

The role of foster carers and children's outcomes in England and Portugal

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Dissertation submitted in partial fulfilment for the degree of Doctor of Philosophy in Education

Michaelmas term 2022

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Para a Alice e a Cristiana.

Quem eu nunca esquecerei...

Para a tia Beatriz, o tio Dinis, a avó Helena e o avô Luís.

Por nunca me fazerem sentir esquecida...

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Abstract

Background: Foster carers provide a family environment for children and promote their development and permanence. Moreover, they are expected to collaborate with children's services, social workers in the fostering services, and children's birth families. This evidence has been widely researched, though there is no agreement on a theoretical framework that summarises the role of the foster carers. This thesis speaks to this gap in the literature by exploring in depth the role of foster carers in the context of England and Portugal.

Methods: This thesis uses mixed methods and follows a sequential exploratory design, since qualitative evidence from the first research phase informs the second quantitative research phase.

Methodology for Phase One: Nineteen focus groups were conducted with a total of 99 participants between England and Portugal. Children who were in foster care, young adults who had been in foster care, foster carers who had at least one child in placement, and social workers who were working with foster carers shared their perspectives on what makes a good foster carer and how placement success could be measured. The data were analysed following an adapted grounded theory structure.

Findings of Phase One: Stakeholders considered that the role of foster carers, which was focused on the practice of fostering children, combined different elements, namely foster carers' personal characteristics (and past experiences); children's permanence, personal characteristics and development; foster carers' personal sources of support and stress (family life and social network); and contextual sources of support and stress (birth families of children, children's services, and social workers in the fostering services). This evidence led to the development of the process model of the determinants of fostering, and to the understanding that there were challenges around promoting children's sense of belonging to the foster family in the English foster care system and to the children's birth family in the Portuguese foster care system. In this research phase, foster

carers' fostering competencies, quality of the relationship between foster carers and children, and children's emotional, social, and behavioural difficulties, were selected as the main variables to be analysed in the second research phase.

Methodology for Phase Two: A total of 740 foster carers in England and 53 foster carers in Portugal, who were at that time fostering a child who had been placed with them for at least one year, and who was at least 2 years old at the start of the placement and between 4 and 17 years old at the time the questionnaires were completed, participated in this phase. Multiple regression analysis and structural equation modelling were used to explore the associations between foster carers' self-reported fostering competencies, quality of their relationship with children, and children's difficulties.

Findings of Phase Two: In the Portuguese sample, greater closeness was associated with fewer children's peer problems. In the English sample, greater additional tasks' competency and lower control levels of foster carers were related to fewer difficulties of children. It was also found that the closeness between foster carers and children mediated the relationship between additional tasks' competency of foster carers and children's peer problems, children's hyperactivity levels, and children's conduct problems, even if the latter only partially. Lastly, greater closeness between foster carers and children was associated with fewer children's emotional problems, peer problems, conduct problems, as well as lower hyperactivity levels.

Conclusions: This thesis proposes a theoretical framework adapted from the model proposed by Belsky (1984), that is the process model of the determinants of fostering, to understand the role of foster carers and presents evidence that the quality of the relationship between foster carers and children is crucial to achieving positive outcomes. Moreover, the role of foster carers can be described as similar to the role of a parent, but with some additional tasks. The contribution to knowledge includes research, policy, and practice.

CHAPTER 1 – Introduction

This chapter provides an introduction and overview of the thesis. I start by describing the international context of foster carers and children. After which, I present a summary of the thesis rationale and conceptual framework. I then present my bias and reflexivity. Lastly, I close this chapter with the overall thesis structure.

1.1 International context of foster carers and children

In this section, I provide an overview of children at risk or in danger, and children in care and types of placements. I also expand on foster care as the preferable type of placement for the majority of children.

Children at risk or in danger

Some children¹ are exposed to neglectful and/or abusive family environments (Finkelhor et al., 2015; Geeraert et al., 2004; Stith et al., 2009), which can negatively impact their developmental outcomes (Font & Berger, 2015; Kessler et al., 2010). When children's development, wellbeing, or life is at risk or in danger, and when this is reported to child welfare/protection professionals, professionals are expected to intervene in order to safeguard and protect these children (Grietens, 2013; López et al., 2015; United Nations, 1989).

Intervention can result in the child staying with their family, with monitoring from social services and possibly other additional supportive interventions, or with the child being

¹ For this thesis, children are defined as persons under 18 years of age. This coincides with the age when children cease care in England but not in Portugal, which can be extended until they are 25 years of age.

removed, according to the risk/danger they are exposed to (Benbenishty et al., 2015; Fluke et al., 2014). The removal from their birth family typically happens in the most severe cases (General Assembly, 2010). Nevertheless, it is important to acknowledge the complexity and difficulties associated with these decisions (López & Benbenishty, 2021).

These decisions tend to be influenced by the information available about the child and the family, and the judgments made by the professional (Benbenishty et al., 2015). These judgments and the case decisions are moderated by a range of factors, including child protection policies, availability and evidence on interventions, availability of resources, attitudes and values about the rights of children and families, and the moment and time in which these are being made (Benbenishty, 2019; Benbenishty et al., 2015). National statistics support this evidence since, in different countries, the ratio of removal of children from their birth families (given the total number of children in the country) varies considerably (Gilbert et al., 2011; Thoburn, 2007).

Children in care and types of placements

When comparing children who are in care, most of whom will have been removed from their parents, with their peers from the general population, it is clear that they have more prevalent difficulties, such as higher levels of psychopathology, low educational attainments, and neurodevelopmental disorders (Ford et al., 2007), lower levels of psychosocial functioning (Goemans, van Geel, van Beem, et al., 2016), and higher prevalence of developmental delays, mental health problems, and insecure attachments (Vasileva & Petermann, 2018). Moreover, early adversities of children who are in care have also been found to be associated in adulthood with long-term physical health difficulties, psychosocial problems, lower socio-economic outcomes, and criminal behaviours (Department for Children Schools & Families, 2010; Dregan & Gulliford,

2012; Gypen et al., 2017; Melkman & Benbenishty, 2018; Rebbe et al., 2017). Therefore, it is crucial to provide the best possible type of care for these children.

Children's placements can have different aims and vary in duration, from emergency to short-term placements, to the provision of an alternative family until they reach the age of majority; this will be defined in the child's individual care plan (Baginsky et al., 2017).

The child's individual care plan states what is best for the child, and its aim can be return to the birth family, adoption, or remain in the system (long-term foster care or residential care) until they reach the age of majority and become autonomous (Biehal et al., 2010).

