing to learn about children and themselves seems to the researcher to be a necessity.

2.2.3.5 *Training*

The Fostering National Minimum Standards clearly state that training is a central and intrinsic part of fostering (Mehmet, 2005:34). The training of foster carers has become an established part of fostering practice, and preparatory training before approval as a foster carer is now universal (Sainsbury, 2004:75).

All agencies must have a clear plan for the training and development of everyone working in the service. There are clear expectations that carers will participate as fully as possible in the training offered by their agency. A carer's indifferent attitude towards training could influence continued approval as a carer and will be something that is taken up at the annual review of the foster carer. (Mehmet, 2005:34.)

According to Sinclair (2005:83), there are findings suggesting that skilled, unstressed carers are more likely to achieve good results. This, in turn, suggests that training and support should improve performance. Many carers are positive about training and regard it as a helpful tool to do their job with

adolescents more effectively, while enhancing their own skills. (Walker, Hill & Triseliotis, 2002:49; Sainsbury, 2004:74.)

Training in itself is, however, not sufficient to create and retain experienced carers. Training should be integrated into the service as a whole and should not just be limited to foster carers. For instance, if carers receive training in using a particular approach to adolescents' difficulties, ideally social workers should also know and use the same approach. (Sainsbury, 2004:75.)

According to Selleck and Howell (2003:18), several studies have emphasised the importance of training foster carers in three key areas. These are the managing of contact between fostered children and members of their birth families; dealing with fostered children's difficult behaviour; and supporting fostered children's education and liaising with schools.

The researcher agrees that training offered to everyone working with children is crucial. Foster carers should also be trained in aspects of child development, the influence of trauma on child development, and the most effective parenting styles for enabling children to reach full potential. Special and ongoing training about the adolescent in care is of key importance, as it is crucial to have a basic understanding of what adolescents in care are going through and what impact childhood difficulties can have on behaviour. The more understanding professionals and foster carers have of adolescents' behaviour, the better equipped they will be to support them.

2.3 ADOLESCENTS IN FOSTER CARE

Children in foster care face a challenging journey through childhood. In addition to the troubling family circumstances that bring them into local authority care, they may have to face additional difficulties in their new home (Harden, 2004:1). It is the view of the researcher that some of the difficulties children face when going into care have to do with the fact that children have to adapt to a new family system that they are not used to, while bringing their own ideas about family life with them. They find themselves in unfamiliar

surroundings while longing for their previous surroundings, and are thus likely to experience feelings of loss and bereavement, for instance the loss of their family home, of being with their parents and siblings or a favourite pet and of contact with extended family members and friends. While having to cope with these changes, the children also have to deal with their changing developmental needs, from early to middle childhood, or from middle childhood to adolescence. These aspects will in turn have an impact on how well adolescents adapt to their new families' surroundings.

It is imperative for everyone working with adolescents to keep in mind at all times that adolescents are bereaved due to loss of their family home and that it will continually have an impact on them. Apart from this, adolescents' experience of family life and relationships might be very different from how things are functioning in their new surroundings, which will also influence their behaviour and expectations.

2.3.1 The family as a system

The family is the primary provider of the emotional, intellectual and physical environment in which adolescents live. This environment will impact on adolescents' views of the world later in life and on their ability to cope with future challenges. Thus, family connectedness and structure will impact on adolescents' adjustment. Clearly, the ability of a family to function healthily will depend on the parent or parents. (Geldard & Geldard, 2004:18.)

It is obvious that parents have a major influence on children's and adolescents' development. When parents give priority to their own needs without adequate regard for those of their children, the family system becomes dysfunctional and as a consequence children will be affected in a variety of ways. (Geldard & Geldard, 2004:18; Katz & Windecker-Nelson, 2004:385.)

Generally, there exists a developmental sequence in which antisocial and aggressive behaviour develop. Such behaviour often begins in early

childhood and can include arguing, bragging and demanding attention. Unless these patterns of behaviour are appropriately addressed by parents they are likely to develop in middle childhood into forms of behaviour such as acting cruelly, fighting, lying and cheating, resulting in poor relationships. Destructiveness and stealing at home often emerge. Antisocial and aggressive behaviour thus may initially manifest in mild forms of unacceptable behaviour in children and gradually develop intensity, frequency and form as the child gets older. (Geldard & Geldard, 2004:18.)

Some parents themselves engage forms of behaviour which are unacceptable in society, with consequent damage to their children. When parents engage in antisocial or maladjusted behaviour they increase the possibility of their children doing the same. It has been consistently demonstrated that both criminal behaviour and alcoholism in parents, particularly in fathers, are directly related to adolescent antisocial behaviour. Thus, irresponsible behaviour by parents may result in antisocial and aggressive behaviour being passed down within a family to successive generations. (Geldard & Geldard, 2004:18; Murrell, Mervin, Kristoff & Henning, 2005:128.)

2.3.2 Being looked after: The relevance of child development to foster care

Foster children not only differ as to age, gender and ethnicity, but also have different histories, personalities and abilities (Sinclair, 2005:50).

Although this study particularly focus on adolescents in care, it is important to keep in mind that many adolescents do not enter the care system for the first time as adolescents. The researcher in her years of working as a social worker has come across many children who have been in and out of various foster placements by the time they reach adolescence. It is therefore vital for this study to also keep in mind relevant developmental issues for younger children in foster care.

The emotional consequences of multiple placements or disruptions in childrens' lives are likely to be harmful at any age, and the premature return of children to biological parents often results in returning to foster care or in ongoing emotional trauma to children. Children are placed in foster care because of society's concern for their well-being. Any time spent by children in temporary care should be aimed at being beneficial to them, although it needs to be acknowledged that it may also be harmful to them in growth, development and well-being. Interruptions in the continuity of their caregivers are often detrimental to children. Repeated moves from one home to another increase the adverse consequences that stress and inadequate parenting have on children's development and ability to cope. (Harden, 2004:31; Pediatrics, 2000:1146.)

Considerable numbers of young children are entering foster care during the early years when brain growth is most active. This may cause complications such as serious physical health, mental health, or developmental problems. During the first three to four years of life the anatomic brain structures that govern personality traits, learning processes, and coping with stress and emotions are established, strengthened and made permanent. If unused, these structures will deteriorate. The nerve connections and neurotransmitter networks that are forming during these critical years are influenced by negative environmental conditions, including lack of stimulation, child abuse or violence within the family. It is known that emotional and cognitive disruptions in the early lives of children have the potential to impair brain development. (Brownlee, 1996; Harden, 2004:36; Pediatrics, 2000:1145.) Paramount in the lives of these children is their need for continuity with their primary attachment figures and a sense of permanence that is enhanced when a placement is stable. It is important that every effort is made to make foster care a positive experience and a healing process for children. It is vital for all people involved in the child welfare system to understand the threats of abuse and neglect to child development. (Pediatrics, 2000:1145; Wilson *et al.*, 2004:16)

Many children in foster care have been the victims of repeated abuse and prolonged neglect and have not experienced a nurturing, stable environment during the early years of life. Such experiences are critical in the short- and long-term development of a child's brain and the ability to subsequently participate fully in society. (Pediatrics, 2000:1145.) For some children, a loving adult can serve as a powerful antidote to abuse and neglect. Infants and young children normally learn from a comforting caretaker how to soothe themselves, thereby regulating their stress response and cortisol levels. Some researchers believe loving relationships can also help older children reset their response to stress when it has been derailed by abuse. (Brownlee, 1996.)

Physical or mental abuse during the first few years of life tends to fixate the brain in an acute stress response mode that makes children respond in a hypervigilant, fearful manner. The age of the child dictates the developmental response and manifestations to stress. When infants are under chronic stress, the response may be apathy, poor feeding, withdrawal and failure to thrive. (Berk, 2003:163; Pediatrics, 2000:1146.)

When infants are under acute threat the typical "fight" response to stress may change from crying (as no response was given) to temper tantrums, aggressive behaviour, or inattention and withdrawal. Children, rather than running away (flight response) may learn to become psychologically disengaged, leading to detachment, apathy and excessive daydreaming. Some abused and neglected children learn to react reflexively to alarm or stress factors in their environment with immediate cessation of motor activity (freeze response). Older children who have been repeatedly traumatised often suffer from posttraumatic stress disorder and automatically freeze when they feel anxious, and can be considered oppositional or defiant by those who interact with them. Repeated experiencing of traumatic events can result in types of behaviour such as motor hyperactivity, anxiety, mood swings, impulsiveness or sleeping problems. (Kairys & Johnson, 2002:68; Pediatrics, 2000:1147.)

Critical periods of interaction among physical, psychological, social and environmental factors can occur. Basic stimulation techniques and stable, predictable nurturing are necessary during these periods to enable optimal cognitive, language and personal socialisation skills. When children have suffered significant emotional stress during critical periods of early brain development and personality formation, they require reparative as well as preventative support. Optimum child development occurs when a spectrum of needs is consistently met over an extended period and stability is experienced. (Pediatrics, 2000:1146.)

2.3.3 The implications of adolescence as developmental phase for the adolescent in care

When considering adolescents in foster care it is important to view them holistically. This includes understanding adolescence as a developmental phase; the grieving process the adolescent experience when losing their family home; the impact of attachments on adolescents' behaviour, and the relevance, if any, of resilience.

2.3.3.1 Adolescence as a developmental phase

In the researcher's experience as a social worker, there are normally two types of adolescents in the care system. First, some adolescents entered the care system as a baby or toddler and have been in various placements. Second, some adolescents enter the care system as adolescents. Of these, many have been in care in their earlier years and have since returned home, while many others have been known to social services from a young age due to familial problems. (Bass, Shields & Behrman, 2004:8.)

Adolescents could enter foster placements with a range of unresolved issues from the past that foster carers are likely to have to deal with. A key issue for many adolescents is their relationship with their own families and how accepting of this the foster carers are able to be. While adolescents in the

community are planning future occupations and qualifications, those looked after may be devoting their energies to worrying about their relationships with family members or their ability to cope with early dependence. Adolescents need to find a secure base in the foster family at the same time as they are striving to establish their autonomy. Similarly, they need to form their own identity while separated from their birth families. Some adolescents are not ready for these developmental tasks as a result of previous experiences and the number of adversities in their background histories. Conflicting loyalties and ambivalent feelings towards members of their birth families may further complicate this stage for some adolescents in the care system. (Farmer *et al.*, 2004:20.)

In a study of adolescents in care by Farmer *et al.* (2004:54), it was found that many adolescents have experienced at home physical or sexual abuse, neglect and/or emotional maltreatment, including being singled out for rejection and scapegoating. The same study found that this group of adolescents experienced marked adversities during their childhood, such as:

- domestic violence;
- multiple house moves;
- parent involvement in drug/alcohol abuse;
- parental psychiatric disorder;
- parent involvement in criminal offences; or
- parental physical illness.

The psychological and emotional effects of abuse will almost certainly result in the development of maladjusted behaviour unless the child or adolescent is able to resolve related troubling issues satisfactorily (Geldard & Geldard, 2004:19).

