CReaTE

Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

http://create.canterbury.ac.uk

Canterbury
Christ Church
University

TITLE: What do we know about the impact of stress on foster carers and the factors that contribute towards this?

Emma Adams

Canterbury Christ Church University, UK

Alexander R Hassett

Canterbury Christ Church University, UK

Virginia Lumsden

North East London NHS Foundation Trust

Corresponding author:

Virginia Lumsden, North East London NHS Foundation Trust, Georges Turle House, Canterbury, CT2 8JY.

Email: vl@virginialumsden.co.uk

Abstract

Whilst there are increasing numbers of children in foster care, there are decreasing numbers of foster carers. Research has highlighted the many challenges that foster carers face in caring for children who have experienced adversity. This review synthesises and evaluates the current empirical literature with the aim of exploring the causes and consequences of stress experienced by foster carers and what factors serve to lessen or increase this. PsychINFO, ASSIA, Web of Science and Google Scholar were searched for relevant studies, which were chosen for review based on specific inclusion criteria. This search identified 15 papers. Factors identified as contributing to stress included managing the impact of wider systems, such as social services and the foster carer's family, as well as the impact of individual factors such as the child's behaviour. Consequences of stress included a direct impact on foster carer retention. Methodological issues identified related to sampling, research design and cultural variability. Future research could usefully include the perspectives of people in the system around foster carers, including social workers and the birth children of foster carers. Clinical implications include the promotion and provision of training and support, and the development of integrated ways of working with services and foster carers' families.

Keywords: foster care, foster carer, stress, literature review, looked after children

Introduction

Layout of review

This paper offers a review of the literature exploring the causes and consequences of stress experienced by foster carers. The methodology used to identify papers for the review is outlined and 15 papers were subsequently reviewed.

An outline of the key themes of the research is provided, along with recommendations for further research and clinical implications.

Foster care

The number of children looked after by local authorities in England on 31 March 2017 was 72,670. This is an increase of 3% since 2016 (Department for Education, 2017). At the same time as this increase in need, the number of fostering households is decreasing (Ofsted, 2015). These findings are also apparent in the US and other countries around the world (Ciarrochi, Randle, Miller & Dolnicar, 2011). Therefore, there is a concerning discrepancy between the number of children and young people requiring foster placements and the recruitment and retention of the foster carers.

Parenting a child in foster care has been described as going well beyond a normative experience of parenting (Tarren-Sweeney, 2008). Frequently children who are taken into foster care have experienced neglect and/or abuse, and a child who has been separated from their birth family is likely to experience disrupted attachment. This experience of recurrent interpersonal trauma is often referred to as 'complex trauma' and is recognised as negatively impacting on all domains of development and functioning (Greeson et al, 2011), potentially leading to physical and mental health difficulties, and in particular affecting capacities for self-regulation and interpersonal relatedness (Cook et al, 2005). In addition to functional difficulties resulting from the impact of complex trauma, children may communicate about

their experiences through their behaviour and this can lead to a varied and at times unpredictable or challenging experience of parenting for foster carers. Gibbs and Wildfire (2007) point out that a shortage of foster placements can lead to multiple children, with varying levels of increased needs, being placed into the same foster placement, which places a high level of demand on the carers that are continuing to provide foster care.

It has been found that where foster carers are supported and trained to cope with children with increased individual needs, these placements have an increased amount of stability (Redding, Fried and Britner, 2000). However, it has been found that foster carers report that their needs for support and training are frequently unmet (e.g. Murray, Tarren-Sweeney & France, 2010).

Research has identified that careful matching of foster carer and child with regards to child temperament, parent temperament and parental expectations has been linked to a stable placement outcome (Redding et al., 2000). However, with an increasing number of children in need of a placement and a decreasing number of foster carers, it becomes more difficult to achieve this; and thus, there may be an increased likelihood of placement disruption.

Early experiences

Bowlby (1973) described how the early relationships and interactions with attachment figures lead children to build assumptions of themselves and others. These assumptions form the basis of an internal working model for the child. This internal working model serves as a template for relationships and subsequently influences the child's interactions and behaviours towards themselves and others.

Due to early experiences of abuse and neglect (Ciarocchi et al., 2011), looked after children are more likely to develop developed internal working models that lead to feelings of worthlessness and an expectation that they are not worthy of care and thus expect insensitive

4

caregiving (Gabler et al., 2014). This can make it difficult for both themselves and foster carers to develop a secure attachment with each other. In addition, children may have experienced multiple placements and/or frequent changes of social workers, which may also contribute to difficulties in forming attachments with significant caregiving adults in their lives. Therefore, working towards developing a secure attachment with a foster carer can greatly benefit a child and serve as a protective factor (Sroufe, Egeland, Carlson & Collins, 2005). Jarvis and Creasey (1991) identified that children's attachment outcomes are negatively affected by parenting stress in non-fostered samples and thus, it may be hypothesized that in the context of foster care, the challenges are even more substantial (i.e. where attachment is already problematic and foster carers are more likely to be placed under an increased burden of stress).