While these permanent solutions are sought and defined, a temporary placement in foster care, whereby the child lives with a family other than their own, or with extended family members (kinship care), who are supported by a fostering service, is the most appropriate intervention for the majority of children (Dregan & Gulliford, 2012; General Assembly, 2010; Zeanah et al., 2009). However, in exceptional circumstances, some children with more challenging behavioural, physical or emotional needs may benefit from specific interventions and placement in residential care, whereby the child is placed in a children's home with other children and a team of professionals (General Assembly, 2010; Whittaker et al., 2014).

Despite the evidence (Dubois-Comtois et al., 2021; Zeanah et al., 2009) and the international guidelines (General Assembly, 2010; United Nations, 1989) that suggest that foster care is a better type of placement than residential care, in practice, national statistics do not always reflect this. Thoburn (2007) reported on national statistics of children who were placed in residential care, where Germany was found to have 57% of all children who were in care, while Japan 92%.

Del Valle (2013) documented that Anglophone countries and those in the north of Europe, as well as those in the west-centre of Europe (yet to a lesser extent), have invested in placing children in foster care. In contrast, countries in the south of Europe continued to place large numbers of children in residential care. A recent project conducted across 28 countries in Europe (Eurochild & Unicef, 2021), explored the proportion of children who were placed in foster care and residential care, and partially confirmed the trend documented by Del Valle (2013) in the first decade of the 21st century. Eurochild and Unicef (2021) found that most countries made more use of foster care than residential care with the exception of Spain (52% of children placed in residential care), Germany (53% of children placed in residential care), Luxembourg (57% of children placed in residential care), Cyprus (66% of children placed in residential care), Greece (85% of children placed in residential care), and Portugal (95% of children placed in residential care).

Context of foster care

Children have the right to grow in a family that provides a supportive, caring, and loving environment (United Nations, 1989). Based on this premise, foster care is considered to be the preferable placement type since it promotes an alternative family environment.

Foster carers are expected to meet children's needs and provide affection, while accounting for their background and past experiences (Caw & Sebba, 2013; Steenbakkers et al., 2018). Moreover, they are in a unique and privileged position to care for these children, and the relationship and bond that is developed between the two, are critical to children's developmental outcomes (Oosterman et al., 2010; Wojciak et al., 2017) and to placement stability (Biehal et al., 2010; Rock et al., 2015). For instance, some studies have identified the quality of the relationship between the foster carer and the child, and the foster carers'

parenting competencies, as being associated with children's emotional, social, and behavioural outcomes (Dubois-Comtois et al., 2015; García-Martín et al., 2015).

According to Sinclair and colleagues (2001), children who are in foster care want to feel like they belong, and to have the care, concern, and support that other children receive from their families. In the voice of young adults/adults who are foster care experienced, foster carers have a crucial role in supporting children, nurturing them, and promoting a stable relationship, though this had not always been their experience (Boddy, 2019; Chaney & Spell, 2015; Colbridge et al., 2017; McCormack & Issaakidis, 2018).

Foster carers play a central role in supporting children, in fact, the way foster carers care for children can have a significant impact on their development. Therefore, this thesis aims to contribute to knowledge by exploring the role of foster carers. For this, the English and Portuguese contexts were chosen (explored in Chapter 2).

1.2 Rationale

The foster care systems in England and Portugal are quite different, which can be explained and contextualised by country-specific historical, religious, and cultural conditions, welfare regimes, legislative development, and the structure of children's services. The English foster care system has been defined as a risk-averse and reactive system, with a bureaucratisation of practice (Higgins et al., 2015; Masson & Parton, 2020), and the Portuguese foster care system as having been neglected for several decades (Delgado et al., 2013; Diogo, 2018).

Apart from the highlighted differences between the systems, there are three key similarities, the first being that foster care in both systems is described in law as a family environment where children's individual needs, which, as described in previous

subsections, might include developmental difficulties (Font & Berger, 2015; Kessler et al., 2010), can be met through care and affection. This purpose is widely supported by evidence in both countries, but not exclusively (Biehal, 2014; Buehler et al., 2003; Oliveira, 2012; Shklarski, 2019; Sinclair et al., 2001).

The second similarity is the reduced use of matching in practice (Machado, 2016; Narey & Owers, 2018). Zeijlmans and colleagues (2018) argued that matching decisions are adjusted considering the needs of the child, but these can be compromised by time–pressure, reduced number of available foster carers, and lack of information. Therefore, they suggested that guidelines are needed to establish minimum standards.

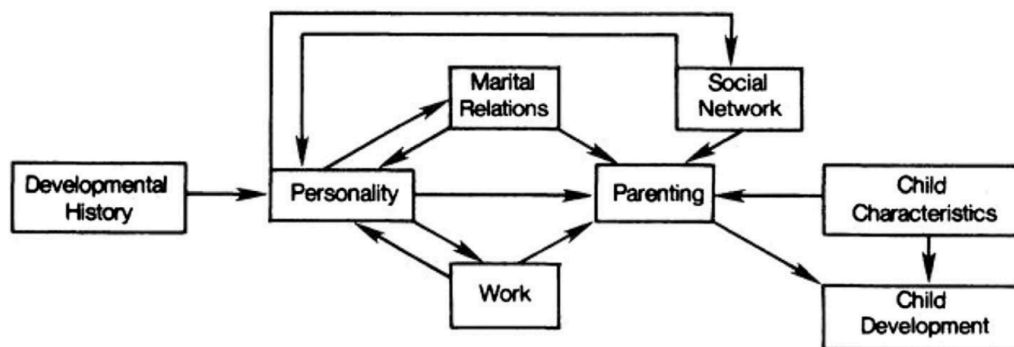
The third similarity is that, in practice, there is no theoretical or evidence-based framework on the role of foster carers. Therefore, decisions around selection, additional training, or interventions for foster carers, tend to be based on the expertise and experience of professionals. This has also been found in research conducted in England and Portugal, but also in other countries (Day et al., 2018; Diogo, 2018; Luke et al., 2014; Luke & Sebba, 2013; Sinclair & Wilson, 2003; Van Holen et al., 2019). However, as argued by López and Benbenishty (2021) in research on child protection decision-making, it is crucial to recognise that professionals bring their own values, beliefs, and attitudes when making decisions.

Given the evidence in the field and the practice challenges, this thesis intends to contribute to knowledge by exploring the role of foster carers in depth. Initially, by capturing the voices and views of stakeholders in England and Portugal, and subsequently by analysing the relationship between critical elements of this role, based on self-reported data of foster carers in both countries.

