

# Risk and Resilience in Long-Term Foster-Care

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## Summary

The concept of resilience provides a necessary framework for understanding the varied ways in which some children do well in the face of adversity. The debate on resilience in children has shifted from an emphasis on *factors* to an emphasis on *processes* and *mechanisms* and from *identifying* resilience to *promoting* resilience. Children in long-term foster-care have experienced a range of early adversities which continue to affect their self-esteem, self-efficacy and capacity to cope with developmental challenges. Risk and protective characteristics in the foster-child, the foster-carers, the birth family and the agencies involved with the child will interact in complex ways to produce upward or downward spirals. This article reports on a longitudinal study of children in long-term foster-care, funded by the Nuffield Foundation. It provides a psychosocial model that links inner and outer worlds, developmental theory and social work practice, to explore why some children appear to be making good progress while others continue to experience multiple developmental difficulties.

**Keywords:** resilience, risk, long-term foster-care.

If long-term foster-care is to meet the developmental needs of looked after children, it must reduce the impact of psychosocial risk and promote resilience in the face of future challenges, both during childhood and into adult life. Resilience is usually defined as the ability to function competently despite living or having lived in adversity and it includes a range of protective characteristics, such as self-esteem, self-efficacy, a sense of security, hopefulness and reflective function, which contribute to successful adaptation and coping (Rutter, 1985;

Fonagy *et al.*, 1994; Sroufe, 1997; Rutter, 1999). But resilience has also been helpfully defined as 'relative resistance to psychosocial risk experiences' (Rutter, 1999). So, we can see that the parenting task of promoting resilience for long-term foster-children does not mean ensuring universally effective coping skills, but promoting 'relative' resistance to adversity. This can include *increasing* felt security, *building* self-esteem, *promoting* competence and *working towards* a range of often modest developmental goals that nevertheless reduce risk and increase resilience (Gilligan, 1999, 2000, 2001; Schofield, 2001; Beek and Schofield, 2004a). This article reports on a longitudinal study of children in long-term foster-care, for whom promoting resilience in the context of multiple prior adversities was a primary goal (Schofield *et al.*, 2000; Beek and Schofield, 2004a). It links theory with research findings, qualitative data and anonymized case examples to demonstrate ways of understanding and promoting resilience.

Notions of risk and protection are inevitably linked—conceptually and in individual cases. As Little *et al.* (2004, p. 108) suggest, 'a protective factor can be understood only in terms of patterns of risk'. Understanding the developmental risks which face children in long-term foster-care and identifying the likely sources of protection requires, as Rutter emphasizes, a *psychosocial* perspective (Rutter, 1987). Risk factors emanate from the inner worlds of the child (e.g. low self-esteem, unresolved trauma) and from the inner worlds of the other people who form a network of close relationships and professional services around the child. Risk factors also emanate from such outer worlds as education systems, housing authorities, culture and community life. Protective factors similarly can be found in the minds of individuals as well as in the environments that surround them (Bronfenbrenner, 1979; Howe, 1997; Schofield, 1998; Jack, 2001). But each protective factor will only be protective in relation to specific risks. Sensitive care-giving, for example, may be protective in relation to the foster-child's need to resolve a sense of loss, but not in the face of risks posed by school environments where foster-children of minority ethnic origin experience racial harassment or in the face of risks posed by a departmental policy that moves foster-children into 'independence' at age 16. In such situations, sensitive carers can help children to cope, but systems outside the family need to become more actively responsive to the psychosocial needs of individual children.

To be entirely accurate, understanding risk and resilience requires a *bio-psychosocial* perspective, since risk and protective factors associated with the well-being of individuals arise also from genetics and the world of the body. Temperament and intelligence, health and early brain development will play important parts in an interactive model of resilience that has to take account of the full range of nature and nurture (Roy *et al.*, 2000).

This kind of complex developmental model is essential for social workers working with children and foster-families and is entirely compatible with the holistic, developmental and psychosocial emphasis of the Integrated Children's System (Department of Health, 2000b), which is bringing together the *Framework for the Assessment of Children in Need and their Families* (Department of Health 2000a) and the *Looked After Children* (Parker *et al.*, 1991) materials to

improve services for children. The child interacts with complex environments and environments interact with each other across time in ways that defy accurate measurement—but in ways that we must attempt to make sense of if children in permanent new families are to receive the care and services they need.