The impact of trauma on the developing brain

There is an increasing amount of literature highlighting the neurological impact of complex trauma on the developing brain; and the subsequent impact this can have on functioning for children who have been exposed to these experiences (Child Welfare Information Gateway, 2015). Children who have experienced complex trauma have had to focus cognitive resources on survival, meaning that the regions of the brain involved in the fear response become frequently activated. Other regions of the child's brain have been found to be less frequently activated, such as those involved in complex thought and cognition (Perry, 2001) and thus, these processes become less utilised by the child. As a consequence children may experience a decreased ability to differentiate between danger and safety.

In addition, research has identified that structural and neurochemical damage to the brain caused by maltreatment may lead to a range of executive functioning difficulties which

can lead to decreased IQ, lower academic achievement and attention difficulties (Wilson, Hansen & Li, 2011).

These factors all contribute to the later psychological presentation of children in foster care and add to the challenges that foster carers subsequently face in caring for them. There is an increasing amount of literature highlighting the many challenges foster carers face in caring for traumatised young people. Cairns (2002) argues that foster carers need to have access to the theories and models that make sense of the behaviours of traumatised children, in order to know the most appropriate ways to offer support.

Caregiver stress

Stress is described as the feeling of being under too much mental or emotional pressure (NHS, 2017). Although stress responses evolved as adaptive processes, when stress is prolonged it can negatively impact both physical and mental health. Stressors have a major influence on mood, sense of wellbeing, behaviour and physical health (Schneiderman, Ironson & Siegel, 2005).

Psychological theories of stress emphasise the concepts of 'appraisal' and 'coping' (Krohne, 2002). The concept of appraisal refers to the individual's evaluation of the significance of an event in terms of impact on her or his own wellbeing. The concept of coping is viewed as an individual's efforts to manage the demands created by the event (Krohne, 2002). Coping has also been defined as 'cognitive and behavioural efforts to master, reduce or tolerate the internal and/or external demands that are created by a stressful transaction' (DeMaeyer, Vanderfaeillie, Robberechts, Vanschoonlandt & Holen, 2015, p. 71). Lazarus (1991) argues that stress is a relational concept and should be viewed as an interaction between individuals and their environment, specifically between an individual's

cognitive appraisal of the environmental situation and their resources to cope with the demands of this.

It has been suggested that parents experiencing high levels of stress are more at risk of experiencing 'blocked care' which Baylin and Hughes (2016) describe as being when high levels of stress experienced by the caregiver suppress the higher brain functions needed to support reflection, flexibility and self-regulation. These processes can all be viewed as important in order to respond to a child's distress in a way that will increase the child's trust in the carer. This concept has also been described as compassion fatigue (Ottaway & Selwyn, 2016). Ottaway and Selwyn (2016) argue that is important for agencies to recognise and accept that compassion fatigue will be experienced by some foster carers. This is due to the increased stressors that can be involved in caring for traumatised children, and it is important to recognise and offer support for this.

If foster carers are experiencing higher levels of stress, it is important to further explore what factors contribute to this and what the impact is on the carers. This is crucial in order to allow for a secure attachment to develop between the child and carer, for a positive placement outcome to be likely and to increase the likelihood of further recruitment and retention of foster carers, who have been matched with appropriate children (Sroufe et al., 2005; Redding et al., 2000).

Review aims

This review aims to provide an overview of the relevant literature in order to explore the causes and consequences of stress experienced by foster carers, what factors serve to lessen or increase the impact of stress, and identify the clinical implications of the research in relation to the fostering process. Some limitations of the studies will be discussed along with suggestions for future research.

Method

An electronic literature search was conducted using the databases PsychInfo, ASSIA, Web of Science and Google Scholar. Search terms selected were foster carer* or foster parent* or looked after or looked-after and stress* or strain* or pressure*, and all terms that mapped on to these headings. Literature searches were conducted between August 2016 and December 2016.

The title and/or abstract of all identified journal articles were screened by hand in order to identify relevant research. Searches were limited to peer-reviewed journal articles written in English. Papers were included where the participants included foster carers and the research specifically addressed stress or strain experienced by the carers. Papers were included where the research used a measure of wellbeing or 'satisfaction with fostering' if the findings were relevant to the review aims and the definition of stress, i.e. investigating emotional or mental pressure. Papers were also included if they utilised a measure of coping. In addition, some papers used standardised measures of coping in relation to the topic of stress experienced by foster carers and these were also included in the review.

Samples that included birth parents (without comparison measures) or adoptive parents were not included as the focus was on out-of-home foster care. Papers that included kinship carer samples were also excluded due to these samples experiencing different challenges, for example, receiving fewer services (Farmer, 2009); caring for children with which they may have had already existing relationships; and kinship carers already existing relationship with the child's birth parent/s. Therefore including these studies was beyond the scope of this review.

Studies were excluded where the research provided a therapeutic parent training intervention to manage stress as this has already been explored in a recent literature review (Rork & McNeil, 2011). This review aimed to provide a more explorative account of the foster carers' experience. Papers were also excluded where the 'stress' being examined was related to an aspect of foster carer demographics, for example, stress specifically related to the ethnicity or sexuality of foster carers, as this was also beyond the scope of the review.