According to Erikson's psychosocial stages, the adolescent would find himself in the identity versus role confusion stage. The adolescent undergoes rapid physical growth and hormonal changes that marks the attainment of genital maturity, combined with awareness of adult tasks ahead and the questioning

of previous beliefs. In this struggle, the crises of earlier years might be fought again. Particularly for members of ethnic minorities, the development of a sense of ethnic or racial identity is also central. (Berk, 2003:18; Sugarman, 2001:95.) As they develop cognitively and become more sensitive to feedback from the environment, minority youths become painfully aware that they are targets of discrimination and inequality. Minority adolescents often feel caught between the standards of the larger society and the traditions of their culture of origin. A secure ethnic identity is associated with higher self-esteem, optimism, sense of mastery over the environment and more positive attitudes towards one's own ethnic group. (Berk, 2003:461.)

Erikson regards the danger of adolescence as identity diffusion or role confusion, that is, uncertainty about who you are and what you will become. Identity problems are not only a personal but also a social matter. It is not physical growth or sexual impulses per se that trouble adolescents, but the thought that one might not look good to others or meet others' expectations. Piaget believes that adolescents struggle to distinguish the abstract perspective of self and others. (Berk, 2003:247; Crain, 2004:288; Sadock & Sadock, 2003:211; Sugarman, 2001:95.)

Adolescents are often convinced that they are the focus of everyone else's attention and concern. They begin to worry about their future place in the larger world. Adolescents, with their rapidly expanding mental powers, feel overwhelmed by the countless options and alternatives before them. Because adolescents are so uncertain about who they are, they anxiously tend to identify with in-groups. Adolescents can become intolerant and cruel in their exclusion of others who are "different" from the group they associate with. Erikson points out that failure to negotiate this stage leaves adolescents without a solid identity and that role confusion can be characterised by not having a sense of self and by confusion about their place in the world. Role confusion that is not resolved may manifest in such behaviour as disruptive behaviour disorder, conduct disorder, gender-related identity disorders and borderline psychotic episodes. (Berk, 2003:247; Crain, 2004:288; Sadock &

Sadock, 2003:211; Sugarman, 2001:95.) In Gestalt theory all of these would be referred to as contact boundary disturbances (Blom, 2004:113).

From a Gestalt theoretical perspective, adolescents' sense of self is central to their development. Their sense of self is distinguished from the environment by means of the contact boundary, which is the point where they make a distinction between that which is part of themselves and that which is considered to be outside themselves. Adolescents with a strong sense of self do not need to make use of contact boundary disturbances in order to have their needs met. Adolescents are not born with a poor sense of self, but if their early childhood experiences were of a loveless and harsh nature, they often have a poor sense of self and have to protect their real self from further pain. This can sometimes be done by the types of behaviour discussed above. (Blom, 2004:113)

Identity formation is a lifelong process, but the problem of identity reaches its crisis in adolescence. It is a time when many inner changes are taking place and much in terms of future commitments is at stake (Berk, 2003:247).

At this time, previously formed identity seems inadequate for all the choices and decisions that need to be made. Making commitments can be very difficult for adolescents during this time because there are so many things to consider. (Crain, 2004:288.) Adolescents continually have to adjust to new experiences, encounters and situations, while adjusting to biological, cognitive and psychological changes. They clearly have a difficult time dealing with heightened intensity of their emotions and reactions. (Geldard & Geldard, 2004:10.)

McAdams, developmental theorist, in Sugarman (2001:103), regards adolescence as a period where a set of beliefs about what is right and true is defined. The adolescent has the capacity for formal reasoning and will frequently start using this to think about what is right and wrong. While people can make important changes in their belief systems during middle and late adulthood, late adolescence and young adulthood is frequently a formative

period for the establishment of personal ideology concerning the meaning of the world. Conflicts amongst young people and with other people do occur as part of life. (Sugarman, 2001:103.) This can be more evident for adolescents in care who have additional changes to deal with, as well as the challenge of dealing with being in care. In the researcher's work with adolescents in care, it has become evident that many adolescents try to keep their care status a secret from their peers and other people and are often upset when it comes to light. To solve their social problems effectively, adolescents must bring together a variety of social-cognitive skills. These include accurately encoding and interpreting social cues; formulating social goals that take into account both their own and other's needs; generating and evaluating problem-solving strategies and enacting an adaptive response. Also, for adolescents who have enacted maladjusted responses repeatedly, rehearsal of alternatives may be necessary to overcome their habitual forms of behaviour, change their expectations and spark more adaptive social information processing. (Berk, 2003:471.) For adolescents in care, who might have experienced a poor model of parenting previously, it is vital to get support and consistent parenting from their foster carers.

When adolescents have had a history of childhood neglect, as is the case with adolescents in the care system, they may harbour feelings of anger towards those that neglected them. They are likely to have problems with regard to such matters as personal safety, the provision of essential needs, equity, fairness, trust and responsibility. (Geldard & Geldard, 2004:19.)

When adolescents have parents who always put their own needs first at times when adolescents need assistance, affirmation and reinforcement, these children are likely to have unresolved issues with regard to their emotional needs. Consequently, it is highly likely that they will seek out new ways to meet these needs. (Geldard & Geldard, 2004:19.) This should be kept in mind when parenting and supporting adolescents in care.

2.3.3.2 *Bereavement and loss with particular reference to the adolescent*

All children in foster care have experienced tremendous loss (Berrier, 2001). James and Friedman (2002:7) describe grief as the conflicting feelings that are caused by a change or an end in a familiar pattern. According to Granot (2005:7), adolescents can experience loss of a parent when the parent ceases to function as such, as in the case of addiction to alcohol or drugs, emotional rejection, or abandonment of the adolescent for whatever reason.

Adolescents in care may also experience loss as a result of long-term separation from a parent who is far from home due to various reasons. In addition to the painful experience that results from the absence of a beloved and significant figure, such a loss also signifies a threat to adolescents' very being and to the continuity of their life and safety. Losing a parent means losing the figure that plays a critical role in the growing process, someone adolescents need and rely upon. For adolescents, loss of a parent may adversely affect or undermine the basic support system they require. It may trigger a loss of confidence— in life, in people, in the future and in themselves. It may also bring about dislocation of the bonds of love and human contact that all children need for their continued growth and development. (Granot, 2005:7.)

Even in the very best of foster care placements adolescents will experience loss of their familiar home surroundings, at least some disruption of daily routines, loss of personal belongings, pets, and family members, parents, siblings, and kin. Even when the plan is reunification and there is a good possibility that they will be returned home, adolescents experience profound loss while they are separated from their caregivers. How adolescents experience loss depends on many factors, including:

- Their developmental level;
- the significance of the people they are separated from;
- whether the separation is temporary or permanent; and
- the degree of familiarity with the new surroundings.

Of these factors, adolescents' developmental level will most deeply impact their understanding of the situation and therefore influence how they behave while in foster care (Berrier, 2001).

Adolescents who have been abandoned or rejected by their parents undergo a traumatic experience, which includes the experience of loss. The act of abandonment can be concrete: the parent may disappear, or may distance himself from the family and break off all contact. The abandonment can also be emotional: the parent seems oblivious to the adolescent's existence; breaks off emotional contact with him; does not show any concern for or involvement in his life; fails to carry the parental duties toward him; and most of all: the parent stops showing the adolescent his love and care. (Granot, 2005:127.)

Rejection and abandonment have traumatic effects that extend far beyond the loss. For the adolescent, it is an experience of being "erased", perceiving it as the devastating message that he is not loved and does not deserve to be loved. The emotional imprint left by abandonment is even more profound than loss, since it is not an "act of God", but an act that is deliberately chosen, controlled and desired by the parent. (Granot, 2005:128.) James and Friedman (2002:6) states that the immediate response to loss is numbness, followed by a reduced ability to concentrate. The researcher is concerned that the loss children in general and adolescents in particular experience when they have to move away from the family home, is insufficiently acknowledged. The researcher knows from experience that adolescents in care have been

exposed to the traumatic situation of not being able to live with their family, but could also have been exposed to earlier childhood trauma such as domestic violence, or could themselves have been the victim of abuse. This is confirmed by Wallace (2003:4), who explains that adolescents served by the foster care system are coping with events that brought them into care, while also enduring the personal grief and trauma that accompany the loss of a family.

The commonly held assumption is that reaction to loss ends with the initial mourning period. The reality, however is, that the implications of loss will remain with the individual throughout his life. The loss will continue to affect many aspects of life, and most certainly the emotions. Recognition of the loss and the implications thereof will often lead to recurring situations that require the individual to reconfront these situations and make the required readjustments and adaptations. All of this is even more true for children. As a child grows up, he will have to confront his loss over and over again, understanding it at new levels of comprehension, adapting him to the loss in accordance with his changing mental abilities, emotional state and emotional needs. (Granot, 2005:25.) Craft (2006) agrees with this pointing out that for adolescents in care birthdays and festivals such as Christmas can bring a reminder of what has been lost. It is therefore important that the foster carers be alert and acknowledge adolescents' loss, for instance by going through old photos and by encouraging the child to share previous memories.

A temporary emotional regression is a normal response to loss for adolescents and may be part of the reaction of mourning. Regression is a healthy defence mechanism that is employed by the ego to protect and maintain the vulnerable and hurt psyche. Among children, regression is usually reflected by reverting to a more childish state. Small children will revert to bedwetting, thumb sucking or crying, and will want to spend a great deal of time with the remaining parent, if this is possible. Older children will revert to stronger emotional dependence on the remaining parent or available carer, childish moods, outbursts and fits of anger, or childish demands. (Granot, 2005:36.) From a Gestalt theoretical perspective grieving and

traumatised children may have a lot of needs, such as the need to be aware of their feelings, the need to build trust, the need for power and control in their life, the need for family support and the need to express their feelings, such as fear, anxiety and anger. (Blom, 2004:210.)

By the time they reach adolescence, children have a relatively well-formed personality nucleus and ego strength. Cognitively, they are more or less at an adult level of comprehension. But emotionally, this is a time of turmoil with upheavals deriving from biological-hormonal changes as well as from the developmental, mental and social tasks. Loss, which in itself is a very emotionally loaded experience, imposes added hardship during this already turbulent period. The degree of this will vary, depending on:

- whether loss occurs during this age period; or
- whether loss occurred in the distant past, in an earlier stage of childhood.

(Granot, 2005:77.)

When loss occurs during adolescence, the adolescent's cognitive maturity enables him to fully understand what has happened. Conversely, the adolescent's chaotic emotional world will shape his view of the new reality and the loss itself. At this age, adolescents are preoccupied by attempts to understand the meaning of the world at a philosophical, spiritual, moral and social level. A resoundingly harsh event such as loss causes the adolescent to invest a great deal of energy into understanding what has happened, why it has happened, and how the event will influence his outlook on life. (Granot, 2005:78; Wolfelt, 2005.) At this stage, the world is seen by the adolescent in stark, black and white terms. Everything is classified into good or bad, correct or just, ethical or unfair (Granot, 2005:79). This is even more valid for the adolescent in care. When a child is removed from literally all they know and understand and placed in a totally strange environment, it is only natural to grieve the loss of their family, friends, siblings, pets, and everything else they were familiar with. The assumption should not be made that the adolescent going into care will not experience loss, because their previous situation at home might have been unstable. Foster adolescents' ability to form

attachments to new caregivers will be influenced by the grieving process and how much support they are getting. (Wallace, 2003:1.)