Helpful in this endeavour is Rutter's argument that in both understanding and promoting resilience in children, we need to think in terms of *processes* and *mechanisms* rather than focus simply on lists of *factors* or *characteristics* (Rutter, 1987). The same variable may appear protective in one situation, but become a source of risk in another. Thus, for example, in long-term foster-care, birth family contact may be protective of the child's sense of well-being in terms of feeling valued by both families and reducing a sense of dissonance over their identity *or*, if poorly managed, it may contribute to raising anxiety, creating cognitive confusion, lowering self-esteem and reducing self-efficacy. The impact of birth family contact on security and resilience will depend therefore on interacting factors in the child, both families and the professional systems that organize contact (Beek and Schofield, 2004c; Neil and Howe 2004).

For social workers, the concept of resilience usefully complements other developmental theories (such as attachment and cognitive models) by providing a language and a framework for understanding processes and mechanisms across time. Understanding resilience processes can assist the targeting of social work interventions in children's varied developmental pathways, in order to produce *turning points* that lead to *positive chain reactions*, *upward* rather than *downward spirals* (Sroufe, 1997; Rutter, 1999). As Rutter suggests, the resilience research agenda has moved from a focus on *identifying* resilience in children to investigating ways of actively *promoting* it, thus refuting the deterministic notion of resilience as a fixed trait and suggesting that resilience can be enhanced through a range of environmental influences inside and outside of the family.

## **The Growing Up in Foster-Care study**

The primary objective of the study was to explore how the needs of looked after children could be identified and met in long-term foster-families provided by the local authority. The first phase of the study took place from September 1997 to December 1999, with the first follow-up taking place 2001–02. The sample at Phase 1 consisted of fifty-eight children under the age of 12 (mean age 10, range 4–11) from five local authorities, four shire counties (since divided into four shire counties and three unitary authorities) and one London Borough. The sample included 45 per cent boys and three children were from ethnic minority groups. All were subject to a recent plan for long-term foster-care through to adulthood in their current placement. A combination of questionnaires, a developmental measure (the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997)) and in-depth interviews with children, foster-carers, birth families and social workers provided the baseline data for the study.

The children were a high-risk group in almost every respect, including their age at placement for permanence in foster-care (Thoburn, 1991; Berridge, 1997; Lowe *et al.*, 2002; Triseliotis, 2002; Sellick *et al.*, 2004). All had experienced separation and loss, and a small but significant minority had waited several years for adoption placements that did not materialize or had experienced multiple care episodes, with one child having had nine different foster-carers. Levels of previous abuse and neglect in the birth family were high, with forty-seven (81 per cent) of the original sample having experienced more than one type of maltreatment and only six (10 per cent) having experienced none. The children's functioning also gave cause for concern, with the Goodman's SDQ indicating twenty-five (48 per cent) scoring within the abnormal range and a further nine (17 per cent) in the borderline range for total difficulties. The great majority (93 per cent) were said to be suffering from emotional and behavioural problems at the time of placement (for more details of Phase 1, see Schofield *et al.*, 2000).

### Stability and progress

The follow-up (Phase 2) took place three years on, between 2001 and 2002 (Beek and Schofield, 2004a). It was decided to follow up the fifty-three children for whom we had obtained interview data at Phase 1. One of the children with severe disabilities had been very stable in placement and doing well but had died unexpectedly. The Phase 2 sample therefore consisted of fifty-two children—twenty-seven boys and twenty-five girls. Their mean age was 13 (range 7–15). Nearly half of the children (48 per cent) were now in their teens. Methods used at Phase 2 were the Goodman's SDQ, questionnaires for social workers and in-depth follow-up interviews with foster-carers and children. The interviews used schedules developed with a view to ascertaining information about development and the quality of relationships (Steele and Steele, 2000; Steele *et al.*, 2000), but also with an emphasis on ways in which children's successful functioning at home, among peers, at school and in the community was being promoted. The extent to which children were becoming 'part of the family' (Schofield, 2003) and the role of contact were also discussed.

Of these fifty-two placements, thirty-eight (75 per cent) were still intact and none of these appeared to be at imminent risk of ending. Of the remainder, five (8 per cent) children had made constructive moves to better, more secure foster-placements that were meeting their needs more appropriately and one (2 per cent) was successfully placed with his birth father. This left eight children for whom the ending of the placement had not been followed by positive placement moves, and seven (13 per cent) of these were in very unstable, temporary situations.

Placement stability is, of course, only part of the picture when considering outcomes for children in foster-care. It is also necessary to gain a picture of the children's well-being, the extent, in resilience terms, to which they were becoming more competent, both within and outside the foster-home. We chose to

consider whether each child had made progress in three key areas of their lives, as rated by two researchers:

- 1 *Secure base: behaviour and relationships in the foster-family.* Was the child moving towards a greater sense of security, relinquishing some of their more destructive defensive behavioural strategies and becoming better able to use foster-carers as a secure base (Bowlby, 1988)?
- 2 *Social functioning outside the foster-family.* Was the child functioning satisfactorily (taking into account their difficult starting points) at school, with their peers and in age appropriate activities?
- 3 *Sense of permanence.* Was the placement stable and the foster-family offering/the child taking up family membership?