Fifteen papers met the inclusion criteria and were included for review. Figure 1 provides a flow diagram of the process of identifying papers.
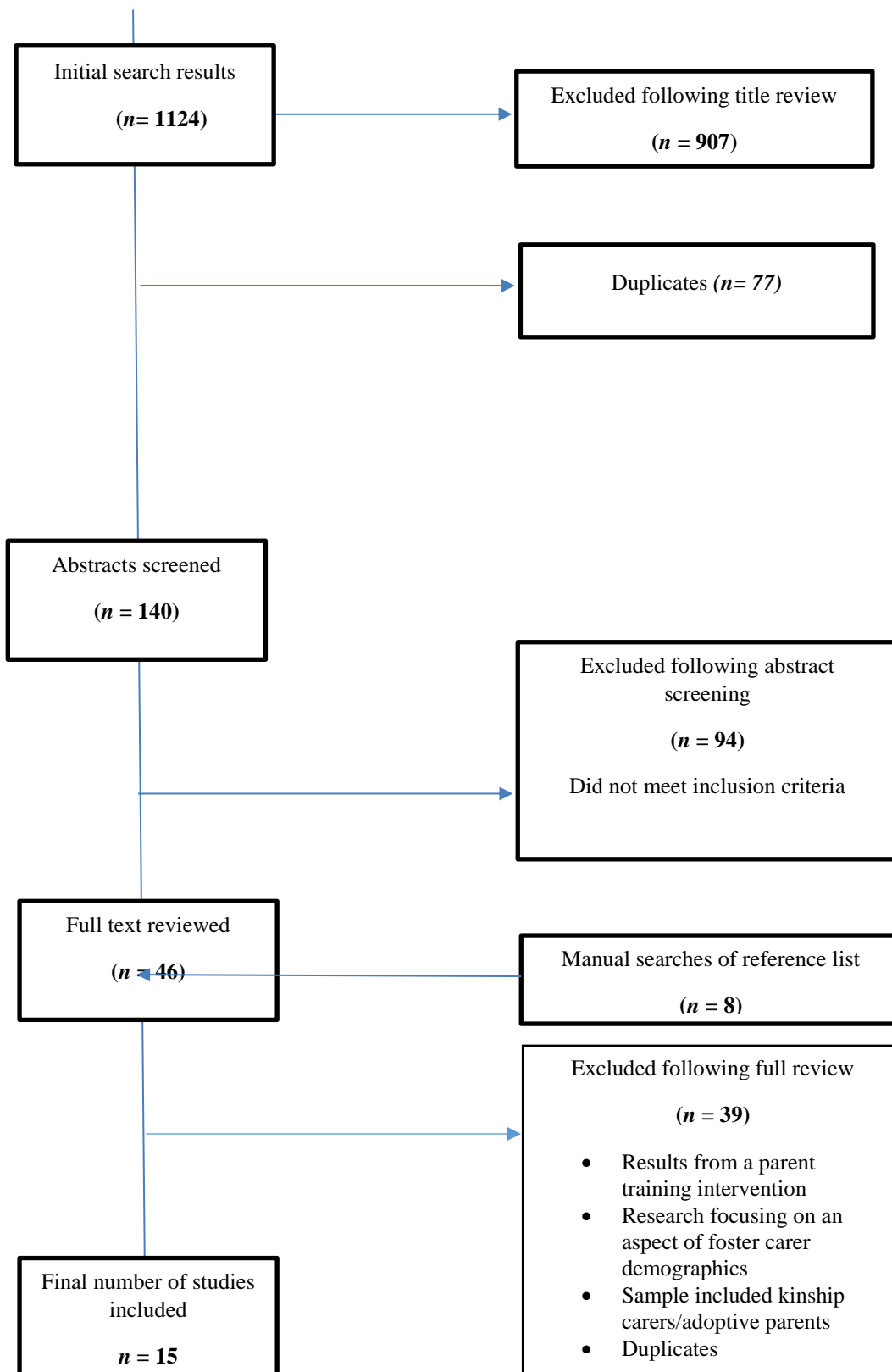
Figure 1. Flow diagram of literature search strategy

Assessing the quality of the studies

Each article was read and summarised (Table 1). The qualitative research was evaluated by using the characteristics of good qualitative research as outlined by Mays and Pope (2000) and Yardley (2000). Quantitative research was evaluated using criteria outlined by the Critical Appraisal Skills Programme (CASP, 2013). Cross-sectional research was evaluated using the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE, 2007) checklist. Mixed methods research was evaluated using a combination of relevant factors from the above checklists.

Table 1. *Summary of included studies*

Author (date) and country	Aims	Participants	Age of foster children	Design
Brown and Calder (1999) Canada	To describe the challenges faced by foster carers as perceived by carers themselves	49 foster carers (55.1% female)	Not specified	Qualitative design using thematic analysis
Cooley et al.(2015) USA	To investigate whether child 'disruptive behaviours' moderate or influence the nature or strength of the relationship between foster carer supports and satisfaction of caregivers, as well as intent to continue fostering	155 foster carers (83% female)	2-16	Cross-sectional design comparing foster carer satisfaction, intent to continue fostering and child 'disruptive behaviours'. Regression analysis used.
De Maeyer et al. (2015) Holland	To examine the coping style of foster carers and attitudes toward parenting	188 foster carers (78.7% female)	Not specified	Cross-sectional design measuring attitudes towards parenting using Adult-Adolescent Parenting Inventory (AAPI), coping style of foster carers, and demographic characteristics. Descriptive statistics, multiple and logistic regression analysis used
Farmer et al. (2005) UK	Examine the extent of strain on foster carers of adolescents, influence on parenting practices and overall impact on placement outcomes	68 young people and their foster carers	11-17	Prospective repeated measures design using mixed methods collected through reviewing case files, semi-structured interviews and General Health Questionnaire to measure psychosocial functioning and strain.