2.3.3.3 *Attachment*

The word attachment as applied in this study describes the tendency of a child to repeatedly seek closeness with a specific person, usually the mother, in order to reduce internal tension. The kind of attachment that a child develops with the primary caregiver may impact on that child's development throughout life. (Geldard & Geldard, 2004:17.) Hirst (2005:6) agrees by saying that attachment is a two-way process and that through this reciprocal relationship the child learns to trust that he is loveable, deserving of care and protection and that he is safe and secure. The parents in turn, grow in confidence that they are respected, trusted and loved.

When approaching the adolescent in care, it needs to be considered that repetitive, intrafamilial abuse and neglect lead to a complex array of deficiencies and symptoms that reflect both the traumatic effects of maltreatment on children as well as the effects of their failing to develop a coherent pattern of attachment behaviour towards their caregivers. (Hughes, 2004b:263.) When the attachment process is interrupted or disrupted and the child is traumatised, he will create survival strategies of his own (Hirst, 2005:7).

The quality of attachment is usually secure and stable for babies experiencing favourable life conditions. Infants who move from insecurity to security typically have well-adjusted mothers with positive family and friendship ties. In contrast, in families with many daily stresses, little social support and parental psychological problems, attachment status generally moves away from security or changes from one insecure pattern to another. In a study of poverty-stricken children in America, many moved from secure attachment in infancy to insecure attachment in young adulthood. Child maltreatment, maternal depression and poor family functioning in early adolescence

distinguished this group of adolescents from the few who stayed securely attached. (Berk, 2003:421; Geldard & Geldard, 2004:17.)

Adolescents who have relatively secure attachments experience fewer and less stressful events related to school and less strain during college years than those with less secure attachments and they also exhibit higher academic performance. Studies of attachment security demonstrate that it serves as a foundation for subsequent affective, social, cognitive and behavioural development throughout the life cycle. The intersubjective sharing of affect between parent and child is crucial in the development of both a secure attachment as well as a positive, integrated sense of self. (Hughes, 2004b:264.)

The quality of attachment also has implications for those aspects that gain prominence during adolescence such as body image, vocational goals and sexuality. Early attachment with primary caregivers seems to have an effect on much of an adolescent's later experiences and to influence the way in which the adolescent deals with stressful situations. Insecure or unsatisfactory attachments during childhood have been linked with later substance abuse, eating disorders, early sexual activity, high-risk sexual behaviour and a poor self-image in adolescents. (Geldard & Geldard, 2004:17.)

The majority of children who enter foster care are able to make the transition to their new homes successfully. There are, however, those entering the care system who have disorganised, insecure and disrupted attachment histories and who lack the ability and readiness to form a secure attachment to their foster carers. (Hughes, 2004a: 6.) The child whose earlier needs of security have not been met, might have created his own solutions to the problem of protecting himself from the dangerous or insecure environment. When such a child goes into care, the messages between the child and his new family can be confusing and misinterpreted. For instance, while children or adolescents might believe themselves to be bad, the foster parents may want to encourage them with praise, with the result that the children believe the new

parents to be lying and therefore not to be trusted. In turn, the child might tell the carers what he thinks they might want to hear and the foster carers might decide that he tells lies and cannot be trusted. (Hirst, 2005:7.)

Such children prove to be a profound challenge to the skill, caring and commitment of the new foster carers. The carers might be working hard at making things work with this adolescent, but with little improvement. Having begun with an idealistic desire and an actual passion to make a difference in the lives of a few traumatised children, they often drift toward discouragement and self-doubt. They blame themselves for not getting through to the child. Often, these carers ask for the child to be moved to another home. This sequence occurs for countless foster children. For some, this happens repeatedly. (Hughes, 2004a:6.) In the researcher's experience, this could be more prevalent when the child is already an adolescent, as adults often regard adolescents as "big enough to know better".

Hughes (2004a:2) refers to some characteristics of looked after children that make it difficult for them and their new foster carers to establish a positive, reciprocal relationship:

- They work hard to control all situations, especially the feelings and behaviour of their caregivers;
- they relish power struggles and have a compulsion to win them;
- they feel empowered by repeatedly saying no;
- they cause emotional, and at times, physical pain to others;
- they strongly maintain a negative self-concept;
- they have very limited ability to regulate their affect;
- they avoid reciprocal fun, engagement and laughter;
- they avoid needing anyone or asking for help and favours;
- they avoid being praised and recognised as worthwhile;
- they avoid being loved and feeling special to someone; and
- they are enveloped by shame at the origin of the self.

2.3.3.4 *Resilience*

Resilience is the ability to adapt effectively in the face of threats to development (Berk, 2003:10). It is the view of the researcher that all human beings have the capacity to change, the capacity to be successful and the capacity to make choices in their lives. It is also her opinion that children and adolescents can learn to be resilient, with the appropriate commitment, guidance and support of responsible adults as part of their support system.

Social support from outside the immediately family seems to be the one factor that can contribute considerably to the development of resilience (Berk, 2003:10). In the view of the researcher, foster care can contribute to developing resilience in children, as long as the approach to the child is holistic. In the researcher's experience, most human beings seek unconditional acceptance and crave personal attention. If this is received in an appropriate manner during childhood and adolescence, individuals can grow to the point of self-support where they can provide this attention and acceptance to themselves.

Gestalt theory believes that individuals are proactive rather than reactive and that they determine their own responses to the world. People, through self-awareness, are capable of choice and therefore responsible for their own behaviour. People possess the potential and resources to live effectively and to satisfy their needs. (Clarkson, 2003:16.)

Children who are relaxed, socially responsive and able to deal with change are easier to rear and more likely to enjoy positive relationships with parents and other people. At the same time, some children may develop more attractive dispositions as a result of parental warmth and attention. A person outside the immediate family, who forms a special relationship with the child can promote resiliency. Such a person can serve as a model of effective coping. When risks start piling up, they are increasingly difficult to overcome, and therefore those involved with children should enhance relationships at

home, at school and in the community. It is evident that it will be necessary to attend to both the person and the environment in order to promote resilience. (Berk, 2003:10.)

The researcher is of the opinion that for adolescents in care, stable placements and at least one adult who believes in them unconditionally can bring about changes in their lives. If there is one such a person whom adolescents in care can turn to for unconditional support, this can create and maintain their resilience.

2.3.4 Expectations of looked after children

Given the variety of backgrounds and circumstances of looked after children, it is not surprising for different looked after children to want different things. Despite these variations, all adolescents in care face some common issues: They are not living with their families; they find themselves in the house of other people and are expected to abide by their rules; their future is not secure, as they can be moved against their wishes and expectations; their lives are encompassed with regulations; and their friends are unlikely to regard their situation as “normal”. (Sinclair, 2005:50.)

According to Wheal (2003:2) and Sinclair (2005:50), looked after children generally have the following requirements:

- Adolescents want fostering to be as normal as possible and they don't want to be embarrassed at school by meetings held about them, nor by delays in school trips because the foster carer can't give permission, nor by waiting for permission from the social worker for sleepovers;
- adolescents want their origins to be respected by carers, and their difference to be acknowledged whether due to racial origin, language, religion or culture; they want respect and support and expect carers to challenge discrimination;

- information should be shared with adolescents about their rights under the law; they should be supported when lodging a complaint, should be prepared for independence and information and pocket money and allowances should be shared;
- opportunities should be provided for adolescents to make certain choices in order to learn about decision-making, by involving them in planning;
- adolescents want to feel they belong in their foster home, and to be treated the same as other children in the home; they want to be loved, listened to and encouraged; all looked after children want serious attention to be paid to their views;
- adolescents want support in developing other relationships and partnerships;
- foster carers should advocate for adolescents in obtaining equal opportunities in education and other areas. There is no evidence that children in care differ from others in what they want for their futures. Success at school, a good job, a happy family and children are all common aspirations. A safe assumption is that they want foster care to be a springboard for getting their lives in order and on track for what most regard as success; and
- adolescents want carers to recognise when they are in distress and support them.

2.4 Summary

There are clearly a number of issues that needs to be considered when looking after the adolescent in care, and it certainly is not an easy task. The researcher is of the opinion that everyone working with this group of people should simply never make assumptions or take decisions without considering the numerous possibilities applicable to the adolescent in care. Adolescents should be approached in an anti-oppressive way, be treated with respect and the belief that they are a group of human beings who can and will be successful adults who will make a contribution in society if they get the correct guidance and support.

CHAPTER THREE

EMPIRICAL RESEARCH

3.1 INTRODUCTION

In order to provide guidelines during the collection of the research material, the researcher made use of a number of semistructured interviews for each group of respondents. The questions covered in the interviews were based on a literature study as described in Chapter 2, focusing on topics related to the research subject. The main aim of the interviews was to obtain the respondents' personal views regarding foster placement breakdowns.

The researcher used the questions that were used during the semistructured interviews as a guideline to formulate headings for analysing the data obtained, in this way enabling the reader to make sense of the research material that was collected.

3.2 UNIVERSE

The universe consisted of three main groups. Foster carers, professionals involved with foster carers, as well as adolescents in care. A total of thirteen respondents were used, consisting of five foster carers, five professionals and three adolescents in care. Although not on purpose, all but one respondent were female.

Respondents	Age	Gender	Group	Description
Respondent 1	55	Female	Foster carer	Single carer, black Caribbean, Christian, full-time foster carer.
Respondent 2	65	Female	Foster carer	Single carer, black Caribbean, Christian, full-time foster carer.
Respondent 3	52	Female	Foster carer	Single carer with support from a daughter living with her, black

				Caribbean, Christian, full-time foster carer.
Respondent 4	60	Female	Foster carer	Married carer, black Caribbean, Christian, full-time foster carer.
Respondent 5	55	Female	Foster carer	Married carer, black Caribbean, Christian, full-time foster carer.
Respondent 6	15	Female	Adolescent	White Eastern-European, placed with black Caribbean family, no religion, total of placements outside family home 5, current placement type a short-term foster placement.
Respondent 7	15	Female	Adolescent	Black African, placed with black Caribbean family, Christian, total of placements outside family home 3, current placement type a short-term foster placement.
Respondent 8	15	Female	Adolescent	Black Caribbean, placed with black Caribbean family, Christian, total of placements outside family home 2, current placement type a short-term foster placement.
Respondent 9	30	Female	Professional	Black Caribbean, senior social worker in a fostering team, direct work with foster carers and looked after children.
Respondent 10	48	Female	Professional	White English, senior social worker in a looked after children's team. Social worker to children and has dealings with foster carers.
Respondent 11	48	Male	Professional	Black Caribbean, manager in a fostering team, supports social workers and has dealings with

				foster carers.
Respondent 12	50	Female	Professional	White English, social worker in a fostering team, direct work with foster carers and looked after children.
Respondent 13	38	Female	Professional	Black African, social worker in a looked after children's team. Direct work with children in care and contact with foster carers.

3.3 SAMPLE

Fifteen people were approached to take part in semistructured interviews, five professionals, five foster carers and five adolescents. Two adolescents however, chose not to take part in the interviews. The foster carers and adolescents also had to have experience of an adolescent placement that for whatever reason did not work out.

3.4 SAMPLING METHOD

The purpose of the sampling method was to obtain specific information, in this case information about experiences with adolescent foster placements.

The sampling was purposive and not random, as all the respondents had to have direct experience of adolescent foster placements. According to Silverman (2005:129), purposive sampling allows the researcher to choose a case because it illustrates some feature or process in which the researcher is interested. This is by no means a simple approval of any case chosen, but rather demands that the researcher thinks critically about the parameters of the population studied and that the sample is carefully chosen on this basis.