Success in each of these areas would both be indicative of and contributing to resilience. The use of carers as a secure base, with associated outcomes such as facilitating exploration, increasing reflective function, self-esteem and self-efficacy, overlaps neatly with the concept of resilience (Fonagy *et al.*, 1994). Rutter's reviews of the resilience research (1985, 1987, 1999) support such links, while also, in terms of the connection between functioning and resilience mechanisms, emphasizing the particular importance of success at school and other opportunities for children from adverse backgrounds.

A sense of permanence, belonging and being part of the family, would not normally be considered to be part of a resilience model. However, in contributing to the sense of a *psychosocial* secure base (Schofield, 2002), belonging to a family can help to liberate children from anxiety about their identity and their future sources of support, freeing them up to engage in the kind of thinking and exploration of their world that is a prerequisite of productive coping strategies. Family membership was also a critical element in researching long-term foster-care, which is often considered to be less likely to offer a family for life or sense of permanence than other substitute family forms, in particular, adoption (Triseliotis, 2002).

On the basis of these ratings, we divided the children into three groups. Those children who were doing well or fairly well in all three respects were classed as making 'good progress'. Those children who were stable in some respects but had difficulties in one or more of these three areas were classed as making 'uncertain progress'. The group of children whose Phase 1 placements had ended and who were now in temporary situations and showing significant behavioural and social difficulties were described as being in a 'downward spiral' (see Table 1).

**Table 1** Children's progress

	<i>N</i>	%
Good progress	31	60
Uncertain progress	14	27
Downward spiral	7	13
	52	100

Comparisons between the Phase 1 and Phase 2 data revealed that some of the placements which had appeared the most high-risk, concerning and fragile had indeed ended—but others had survived and flourished and were to be found in the ‘good progress’ group. Conversely, most, but not all, of the most promising, low-risk placements had endured, but some of those children now appeared to be in difficulty and making ‘uncertain progress’. There were also some unexpected outcomes from promising beginnings in the ‘downward spiral’ group.

In trying to make sense of these Phase 2 outcomes, it was helpful to look again at the risk and protective factors that had been identified for each case at the end of Phase 1. These factors were grouped in terms of the characteristics of the child, the foster-family, the birth family and the support of agency networks (which included social work, education and health). We determined risk and protection largely on the basis of the wider body of research evidence. For example, research suggests that experiences of abuse, being singled out for rejection and behavioural difficulty in the child might make a difference to placement stability (Fratton *et al.*, 1991; Rushton *et al.*, 2003; Sellick *et al.*, 2004; Sinclair *et al.*, 2004). Such factors may have an independent effect on outcomes or may interact with other inner and outer world factors, such as sense of permanence or provision of educational and therapeutic support, producing chain reactions that would contribute to the kind of upward and downward spirals we were seeing. Finally, we included factors which, from the developmental and resilience literature, might be seen both as sources of protection or risk in themselves and as jointly mediating outcomes in certain contexts, e.g. level of intelligence.

In analysing histories in each progress group, we were immediately aware of the way in which factors in the child, the foster-carers, the birth family, agency networks and the community evident at Phase 1 and Phase 2 were evolving and interacting across time and in the context of the child’s developmental stages. The processes were more complicated than could be conceptualized as a ‘balance’ sheet of factors. What follows is a discussion of the factors and processes which were interacting in each of the progress groups to affect the inner and outer worlds of the child and to promote more or less successful adaptation to their family and community environments. This provides a way forward both in understanding the outcomes for this sample and in developing theoretically driven and research-based ideas about security, stability and resilience that could be further developed in social work practice.

## The good progress group

By definition, in this sample of late-placed children, there were no cases in which risk factors were absent. Thus, ‘good progress’ was occurring in the context of the interaction of both risk and protective factors. Although the forces of protection in this group can be seen as being robust and significant enough to outweigh the varying levels of risk and vulnerability at the time of the research interviews, the processes are complex.

Children making good progress were mixed in terms of their characteristics, their histories, their patterns of behaviour in close relationships and the level of difficulty which they presented to their carers and to the outside world of peers and school. However, what they had in common at Phase 2 was their increased capacity to use their foster-carers as a secure base. This reduced anxiety and liberated even previously traumatized children to explore, to learn and to find things which they could enjoy and find rewarding in life (Bowlby, 1988). This in turn fed into more settled behaviour and progress in the outer worlds of school and activities.