1.3 Summary of the thesis conceptual framework

The main aim of this thesis is to explore the role of foster carers, which has been widely compared to the role of parents (Carter & van Breda, 2016; Samrai et al., 2011; Sinclair & Wilson, 2003). Building on this evidence, Belsky (1984) process model of the determinants of parenting (**Figure 1**), is part of the conceptual framework of this thesis. Parenting, according to Belsky (1984) is a complex dimension that results from diverse factors or subsystems. His model of determinants of parenting explores the relationships between different subsystems and illustrates their contribution to the act of parenting, which influence the child's development. According to this model, parenting is influenced by the personality and psychological wellbeing of the parent (which includes their developmental history), the characteristics of the child, and contextual sources of support and stress, such as marital relations, social network, and work. It also takes into consideration the relationship between the contextual sources of support and stress and the parent's personality and psychological wellbeing, and vice-versa.

Figure 1 - A process model of the determinants of parenting



Furthermore, to gain a greater understanding of the role of foster carers, this thesis also draws from evidence on parenting styles (further explored in Subsection 3.3.2) and child-rearing dimensions (Baumrind, 1966; Maccoby & Martin, 1983). Baumrind (1991, 1996)

identified two specific child-rearing dimensions as typically emerging in cross-cultural studies, namely responsiveness, that is, being attuned, accepting, and supportive of children's needs, which include warmth, reciprocity, clear communication and person-centred discourse, and attachment; and demandingness [or parenting control as termed by Maccoby and Martin (1983)], as in, direct confrontations, monitoring, and consistent and contingent discipline. Therefore, this theory also sheds light on the fostering practice.

Finally, considering that the role of foster carers involves additional tasks beyond the ones performed by parents, the conceptual framework of this thesis also focused on two research pieces with similar aims, the first conducted by Berrick and Skivenes (2012) on parenting plus dimensions, and the second by Buehler and colleagues (2006) on the competence domains of foster carers (further explored in Section 3.3).

1.4 Bias and reflexivity

Every researcher has their own understanding of the world, which results from their personal and professional experiences. Therefore, it is crucial for researchers to recognise their biases, beliefs, and pre-concepts, and monitor how these influence the decisions they make in every stage of a research project (Berger, 2015). According to Mitchell and colleagues (2018), reflexive practice is one of the most important but also challenging parts of conducting research, especially when it involves collecting qualitative data. Therefore, it is crucial to promote and enhance reflexive practice even more, when the research study intends to represent groups and realities of which the researcher does not have lived experience (Grove, 2017).

To maximise the authenticity of this thesis and 'trustworthiness' of its findings and evidence, in this section, I attempt to share my positionality, my motivations to do research

in this field, and my initial biases, beliefs, and pre-concepts when I started this thesis, while also reflecting on my own reflexive path. Starting with my positionality, I am a Portuguese white hetero cisgender woman, able-bodied, from a working-class background. I am first generation at university, and all my degrees, apart from the DPhil, were done after working hours (in the evening and weekends) while working. I was brought up in a catholic culture, and while growing up, I was exposed to some level of economic deprivation and emotional and physical neglect. However, despite this context, my parents always showed that they had educational aspirations for me, which made all the difference to how I have been perceiving and facing educational/academic and professional challenges. Moreover, I worked as a clinical psychologist for almost six years, and I am doing my DPhil at the University of Oxford. I recognise that these put me in a position of privilege.

My initial involvement in this field of children who are in alternative care happened during my undergraduate degree in Psychological Sciences. As part of my undergraduate degree, I conducted a piece of research on children who were in residential care (after which I started to do voluntary work at a different children's home). There was one particular experience that had a profound impact on me. While I was conducting interviews with 5-year-old children placed in residential care, one child wrote her and her sister's names on a piece of paper and asked me to take that piece of paper with me, so that I would remember them. This experience and subsequent regular interaction during my voluntary work with those children made me aware of the fact that many children in Portugal who were removed from their birth families may feel forgotten, considering the high proportion of children who are in residential care settings compared to foster care. Something needed to be done; children should have the right to live in a family environment and be loved, as well as to have their needs, development and wellbeing considered.

As a clinical psychologist, after working for several years with people who were socio-economically deprived or even in a homeless situation, I realised that more intervention was necessary for children, those who will become the adults of tomorrow. Moreover, on a personal level, I genuinely believe that we can only accomplish something in life by giving back to society and, in my case, after seeing the context of life in children's homes in Portugal, I feel a commitment to children who do not benefit from the best possible alternative placement. This understanding was consolidated by being part of a research team in Portugal and conducting research projects with children who were in foster care, foster carers, and professionals.

I started this thesis with biases, beliefs, and pre-concepts about what a good foster care placement should look like, but also with strong opinions about the Portuguese context, these were reinforced by the views of the participants, particularly by the views of children and young adults. More specifically, that the Portuguese system provided love, but only to a small proportion of children who were placed in foster care, despite foster carers not always safeguarding their relationships with birth families, and that the English system was too bureaucratic and not always ensured the best family environment to children who were placed in foster care.

When I started to analyse the data in detail, I struggled with how to make sense of it. I knew then that my practitioner background as a clinical psychologist was making me feel accountable for what the participants had shared with me, but more than this, I became conscious that my Portuguese identity and how I had been brought up could be blurring how I was seeing and understanding the data.

Therefore, over the past years, I made some conscious and some less conscious, but relevant decisions that contributed to my increase of knowledge about the English and

Portuguese systems and to move towards a more reflexive practice. For example, I used the opportunity of considering how Phase Two data would be collected² to have in-depth conversations with several professionals from fostering teams and foster carers. Moreover, I was awarded a couple of grants that allowed me to do practice placements with fostering teams in Australia, England, and Portugal. Additionally, I was awarded a grant to do a research stay in the Netherlands, which also contributed to gaining knowledge about another country with a different foster care system. I am so very grateful for the opportunity to have learned so much from these interactions with different stakeholders. Lastly, I did weekly talking therapy over the past two years, which shifted how I perceive and make sense of reality.

I kept a reflective diary and read it several times while analysing the data from both studies, as well as read and did training on reflexivity, and even co-developed a short course on reflexivity with other colleagues. The more I learned about this topic, the more I felt confident to reflect on what the participants had shared. Nonetheless, I still had the support of colleagues, practitioners, and supervisors, who provided invaluable discussions about the data and contributed to how the data took the form of the evidence presented in the following chapters.

1.5 Overall thesis structure

In this section, I present the thesis structure and a short summary of each chapter.

² It is important to refer that most of the fieldwork of Phase Two happened during and after Brexit.