3.5 SEMISTRUCTURED INTERVIEW SCHEDULES

Schedule for foster carers	Schedule for adolescents	Schedule for professionals
What according to you are the reasons for the breakdown of foster placements?	What according to you are the reasons for the breakdown of foster placements?	What according to you are the reasons for the breakdown of foster placements?
What difficulties do you experience in meeting the requirements of being a foster carer?	What difficulties in your view do young people experience in care?	What difficulties do you think there are for carers in meeting the requirements of being a foster carer?
How would you define/describe a foster carer?	How would you define/describe a foster carer?	How would you define/describe a foster carer?
What are your expectations of foster children?	What do you expect of a foster placement?	What are your expectations of foster placements?
What are your expectations of the adolescent's social worker?	What do you expect from your social worker?	What are your expectations of the adolescent's social worker?
How does the adolescents' contact with their family and friends affect your relationship with them?	How did you experience the support you got from social work?	How does the adolescents' contact with their family and friends affect their relationship with the carers?
What are your views on the educational needs of adolescents in care?	What are your educational needs?	What are your views on the educational needs of adolescents in care?
How did you experience the support you got from social work?	How does your contact with your family and friends affect your relationship with the carer?	What in your experience is the role of the supervising social worker in supporting the adolescent placement?

What role would you say training plays in successful placements?	What are your needs regarding contact with your biological parents?	What role would you say training plays in successful placements?
What characteristics or behaviour of the adolescents would motivate you to give them up?	How have previous placements influenced your current placement?	What characteristics or behaviour of the adolescents do you think could lead to carers giving them up?
	What sort of things would motivate you to leave the foster home?	

3.6 RESEARCH FINDINGS

In order to make the research findings easier to read, the researcher refers to the respondents in three groups, namely foster carers, professionals and adolescents. The questions that were asked during the interviews are used as headings. Some questions repeat within the different groups while others were unique to a specific group.

3.6.1 Foster carers

3.6.1.1 Reasons for foster placement breakdowns

Four main categories emerged out under this heading as experienced by the foster carers. They were:

- The Department

All the foster carers felt that the lack of social work intervention after the adolescent has been placed in care, as well as the attitude of the social workers involved contributed to the breakdown of placements. In most cases it was the adolescent's social worker, but in one case it was the supervising

social worker. In the latter case the carer felt that the poor relationship between her and the supervising social worker directly led to the breakdown of the adolescent placement. The lack of intervention consisted of poor social work support, lack of visits, lack of communication and specific intervention promised but not delivered, such as mental health support to an adolescent or special educational support.

- Boundaries

Four carers specifically mentioned that when young people do not stick to boundaries, do as they please and return to the placement all hours of the morning, it eventually led to placement breakdowns.

- Lack of information

All the carers expressed that they did not receive adequate information from social workers before and after the children were placed in their care. Some never received any information and others received inadequate information. The carers are of the opinion that if they had more knowledge about the young person's background or specific educational problems, they would have been better equipped to deal with some placements.

- Illegal activities

Two carers said that young people's involvement in criminal activities such as using drugs or dealing in drugs led to placement breakdowns.

3.6.1.2 *Difficulties carers experience in meeting the requirements of being an adolescent carer*

Most carers experienced the same difficulties, although some difficulties mentioned have been unique to their specific type of placement, such as when a carer looks after unaccompanied minors. These difficulties carers experienced were as follows:

- When adolescents and carers do not understand each other's point of view;
- when social workers undermine the rules that foster carers lay down by telling adolescents something different;
- when an adolescent's background is significantly different from the carer's household;
- when the match between the carer and adolescent is poor in terms of race, culture and religion, but also around behaviour and attitude;
- when the adolescent do not want to give the carer a chance due to their previous life experiences;
- when carers do not receive their payment from social services, have no other means of income, yet they are expected by the Department to spend money on the adolescent;
- when the adolescent is from another country, is believed by the carer to be older than they say they are and then struggles to accept the household rules due to whatever reason.

3.6.1.3 *Definition/description of foster carer*

Three of the carers saw a foster carer as someone that should be patient, flexible, understanding and loving. Two of these three said that knowledge of child development was important. One carer felt that adolescents should be treated with respect and that a foster carer must always place the adolescent's needs before the carer's own. One carer said that a foster carer

is like a replacement parent who at the same time cannot treat the child as her own.

3.6.1.4 Expectations of foster children

Three foster carers said that they wanted the adolescents to improve their standard of life, to take responsibility for their education and to know that there is a better life for them than what they were used to. Four foster carers expected the adolescent to fit into the placement and be part of the placement by sharing meals and time with the household members. Three carers expected the adolescents to abide by the rules and to give the placement a chance.

3.6.1.5 Expectations of the adolescent's social worker

All five the foster carers wanted the adolescent's social worker to treat them with respect and politeness. One carer was of the opinion that social workers often forget that they are in the carer's home. All the carers expected the social worker to stay in contact, to communicate openly and honestly with them, to keep appointments, to be on time for appointments and to spend time with the looked after child. Four of the carers expressed the opinion that social workers should not be undermining the carer's efforts and had to respect both the carer and the adolescent's point of view.

3.6.1.6 Experience of social work support

Social work support includes all the support from the Department, including the support from the supervising social workers, contact with managers and the foster carer's association.

One carer was of the opinion that social workers were often just interested in ticking boxes and had little understanding of what really went on regarding the adolescent and carer and what their needs were. The foster carers were all

very positive about their support from other foster carers and their contact with them.

All the carers said that they were satisfied with the overall support from the Department, but mentioned the following that could be improved:

- More social work support in terms of sharing of information;
- the Department should regard the carer as part of the professional team and take more notice of the carer's point of view;
- respect for the carers in their own homes.

3.6.1.7 The influence of contact with family and friends on the adolescent placement

Four carers were of the opinion that adolescents should have contact with their families and regard this as generally positive, although they did not encourage contact with friends on the same level. All of the carers said that the adolescents in their care had some friends who were a negative influence in their lives.

Some of the adolescents' contact with their families made the adolescents negative towards the carers, as they took out their frustrations on the carers about family issues that were hard for them to deal with. Two carers felt actually threatened by mothers who kept turning up at their homes, and this was also stressful for the adolescents who felt responsible for and loyal towards their parents. Two of the carers allowed adolescents' friends to visit, but the other three either did not encourage it or did not allow it. Two carers took the view that it was important for the carer to have a good relationship with the adolescent's parents and treat them with respect for the sake of the adolescent.

3.6.1.8 *Educational needs of the adolescent in care*

All the foster carers interviewed were of the opinion that education was very important, yet the Department did not seem to prioritise the adolescent in care's education. All the carers felt that it was very daunting when an adolescent did not go to school and there was little social work support to get the adolescent to go back to school. In some cases, the adolescent needed a school placement in the foster carer's area and wasn't at school when placed in care. These foster carers and adolescents were left without any alternative or a proper plan, and the carer was expected to deal with the situation, often by having to remain at home with the adolescent.

All the carers were of the opinion that social workers need to be a lot more involved in the adolescents' education and to prioritise education. If an adolescent was not at school, alternative educational support should be provided such as private tuition or an educational group that the adolescent could attend a couple of hours a day. All the carers did not think it was fair that they should stay at home and "baby-sit" the adolescents who were not going to school, as this often meant that they could not attend training, meetings or do things they had to do.

One carer was of the opinion that often adolescents in care did not prioritise education due to their backgrounds. If their parents never encouraged them to take education seriously, it was very difficult for the adolescents to change their attitude all of a sudden. Furthermore, some adolescents were lacking behind educationally, as their education had not been prioritised from a young age. Often, adolescents were singled out by teachers and being bullied at school by other children because they were in care.

Another carer felt the Department gave mixed messages to adolescents about the importance of education. Some adolescents missed a lot of school frequently and were lacking far behind in their work, yet meetings or medical appointments for adolescents were arranged during school time, resulting in

adolescents missing classes, with the added embarrassment of having to explain to other children and teachers why they were missing school.

3.6.1.9 The role of foster carer training in adolescent placements

All the carers interviewed said that training should be prioritised by all carers and that they continue to learn a lot from training. Four carers said that new insight was developed by attending training and that they often saw things in a different light as a result of the training. As one carer put it: "Things are put in perspective at training".

One carer was of the opinion that applying what you have learnt is what was important. She added that carers needed to be careful that they went to training with the right sort of attitude and that a training session should not become a moaning session. In her view, foster carers had to take responsibility for their own training and be willing to expand on their knowledge and not only depend on what the Department has to offer.

3.6.1.10 Behaviour of adolescents that would motivate carers to give them up

All the carers agreed that the following behaviour of adolescents would eventually result in them giving up the adolescent:

- Aggression and threatening behaviour;
- being involved in illegal activities such as stealing, drug dealing or other crimes;
- ongoing use of drugs and alcohol;
- constantly staying away from the foster placement and turning up in the hours of the morning, resulting in the carer staying up all night, concerned.

One carer said that if an adolescent was careless, such as leaving on cookers, that would also lead her to give them up. Another carer said that an adolescent should not curse her or set a bad example to the family's children.

3.6.2 Adolescents

Three adolescents were spoken to. All three of them have experience of living with another foster carer, apart from their current carers.

3.6.2.1 Reasons for foster placement breakdowns

All three the adolescents expressed what the researcher regarded as strong views about why they think foster placements could eventually fail. Two expressed that they have strong feelings about it and all three's body language confirmed this.

They all felt that their views should be respected and their opinions asked. All the adolescents resented that decisions were made without consulting them, sometimes by the carers and sometimes by social workers or both. One adolescent also pointed out that if the relationship between the carer and herself were not good, the placement would eventually fail.

3.6.2.2 Difficulties adolescents experience in care

Two of the adolescents expressed that being in care made them feel different from other adolescents and this is difficult for them. One of them said that some teachers have made sarcastic remarks about her being in care. Both of them said that often when other children were angry at them or wanted to get back at them for something, they would say things such as that at least their families care about them.

One adolescent said she was used to doing her own thing and that now it is hard being in care and having to adhere to boundaries. She also felt that if she were not in care, she would have had more money to buy things she needed.

3.6.2.3 *Definition/description of foster carer*

One adolescent thought that the foster carer had to be like a replacement parent to a child in care while another was of the opinion that the foster carer had to be warm, had to welcome the adolescent and make her part of the family.

Another adolescent had strong views about what a foster carer should be like. It had to be a person who understood adolescents, but that also made an effort to understand each specific adolescent, as every child's background is different. The carer was further described as a person that is flexible and creative in their approach to each individual child and that never makes comparisons between looked after children and their own children or other looked after children. A foster carer should be down to earth and be able to meet an adolescent halfway.

3.6.2.4 *Adolescents' expectations of foster placements*

All the adolescents wanted the following:

- To be treated with respect and like a person;
- flexible boundaries;
- that religion not be forced upon them, for instance, when the carer is a Christian she should not keep talking to the child about how much God cares about them, as the child might have other views;
- their own space and respect for their privacy;
- not being compared with to young people or carers' own children.

3.6.2.5 *Expectations of their social worker*

All the adolescents wanted their social workers to treat them with more respect, to contact them more regularly and to not only see them once every six months before the looked after children's review.

One adolescent said that she wanted her social worker to turn up on time for appointments, to keep appointments and to not force her views on the adolescent and make decisions on her behalf.