Consistent with our interactive and developmental model, the impact of a new sense of felt security varied according to children's previous defensive strategies. Children who had previously used their open displays of feelings to control others, who had been rather restless and risk-taking, had calmed down noticeably at home and at school and were more focused, reflective and selective in their close relationships. In contrast, the more closed, defended and emotionally cool children had warmed up, were doing better socially at school and had found a comfortable, more confiding niche within their foster-families. Even some of the most disturbed and troubled children in the sample, those who were likely to have experienced extreme fear, abuse and rejection in their early lives, had made unexpected progress and become active members of their peer groups and firmly established members of their foster-families. Children's original defensive, survival strategies might reappear at times of stress, but they had gained some more organized and less destructive strategies and were able to be more flexible in thinking, feeling and managing behaviour (Fonagy *et al.*, 2002; Howe *et al.*, 1999). The capacity for children to draw flexibly on their own inner strengths as well as access available support is a key element of resilience, enabling children to adapt to new environments and to build competence socially and academically (Rutter, 1985, 1999; Gilligan, 2001).

A relevant factor in all of the 'good progress' placements and contributing to this enhanced adaptability was the level of sensitive parenting demonstrated by one or both carers, as rated at Phase 1 and 2 (Schofield and Beek, 2005). In attachment theory terms, this provided a direct link to the child's experience of carers as offering a secure base (Ainsworth *et al.*, 1971; Bowlby, 1969, 1988; see also Howe *et al.*, 1999; Beek and Schofield, 2004a). Sensitivity was defined in terms of the carer's capacity to put themselves 'in the shoes of the child' to reflect on the child's thoughts, feelings and behaviour and their own thoughts, feelings and parenting style—all features of reflective function that link to resilience in the carers themselves as well as to resilience-promoting parenting.

These more sensitive foster-carers were able to convey a strong sense of their availability to meet the child's needs, both in the present and into the future. They could think about what was happening in the mind of the child and reflect this back to the child. They could provide a cognitive scaffolding to help children make sense of and manage difficult past and present experiences. They could convey unconditional acceptance of the child's difficulties as well as their strengths, accepting the child also in terms of their birth family histories,

gender, ethnicity and disability. Additionally, they could provide opportunities for assertiveness, autonomous thinking and co-operative behaviour—important for all children but especially important for children who have been stigmatized or have felt powerless in the care system. These carers were also sensitive to the child's need to feel part of the family and so ensured that he or she was included socially and personally as a full family member. In this climate of sensitive and predictable care, there was evidence that children were less anxious, more able to think, explore, manage affect and behaviour, learn and develop (Fonagy *et al.*, 2002).

Within this good progress group, it was necessary, in the light of our transactional model, to consider the degree of 'fit' between the characteristic behaviour patterns of the carers and the children in terms of the ways in which they expressed and dealt with strong feelings, acknowledged their own needs for support and ensured that these were met. A degree of similarity between child and caregiver was characteristic of many of the good progress placements. For example, Samantha (age 13) and her foster-mother, Paula, shared a tendency to show their feelings and were closely attuned. Both were overt in their verbal and physical displays of affection for each other and this was a source of great mutual pleasure. But Samantha also had frequent outbursts of anger and frustration. Her foster-mother was able to connect with these and manage her own feelings by standing in Samantha's shoes and imagining her own responses as a child in a similar position:

But, if I were restricted from seeing my Mum, I think I would be very difficult ... I try to reach inside myself all the time ... and if it was happening to me, I would hate it and I would hate the people who were doing it to me.

Paula used her reflective capacity to make sense of Samantha's volatility, to contain and contextualize it and she calmly reflected her understandings back to Samantha. Through this process of being understood and learning to understand herself, Samantha had calmed noticeably and learned to repair conflict (key to developing security of attachment but also important in adaptive coping) in ways that were greatly appreciated by Paula:

I have egg cups in the cupboard and if we've had a particular explosion you can bet your bottom dollar that egg cup will be full of daisies by the end of the day, that she will nip out at some point or on her way home from school she will pick me some daisies and come in. And then she will just kiss me on the cheek and she'll say 'Sorry mum for being a ratbag'. And I say, 'That's all right', and I give her a hug and that's it.

Such mother–daughter similarities were not, however, essential to the formation of close relationships. Other sensitive carers had, over time, learned to attune themselves to children whose emotional expression and behaviour patterns were very different from their own. For instance, at Phase 1, Lizzie (age 7) was a closed and guarded child who was remote and aloof from the foster-family and seldom showed pleasure, excitement or distress. In contrast, Alison, her foster-mother, was a very open and demonstrative person. However, Alison was

able to take Lizzie's lead, tuning in to her as a mother does when establishing synchrony with an infant (Stern, 1985), and make herself unobtrusively available, as this account suggests:

Lizzie would probably go to her bedroom and if I recognised that, I might pretend I'm putting the washing away on the landing or be in her room putting her clothes away, not to entice a conversation, but more to give her an opportunity, and she does seem to sense when I've got time to listen. I mean, they get to know you as well as you get to know them.