Gabler et al. (2014) Germany	To examine the association between foster parents' sensitivity, parenting stress and foster children's attachment behaviour as well as behaviour problems.	48 children and their foster carers (89.6% female)	1-6 years	Repeated measures design measuring attachment security, children's behaviour problems, foster carer stress and socio-demographic information. Analysis included t-test and multiple regression analysis.
Geiger et al. (2013) USA	To understand what factors impact a carer's likelihood of continuing fostering	649 foster carers	Not specified	Mixed methods concurrent triangulation design measuring foster carers' intent to continue fostering, level of satisfaction, perception of locus of control, social support and family stress. Data was analysed using logistic regression analysis.
Jones and Morrisette (1999) Canada	To explore foster carer stress and implications for counsellors	156 foster carers	Not specified	Mixed methods two stage information gathering. Descriptive statistics and thematic analysis.
Lietz et al. (2016) USA	To understand whether a model of family resilience offers explanation to how families overcome the stressors associated with fostering	20 foster families	Not specified	Qualitative (sequential explanatory design). Thematic analysis used.
Murray et al. (2010) New Zealand	To estimate the burden of care and stress attributable to fostering and to survey carers' perceptions of the support and training they receive in the context of this	17 foster carers (82.4%)	At least 1 child under the age of 11	Mixed methods using thematic analysis and descriptive statistics
Schofield et al. (2013) UK	To provide an analysis of foster carers' accounts of their roles as professional carers and/or committed parents to explore how they manage different and potentially contradictory roles	40 foster carers (92.5%)	5-17	Qualitative design using thematic analysis

Soliday et al. (1994) USA	To assess difference between female foster carers of drug exposed and non-drug exposed toddlers on parenting stress and satisfaction. To examine the relationship between stress, satisfaction, social support and coping	18 female foster carers	12-30 months	Mixed methods design. Measures included parenting stress, coping measure and parent experience interview. Descriptive statistics and t-test were used for analysis.
Vanderfaeillie et al. (2011) Holland	1. To examine foster carers' parenting behaviour and compare to non-foster carers 2. Examine the influence of behavioural problems and parenting stress on parenting behaviour 2 years later	49 female foster carers	6-12	Correlational design measuring parenting stress, child behaviour and parenting behaviour. Regression analysis used.
Vanschoonlandt et al. (2013) Holland	To examine the level of parenting stress experienced by female foster carers caring for children with externalising problems	39 female foster carers	3-12	Correlational design comparing parenting stress and parenting behaviour. Correlation, Spearman Rho analysis was used.
Whenan et al. (2009) Australia	To investigate the relationship of child behavioural and emotional problems, parenting self-efficacy and foster carer-child relationship, to foster carer wellbeing, satisfaction with fostering and intention to continue fostering	58 foster carers	2-12	Cross sectional design comparing perceived child behavioural and emotional problems, foster carers' sense of self-efficacy, child-parent relationship, foster carer wellbeing, foster carer satisfaction and intention to continue. Regression analysis used.
Wilson et al. (2000) UK	To examine the relationship between stressful 'events' and measures of stress, satisfaction with fostering and intentions to continue fostering	950 foster carers	Not specified	Cross-sectional mixed methods comparing foster carers' experience of a stressful event with stress, satisfaction with fostering, intent to continue. Chi-square and unspecified qualitative analysis used.

Quality of the Research

Over half of the studies included a qualitative element in the research design. Although qualitative research can provide a detailed view of a particular group's experience, it seems that much of the research provides a perspective of foster carers in different countries and thus different cultural and social care settings. Thus the application of the findings in one country may prove challenging.

Many of the studies utilised a mixed methods design and thus perhaps cannot be too rigidly evaluated using qualitative criteria only. However, only three of the seven studies referenced any of the quality criteria. Lietz (2016) was a good example of a transparent account of how the researchers had demonstrated the quality of the research.

In terms of the quantitative elements of the research, many of the samples could be viewed as biased, with the research utilising convenience and snowball sampling, and the majority of the participants being female foster carers. In addition, many of the studies use self-report measures and it is unclear as to whether some of the measures have been validated for use with foster carers. Few of the studies report the age of foster children in placement, which may have an impact on the difficulties experienced, particularly when considering the impact of trauma on brain development, and thus it may be useful for researchers to outline the age of foster children and potentially the age they were taken into local authority care.

The majority of the research in this area utilises a mixed methods cross-sectional design, thus capturing data at only one time point. Particular areas of research may benefit from using a longitudinal design, such as those studies investigating the impact of child behaviour and attachment. Both of these are likely to

vary and thus affect the stress experienced by the carer in different ways and at varying levels across time.

Literature Review and Discussion

This paper reviewed 15 studies exploring the causes and consequences of stress for foster carers. Although the studies identify a variety of relevant factors, there are some common themes that appear useful to explore further. The papers are discussed under thematic headings, including a description of some of the reviewed studies and, where appropriate, relevant links to other literature.