3.6.2.6 Overall experience of social work support

The overall experience about the support that the adolescent received was described by them as insufficient, non-existent or inadequate. One adolescent said that the best way to describe her social worker was using the word absent. Another adolescent said the support from social services was not enough and that more should be done for children in care, in order to not make them feel like looked after children all the time. For instance, when there are school trips, the social worker should encourage the adolescent to go and not say that the Department cannot afford it.

3.6.2.7 Educational needs of adolescents in care

Two of the adolescents in care expressed a profound hate for school. Both of them try to deal with their hate of school by regularly not attending, by going to school late or leaving early. One adolescent said that the teachers and children are sometimes rude about her being in care, she does not get on with these teachers and often feels singled out. She expressed a deep embarrassment by having been called out of class for care related meetings and the fact that teachers will assume she needs extra educational support if she performs poor in a subject once. The other adolescent seemed evasive about her attitude towards school. She said that school started too early in the mornings, that it was boring and that she thought it is was a big conspiracy. Yet, in the past, she always went to school, managed to get to school on time and her educational achievement used to be above average.

The other adolescent wants to become a doctor or a lawyer. She was of the opinion that adolescents should take their education more seriously in order to be able to care for themselves when they are older. In her view, adolescents

do not take education seriously, thinking the government will provide for them. According to her, there is enough educational support for adolescents if they want it, although adolescents in care should be prepared from a young age about their future expectations and plans. According to her, it is not helpful to start talking to them about when they are almost sixteen.

3.6.2.8 The impact of contact with family and friends on relationship with carer

For all three of the adolescents, their relationships with their family did not really impact on their relationships with the carer, although one adolescent felt that her mother was too involved, she did not appreciate that her mother and the foster carer discussed her.

One adolescent said that her contact with her siblings was really important to her and therefore she hated her previous placement, as she was not allowed to have contact with her siblings when she wanted to and was not allowed to go anywhere. Her current carer is supportive of her having contact with her siblings and she appreciates this.

Another adolescent said she is saddened and embarrassed that her friends are not allowed to visit the foster placement. She does not know how to explain it to them. One of her friends stole something in a shop long ago when a group of them went to the shops and she was with them. The school was phoned, as well as the carer. The carer now treats her like a thief, locks things away in the house and does not allow any of her friends to visit, even though she has never taken anything in the placement, is never late from school or never goes against the carer. In her view, it is wrong of the carer not to trust her or her friends because of one incident.

3.6.2.9 *Needs regarding contact with biological parents*

One adolescent said that she did not want anything to do with her parents and had no need to see them. Another adolescent has regular contact with her mother when she chooses to visit her mother.

One adolescent is from another country and did not know where her parents were or whether they were still alive. In her view, there is nothing she can do about this and she has to accept what she cannot change.

3.6.2.10 *The influence of previous placement experiences on the current placement*

All of the adolescents felt that previous care experiences had an influence about how they view their current placements. One adolescent said that she struggles to trust that this carer is different from the previous carer who did not treat her well. The other two adolescents both enjoyed a previous placement more, but they were only temporary placements, and they feel there is no point in caring about something you cannot change.

3.6.2.11 *Things that would motivate the adolescent to leave the foster placement*

The following things would make the adolescents interviewed want to leave the placement eventually:

- Not being treated with respect;
- constantly being reminded how much the carers do for them;
- when the adolescent is not given any trust or chances to prove themselves;
- if no contact with their family was allowed;
- if household members are rude to an adolescent or if an adolescent is genuinely unhappy in the placement.

3.6.3 Professionals

3.6.3.1 Reasons for foster placement breakdowns

The following categories were listed by all five professionals as possible reasons for placement breakdowns:

- Experience, training and attitude of carers

Some carers might not have the necessary experience of dealing with adolescents in care, for instance if they are new carers. Others might not be able or willing to deal with some forms of behaviour that adolescents display.

One professional gave a clear description. Foster carers often have a lack of understanding of the looked after child's needs as an adolescent. Some carers were looking after the child ever since he was young, but when the child has reached adolescence it entails different demands. Carers often want to continue treating the adolescent as they have always done, without acknowledging the changing needs of the adolescent. Adolescents need some space and want to do things with their friends. Some carers are too strict and don't have patience. They do not consider an adolescent's biological changes and that adolescents will test the boundaries. Some foster carers do not allow adolescents to bring home friends, but also expect of them to stay at home all the time, and this leads to conflict, and adolescents can become rebellious. Foster carers must have an understanding of the emotional and behavioural needs of the adolescent in care.

- Poor match

Sometimes a placement is a poor match in terms of culture, race and religion. Cultural mismatches could therefore lead to breakdowns, for instance in cases when the child has a completely different religion or diet and the carer does not meet the child's religious and cultural needs. One professional remembers a case where the carer sent the adolescent to buy their own meat from a butcher, while the family's meat was bought from another one. This type of thing makes a child feel different and separate from the rest of the family.

Inappropriate placements do not always have to refer to culture, race or religion, but can also refer to a poor match between carer and child on an emotional and behavioural level. Often with adolescents in care, a lot of baggage comes along with the child, and the carer should really adapt to the adolescent and be understanding and supportive of the adolescent. A good matched placement is obviously difficult to find, as this will depend on what placements are available. One professional was of the opinion that to make a placement as appropriate as possible for adolescents, it is important for carers to be trained and that the people not suitable to be carers are not being used anymore.

- Department's role and government policy

The training of carers, the quality and continuity of support and good supervision of foster carers is the responsibility of the Department and could play a role in minimising breakdowns, according to all the professionals.

One professional pointed out that in the UK there is a belief that foster placements are the best option available for adolescents with problematic home circumstances, failing to give equal importance to kinship care or supporting adolescents within their family homes. Placement policy needs to

be looked at when the needs of children and their families are considered. In one professional's view, there is not enough emphasis on work with the family after the child has gone into care. If the family is treated as part of the picture, this could also lead to better placements and outcomes for all.

Lack of communication between the Department and the carers could also lead to a breakdown in placements, mainly if the adolescent's social worker does not communicate with the carer or is not available when the carer wants to discuss important issues regarding the child. Carers often find out important information about adolescents long after they were placed with the carer.

- The adolescent's behaviour

Two professionals were of the opinion that the adolescent's behaviour can lead to placement breakdowns. Threatening behaviour, rudeness and backchatting were mentioned. Another professional pointed out that not all adolescents might be suitable for foster care and that this is something that needs to be kept in mind. One professional mentioned that peer relationships can be problematic to a placement.

- The adolescent's family

Deliberate undermining of the foster placement by families has, in one professional's experience, led to the breakdown of a foster placement. In this particular case, even though work has been done with the family, they were not willing to support the placement of their child in care and therefore put a lot of pressure on the adolescent and the carer. The other four professionals also experienced that parents can sometimes be undermining of placements.

3.6.3.2 *Difficulties carers experience in meeting the requirements of being an adolescent carer*

The professionals agreed that not having specific training focusing on the adolescent's developmental needs is a problem. Carers often have a very superficial understanding of children's behaviour and tend to base their judgements on religious beliefs or their own experience. Therefore, a lack of knowledge and difficulties to understand events from an adolescent's perspective can make it very difficult for carers to meet requirements.

One professional pointed out that the social issues experienced in this particular local authority could make it difficult for carers. This local authority has to cope with high levels of crime, drug abuse and sexual activity among adolescents. It is also densely populated, and therefore young adolescents in care are often subjected to peer groups that can have a negative influence in their lives.

According to three professionals, another difficulty carers might experience is a lack of social work support and therapeutic support. When information about an adolescent is not shared with foster carers, it is very difficult for them to prepare themselves, to know what to expect and to understand an adolescent.

In one professional's view, some people are simply not cut out to be foster carers. Sometimes it is difficult for foster carers to balance the needs of their own family and children with those of the adolescent in placement. Carers need to differentiate between meeting the needs of their own children and those in care, but at the same time have to make the adolescent feel welcome and part of the family. If carers do not have a willingness to learn about this particular adolescent and how hard it is for them to adjust to another family, this attitude can make it difficult for them to foster that adolescent.

One professional expressed the opinion that carers get enough training and support and they simply have to learn to deal with difficult situations and get on with what is expected of them, as this is what is part of being a carer.

3.6.3.3 Definition/description of foster carer

According to all five professionals, a foster carer should be warm, open, flexible and able to say if they can not do something. They should show empathy for the adolescents they care for by seeing things from the adolescent's perspective. Love and sympathy are not enough. A foster carer should also be resilient and show this by not giving up easily and should feel that it is worth persevering for the adolescent's sake. Foster carers should not take the adolescent's behaviour personally, and should try to look at situations objectively.

3.6.3.4 Expectations of foster placements

The professionals' collective expectations of foster placements were as follows:

- Carers should provide a safe, loving, emotionally secure and stable environment to adolescents;
- an adolescent should have his own room that is kept in a good state by the carer, and the adolescent should be encouraged to personalise it;
- carers should spend time with adolescents and take them out to do things;
- carers should know what the care plan for the adolescent is and should be part of the planning for the adolescent;
- adolescents should be respected and their views valued;
- carers should be open and honest about what they can and cannot do;
- carers should not dismiss things of importance to the adolescent, such as taking them to contact or other appointments,
- adolescents should be made part of the family as much as possible by carers being flexible to accommodate them;

- carers must take adolescents on holiday and have pictures of the adolescent in the home.

3.6.3.5 The role of the child's social worker in supporting the adolescent placement

Although most professionals gave similar answers concerning the role of the adolescent's social worker, it was also evident that there were variations between the answers from the fostering teams and the adolescent's social work teams. In the researcher's view, it is therefore always important to keep people's perceptions in mind when considering any information.

All the professionals were of the opinion that the adolescent's social worker should communicate with the foster carer, the adolescent and their family, as well as with other professionals involved with the adolescent. The professionals in the fostering teams felt strongly about the responsibility of the adolescent's social worker to share information about the adolescent with the fostering teams as well as the foster carers. The adolescent's social worker should also be available for communication, return phone calls and respond to e-mails.

All the professionals agreed that the adolescent's social worker should visit the adolescent regularly according to statutory guidelines (six weekly at least) and to be aware of the adolescent's needs and views. The social worker should engage the adolescent and his family by considering that the adolescent comes from a family system, goes into a family system and should try to understand where the adolescent is coming from.

One professional from the adolescents' teams said that it is the role of the adolescent's social worker to monitor and support the placement and provide guidance as needed. It is not the role of the adolescent's social worker to get involved with day to day tasks or to undertake some of the parenting tasks for the carer, such as taking the adolescent to the doctor, etcetera.

3.6.3.6 The impact of the adolescents' contact with family and friends on placements

All the professionals agreed that contact with the family could either be negative or positive. This will depend on the family's and the carer's attitude. Sometimes parents can be antagonistic towards carers as they might feel as if the carers took their child from them. These parents could then say things to their children to make them feel guilty or would tell them things that could make the adolescent negative towards the carers. Some parents also phone the carers and complain to them about the adolescent, which might cause a lot of difficulties. On the other hand, contact could be very positive to the adolescent, if the carer has a good working relationship with the parents and the parents are also prepared to work with the carers.

One professional is of opinion that, ideally contact should be supervised to protect the adolescent. Adolescence is a time of real turmoil and the fact that they are old enough to attend contact with their family by themselves, does not mean it is okay for this contact not to be planned.