By Phase 2, Alison was able to report that Lizzie had warmed up considerably, showing excitement, enthusiasm and more flexible coping strategies, now sometimes seeking out her foster-mother when upset. There had been a very significant turning point in their relationship when the family rabbit had died. Lizzie had spontaneously rushed to her foster-mother for comfort, surprising them both. They had together gone through the process of mourning and the ritual of burying the rabbit, including taking photographs. Subsequently, Lizzie would show her foster-mother these photographs when she was upset about other things, establishing a shared symbolic language which gave her permission to show distress and accept comfort. A testing event had become a developmental opportunity. With the help of her carer, Lizzie's inner world was shifting towards more adaptive ways of managing feelings and behaviour that enabled her to communicate more openly, learn from experience and be more resilient in situations of stress.

Promoting the children's functioning in the world outside the family was a critical task for the foster-carers, since children in middle childhood and early adolescence need to find ways to negotiate relationships and find satisfaction in the communities of school and peer groups, despite traumatic past experiences or current emotional difficulties. It was this active parenting, interacting with children's potential, that was a key marker for progress and provided some excellent examples of ways in which foster-carers were promoting resilience (Gilligan, 1999, 2000). Even children who struggled as a result of a range of behavioural and learning difficulties were being enabled and encouraged to experience success in both school and activities by moving into what Vygotsky (1978) describes as 'the zone of proximal development'—the area of developmental potential which can only be reached with help and in the context of social relationships. For example, by Phase 2, Colin (14), who had learning difficulties and a history of neglect in his birth family, had settled well at school with a great deal of support and had developed some of the hobbies and interests that were present early in the placement. His passion for fish and fish ponds, shared with and encouraged by his foster-father, had persisted. As he became a teenager, this interest in fish had developed into a work experience placement at a fish farm (arranged by the foster-mother) and the possibility of future employment. His knowledge also came in handy at Scout camp when he had to prepare and cook fish for the group. Appropriately for a teenager, Colin was encouraged to work and earn money for items and activities which he

wanted, although his efforts had to be within safe boundaries—his newspaper round was restricted to the area around the house, as he had a poor sense of direction. In spite of his early difficulties and limitations, it was possible to feel rather optimistic about a teenager who would get out of bed at dawn to go fishing with friends and was patient and determined enough to work and save up for weeks to get the best personal stereo in the catalogue (Beek and Schofield, 2004a).

It was possible to see ways in which several factors were combining to assist children in our three key dimensions—experiencing foster-carers as a secure base, achieving a high level of social functioning and developing a sense of permanence in the foster-family, often alongside a deep commitment to birth family members. For example, Jodie (age 13 at Phase 2) had been rather wary, cool and distant when first placed and although she was very successful at school (in all the top sets) and in her peer group, it took a great deal of patience and unconditional love from the carers before she started to warm up and confide in them. This process was very much assisted by the pleasure that Jodie took in the extended foster-family, which allowed her a more diffuse family role with her new cousins, aunts and uncles that did not challenge her loyalty to her birth mother. Jodie was exceptional in the sample in having quite so many resilience characteristics, but she was nevertheless fortunate in finding foster-carers who were able to accept and work with her ongoing close relationship with her birth mother, be patient with her initial coolness and support academic ambitions (to be a lawyer), which were very different from the family norms. Jodie herself could articulate the benefits of her stable new family life, saying ‘I like being in foster care. You know where you are’.

Also in the good progress group were four children with profound physical and learning disabilities (Beek and Schofield, 2004b). Each of these children had thrived in his or her foster-family and exceeded early expectations of achievement. There were physical improvements, along with developments in play, alertness, perception, understanding and responsiveness. Carers went to great lengths to enable these children also to participate in age-appropriate activities. This often meant taking part alongside their children and there were descriptions of carers and their profoundly disabled children swimming, cycling, horse-riding, and attending Brownies and Youth Club together. Frances captured the significance of Ella’s involvement in activities, both for Ella (12) and for herself:

She’s achieved that, she’s very much a part of things. I mean all the children talk to her in the village; she’s very much accepted by everybody. Obviously she’s a bit old for Brownies now but she still goes and I think she’s very accepted by all of them really. Whatever we do, like we horse-ride and she’ll be with children of her own age and they all talk to her and treat her exactly the same, which is what I really long for, that she would be accepted.