Dealing with authorities

Several of the studies that were reviewed highlighted that managing the relationship with, and the commitments from, the children's social care system were a particular cause of stress for the foster carers (Jones & Morrisette, 1999; Brown & Calder, 1999, Lietz et al., 2016). Administrative issues were both highlighted as the most stressful and the most frequently occurring stressful experience (Jones & Morrisette, 1999). Interestingly, this suggests that parenting the child was not the most stressful aspect of foster care, but in fact it was the impact of child social services policy and communication difficulties between themselves and staff.

Some participants highlighted the difficulties stemming from a lack of resources and the inevitable impact of this on their ability to do the best job as a foster carer in that environment (Geiger et al., 2013).

Although foster carers were able to give consideration to lack of resources, negative relationships with social care professionals has been identified in other

literature as the main motivator for foster carers choosing to cease fostering (Rodger, Cummings & Leschied, 2006) and thus is an important factor in exploring the impact of this particular stressor on retention of carers.

It is important to recognise that due to research under review being conducted in several different countries, the findings may also reflect the impact of different social care and health systems (Robertson, Gregory & Jabbal, 2014) on foster carers as this has been shown to impact on other aspects of the care system, for example, care leavers (Stein & Munro, 2008).

Family tensions

Another factor identified as contributing towards stress and impacting on the retention rates was the effect of fostering on the foster carer's birth family (Geiger et el., 2013; Wilson et al., 2000; Brown & Calder, 1999). Geiger et al. (2013) identified that foster carers with higher levels of tension in their family had higher likelihoods of reporting intentions to discontinue fostering. Wilson et al. (2000) found that the most common stressful experience was placement breakdown. The second most common stressful experience was carers experiencing severe family tensions. Some of the participants identified the impact of having foster children who had been sexually abused and the difficult impact this had on their own birth children (Wilson et al., 2000).

The researchers acknowledge that there is likely to be some interaction between the stressful events and indeed other research has identified that foster placements may be more likely to break down where foster carers have biological children within the family (Kalland & Sinkkonen, 2001). However this research is contradictory and in fact Sinclair, Wilson and Gibbs (2004) did not find that a

perceived negative impact on their own children influenced foster carers' decisions to give up fostering.

One study from the review specifically included the adult birth children of foster carers in the sample (Lietz et al., 2016). Out of the twenty foster families that took part, four of these included adult birth children. The researchers found that the initial stages of fostering were the most difficult time for carers and referred to this period as the 'survival stage'. At this time, an important family strength was being connected with each other and providing mutual support (Lietz et al., 2016). This highlights the importance of considering the wider impact of the people around the foster carer as having a supportive function.

Child behaviours

Four studies investigated the impact of behaviour exhibited by the looked after child and how this impacts on stress experienced by foster carers. Cooley, Farineau and Mullis (2015) found that foster carers who reported less disruptive behaviours were more likely to report a link between parental resilience and fewer challenges experienced with fostering. However, when more behaviours were reported, parental resilience did not appear to reduce the challenges. This suggests that difficult behaviour exhibited by the child can decrease internal resources within the foster carers that may usually protect them from the impact of stress.

Vanschoonlandt, Vanderfaeillie, Van Holen, DeMaeyer and Robberechts (2013) examined the levels of stress experienced by foster carers caring for children with externalising problems. They found that 71.8% scored in the clinical range for at least one parenting stress subscale. Although this was a small sample with only female foster carers, the results are consistent with Cooley et al. (2015) in that

challenging behaviours in the foster child may lead to an increased experience of stress in the foster carers.

Consistent with these findings, Vanderfaeillie, Van Holen, Trogh and Andries (2011) also examined the impact of child behavioural problems and parenting stress. They found that 'problem behaviour' had a direct negative impact on parenting and resulted in more parenting stress. Higher levels of parenting stress also led to less effective parenting, suggesting a link between parenting stress and parenting practice.

Whenan, Oxlad and Lushington (2009) found that foster carer wellbeing was predicted by foster carer training, parenting self-efficacy and foster carer-child relationship. Poorer foster carer wellbeing was predicted by lower self-efficacy in relation to the child's challenging behaviour and a 'colder' relationship. However, the perceived child behavioural and emotional difficulties alone were not related to foster carer wellbeing, satisfaction with fostering or intention to continue fostering.

Therefore the review identified mixed findings on the impact of child behaviour as a stressor. Inevitably this can be viewed as a source of stress for the foster carers to some extent, but the findings also highlight an important interaction between perceived self-efficacy and the quality of the relationship between the foster carer and foster child (Whenan et al., 2009).

Murray et al. (2010) highlighted that the scale and complexity of foster child behaviour contributed to foster carers experiencing a high burden of stress and that carers reported a need for more support and training specifically around this difficulty. The researchers concluded that there is a need to develop specialised behavioural management programmes that address the complexity of trauma and attachment-related difficulties. This idea is supported in other literature such as the

work of Cairns (2002) who argued that foster carers need to have access to theories and models to make sense of the complex behaviours they may witness in children who have experienced complex trauma.

Social support

Social support was identified as an important factor in increasing fostering satisfaction (Geiger et al., 2013) and decreasing stress (Farmer et al., 2005; Lietz et al., 2016; Murray et al., 2010; Soliday et al., 1994).