CHAPTER 2 – Literature review

This chapter presents a general literature review for the thesis, with a focus on the English and Portuguese contexts of foster care and international evidence on the role of foster carers. Moreover, Chapter 9 covers a more detailed literature review focused on the main elements that emerged from the first research phase.

CHAPTER 3 – Research paradigm and design

This chapter describes the research paradigm and design of this thesis. Firstly, I present the main aim of the thesis and the research problem. I then expand on the rationale for the pragmatic approach and the conceptual framework. This is followed by expanding on the research design decision on mixed methods with a sequential exploratory design. Lastly, I present the aims and research questions for Phase One (focus group methods) and Phase Two (survey methods) and close with a summary of the chapter.

CHAPTER 4 – Methodology for Phase One

In this chapter, I describe the methodological approach for Phase One, more specifically, the aims, ethical considerations, sample, research procedures, and analysis strategy. In summary, the data were collected in 19 focus groups with the participation of a total of 99 stakeholders in England and Portugal, including children who were in foster care, young adults who had been in foster care, foster carers who had at least one child in placement, and social workers who were working with foster carers. The data are analysed following an adapted grounded theory structure. At the close of the chapter, I reflect on the limitations of this phase.

CHAPTER 5 – Findings of Phase One - Part I

Part of the findings of Phase One are presented in this chapter, with a focus on research question 1. I explore what ‘good’ foster carers bring to the role that helps them perform it with quality, according to the views of key stakeholders, who are ‘experts’ due to their experience of foster care in England or Portugal. There is a shared understanding across the different stakeholders’ groups that foster carers bring similar personal characteristics, personal sources of support and stress, and past experiences to the role. At the close of the chapter, I present a comparative summary of the perspectives that emerged in the different stakeholders’ groups in both samples.

CHAPTER 6 – Findings of Phase One - Part II

In this chapter, the remaining findings of Phase One are presented, with a focus on research question 2. I explore what constitutes the role of foster carers, including how foster carers perform the role to be classified as ‘good’, and what are the expected positive outcomes for children. Stakeholders in the different groups expand on two categories, fostering children and contextual sources of support and stress. At the close of the chapter, I present a comparative summary of the perspectives that emerged in the different stakeholders’ groups in both samples.

CHAPTER 7 – Discussion of Phase One - Part I

The findings of Phase One are discussed in this chapter, thus how ‘experts’, due to their experience of foster care, defined the role of foster carers. This is supported by 18 studies conducted in different countries (i.e., Australia, Belgium, Canada, England, Portugal, South Africa, and the US) that emerged from a narrative review.

CHAPTER 8 – Discussion of Phase One - Part II

In this chapter, I discuss the evidence that emerged from the first two research questions, presented in Chapters 5 and 6 and discussed in Chapter 7, with the aim of exploring the last research question, whether the evidence from the previous chapters on the role of foster carers is aligned with the Belsky (1984) process model of the determinants of parenting. This leads to the development of the process model of the determinants of fostering. Finally, at the close of this chapter, I present the limitations and strengths of the first phase of the research.

CHAPTER 9 – Literature review of Phase Two

The literature review of Phase Two focuses on outcomes for children who are in foster care and characteristics of foster carers, as well as on the associations between foster carers' parenting practices, quality of the relationship between foster carers and children and children's behavioural difficulties.

CHAPTER 10 – Methodology for Phase Two

In this chapter, I describe the methodological approach for Phase Two, more specifically, the research procedures and ethical considerations, the sample and questionnaires, and the data statistical approach. By using survey methods, the data were collected from 740 foster carers in England and 53 foster carers in Portugal, who were at that time fostering a child who had been placed with them for at least one year, and who was at least 2 years old at the start of the placement and between 4 and 17 years old at the time the questionnaires were completed. At the close of the chapter, I reflect on the limitations of this phase and present a summary of the chapter.

CHAPTER 11 – Findings of Phase Two

The findings of Phase Two are presented in this chapter. This phase explores self-reported fostering competencies (i.e., additional tasks' competency and control levels) of foster carers with stable placements in an English and a Portuguese sample. More specifically, it examines the associations between these, and self-reported quality of their relationship (i.e., closeness) with children; and their perception of emotional, social, and behavioural difficulties (i.e., emotional problems, peer problems, conduct problems, and hyperactivity levels) of children. In both samples, the closeness between children and foster carers explains a larger proportion of the variances of children's difficulties, compared to foster carers' fostering competencies. Lastly, I summarise the findings according to the research questions and hypotheses.

CHAPTER 12 – Discussion of Phase Two

The findings of Phase Two are discussed in this chapter, by appraising them against the evidence that emerged from Phase One and relevant literature. At the close of this chapter, I present the limitations and strengths of the second phase of the research.

CHAPTER 13 – Conclusions

Finally, this chapter briefly summarises the main findings according to the research questions. I also present the thesis' contribution to knowledge, some directions for future research, and closing remarks.

CHAPTER 2 – Literature review

This thesis aims to explore in depth the role of foster carers, for which the English and Portuguese contexts were chosen. Therefore, in this chapter, I present an overview of foster care in the English and Portuguese contexts. This is followed by a review of the literature on the role of foster carers, focusing on its aim, different elements, and relationships between these elements.

2.1 Foster care in the English and Portuguese contexts

In this section, I provide an overview of foster care in the context of England and Portugal. I start with a summary of these countries' welfare states and parenting cultures. This is followed by a synthesis of their child protection systems' historical background and legislation. Lastly, I present an overview of their foster care systems context.

Welfare states and parenting culture

In modern societies, the state is expected to act according to the society's wellbeing and to safeguard equity between its citizens. For this, social policies play a central role, considering their impact in areas such as education, health, and social protection; all of which can affect citizens' opportunities (Esping-Andersen, 1991; Marshall, 1973).

England and Portugal have different welfare states (Esping-Andersen, 1990; García & Karakatsanis, 2006; Giddens, 2006), which consequently reflect competing understandings of the responsibilities of family and state in family life, and what is in the best interests of children. According to Hantrais (2004), England can be classified as a partially de-familiarised welfare regime, in which the state rhetoric is supportive of families, but with a

reluctance towards family intervention. Welfare services are primarily oriented towards children and families who are ‘at risk’. Portugal can be considered as a familiarised welfare regime, whereby family policy may be characterised as fragmented and mainly uncoordinated. The welfare responsibility rests primarily on the families (Hantrais, 2004).

Regardless of the level of responsibility of the state in family life, parents have a central role in caring for their children. Nonetheless, parents are embedded in cultural contexts, and culture is also transmitted and altered by the way parents care for their children; hence, the way they parent their children might differ between cultures (Baumrind, 1993; Davidov, 2021; J. G. Miller et al., 2019; Myers-Walls et al., 2005).