Above all, the carers reported that their children were calmer, happier and more contented than they were three years ago. Nina (11), who had severe learning disabilities and epilepsy, for instance, was singing, dancing and playing

with toys—all new developments. She no longer had uncontrollable tantrums or was deliberately destructive in the house. Megan (13), a child with autism, had become less remote, more communicative and her very limited diet had expanded to include an increasingly wide selection of foods. She seemed to feel a sense of belonging in her foster-family. For these children, too, it was possible to see that a sense of security accompanied by active parenting was promoting their successful functioning and resilience—that communication and other difficulties were not seen as a bar to progress but as a challenge to be overcome using all aspects of a nurturing environment.

The role of social work support was significant in promoting and supporting the range of developmental progress in the good progress group. In all cases in the sample, social work support from child-care social workers had been rated as either regular (statutory minimum or more) or minimal (allocated only nominally or not at all). Only half the fifty-two cases had regular support, as thus defined, from the children's social workers and all of these were in the good progress group. When child care social work services were available in this regular and reliable (though not necessarily frequent) way, foster-carers worked alongside social workers to understand the child's needs and ensure that they were met. However, if social work support was not available, the more robust and sensitive carers were proactive in finding alternatives, so that a minority of children with no social work support at all were still making good progress. Committed and responsive carers tended to have or perhaps also to generate good networks of support from their extended families and from the professional services—another area of productive interaction between factors in the child's environment. Additionally, they usually had warm and constructive relationships with their family placement social workers. Some looked to friends or befriending schemes to provide an 'independent adult' for the child and they worked hard to establish good relationships with the child's teachers or other professionals. Other carers, trusted friends or members of church communities were also sources of support and advice.

It is never easy to tease out the relative contribution of effective carers and effective social workers to stability and outcomes of placement. However, it seems reasonable to suggest that given the difficulties presented by this group of children and what is at stake in making a permanent placement successful, all children should be entitled to at least the statutory minimum service, provided by a consistent social worker with whom they could develop a relationship. In the remaining two groups of children, the absence of an active and supportive social work presence was an issue in the majority of the more worrying and high-risk cases.

## **The uncertain progress group**

Within this group, all the children had either remained in their Phase 1 placements or were fairly settled in new placements. There were areas of stability

at home and school that were encouraging to some extent, particularly as several children had histories of being rejected from previous placements. Even the most deeply troubled children in this group were surviving in a family setting, attending school and not involved in criminal activity. Nevertheless, for all of these children, there were significant and persisting areas of difficulty that were proving hard to resolve. Inner worlds remained troubling and children were unable to be flexible and adapt constructively to new situations and developmental challenges. Some carers were becoming overwhelmed and exhausted by the high levels of neediness of their foster-children and were less able to contain children's anxiety and to consistently promote resilience.

It was in such cases that poor professional support represented a particular risk factor for the placement. Foster-family relationships were often fraught in this context and carers referred to strong feelings of disappointment, hurt and anger. The absence of a social worker (and often a corresponding absence of reviews) increased their sense of isolation and helplessness. Unresolved contact issues could regularly destabilize the child. Often, the carers' stressful relationship with the child had permeated other potential sources of informal support. Thus, resources were becoming depleted and anxiety was at a level that could barely be contained and managed through the usual channels. Taking an ecological approach (Bronfenbrenner, 1979; Jack, 2001), it was possible to see ways in which different systems, including the inadequacy of social work support in most though not all of these cases, were interacting with the difficulties of the child to militate against developmental progress. If we consider some of the factors highlighted in relation to the good progress group, it is possible to see processes through which the balance between risk and protective factors and processes had shifted in favour of risk.

In the uncertain progress group were some children about whom it was hoped that the current difficulties might be a relatively temporary 'phase' and that core strengths in the placement, mainly in the developing quality of relationship between the child and the foster-carers, would help them weather the storm. Promoting resilience for these children in the face of their difficulties required enabling them to develop the necessary self-esteem, self-efficacy and the capacity to reflect, learn from experience and function more competently. Risk factors for Joel (10), for example, included a history of abusive unpredictable early care from a birth mother who misused alcohol. He came into care at 3 years of age—late in relation to the amount of damage that can be done in three years of exposure to abuse and neglect, but quite early compared to others in this sample. Joel's behaviour at Phase 1 (when he was 7 years old) was erratic, with poor concentration, poor peer group relationships and significant speech problems. With such a history, physiological risk factors, such as the possible impact of prenatal exposure to alcohol, known to be associated with attention difficulties (Streissguth *et al.*, 1995), may also have been part of the picture. However, Joel's foster-mother was rated as very sensitive and committed to permanence at Phase 1 and by Phase 2, the placement had been stable for four years.