All the professionals agreed that peer relationships seem to have the biggest potential impact on placement relationships. This again depends a lot on the carers' attitude. Carers need to be accepting and understanding of the needs of adolescents' identity. One professional pointed out that there have been a number of changes in youth culture the last couple of generations and carers should be understanding of this. Also, if the adolescent is gay or lesbian, he might have a specific peer group that he'll want to spend time with. For many adolescents, one of the key things is to look like their peers, to dress like

them, to behave like them, in short, to fit in. Carers should be understanding and flexible about this.

3.6.3.7 *Educational needs of the adolescent in care*

All the professionals shared the view that for the adolescent in care, education is paramount and that more should be done to prioritise it.

One professional gave a clear description of the problem. Social workers and foster carers need to advocate on adolescents' behalf as many fostered adolescents are leaving the care system without the government requirements for adolescents their age, or they've dropped out of school. One reason could be that there is a stigma to being looked after and children often start living up to labels and believe that they are not achievers. This has a lot to do with how looked after children are treated in schools. There are "special teachers" attending to their needs, and often, as a result of this, other adolescents or teachers in the school will know the adolescent is "different".

Meetings related to the adolescent's looked after status often take place during schooltime and this gives a wrong message to these children. It also makes it hard for them to remain quiet at school about being in care.

As another professional pointed out, a lot more home tuition should be considered as an alternative to mainstream school, instead of the time wasted by LAC (Looked After Child) Education to get these adolescents back to school. A number of adolescents also need specialist educational support, but they are simply placed in mainstream schools. Schools should do a lot more in this regard. In the case of one boy, the school failed to inform the foster carer and the social workers that the adolescent absconded daily. The school also failed to recognise that this adolescent had learning difficulties, something that was clear to all other professionals that worked with him.

3.6.3.8 *Role of the supervising social worker*

All the professionals agreed that it is essential for the supervising social worker and the adolescent's social worker to work together and to have an understanding of each other's roles. This is not always the case.

As one professional explained, there seems to be some confusion among foster carers and other professionals about the role of the supervising social worker. Often tension exists between the role of the adolescent's social worker and that of the supervising social worker. These respective areas need to be better marked out. Supervising social workers can give the carers valuable information, guidance and support in regard to fostering. Supervising social workers can also empower carers more by educating them about legislation, time-scales and expectations. They need to be very clear themselves around legislation and about time-scales within which certain things need to take place. They need the skills to work with all parties involved: foster carers, children and their parents and social workers.

Another professional pointed out that there is also a role for supervising social workers to personally develop carers although this could be very time-consuming, by using one-on-one training, focusing on individual training needs. Supervising social workers need to evaluate their own effectiveness. They also have to be able to deal with differences between individuals by understanding each adolescent's individual needs.

3.6.3.9 *The role of foster carer training in adolescent placements*

All the professionals agreed that foster carers should attend training, and that there is a clear difference between those carers who are attending training and those who are not. It is essential for carers to get an understanding of the specific emotional and developmental needs of adolescents.

One professional pointed out that training in itself is not enough; the application of training, making sense of information, and the willingness to try out new methods of dealing with adolescence are just as essential.

3.6.3.10 Behaviour of adolescents that would lead carers to give them up

The five professionals agreed that ongoing antisocial behaviour such as aggression, violence, excessive sexual activity, drug-taking or other criminal activities eventually lead to carers giving them up. There was also consensus that it is not necessarily one type of behaviour as such, but an accumulation of events and how they are perceived by the carer, which can lead to placement breakdowns.

One professional suggested that some carers would give up adolescents due to a lack of reciprocal warmth. If they feel the adolescent do not like them, they might give them up as the antagonistic behaviour on the part of the adolescent becomes too hard for them to deal with. The other professionals agreed that the combination of behaviour and carers' inability to cope with this, could lead to foster placement breakdown.

3.6.4 Conclusions

From the discussion above it should be clear that looking after children who are not your own is a challenging task all-round. When these children are adolescents, it comes with additional challenges due to the changes the adolescent is going through physically, emotionally and cognitively. The adolescent's emotional needs, for instance, are so much more complex than those of a younger child. By the time a child reaches adolescence, he will inevitably have a lot of painful questions about himself, his family and life and even more so if the adolescent had a difficult childhood and ended up in care. Carers take on a huge and daunting task when resolving to look after children.

From both the theoretical and empirical study it has become clear that the adolescent in care has the normal needs that come along with being an

adolescent, but aggravated and added to by the fact of not being able to live at home. It is evident from the researcher's talking to the three female adolescents that they are desperate to belong, desperate to be heard, longing to be treated with respect and to be understood. Sadly, there is also the attitude that there is no need to try and change things for them that will not improve anyway. This attitude in these adolescents can easily become a way of being for them, leading them to give up on certain aspects of their life and resigning themselves to a mere acceptance of circumstances as unchangeable.

The professionals and the adolescents had similar expectations of foster carers, namely respecting the views and feelings of the adolescent. In turn, the carers had limited capacity to place the adolescents' needs and views first, as they inevitably also had their own lives and households to consider.

It is the researcher's conviction that a lot of changes need to be made to the foster care system as it is currently functioning, some of them unique to England, but most of them in a global sense. The needs of children and adolescents in care are not being met sufficiently, resulting in a new generation that could easily produce another generation of children needing foster care. The researcher bases this conclusion on the research undertaken in this study as well as on her knowledge and experience as a social worker. The researcher's phenomenology is inevitably also influenced by her interest in the Gestalt theoretical and the Systems theoretical perspective and by her unique personality. The researcher is a South African social worker that works in England. These factors are pointed out because the researcher regards it as important to look holistically at all relevant aspects that could have influenced this study, just as it is important to look holistically at the adolescent in care.

Based on all of the above, the researcher will make some recommendations in Chapter Four. These recommendations might hopefully lead to future studies and also be considered by social work departments globally when

making decisions and reviewing policy regarding children and family services, particularly in respect of the looked after child.

CHAPTER FOUR

RECOMMENDATIONS AND CONCLUSION

4.1 INTRODUCTION

The recommendations in this chapter are based on the theoretical and empirical research undertaken in this study, as well as on the researcher's knowledge and experience as a social worker.

It became clear to the researcher during the interviewing process that a lack of understanding of other people's points of view and each individual's perception of his own experience, remains a problem in all of human relationships. This includes the relationship between foster carers and adolescents in their care; the relationship between foster carers and social workers; and the relationship between adolescents and social workers. In this case it was illustrated clearly that often foster carers as well as adolescents express the need to have their views and perceptions listened to and respected.

It is understandable that individuals could sometimes perceive that they are not being heard, listened to or understood, especially as there also exist statutory requirements that might not always have as its first priority the feelings of the individual. Despite this, the researcher is of the opinion that in spite of there being scope for improvement in foster care in England, there are also positives. The recommendations are by no means intended as negative criticism of the system as such, but rather reflections by the researcher as to how certain adaptations might bring about positive change in the foster care system and even in social services in general.

4.2 Recommendations

For the sake of structure, the researcher will make use of headings aimed at creating more fluent reading. These should be regarded in a holistic way, and the recommendations do not necessarily follow in a specific order.

4.2.1 Professionals

4.2.1.1 All parties would benefit from working together in a holistic way

In England, “working together” unfortunately became a catch phrase often used loosely by all involved in child care, with little real meaning attached to it. True working together should be sought actively by social workers as the key persons that can bring about change in adolescents’ lives. When adolescents have to go into care, it is important that all the professionals involved meet regularly to develop a holistic care plan for the adolescents, their families and the foster carers. The views of the adolescent as the most important role player in decisions, should be sought actively. The care plan should clearly stipulate the needs of the adolescents and their families, and it is important not to forget about the families once the adolescent has been taken into care. The current care plans are often vague, and similar key words and phrases are sometimes used by professionals for various adolescents, with little meaning for individuals and their unique being. The lack of details in respect of cases could be due to high caseload and strict deadlines for court and other important dates. Even so, social workers need to be aware of the dangers of not working with the family and the adolescent simultaneously.

4.2.1.2 Constantly improving care plans for adolescents

A care plan should stipulate what changes a parent should make and what role the foster carer should play to achieve the maximum benefit for the adolescent. This should include the terms of contact with a child’s family and friends. Working together can be achieved by each role player taking full

responsibility to make changes and by social workers actively working with the foster carers, adolescents and families by means of regular visits, by truly listening to each person's point of view and by teaching all the parties to take responsibility for themselves. There is little point in an adolescent being placed in care, without a plan of how changes can be made in the circumstances that led the child to go into care in the first place. This can be achieved by the social worker actively working with the adolescent and carer to make sure that the adolescent's background has the minimum negative impact on him; that the adolescent has a clear understanding of himself, his place in the new family, his place in his biological family and understands what the future holds for his.

If a family is regarded as suitable enough by the social worker to have regular contact with their child, it seems logical that they are also suitable for intense follow-up work and support to improve their parenting. In the researcher's view, parents should also be supported to sort out any unresolved issues that could impact on their parenting capacity. If it seems clear that parents are not able to make the necessary changes in their lives to the benefit of their family, the adolescent should not be allowed ongoing contact, or only allowed supervised contact with his family.

As the current educational outcomes for adolescents looked after are not satisfactory when compared to adolescents who are not in care, it is very important that policies and procedures are revised in order to change these outcomes. Where adolescents are not attending school, an alternative should be provided by the local authority that matching the standard of education that an adolescent would receive in school. There is no point in only providing an adolescent with an hour a day, which is often the case, while private fostering agencies are providing a proper day's education.

Although it is very important to attempt to achieve time scales, adolescents' views should be acknowledged regarding the embarrassment of having meetings with or about them during school times. The social work, fostering and looked after children review teams should support the adolescent to deal

with this issue in a creative way and only have meetings during school hours when absolutely no alternative is available.

4.2.1.3 Improving social work training and ongoing professional and personal development

Social workers have a responsibility to work with foster carers, parents and adolescents in a therapeutic way, addressing them as a system within other systems, rather than as individual entities. A social worker should, for instance, understand the interactions that take place between individuals and what factors impact on how individuals relate to each other. The researcher in her role as a social worker and a supervisor of staff has sometimes experienced social workers' understanding of human development, human behaviour and relationships as inadequate. It is the view of the researcher that social work training should extend to a minimum of four years and that additionally, relevant ongoing training should be a requirement for registration. Social workers should also be required to personally attend therapy on a regular basis, given the fact that social workers have to work with some of the most vulnerable people in society. This therapy should be provided by the workplace, while at the same time being independent of the work place. Social workers could benefit from fortnightly supervision, instead of merely the sporadic supervision that is often provided in local authorities. The researcher is of the opinion that a number of social workers have limited knowledge of themselves, their own personal issues and whatever might influence human behaviour. This is not intentional, but the result of a system that does not prioritise therapeutically orientated social work or the mental well-being of social workers.

4.2.1.4 Improvement of the social work management and social work system could be beneficial

It is the view of the researcher that there is room for improvement in the social work management system in England. The management style that often seems to be followed is the less effective authoritarian style instead of a more

effective, humanitarian authoritative management style. This is likely the result of the system, rather than the choice of the individual. The result is that workers and managers could get involved in a power struggle and often do not get on well personally or professionally. Workers could end up feeling undermined and unsupported, whilst managers feel under pressure as they have time scales to adhere to.