In England, parenting, as well as education, shifted towards a ‘child-centred’ or ‘progressive’ approach in the post-war period, which coincided with married women being part of the labour market, thus with an increase in living standards (McCarthy, 2017; Thane, 2010; Tisdall, 2017). Between 1950s and 1960s, parents were encouraged, via informative talks at parent-teacher associations, local parenting groups, and radio broadcasts, to move away from strict rules and practices, and to account for children’s individual needs while investing in the bonds with their children (Tisdall, 2017). In Portugal, the most significant changes happened during the 1970s due to emigration, women entering the labour market, the end of the dictatorship, and the consequent increase in socioeconomic resources (Wall, 2005). This context contributed to a better quality of life, smaller gender inequality, and the development of the so-called ‘modern family’, where the role of affection and love was reinforced and became essential in family life (Cunha, 2007).

In both countries, these societal changes contributed to children starting to be perceived as actors with rights and agency, while simultaneously needing to be safeguarded, respected,

and loved by their parents (Sarmiento et al., 2017; Todd, 2014; Torres, 2001; United Nations, 1989). More recent studies found that parents in England (Bi et al., 2022) and in Portugal (Pedro et al., 2015) tended to use authoritative (warm/accepting and demanding/controlling) rather than authoritarian (cold/unaccepting and demanding/controlling) or permissive (warm/accepting and undemanding) parenting styles (Baumrind, 1996). Lin and colleagues (2022) explored ideal-parent beliefs across 37 countries, where the UK and Portugal were identified as part of different parenting culture groups. Nonetheless, they presented similar predominant themes/concepts, so in the UK country group, the prevailing themes/concepts were being loving and patient, and in the Portuguese country group, being loving, affectionate, and responsible.

While some evidence suggests that parents tend to use appropriate child-rearing practices in England and Portugal, other evidence points to some parents/caregivers in practice maltreating their children (Almeida, 2005; Featherstone et al., 2019; Mathews et al., 2020; Sarmiento et al., 2017). In these situations, the state might consider different interventions, which can be aggregated under child focus, family service, and child protection (Gilbert et al., 2011). These decisions will depend on factors such as the socio-political character and size of the state, existing resources and services, understandings around rights and responsibilities, and the nature of relationships between children, parents, and the state, which can change over time (Gilbert et al., 2011).

Child protection systems: historical background

It is important to contextualise how children have been protected and when the current child protection systems were implemented in England and Portugal. In Portugal, the support given to children was provided mainly by the extended family, neighbours or friends, so through solidarity (Delgado et al., 2013). Between the XV and the XVI

centuries, some religious institutions (Misericórdias) were created to protect and support children, older people, and people who had committed offences. These were followed by Casa Pia of Lisbon, founded in late XVIII, with a focus on protecting children (P. C. Martins, 2005). Both provided residential care support, thus, being this the first type of formal placement for children in Portugal (Delgado, 2010). In 1967, there was an attempt to implement foster care (Calheiros et al., 1993); however, it was only regulated in 1979 by the Decree-Law 288/79.

In England, before the creation of its modern child protection system, children were placed in Roman Catholic monasteries, which by the XVI century were replaced by orphanages or small houses. By 1834 there was the creation of residential ‘workhouses’ and, by the end of that century, the establishment of organisations such as Dr. Barnardo’s (now called Barnardo’s) (Bullock & McSherry, 2009). However, as in Portugal, family members, neighbours, or friends also provided informal foster care. The first officially recorded forms of foster care emerged during the 19th century, when children were placed in baby-farms (Zelizer, 1988), and one of the first laws pertaining to foster care was implemented in 1908.

Child protection systems: legislation

In 1889, the Children’s Charter was implemented in England with the aim of protecting children from abuse and neglect. Another relevant document is the Children Act 1948, part of the post-war legislative programme, which contributed to the implementation of Children’s Committees and Children’s Officers at the local authority level, and gave a new duty to local authorities; the duty to remove children on a voluntary basis and to assume parental rights of children, if the child had no parents/caregivers or if these did not fulfil their role. Two other legislative documents were implemented in the 60s to support

families and children and to avoid some of the possible removals, the Children and Young Persons Act 1963 and the Children and Young Persons Act 1969. However, despite the efforts towards preventive practice, tensions emerged in the legislative documents between a child focus, family service, and a child protection approach (Gilbert et al., 2011). The Children Act 1989 was then implemented with the aim of reaching a balance between the protection of children and the preservation of family autonomy, acknowledging the specific needs of children and the specific needs of families (Biehal, 2019).

The Children Act 1989 (and following Acts that amend it) became the legal framework for the English child welfare system. This is an extensive legislative document, which focuses on safeguarding and promotion of children's welfare, while intending to support families and protect children. Thus, it ensures support for children in need (e.g., children with disabilities) and their families, but also protection for children who are suffering, or likely to suffer, significant harm, this being the threshold for compulsory intervention in family life (Baldwin & Biehal, 2016).

In 2000, Victoria Climbié, and in 2007, Peter Connelly, died as a result of abuse from relatives; these cases shortly after became high-profile cases in the media. As a result, government-commissioned inquiries were conducted, which contributed to the enhancement of policies around prevention and protection of children, such as the Children Act 2004 (that framed the 'Every Child Matters' policy) and Working Together to Safeguard Children (2010) (Biehal, 2019). However, these ended up putting child protection at the centre of safeguarding policy and practice and emphasising the essential role of social work (Parton, 2011). Higgins and colleagues (2015) and Masson and Parton (2020) expanded on this argument and considered that these policies actually led to a 'risk-averse' and reactive system, with a bureaucratisation of practice, rather than a system with

policies and practices grounded in long-term preventative strategies. Nonetheless, research suggests that the thresholds for using child protection plans and alternative care in England can still be classified as high (Biehal et al., 2018). This evidence is supported by the rate of children (≤ 18 years old) who are in care in England (6.7 per 1,000; Department for Education, 2021), which can still be considered low compared to some other countries (Gilbert et al., 2011; Thoburn, 2007), despite some increase over the past decade. Lastly, Biehal (2019) and Schofield and colleagues (2012) identified two characteristics that differentiate the English system from other systems, namely the focus on planning for permanence and the use of adoption irrespective of parental consent.

The first legislative piece to be implemented in Portugal with the aim of protecting children was the Child Protection Law 1911. This law clearly separated the legal system for children from the legal system for adults (e.g., Criminal Law) and contributed to the creation of Courts for Family and Children. However, it did not provide enough support to children in danger, neither recognised children as agents of rights (C. S. A. Martins, 2013).