At follow-up, a number of protective factors had emerged or strengthened for Joel, but some of the risks persisted. His foster-mother was even more active, loving and committed to him than at Phase 1 and, in particular, she had got a grip on the previously unpredictable contact arrangements, which she now supervised herself. However, the birth mother was still neither reliably present nor reliably free of alcohol at contact meetings. Joel's foster-mother had worked hard with the school to address Joel's speech problems and to get his dyslexia recognized, but he was still hard to manage in school and had been temporarily suspended on one occasion for aggressive behaviour.

The social work planning and service for Joel and his carers was also rather mixed. There had been a stable and consistent social worker who knew the birth and foster-family well. However, there seemed to have been some muddled thinking about the role of the birth mother. Although this was a planned permanent placement and the birth mother chose not to attend reviews, she was allowed to control the choice of school. This was one of several cases in which a highly damaging, insecure and entangled relationship with a birth mother had been described and even valued as a 'strong attachment'—a potentially dangerous misuse of attachment theory.

In certain ways, Joel was still rather stuck in earlier maladaptive behaviour patterns. The stability and quality of his physical and relationship environment in this foster-family had not yet been able to move his inner world sufficiently towards security and autonomy in order to produce competent functioning in the world outside the family. This was an uncertain progress case, with high risks, but some hope that the foster-carer's strengths and commitment, her provision of a secure base and her active advocacy for him at school might in time interact to outweigh Joel's damaging history and ongoing complex relationship with his birth mother.

Other children in the uncertain progress group seemed to be so significantly damaged by their traumatic birth family experiences that perhaps the best that could be hoped for was that they found stability and gained some limited capacity to function in relationships and in the world outside the family. These may seem modest goals but perhaps reflect the 'relative resistance to psychosocial adversity' referred to by Rutter (1999). Melanie (age 11 at Phase 1 and 14 at Phase 2) had been severely sexually, emotionally and physically abused by her father until the age of 9. She and her younger siblings were removed as a result of her disclosure and her father was then imprisoned for rape and actual bodily harm. She was in a stable placement, which had very significant levels of financial and practical support from the local authority. At Phase 2, Melanie was described by the foster-father as being emotionally burnt out and as retreating into a dream world. She was still wetting and soiling in the day (although no longer at night). She attended mainstream school but was inevitably socially isolated. The foster-carers also found it difficult to have a comfortable, close relationship with Melanie, who told lies and could be aggressive and controlling. They were concerned for

her future welfare and advocated for her to have therapeutic help, which she was accepting. Stability with her siblings had been achieved and, in many respects, she was leading a normal life. However, in terms of resilience and the capacity to face future challenges in adolescence and early adult life, it seemed possible that Melanie would again be a victim of more powerful others, such as her distorted relationship with her body, her low self-esteem, her continuing lack of self-efficacy and her inability to think logically and flexibly in order to learn from experience.

Of concern for the older members of this group was the fact that time was not on their side—changes had to be achieved fairly rapidly in the teenage years, as increasing expectations of competence in the outside world, the world of intimate adolescent relationships and of work were imminent challenges. The expectation that these vulnerable young people would be considered ready to discuss ‘leaving care’ from the age of about 15—a procedure in most authorities—was a common anxiety among carers and social workers.

## The downward spiral group

For each of the seven children in this group, security of an emotional or practical kind had proved elusive. Following the ending of their Phase 1 placements, they had moved frequently in a succession of unsatisfactory and temporary arrangements. Some of these children were amongst the most damaged and vulnerable in the sample, with early experiences of severe abuse, fear and/or rejection. Their behaviours had given rise to grave concern at Phase 1 of the research, with extreme violence, self-harm, wetting and soiling and cruelty to animals being reported (though it must be remembered that some children in the other two groups had similar behaviours when first taken into care). These children and their carers needed high levels of support and additional resources in order to maintain stability and when these were not forthcoming, carers could become overwhelmed and exhausted. Pete’s foster-carers, for example, had requested respite care from the early stages of his placement in the face of Pete’s demanding and verbally aggressive behaviour. However, a suitable resource for respite was not available and the pressure on the foster-mother increased when she was asked to transport him a considerable distance to and from school each day.

Even in situations where children were previously making good progress with sensitive carers, the pressures of *entangled* birth family relationships could prove disastrous to the placements. Roger (age 14 at Phase 2) felt a strong sense of responsibility for his birth mother, who frequently told him (falsely) that she had extreme and life-threatening health problems. He experienced intolerable guilt that he was leading a settled and happy life and felt compelled to return home to look after her. Within a few weeks, this arrangement broke down—a pattern that had occurred several times in the past. Unable to return

to his long-term foster-family because his placement had not been held open, this young man was drifting, without a home base, at the time of the Phase 2 research interviews. The legal situation was relevant in this and several other downward spiral cases, in that where young people were accommodated on a voluntary basis (section 20 of the 1989 Children Act), they were able to return home very quickly once there was agreement between them and their birth relatives, but subsequently found themselves without support from a social worker (Schofield, 2000).