Although it may be difficult to ensure each carer is receiving the social support of friends and family, other literature has suggested more structured ways that this could be provided by other foster carers. For example, MacGregor, Rodger, Cummings and Leschied (2006) found that foster carers identified that encouraging a process of helping each other in ways such as support groups or coffee mornings could improve retention of foster carers. Additionally, in a review of the international literature on peer contact between carers, key themes that were valued by the carers emerged, such as the opportunity to meet with each other, to offload and talk to someone with a shared understanding of issues and to learn from each other (Luke & Sebba, 2013).

Interestingly Lietz et al. (2016) identified receiving social support as a family strength needed for the 'survival' stage of the family adaptation and giving social support at the fifth stage of 'helping others'. Therefore foster carer support groups could function as important factors for carers at different stages of coping, in offering both the opportunity to receive and also give social support.

Attachment

Considering the likely impact of attachment difficulties in children who have been removed from their birth parents, it is perhaps surprising that only one study aimed to

look at this as a factor in relation to carer stress. Gabler et al. (2014) found that attachment security and behaviour problems were predicted by foster carer stress and by foster carer supportive presence.

Summary

In summary, there is likely to be a huge variation in stressors and levels of stress experienced by foster carers, not only affected by the early experience and subsequent individual characteristics of the foster child but also the individual circumstances of the foster carers. It seems of value to pay particular attention to the impact of dealing with the children's social care system and the impact on the birth family. Both of these stressors suggest that placing more emphasis on a systemic view of the care around a looked after child and exploring the way these factors can inevitably interact can provide a helpful way of exploring the causes and consequences of stress for foster carers.

In addition, it is also helpful to consider the impact of social support serving to buffer the effects of stress and considering ways to promote or ensure this is maintained for foster carers.

<center>**Implications for Future Research**</center>

Qualitative research can provide a rich and detailed perspective and future research should include robust qualitative research with clear outlines of how quality has been assessed and ensured in the study.

It may be useful to further examine relationships between foster carers and children's social care practitioners and consider multiple perspectives on how this relationship can be supported. Wilson et al. (2000) identify that future research needs to look further at stressful events in order to tease out the views of various people involved. This could include exploring the perspective of more male carers and other members of the families that foster, based in the UK.

Research examining multiple perspectives could also include members of foster carers' family such as birth children. Although Lietz et al. (2016) did include birth children of carers in their sample, this only applied to four of the 20 families included. They also only included adult children and thus it would be beneficial to further this perspective by including larger samples with a focus on this population. Geiger et al. (2013) highlighted that this is an understudied area and therefore, studies investigating the perspective of the birth children of foster carers could provide an important addition to the literature.

Clinical Implications

This review points towards several important clinical implications. Firstly, a more systemic approach may have the benefit of engendering a more holistic perspective of the professionals around the foster carer. This could involve facilitating a more fully integrated way of working between mental health and social services. The aim of this would be to lessen the stressors associated with navigating the social care systems and other professionals working with the foster child, and promote a way of working together as a team, which very much includes the foster carer.

Secondly, the findings indicate that there may be benefits to adopting a social pedagogical approach within foster care. This approach recognises the pivotal role that foster carers play and the framework utilises academic knowledge and child development theory, in combination with an emphasis on relationships and practical tasks and activities to support children to reach their potential. It is an approach which is commonly practised in education and social care in many countries in continental Europe, but of which there is not yet a strong tradition in the UK (Oxtoby, 2009). However, there has been a promising programme, 'Head, Heart, Hands', which has been able to demonstrate the positive impact of a social pedagogic approach within UK foster care (McDermid et al, 2016).

Thirdly, it is important for services recognise the barriers (e.g. stigma) that foster carers may experience in reporting difficulties and take a role in acknowledging the challenges associated with the role in order to foster carers feel comfortable in reporting stressors and thus supported to deal with difficulties. This could be further enhanced through the facilitation of foster carer support groups to promote the experiences of giving and receiving social support.

Foster carers may wish to be more included in supporting the foster child and thus some forms of working, such as dyadic developmental practice (Hughes, 2011) may be worth considering in order to strengthen the foster carer-child relationship. This could also involve an element of psychological work with the foster carer, which may allow the carers to express stressors, for example around difficult child behaviours and feel able to explore these in a way that can contribute to therapeutic work. Hughes (2011) stresses the importance of developing a therapeutic trusting relationship with foster carers in order to facilitate an open exploration of the impact the child is having on them.

Limitations of the Review

There are a number of limitations that should be considered. The review emphasises the multifaceted nature of stressors experienced by foster carers and thus covers a number of different topics. The variability between the research design and measures used does make it more difficult to compare the findings and quality of the reviewed studies. However, this does have the benefit of providing an overview and highlights the lack of research that exists in this area.

It has been argued that it would not be of use to consider any single set of quality guidelines as definitive (Mays and Pope, 2000) and therefore, when assessing the quality of research, it is important to consider that this is just one perspective that can be taken.

Conclusion

This review explored the causes and consequences of stress for foster carers and what factors serve to lessen these. Papers reviewed identified a variety of factors that foster carers are managing and that have the potential to contribute to stress. Factors identified that contribute to stress include managing the impact of the wider systems around the carer, such as the social care processes and the members of the foster carer's family, as well as the impact of individual factors such as the child's behaviour.