This law was then replaced by the OTM Law 1962 (and following legislative documents Acts that amend it), which aimed to protect, assist, and ensure the upbringing of children. Furthermore, with the support of the judicial system, social services were given the legal right to intervene in family life. This law also assigned responsibility to the Public Ministry to represent these children and to protect their best interests, as well as supported the creation of Commissions of Protection, to provide non-judicial intervention to children and families. However, this law did not ensure enough protection for children in danger or support for children who had committed offences (Candeias & Henriques, 2011). These realisations, combined with the ratification of the Convention on the Rights of the Child (United Nations, 1989), led to the development in 1999 of the Protection Law 147/99 to

support children in danger and the Law 166/99 to support children (between the ages of 13 and 15 years) who had committed offences.

The Protection Law 147/99 (and following legislative documents Acts that amend it) became the legal framework for the Portuguese child protection system. At its core is protecting children's best interests, while considering them as agents of rights, and when it comes to intervention, preference is given to early, timely, and minimal intervention within the family environment, so avoiding removal of children. Therefore, the Portuguese system is focused on family intervention and protection of children who are in danger (Gersão, 2014). In practice, most of the children who are supported under this law continue to live with their families, and when the removal of children takes place, tendentially, efforts go towards reunifying children with their families (Delgado et al., 2013). This context explains the decrease over the past decades and the consequent low number of children in alternative care (3.1 per 1,000 $\leq$ 18 years old, or 2.6 per 1,000 $\leq$ 24 years old; Instituto da Segurança Social, 2022; INE. PORDATA, 2021) compared with other countries (Gilbert et al., 2011; Thoburn, 2007).

Foster care systems context

Children and Young Persons Act 1908, which introduced foster carers' registration, is the first legislative document on foster care in England. According to Cronin (2019), the Children Act 1948 led to a turning point in the foster care system by clearly stating a preference for foster care over residential care, and since then, the number and proportion of children in foster care have grown. This preference can be explained by political and economic motivations, given the better outcomes for children and the much lower cost of foster care compared to residential care (Ward et al., 2008). It is essential to clarify that in England, despite this preference, a small proportion of children are still placed in

residential care; for instance in 2021, 14% of all children who were in care were in residential care (Department for Education, 2021). However, this choice is taken given specific aims and only applies to children with certain characteristics, mainly adolescents who present challenging behaviours, children for whom foster care failed or was not appropriate, or sibling groups waiting for an adequate joint placement to be found (Department for Education, 2020; Department of Health, 1991). Therefore, as expected, the national data (Department for Education, 2021) confirm that within the alternative care context, priority is given to foster care (56% of all children in care were in ‘stranger’ foster care) and, whenever possible to kinship care (15% of all children in care were placed with a close relative or family friend). Furthermore, children in foster care in England differ in several ways from those in residential care, tending to be younger and have fewer difficulties, such as special educational needs or disabilities (Department for Education, 2016b).

The foster care system in England is currently framed by the Children Act 1989, the Care Standards Act 2000, and regulations under those Acts, The Fostering Services (England) Regulations 2011, and the Fostering Services: National Minimum Standards. In the English law, one of the primary obligations of foster carers is to *“care for any child placed with them as if the child was a child of the foster parent’s family and to promote that child’s welfare having regard to the long and short-term plans for the child”* [The Fostering Services (England) Regulations 2011].

Foster care can be described as providing an alternative, but also temporary or in some cases long-term family environment (Narey & Owers, 2018). The system makes different use of foster care according to the children’s needs, and that is translated into several types of foster care placements, that is, emergency, short-term, short-breaks (respite), remand,

fostering for adoption, family and friends (kinship), specialist therapeutic, and long-term. Moreover, foster care is characterised as a type of placement where the child remains in contact with their birth family, as long as there is no associated risk (Fostering Services (England) Regulations, 2011).

The Department for Education is responsible for children who are in care and care leavers, and professionals in the local authorities have the central role of supporting them. In fact, these professionals are often described as being their ‘corporate parent’ (Department for Education, 2018a). Therefore, children are monitored and supported by professionals in the local authorities, regardless of whether they are placed in their services or independent fostering agencies. Professionals are expected to account for the welfare of children and ensure that children reach permanence, with the aim that children can grow in a ‘permanent home’, that is, return to the birth family, family and friends care (special guardianship orders or child arrangement orders), adoption, or long-term foster care (which includes kinship care) (The Children Act 1989 guidance and regulations, Volume 2: Care planning, placement and case review). However, it is important to highlight that in the year 2020/2021, only 25% left care to return to live with their parents, relatives, or another person with or without parental responsibility (Department for Education, 2021).

The inclusion of long-term foster care as a permanent care option, where is planned for children to stay with the same foster carers until they cease care happened in 2015, and it was driven by frequent children’s movements in the English system (Larsson et al., 2015) and by the recognition that this could potentially lead to children’s emotional losses (Biehal, 2007). Nonetheless, this is still an area of concern, and in the National Fostering Stocktake (Narey & Owers, 2018), it was described as possibly being associated with

the matching process, which in practice seemed to be overwhelmingly supply-led and not needs-led.

However, when the permanent option is long-term foster care, as pointed out by Schofield and colleagues (2012), it can be challenging for professionals in the local authorities to fulfil their role of corporate parent, for instance, monitoring the permanence of the child, which can be described as procedurally intrusive, while managing the expectations of children and foster carers on family life. It seems that the current system went too far away from the foster care system that was implemented by the Children Act 1948, where foster care was a type of quasi-adoption and foster carers would care for children as part of their family, however, with limited or no interaction with children's birth families (K. Wilson, 2006). Sinclair and colleagues (2001) argued that the foster care system should be less bureaucratic, more ordinary, and shaped by children's views. This is aligned with the arguments presented by Masson and Parton (2020) and Sinclair and Wilson (2003) that the risk-averse culture of the English child protection system could potentially hinder the sense of 'normality' in a family environment and consequently compromise children's feelings of belonging.

In practice, stakeholders have been raising concerns about the foster care system in England not ensuring children's needs are met nor providing adequate support (Baginsky et al., 2017; Lawson & Cann, 2017, 2019; The Fostering Network, 2021). Accordingly, inquiries and reviews have been conducted, which allowed the identification of areas for improvement, such as ensuring that children are in stable and permanent family environments where they feel loved; foster carers are supported, valued, and treated professionally by other professionals; and systems are improved to respond to the needs of the different stakeholders (Fostering - First report of session 2017-19 - House of Commons

- Education Committee, 2017; the National Fostering Stocktake - Narey & Owers, 2018; the Independent Review of Children's Social Care - MacAlister, 2022).