Also very much at risk were children for whom *fear* in their past combined with poorly managed contact. Sam (age 13 at Phase 2) had been accommodated at Phase 1. He had experienced physical abuse, emotional abuse and domestic violence. He was abandoned by his birth mother and his stepmother was also a victim of his violent father. Fear and anxiety had dominated his early childhood. He eventually disclosed the abuse on the advice of his stepmother and his father agreed to him being accommodated. His long-term foster-family was very committed to him and sensitive to his needs. However, contact with his birth father had been unsupervised at Phase 1 and Sam experienced ongoing fear, returning from contact frozen and in a trance-like state. A care order was taken after his father committed another violent assault on a partner. Some supervision of contact was established, though still in the birth father's home. Sam's behaviour became increasingly violent, chaotic and antisocial and he was suspended from school. The foster-carers' request for a boarding school placement for him was rejected. By Phase 2, the placement had ended and Sam was in residential care, where his behaviour was further deteriorating. Sam still saw himself as part of the foster-family and had run to them from the residential placement. His carers remained committed to helping him in whatever way possible. However, it had been impossible for them to increase Sam's sense of security and resilience in the context of his ongoing and unresolved fear—fear which the local authority had not been able to protect him from.

## Discussion and implications for practice

This paper has described some of the factors and processes that appear to be enhancing or threatening the stability, progress and resilience of a group of children in long-term foster-care. Interacting bio-psychosocial factors can be seen to generate risk or offer protection, creating different pressures and benefits at different stages in the placements and in the child's development. The concept of resilience has been used here to think about some of the processes that contribute to diverse outcomes—both when children cope far better than expected and when children slip into downward spirals.

It can be helpful for social workers, when thinking about the life stories of looked after children and their potential for resilience, to consider whether experiences of coping (or failing to cope) with previous adversities have had a

*steeling* (or *sensitizing*) effect in relation to the likelihood of successful adaptation in the face of current and future challenges. Within this developmental pathway approach, it is also possible to think about one of most difficult issues for social workers to manage, which is the sense that looked after children's lives and development gather particular kinds of momentum that can suggest an inevitable (too often negative) outcome. It is generally the *accumulation* and *combination* of risk or protective factors and processes which have the power to dictate the direction and speed of change, as Rutter (1985, 1987) stresses. However, as our study also suggests, some specific changes or single events in a child's life, such as a new attachment relationship, a change of school, a change of contact arrangements or the discovery of a child's particular talent, do have the potential to alter the direction significantly for better or for worse. To use Kahlil Gibran's image of childhood (Gibran, 1926), a brief but powerful gust of wind might shift an arrow's trajectory towards the rough ground, however skilled the archer or well constructed the arrow, but equally small changes in the direction of flight may avoid danger. This notion of significant turning points can raise anxiety about the long-term impact of, say, a placement move, but it can also leave room for hope, as social workers and foster-carers work patiently to achieve small but influential and catalytic changes.

Such concepts offer surer footing for social workers needing to make sense of children's histories, predict developmental trajectories and intervene appropriately at different points in the systems that surround the child (Howe *et al.*, 1999; Gilligan, 2001; Jack, 2001). However, a focus on resilience does have some limitations. The concept is not easy to operationalize in research or to define in individual cases and it needs to be understood in terms of the varied components that make up a child's successful functioning. However, using resilience as a framework in both research and practice does have the advantage of incorporating inner and outer worlds, taking a psychosocial and developmental approach which helps to make sense of complex histories. As the assessment spotlight moves from the child's history of abuse to the degree of carer sensitivity to the nature of birth family contact to education and health provision to social work services, the concept of resilience provides a helpful and hopeful focus around the developmental goals for the child. Planned interventions, based on such psychosocial assessments, may enhance multiple areas of the previously traumatized child's successful adaptation and functioning, and store up strengths for adult life.

Hopefulness is itself a resilience characteristic, perhaps as necessary for agencies, workers and carers as it is for the looked after children they seek to help. At a time when long-term foster-care is often seen in the United Kingdom as a poor second choice after adoption, it has been encouraging to see that some very vulnerable children are thriving in planned long-term foster-placements. However, although foster-carers can themselves be agents of therapeutic change, they do need a wide range of resources in order to maximize the potential of the children with whom they have been entrusted. The more worrying outcomes for some long-term fostered children in our study suggest that we

must redouble our efforts to ensure that children do not slip through the nets designed to help and support them. A positive approach to providing security and promoting resilience would be a good starting point.

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