Looking at this holistically, the researcher realised how the functioning of the social work system and its management, eventually have an impact on every person, including the adolescent in care. This can be explained by the following: The researcher in her role as social worker and previously as supervisor of social workers, has often come across social work colleagues who are desperate to spend more time with the children, but felt that they often did not have the time to do so and felt unsupported by their management structure. During the empirical research, it came across from both the foster carers and the adolescents that social workers not spending enough time with them causes frustration. The professionals agreed on this.

It is the view of the researcher that as social work managers are the ultimate decision-makers about adolescents in care, it is very important for their training to be adequate and their approach to be therapeutic, warm and understanding, rather than authoritarian. Managers need proper social work training, with strong therapeutic and psychological elements in order to be able to develop the best possible services for children and families.

Social work managers should be accountable for the guidance, development and support they provide to their staff in order to set a good example to staff members, adolescents, foster carers and families.

4.2.1.5 Professionals could benefit from taking the power back in an appropriate way

Social workers should start taking care of themselves in a better way. In the researcher's view, there is an alarming amount of work absence of social workers due to illness.

Social work is often synonymous with work overload, stress and little work satisfaction. It is very important that social workers take care of themselves in a holistic way by taking personal time out for themselves every day, by finding a source of support that is higher than themselves and by actively pursuing a healthy diet and lifestyle. Such higher support could be personal faith or another way in which the workers may choose to seek support for themselves.

This is important for the worker's personal well-being. A healthy, happy and stable worker provides a good role model to foster carers, adolescents and their families. Social workers should take responsibility to sort out personal issues within themselves that could impact on their work, such as issues regarding self-esteem, fear, aggression, relationship problems or any other difficulties that could impact on their successful daily functioning. This can be achieved by honest, regular introspection and by seeking appropriate professional support or making use of personal support systems.

4.2.1.6 Improvement of policy and procedure about taking children into care

It is the opinion of the researcher that the threshold for taking children into care in England should be looked at with a view to revise it. The researcher has often felt that more should be done to support families in rather keeping the children at home and that children should only be removed from their families if they are actually being harmed or in danger of being harmed, or are being seriously neglected.

Not only can a proper support package bring about changes where a family is willing to accept that they are in need of help, but more creative support packages to families should be able to significantly reduce fees spent on fostering services. The researcher is also concerned that not enough consideration is given at times to cultural differences and the impact of this on child rearing.

In the view of the researcher, foster care could be utilised in creative ways and does not necessarily have to mean that a child is removed from his family home. Foster care should also be considered as part of a family support package where the foster family can then form part of the child's "extended family".

4.2.2 Foster carers

4.2.2.1 Take responsibility to know self and the adolescent

Foster carers work with one of the most powerless groups of people in society, as children and adolescents have little say about their current circumstances or their future. It is therefore vital that foster carers be very honest with themselves about the reasons why they decide to undertake this huge task.

Carers need to be aware of their own needs and should always remember that it is not the role of the adolescent to meet any of their unmet needs. It is human and normal to have the need to belong, to receive recognition, to be loved and accepted, but it is not appropriate to expect an adolescent to meet these needs. Often, these feelings can occur subconsciously, and therefore foster carers as adults need to make sure that they are aware of how their own needs could impact on their relationship with the adolescent. Carers should continuously strive towards this internal balance.

Carers also need to be aware of possible stereotypes that exist in society about adolescents in care or about families involved with social services. It might be that some foster carers themselves have stereotypical views about certain groups of people in society, and it is important that they are willing to acknowledge that such attitudes are of no benefit to an adolescent or anyone else. They need to be willing to learn and be ready to change their attitudes.

Furthermore, foster carers need to be aware that the adolescent in care is in a vulnerable situation and needs to be approached with respect and tenderness, despite the fact that adolescents are often defiant and seemingly aggressive. Only if foster carers approach the adolescent from a mature place within themselves do they stand a chance of really getting through and building a relationship that will last.

4.2.2.2 Regard the relationship as the most important aspect of working with the adolescent.

The most important aspect in the lives of the foster carer and the adolescents in their care is the relationship between them. It is the responsibility of the foster carer as an adult to actively pursue a deep and supportive relationship with the adolescent. Foster carers should strive to truly make contact with the adolescent by having and showing a real interest in the adolescent. This can be done not only by living with the adolescent, but by actively spending time and sharing themselves with the child, by trying to understand where the child is coming from. It is important that the foster carer does not give up and rather seeks help if the adolescent has difficulty in forming attachments. Adolescents that have had bad experiences are bound to test whether the carer is truly sincere and it is important that the carer should be ready for this.

4.2.2.3 Address the situation and the behaviour, not the person

It is very important that foster carers do not take the behaviour displayed by adolescents personally, and that they address the behaviour of the adolescent rather than the adolescent as a person. Carers can lay down clear

boundaries without getting into a power struggle with the adolescent. It would be beneficial to the relationship between adolescent and carer if an adolescent is sanctioned within reason, rather than punished. It is the view of the researcher that carers tend to get into a “me versus him” situation and then give up much too easily on adolescents. There is no such thing as conditional love. Outrageous behaviour is often a call for attention and help or a desperate struggle to be heard and to belong. If carers set out to foster adolescents, they need to be willing to commit themselves for life and show the adolescents that their worst fears will not come true.

4.2.2.4 Encourage the adolescent

Adolescents need encouragement in order to achieve their potential. Carers can show encouragement by listening to the adolescent’s views, treating him with respect, not reminding the adolescent of mistakes he has made and by not comparing the adolescent with their own children. In this way the carer acknowledges the uniqueness of the adolescent as a human being.

The researcher is of the opinion that carers should encourage the adolescent’s friends to visit and be part of his life. Carers should also encourage contact with the adolescent’s family where appropriate, and always treat them with respect.

Adolescents should be provided with guidance and support where important life issues are concerned and should always be able to count on their foster carers for this.

4.2.3 Adolescents

It is evident from the literature reviewed as well as from the empirical research that of all the people involved in the foster care system, the adolescent is the person with the least say, although the biggest impact of foster care is on the adolescent.

Despite adolescents' feelings often being overlooked, there are occasions where they do have some say in their circumstances and are consulted by their social workers and reviewing officers. When they do get an opportunity to speak about their views, they should make full use of it, even though it may be uncomfortable for them, because it is vital that adolescents' views are incorporated in decisions. They need to remember that other people do not know what they think.

Adolescents should seriously attempt to assume the responsibility of making the most of their education in order to ensure a better future for themselves.

Adolescents should make a conscious effort to distance themselves from the unfavourable circumstances of their past and, as unique human beings, to carve out their own future.

4.3 Conclusion

The world we live in always has been, and today still is, a less than perfect place, with the most vulnerable in society almost always drawing the shortest straw.

It is vital that those in positions of power and those in the position to bring about change, set out to do so with enthusiasm. This most definitely includes foster carers. Looked after children never choose to end up in care or the circumstances that led them to being in care. Even if they did have a choice, their original circumstances would certainly not have been ideal. Adults should never too easily make assumptions about children or start treating them as adults, even when they are adolescents and behave in some very threatening ways. When adults start failing to see the child in the adolescent in care and his need to be loved, accepted and guided, all is already lost. The researcher is convinced that adults' unresolved issues can have a strong influence on whether a placement break down or not and how negative or positive the experience might be for the adolescent in care.

Social workers and foster carers should actively work together to support and improve adolescents' and their families' circumstances, while making sure that they do not take away adolescents' and their families' opportunity to take responsibility, their potential to grow and to contribute positively to society.

In the researcher's view, adolescents in care are a group of very important people, because the adolescents of today are the future adults and leaders in society. Often, adolescents in care have no choice as to where they live or what happens to them while they are there, and this could seriously impact on how they will function as adults. For the researcher, this study, and obtaining the views of the participants about what could contribute to preventing or reducing foster placement breakdowns, was a very positive experience. Hopefully, this study will contribute to improvements within foster care in the years to come, as the amount of children in care are at present on the increase, and it is extremely important to ensure the best possible outcomes for them.

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APPENDICE A INTERVIEW WITH FOSTER CARER

- 1) What according to you, are the reasons for the breakdown of foster placements?

When a child does not keep within the different boundaries that is laid down, such as not coming home when they are supposed to, smoking illegal substances. Not only must these things be reported to the Department, but it could have an influence on other children in the household. It is a worry for the carers when the young people return 3 or 4am in the morning or call them at such times and telling the carers to come and get the young person. That is beyond what can be expected of a carer.

- 2) What difficulties do you experience in meeting the requirements of being a foster carer?

When young people and carer not understanding each other's point of view or not agreeing on things. When the carers lay down rules that is undermined by the social workers. That is interfering with the carer's authority and boundaries. Another difficulty is when a young person comes from a family where certain behaviours are accepted that is not accepted in the carer's house. Such bad behaviours are then brought to the placement. They struggle to understand that there are rules and laws in every house. Some young people then move on to places where they don't have such strict rules.

- 3) How would you describe or define a foster carer?

They must be very patient, loving, sympathetic, compassionate, full of understanding, listen to children, encourage, make them belief in themselves, be ready to forgive easily or at least try. Have to encourage the child not to repeat some of their behaviors. Carers must have a certain kind of flexibility around rules and regulations as adolescents naturally want to break rules. The carer must be able to help young people to overcome this. Carers must

communicate with young people and be reasonable in explaining to young people the reason for certain expectations, as the young people can come from difficult circumstances, might have been abused in the past. Show them an alternative. That there are calm and better ways of relaying information to young people. The carers must show children there are better in life for them: clean clothes, home, food, etc.

Carers must have an understanding that the adolescent in care's development might be delayed in some areas and must teach children that the sky is the limit and that they can achieve anything.

4) What are your expectations of foster children?

To improve their standard of life. Some adolescents come from very sad circumstances. The foster carer wants adolescents to be better, to achieve educationally as they now have the opportunity in care to do so. Young people might have been deprived earlier from food and a clean, supporting environment and now that they are provided with this, she wants them to try their best to improve and make positive changes for themselves. Young people that feel good about themselves.

This foster carer wants adolescents to know that there is better for them. Especially adolescent boys. That they live up to the often negative stereotypes about them. That they must try to listen and not always talk back at the teachers. They must not always assume that the teachers hate them or are negative towards them.

5) What are your expectations of the child's social worker?

To work together, to cooperate, to support with difficult situations such as speak to the young person with the carer so that the young person understand the carer and social worker work together.

That the social worker carries out what they undertake to do for the young person and to keep appointments. To listen to both the carer's and adolescent's point of view.

6) How does the adolescents' contact with their family and friends affect your relationship?

Children can become withdrawn after contact with their family, as they might wish to return home. The parents might also make it difficult for the child to move on and mixed messages might come through to the adolescent. The child sometimes feels loyal to the parent. Some children are made to feel responsible to return home or it makes the child feel guilty. With one young person in her care, the child's relationship with his mother still ruled his life, as she was always contacting the child and he was always at the door or window looking out for her, even though she was not supposed to visit the placement.

Relationships with friends can be damaging to them. Children in care might have a little more money all of a sudden and then other children want to make friends with them because of that. They then give away their things to these children to be accepted. That is why she does not want children in care to have too many friends. Friends can influence the mind. Young people are allowed to have certain friends there, but only ones that the carer has assessed to be suitable. Some friends she does not encourage due to their behaviour, but it needs to be assessed by the carer. She encourages the friends who do constructive things like reading and playing on the computer. A lot of the young people's friends visit and she is fine with that, but she discourages the naughty ones who brings goods to the house that she does not know where they got it from and want to exchange it with the adolescent in care.