Consequences of these difficulties include the direct impact on foster carers' decisions about whether or not to continue fostering, and thus are important to

24

manage to ensure carer retention. Factors that served to lessen stress included the

social support of others and this included both giving and receiving support.

Future research could include robust qualitative studies, which further explore

the impact of stressors on the wider systems around the foster carers, such as social

workers and the birth children of foster carers.

References

Baylin J and Hughes DA (2016) *The neurobiology of attachment-focused therapy*.
New York: W.W.Norton & Company

Berridge D and Cleaver H (1987) *Foster Home Breakdown*. Oxford: Basil Blackwell

Bowlby J (1973) *Attachment and loss, vol.2: Separation, anxiety and anger*. London:
Basic Books

Brown J and Calder P (1999) Concept-mapping the challenges faced by foster
parents. *Children and Youth Services Review* 21(6): 481-495.

Cairns K (2002) Making sense. The use of theory and research to support foster care.
Adoption and Fostering 26(2): 6-13.

Child Welfare Information Gateway (2015) Understanding the effects of maltreatment
on brain development. Available at: https://www.childwelfare.gov/pubs/issue-
briefs/brain-development (accessed December 2016)

Ciarrochi J, Randle M, Miller L and Dolnicar S (2011) Hope for the future:
Identifying individual difference characteristics of people who are interested
in and intend to foster care. *British Journal of Social Work* 42: 7-25.

Cook A, Spinazzola J, Ford J, Lanktree C, Blaustein M, Cloitre, M,

et al. (2005). Complex trauma in children and adolescents. *Psychiatric*

Annals, 35, 390–398.

Cooley ME, Farineau HM, and Mullis AK (2015) Child behaviours as a moderator: Examining the relationship between foster parent supports, satisfaction, and intent to continue fostering. *Child Abuse and Neglect* 45: 46-56.

Critical Appraisal Skills Programme (2017) CASP tools and checklists. Available at: http://www.casp-uk.net/casp-tools-checklists

DeMaeyer S, Vanderfaeillie J, Robberechts M, Vanschoonlandt F, and Van Holen F (2015). Foster parents' coping style and attitudes toward parenting. *Children and Youth Services Review* 53: 70-76.

Farmer E, Lipscombe J, and Moyers S (2005) Foster carer strain and its impact on parenting and placement outcomes for adolescents. *The British Journal of Social Work* 35(2): 237-253

Farmer E (2009) How do placements in kinship care compare with those in non-kin foster care: Placement patterns, progress and outcomes? *Child and Family Social Work* 14(3): 331-342.

Gabler S, Bovenschen I, Lang K, Zimmerman J, Nowacki K, Kliewer J, and Spangler G (2014) Foster children's attachment security and behaviour problems in the first six months of placement: associations with foster parents' stress and sensitivity. *Attachment and Human Development* 16(5): 479-498.

Geiger JM, Hayes MJ, and Lietz CA (2013) Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. *Children and Youth Services Review* 35: 1356-1365

Gibbs D and Wildfire J (2007) Length of service for foster parents: Using administrative data to understand retention. *Children and Youth Services Review* 29(5): 588-599

Greeson, J. K. P., Briggs, E. C., Kisiel, C. L., Layne, C. M., Ake, G. S., Ko, S. J., et al (2011). Complex trauma and mental health in children and adolescents placed in foster care: Findings from the national child traumatic stress network. *Child Welfare*, *90*(6), 91-108.

Harden BJ, Clyman RB, Kriebel DK, and Lyons ME (2004) Kith and kin care: Parental attitudes and resources of foster and relative caregivers. *Children and Youth Services Review* 26: 657-671.

Hughes D (2011) *Attachment-focused family therapy workbook*. New York: WW Norton & Co.

Jarvis PA and Creasey GL (1991) Parental stress, coping and attachment in families with an 18-month-old infant. *Infant Behaviour and Development* 14(4): 383-395

Jones G and Morrissette PJ (1999) Foster parent stress. *Canadian journal of counselling* 33(1): 13-27.

Kalland M and Sinkonnen J (2001) Finnish children in foster care: evaluating the breakdown of long-term placements. *Child Welfare* 80(5):513-27

Krohne HW (2002) Stress and Coping Theories. Available at: https://pdfs.semanticscholar.org/f3ac/487772aa9e8a6c7572bc163ed7faddf8e3 b5.pdf

Lazarus RS (1991) *Emotion and Adaptation*. New York: Oxford University Press

Lietz CA, Julien-Chinn FJ, Geiger JM and Piel MH (2016) Cultivating resilience in
families who foster: Understanding how families cope and adapt over time.
Family Process 55(4): 660-672

Luke N and Sebba J (2013) An International Literature Review on Peer Contact
Between Foster Carers. Available at:
http://reescentre.education.ox.ac.uk/wordpress/wp-
content/uploads/2013/07/ReesCentre_PeerContact2013_web.pdf

McDermid S, Holmes L, Ghate D, Trivedi H, Blackmore J, and Baker C (2016)

Evaluation of head, heart, hands: Introducing social pedagogy into UK foster
care. Final report. Loughborough: Centre for Child and Family Research.
Available at: https://dspace.lboro.ac.uk/dspace-
jspui/bitstream/2134/24091/1/HHH%20evaluation%20full%20report%20FIN
AL.pdf