Furthermore, some regulatory developments have been implemented to promote a more ordinary 'family life', such as delegated authority to foster carers for day-to-day parenting, which includes routine decisions about health/hygiene, education, leisure activities (The Children Act 1989 guidance and regulations, Volume 2: Care planning, placement and case review), and a change of terminology from foster carer to foster parent (Department for Education, 2018b). Additionally, over the past years, the voices of children who are in care and care leavers have been captured by Bright Spots, a longitudinal research project, to gain understanding of their subjective wellbeing, while simultaneously providing regular recommendations to local authorities on how to implement these findings in practice (Briheim-Crookall et al., 2020; Selwyn & Briheim-Crookall, 2022).

Foster care in Portugal was first implemented in law by the Decree-Law 288/79 in 1979 to provide support to children when their birth families were not able to care for them. The aims and specifications of foster care were expanded in 1992 by the Decree-Law 190/92. This new Decree-Law combined with the Protection Law 147/99 recognised foster care as a type of alternative care preferable to residential care. However, both types of alternative care were defined as a last resource since priority was given to supporting children within their birth family, and whenever removal was taken forward, the aim of the child's individual care plan tended to be reunification. This is aligned with the fact that 68% of children who left care in 2021 returned to live with their parents, relatives, or another person with or without parental responsibility (Instituto da Segurança Social, 2022).

In 2008, a new Decree-Law 11/2008, replacing the previous one, was implemented to re-classify kinship care as a type of support within the family environment (instead of a type

of alternative care) and to provide further guidance and orientation on foster care practice. However, contrary to the expectation that this Decree-Law would enhance the practice and quality of foster care, in practice, there was a complete disinvestment and neglect of foster care, with no efforts to increase the number of children who were placed in foster care (Delgado et al., 2013; Diogo, 2018). Consequently, this led to a significant reduction in the number of children who were placed in foster care (Instituto da Segurança Social, 2017). Moreover, Diogo (2018) argued that professionals in the district social services did not have enough resources or availability to provide adequate support to children who were in care or to foster carers. This is aligned with foster care being perceived as a quasi-adoption type of placement, where foster carers tend to be the sole responsible for the children who are placed with them (Delgado et al., 2016).

Given this context, in 2015 an amendment was made to the Protection Law 147/99 (Law 142/2015), which clearly stated a preference for placing children in foster care rather than residential care, particularly for children up to 6 years old. More recently, there has been a political drive to increase the number of children placed in foster care, which was reinforced by the implementation of the Decree-Law 139/2019 in 2019 and with the publication of the Ordinance n.º 278-A/2020 at the end of 2020. This Ordinance n.º 278-A/2020 provides detailed guidelines on how to set up foster care and ensure the support of children, foster carers, and birth families.

Currently, the Department of Childhood and Youth of the Institute of Social Security, I.P. is responsible for children who are in care, and professionals in the district social services have the central role of supporting them, whether they are placed in their services or independent fostering agencies. Foster care is legislated as the *“integration into a stable family environment that guarantees adequate care for children’s needs and wellbeing, and*

the necessary upbringing and affection to their integral development” (Decree-Law 139/2019). It aims to be a type of placement where children are supported while they cannot live with their birth families; however, when reunification is not possible, permanence in foster care has since 2015 (Law 142/2015) been identified as an alternative. This could be considered as small but significant progress towards diversification of foster care, given that for several years, there was just one typology of foster care, so the choice of placement was determined mainly by foster carers’ availability and not by children’s individual characteristics and needs (Machado, 2016).

In 2021, only 8% of all children up to 6 years old placed in care were placed in foster care (Instituto da Segurança Social, 2022). Moreover, the data shows that only 4% of all children in care were in foster care (224 out of 6,359, Instituto da Segurança Social, 2022), this being the lowest rate of children who are in foster care in Europe (Eurochild & Unicef, 2021). This can be explained by the lack of political investment in children’s policies over the past decades and by the existence of enough children’s homes to provide support to all children in alternative care, some of which are run by the church (Carvalho & Diogo, 2021; Delgado et al., 2018). However, by comparing the national statistics 2019-2021, it is possible to confirm that change is happening in practice [the proportion of children under the age of 6 years placed in foster care in 2021 was 8%, compared to 2% in 2019, and the proportion of children in foster care in 2021 was 4% compared to 3% in 2019 (Instituto da Segurança Social, 2020, 2022)]; even if small, these increases in fostering are promising. This can be classified as a major policy change (López & Benbenishty, 2021), which is already leading to significant support and resources being implemented in practice to improve the quality of delivery of foster care.

2.2 The role of foster carers

There is a wide breadth of knowledge on the role of foster carers, which defined it as providing an alternative family environment for children and supporting and promoting their individual needs, with a focus on children's development and permanence (Berrick & Skivenes, 2012; Biehal, 2014; Carter & van Breda, 2016; Schofield et al., 2012; Shklarski, 2019; Sinclair et al., 2001). At the centre of the role is the foster care and the child, their relationship, and what each brings to this relationship (Carter & van Breda, 2016; Schofield & Beek, 2005a; Sinclair & Wilson, 2003). Other elements also contribute to this role and interact with foster carers, children, and their relationship, such as children's services and social workers in the fostering services, but also foster carers' family members and children's birth families (Biehal et al., 2010; Brown, 2008; Buehler, Rhodes, et al., 2006; Day et al., 2018; Mosek, 2004; Orme & Buehler, 2001; Sinclair & Wilson, 2003; K. Wilson et al., 2003). Miller and Collins-Camargo (2016), in their study in the US next to children who were in foster care, argued that the role of foster carers can be classified as complex, considering the different (conflicting or complementary) individual roles and responsibilities of foster carers, children, children's services, and social workers in the fostering services.

The voices of children who were in foster care, young adults who had been in foster care, foster carers, and social workers have been captured in 18 studies that explored the role of foster carers. These studies were conducted in Australia (Randle, 2013), Belgium (Van Holen et al., 2019), Canada (Brown, 2008; Brown & Campbell, 2007), England (Samrai et al., 2011; Schofield, 2002; Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003), Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012), South Africa (Carter & van Breda, 2016), and the US (Berrick et al., 2011; Buehler et al., 2003; Geiger et al.,

2016; J. J. Miller & Collins-Camargo, 2016; Shklarski, 2019); and were identified in a narrative review that was conducted to support the discussion of the data from the first research phase of the thesis (further explored in Chapter 7). The main similarities and differences between stakeholders' groups emerged around the aims of the role and the contributions of children's services and social workers in the fostering services (e.g., Geiger et al., 2016; Randle, 2013; Schofield, 2002; Van Holen et al., 2019).