A young person's contact with his older brother made his behaviour very challenging and upset the young person.

7) What is your view on adolescents in care's educational needs?

Education is important and adolescents must make the most of the opportunities available to them. Some adolescents are positive about what they want to do, whilst others don't even pick up a book. This carer encourages the adolescents who want to learn. This is done by having good communication with the teachers. According to this carer, adolescents will know when the carer is very involved and shows an interest in their education. Carers must support adolescents to do homework and speak to them about their education and things that happen at school. The adolescents experience this as positive.

8) How did you experience the support you got from Social Work?

Supervising social workers are not always supportive of the carer's point of view. This carer understands that the authorities have expectations, but even so, supervising social workers could have more reasonable and realistic expectations. Social workers can sometimes turn around what the carer has said, or give a different meaning to what has been said and that can be damaging.

Open communication and clarification is essential. They must respect that the carers have their own way of being and functioning. The supervising social worker must be an advocate to carers. This carer wants social workers to be more understanding of young people and also of carers. To try to understand the reasons why carers have done or said something.

9) What role would you say training plays in successful placements?

Training is very important to being a carer, as this helps you to see things in a different light. This carer uses training and applies it. Things constantly change and learning is ongoing. The adolescent foster carer can particularly benefit from training about dealing with challenging behaviour. It is also good

to go for refresher courses as sometimes new insights are developed at training sessions that one has attended previously. Training that would be helpful but that is not available is working with the police as adolescent carers often have dealings with the police, for instance when a young person becomes aggressive. Some carers don't like police in their house, but when you do deal with them, you feel they are actually supportive.

10) What characteristics of the adolescents would motivate you to give them up?

Threatening behaviour and very violent behaviour. The carer gave up a young person who displayed physically threatening behaviour. He was waving a knife around and she called the social worker, who said the carer must phone the police. The carer wanted the social worker to ring the police. The young person's behaviour then escalated and she asked for him to be moved. He did not have a say in this. The carer feels that if she got better support from social services at the time, she might have let the young person stay. She did not want to phone the police, but the social worker wanted her to. The young person then became worse because the carer phoned the police. The carer had the belief that she could talk him through having the knife and letting go of it. She felt the young person should have been given a chance, that she broke his trust by phoning the police, but she felt she had no other choice.

APPENDICE B INTERVIEW WITH PROFESSIONAL

- 1) What, according to you, are the reasons for the breakdown of foster placements?

Lack of understanding by foster carers about the looked after child's needs as an adolescent. Some carers were looking after the child from when they were young, but now that the child has reached adolescence, it brings different demands. Carers often want to continue treating the adolescent as they have always done, without acknowledging the changing needs of the adolescent. Adolescents need some space and want to do things with their friends as well. Some carers are too strict and don't have patience. They do not consider biological changes and that adolescents will test the boundaries. Some foster carers do not allow adolescents to bring home friends, but also expect them to stay at home all the time and this leads to conflict and adolescents becoming rebellious.

- 2) What difficulties do you experience in meeting the requirements of being a foster carer?

The Department provides training and support, but a number of carers are set in their ways and don't have a flexible attitude. They have their own ideas of how children should be brought up and do not always take on board training. This social worker does not understand why carers would experience difficulties in meeting the requirements of being a carer, as support and training is provided where carers are being prepared for the challenges that fostering brings. Whatever the difficulty, the carers must learn to deal with it. Some carers' attitude makes it difficult for them to meet the children's needs, as they see themselves as just having to provide a home for the young person. They do not want to do anything else, such as attend meetings at the school or other things important to the child.

3) How would you describe or define a foster carer?

Someone who is patient, that can provide a home as well as emotional and educational support. A person who will understand that looked after children come from difficult backgrounds and that this will create additional needs.

4) What are your expectations of foster placements?

A safe, loving, emotionally secure and stable environment.

5) What are your expectations of the child's social worker?

It is the role of the child's social worker to monitor and support the placement and provide guidance as needed. It is not the role of the child's social worker to get involved with day to day tasks and to undertake some of the parenting tasks for the carer, such as taking the children to the doctor, etc. If there are problems with the child's behaviour, or additional support needed at school, the social worker can advocate on behalf of the child and carer to have access to these services.

6) How does the adolescents' contact with their family and friends affect their relationship with the foster placement?

It depends on the relationship between the child and his family. In some circumstances it can be very positive for the child. Sometimes parents can be antagonistic against carers, as they might feel as if the carers took their child away from them. These parents could then say things to their children to make them feel guilty or would tell them things that can make the adolescent negative towards the carers. Some parents also phone the carers and complain about the adolescent to the carer, which causes a lot of difficulties.

It could be very positive to the child if the carer has a good working relationship with the parents and the parents are also prepared to work with the carers.

7) What is your view on adolescents in care's educational needs?

A lot of children in care seem to lose interest in education once they reach adolescence. It is very difficult for carers to deal with this, but they need to try harder than, for instance, with their own child. If carers are not involved in children's education, then the adolescents are less likely to try. It is a very tricky situation for all if the adolescent refuses to go to school. Some children have gone to school before, but when they reach adolescence they lose interest. The feeling of belonging to a peer group, using alcohol and drugs often seem to outweigh the importance of education for adolescents in care. Some children become involved with criminal activities.

8) What, in your experience, is the role of the supervising social worker in the adolescent placement?

Supervising social workers need to work with the carer, the child's social worker and the child to plan the best interaction for the young person. Supervising social workers also have a role to try and prevent breakdowns by working with the carers through difficult times and supporting them regarding specific behaviours of the adolescent and the impact of this on carers and their families.

9) What role would you say training plays in successful placements?

Training is very important, as carers meet other carers and can thus exchange experiences. It is very valuable coming from other carers rather than just from the social workers. Training will also develop insight in carers about children's developmental needs and human behaviour.

10) What characteristics of the adolescents do you think could lead to the carers giving them up?

Absconding from a placement, coming home very late. Starting to smoke, being with friends that carers do not approve of.

APPENDICE C INTERVIEW WITH ADOLESCENT

- 1) What, according to you, are the reasons for the breakdown of foster placements?

Placements can break down when the carer does not listen to what the child has to say and makes decisions on behalf of the child. When the carer decides that the child is just seeking attention and does not listen to what the child is feeling or experiencing, the child can come to resent the carer. The carer has to respect the young person and must not keep reminding the young person of all they have done for them as if the child owes them something, as it was the carer's choice to foster.

- 2) What difficulties in your view do young people experience in care?

Sometimes young people in care really feel left out from other children. Often, the young person's friends can do things, but the child in care must always wait for a discussion to take place between the carer and the social worker and even then, the social worker often does not give permission for the young person to go. Again, it is a question of a young person's wishes and feelings not being heard. For instance, when a young person in care wants to go to a youth club (dance) when all his friends are going and the social worker and the carer say they cannot go because it is dangerous. This young person's view is that there is danger wherever you go, and the social worker or carer can make more effort to find out about the place the young person wants to go to. If she wanted to use drugs, alcohol or anything else she can do that any time of the day and not only at a party that is especially set up for children her age. It is hard for young people if their carer and social worker do not acknowledge that they want to spend time with their friends, and automatically assume the children want to do something bad. When carers have an attitude of their way or no way, it is incredibly hard for the young person. The end result can be that young people will lie about where they are going in order for them to be able to do things with their friends.

When there are a lot of things an adolescent in care cannot do because they are in care, children at school can be very nasty when they become angry with you, and they will say things such as that at least my mother care about me. That is very painful.

Furthermore, this young person always feels singled out when there are school trips abroad and she cannot go due to her legal status in the country. She does not have a passport and there are unresolved issues about her legal rights to remain in the country. When you explain your reasons, other children can use it against you at a later stage.

Lack of communication is a real problem. Some foster carers only get to really know how a young person feels at the looked after children's review because they are then forced to listen. They will then only care about how they are going to look on paper, and feel angry towards the young person who did not say anything beforehand.

3) How would you describe or define a foster carer?

A person who understands young people, but that who makes an effort to understand each specific young person, as every child's background is different. Therefore, a person that is flexible and creative in his approach to each individual child and who never makes comparisons between looked after children and their own children or other looked after children. A foster carer should be down to earth and be able to meet a young person halfway.

4) What are your expectations of a foster placement?

Carers need to learn to compromise and to meet a young person halfway in terms of what they want to do and what their views are. In that case they will not get any nasty surprises in terms of the young person saying they are going to do one thing and then doing something else.

Adolescents in care must not be made to feel as if they have a sign around their neck that says “foster child”. They should feel welcome in the placement and that their opinions count. When a young person wants to do something, it is not a good explanation to just say to them that they are in care. Foster carers must remember that it is not a child’s choice to be in care and that they have not asked for it.

The young person also does not need to hear from the foster carer that “my child never did this or that”.

5) What do you expect from your social worker?

This young person expects her social worker to contact her once in a while to see how she is doing, but she never visits her or phones her. The social worker should also give her recognition when she does something well instead of just contacting her when there is a problem or if the young person did not do as the social worker wanted her to. Instead, this young person never sees her social worker, except every six months at the review meeting and then the social worker will say that she has read good things about the young person in her school reports.

6) How did you experience the support you got from social work in general?

The support that she got was very little and insufficient.

7) What is your view on adolescents in care’s educational needs?

This young person wants to become a doctor or lawyer and is working hard at school. She also attends school every day. She feels there is a lot of educational support for young people if they want it. The reason she thinks that a lot of young people in care do not take their education seriously is because they think that they will get a flat the moment they leave care, which is not the case. They don’t understand that it is important to have a back-up in life. A lot of young people also do not understand the information that is

given to them and they need proper explanations for things. She thinks that it is up to the young people to have the self-motivation and will-power to want to do something with their lives, and a lot of the young people don't have that.

Young people in care should be prepared from a young age about their future expectations and plans. It is not helpful to start talking to them when they are almost sixteen already.

8) How does your contact with your family and friends affect your relationship with the carer?

In a positive way, as the carer and the young person's older sister like each other and get on well. This young person visits her sister whenever she can, and arranges it herself. Her friends are not allowed to visit her at home. There was one incident long ago when her friends took something in the shop. It never happened again, but the carer then decided that her friends are not allowed to visit her. The young person is allowed to go her friends' homes and really feels embarrassed that her friends are not allowed to visit her. Since that one incident, the carer has also started to lock all the doors in the house, and this young person feels like she is in prison. The carer is not forgiving her this one mistake. This young person was a lot younger when this incident took place.

9) What are your needs regarding contact with your biological parents?

This young person does not know anything about her parents. They were living in another country and she does not know whether they are still alive or where they are. The young person is of the opinion that social services did try to get hold of them and that there was not a lot more that could be done.

10) How have previous placements influenced your current placement?

This young person has lived with two other carers where circumstances were better for her, but they were only temporary placements. She has adopted the attitude that there is no point on dwelling on it, as there is nothing she can do about it, so she just has to get on with things.

11) What sort of things would motivate you to leave the foster home?

If foster carers are unreasonably difficult and do not trust you or don't give you chances, it might motivate a young person to want to live somewhere else. Or if they are constantly being reminded that they are looked after and have to be grateful.