Macgregor TE, Rodger S, Cummings AL, and Leschied AW (2006) The needs of
foster parents. A qualitative study of motivation, support and retention.
Qualitative Social Work 5(3): 351-368

Mays N and Pope C (2000) Qualitative research in health care: Assessing quality in
qualitative research. *BMJ* 320: 50-52

Munro, E. Stein, M. (2008) Introduction: Comparative exploration of care leavers'
transition to adulthood. In M. Stein & E. Munro (Eds.) *Young people's
transition from care to adulthood: International research and practice.*
London: Jessica Kingsley Publishers

Murray L, Tarren-Sweeney M and France K (2010) Foster carer perceptions of
support and training in the context of high burden of care. *Child and Family
Social Work* 16: 149-158

National Health Service (2017) Stress, anxiety and depression: How to deal with
stress. Available at: http://www.nhs.uk/Conditions/stress-anxiety-
depression/Pages/understanding-stress.aspx

Nixon S (1997) The limits of support in foster care. *British Journal of Social Work*
27: 913–930

Ofsted (2015) Looked-after children and adoption. Available at:
https://www.gov.uk/government/news/ofsted-publishes-state-of-the-nation-
picture-on-foster-care

Ottaway H and Selwyn J (2016) *'No-one told us it was going to be like this':
Compassion fatigue and foster carers.* Fostering Attachments. Available at:
http://www.bristol.ac.uk/sps/research/projects/completed/2016/compassion-
fatigue-in-foster-carers/

Oxtoby K (2009) How does social pedagogy work on the continent, and what are the
barriers to its use in the UK. Lessons from Europe on Pedagogy. Available at:
http://www.communitycare.co.uk/2009/03/13/social-pedagogy-in-practice/

Perry BD (2001) The neurodevelopmental impact of violence in childhood. In
Schetky D and Benedek E (eds) *Textbook of child and adolescent forensic
psychiatry*. Washington, DC: American Psychiatric Press, Inc., pp.221-238

Redding RE, Fried C, and Britner PA (2000) Predictors of placement outcomes in treatment foster care: Implications for foster parent selection and service delivery. *Journal of Child and Family Studies* 9(4): 425-447.

Robertson, R., Gregory, S. Jabbal, J. (2014) *The social care and health systems of nine countries.* The Kings Fund Available at: https://www.kingsfund.org.uk/sites/default/files/media/commission-background-paper-social-care-health-system-other-countries.pdf

Rodger S, Cummings A, and Leschied AW (2006) Who is caring for our most vulnerable children? The motivation to foster in child welfare. *Child Abuse and Neglect* 30:1129–1142.

Rork KE and McNeil CB (2011) Evaluation of foster parent training programmes: A critical review. *Child and Family Behaviour Therapy* 33(2): 139-170

Sinclair I, Gibbs I and Wilson K (2004) *Foster carers: why they stay and why they leave.* London: Jessica Kingsley Publications.

Schofield G, Beek M, Ward E and Biggard L (2013) Professional foster carer and committed parent: role conflict and role enrichment at the interface between work and family in long term foster care. *Child and Family Social Work* 18: 46-56

Schneiderman N, Ironson G and Siegel S (2005) Stress and Health: Psychological, Behavioural, and biological determinants. *Annual Review of Clinical Psychology* 1: 607-628.

Soliday E, McCluskey-Fawcett K and Meck N (1994) Foster mothers' stress, coping, and social support in parenting drug-exposed and other at-risk toddlers. *Children's Health Care* 23(1): 15-32.

Sroufe LA, Egeland B, Carlson EA and Collins WA (2005) *The development of the person: The Minnesota study of risk and adaptation from birth to adulthood*. New York, NY: Guilford

STROBE (2007) Strengthening the Reporting of Observational Studies in epidemiology. Available at: https://strobe-statement.org/index.php?id=available-checklists

Tarren-Sweeney M (2008) The mental health of children in out-of-home care. *Current Opinion in Psychiatry* 21: 345–349

Vanderfaeillie J, Van Holen F, Trogh L and Andries C (2011) The impact of foster children's behavioural problems on Flemish foster mothers' parenting behaviour. *Child and Family Social Work* 17:34-42

Vanschoonlandt F, Vanderfaeillie J, Van Holen F, DeMaeyer S and Robberechts M (2013) Parenting stress and parenting behaviour among foster mothers of foster children with externalising problems. *Children and Youth Service Review* 35: 1742-1750

Whenan R, Oxlad M and Lushington K (2009) Factors associated with foster carer wellbeing, satisfaction and intention to continue providing out-of-home care. *Children and Youth Services Review* 31: 752-760.

Wilson K, Sinclair I and Gibbs I (2000) The trouble with foster care: The impact of stressful 'events' on foster carers. *The British Journal of Social Work* 30(2): 193-209

Wilson KR, Hansen DJ and Li M (2011) The traumatic stress response in child maltreatment and resultant neuropsychological effects. *Aggression and Violent Behavior,* 16(2): 87–97

Yardley L (2000) Dilemmas in qualitative health research. *Psychology and Health*, 15(2): 215-228

Zayed Y and Harker R (2015) *Children in Care in England: Statistics.* HCO 4470. London: House of Commons Library.