Children who were in foster care and young adults who had been in foster care in different countries shared similar views. They focused on foster carers promoting children's sense of belonging to the foster family, but also to children's birth family, which unfortunately, according to their experience, did not always happen in practice (e.g., Oliveira, 2012; Schofield, 2002). Children's services and social workers in the fostering services were perceived in several studies as providing some level of support to the fostering practice; however, stakeholders' descriptions varied across the studies. In further detail, these ranged from no references to children's services and social workers in the fostering services or references to children's services and social workers in the fostering services not always providing enough or adequate support (Delgado et al., 2013; Oliveira, 2012; Randle, 2013; Schofield, 2002), to perceiving them as imposing too many regulations that could hinder children's sense of 'normality' and 'belongingness' to the foster family (J. J. Miller & Collins-Camargo, 2016; Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003).

Some similarities were also found between the views of foster carers and social workers across different countries. In these stakeholders' groups, foster carers were described as supporting children's development and permanence, which depending on children's best interests, could include promoting children's sense of belonging to the foster family and

children's relationships with birth families (e.g., Diogo, 2018; Shklarski, 2019). Moreover, in most studies, children's services and social workers in the fostering services were classified as providing crucial support, though not always according to the needs of children and foster carers (Berrick et al., 2011; Brown, 2008; Brown & Campbell, 2007; Buehler et al., 2003; Geiger et al., 2016; Samrai et al., 2011; Schofield et al., 2012; Shklarski, 2019; Sinclair & Wilson, 2003; Van Holen et al., 2019). For instance, in one study, stakeholders commented on children's services setting up some rules and regulations that compromised children's sense of 'normality' and 'belongingness' to the foster family (Schofield et al., 2012). On the hand, in some other studies, stakeholders considered the support of children's services and social workers in the fostering services as not pivotal; and instead, the focus was almost exclusively on a specific aim of the role, that is, on foster carers promoting children's sense of belonging to the foster family (Carter & van Breda, 2016). In some cases, this was combined with no references to children's birth families or references against the relationship between children and their birth families (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012).

Notably, some of the differences between studies were justified by the stakeholders' groups who participated in the study, but also by the foster care system where the studies had been conducted (aligned with the evidence presented in the previous section and further explored in Chapter 7). However, despite the divergent views of stakeholders on the optimum level of involvement of children's services and social workers in the fostering services, wider evidence suggests that children's services and social workers in the fostering services can provide crucial support to foster carers and children. For instance, by recruiting and selecting foster parents that have the capacity to provide quality care (Berrick & Skivenes, 2012; Luke & Sebba, 2013; Sinclair, Wilson, et al., 2005), ensuring a good match between children and foster carers (Zeijlmans et al., 2017, 2018), setting an

individual care plan for the child that is aligned with their needs (Julien-Chinn & Lietz, 2016; Sinclair, Wilson, et al., 2005), providing accurate information about the child, but also training and guidance to foster carers on how to meet quality standards, which go beyond the average family home (Cameron & Maginn, 2008; Kaasbøll et al., 2019; Shlonsky & Berrick, 2001), as well as being available and providing additional levels of support and resources according to the needs of children and foster carers (Brown, 2008; Cosis Brown et al., 2014). Additionally, Salas and colleagues (2015) evidenced that the preparation and support of social workers indirectly positively influenced children's emotional and behavioural difficulties.

Notwithstanding the relevant role of children's services and social workers in the fostering services, but also of foster carers' family members and children's birth families (Biehal et al., 2010; Mosek, 2004; Sinclair & Wilson, 2003); Orme and Buehler (2001) considered that in practice, foster carers are the 'front-line service providers' for children who are placed with them. Therefore, good foster carers are expected to have specific competencies to deal with a wide range of challenges (Shklarski, 2019). Nonetheless, there needs to be a combination of additional skills or competencies and commitment (Berrick & Skivenes, 2012; Triseliotis et al., 1995), which seems to be influenced by foster carers' satisfaction and/or self-efficacy (Morgan & Baron, 2011; Oke et al., 2013; Randle et al., 2018).

Following this line of argument, good fosters are the ones who provide warm and nurturing care, follow a child-centred approach, and promote children's sense of belonging to the foster family. These competencies have been identified in research as contributing to children's development and permanence (Bernard & Dozier, 2011; Biehal et al., 2010). This includes not letting different challenges influence their parenting practices and, despite the difficulties staying committed to the child (Carter & van Breda, 2016; Morgan

& Baron, 2011; Oke et al., 2013; Sinclair, Wilson, et al., 2005). Four main challenges have been identified in the literature, namely foster carers' parenting practices being impacted by children's difficulties, which could contribute to negative outcomes for children (De Maeyer et al., 2015; Vanschoonlandt et al., 2013), foster carers not recognising that they need additional competencies beyond the ones that are required to care for their own children (Berrick & Skivenes, 2012; Murray et al., 2011), foster carers being afraid to develop a strong bond with the child, since the placement might eventually terminate (Denuwelaere & Bracke, 2007; Shklarski, 2019), and foster carers' family and friends struggling with children's difficulties (Höjer et al., 2013; K. Wilson et al., 2000).

Good foster carers also require the competencies to collaborate with children's services and social workers in the fostering services, that is, working as a social work team member (Schofield et al., 2012, 2013). Two of the main challenges that foster carers experience are recognising the support provided by children's services and social workers in the fostering services as relevant (Diogo, 2018; Schofield et al., 2012) and children's services and social workers in the fostering providing adequate levels of support (McKeough et al., 2017; Murray et al., 2011) and integrating them as part of the team (Buehler, Rhodes, et al., 2006).

Moreover, good foster carers need to have competencies that allow them to collaborate with children's birth families, or if that is not in the best interests of children, to promote children's family identity (Berrick & Skivenes, 2012; Collings & Wright, 2022). In this area, two challenges were also identified in the literature, namely foster carers' struggling with the impact of contact with birth families on children's behaviour (Moyers et al., 2006) and with the expectations of supporting children's sense of belonging to their birth family (Oliveira, 2012).

Lastly, the relationships between these different elements, that is foster carers, children, foster carers' family and friends, children's services and social workers in the fostering services, and children's birth families, contribute to how foster care systems are classified. Therefore, based on the evidence presented in the previous section, the Portuguese system continues to be described as following a quasi-adoption model, considering the reduced involvement of children's services and social workers in the fostering services (Delgado, 2010; Diogo, 2018). On the other hand, in England, the role of foster carers can be described as following a direction of professionalisation, according to the wide range of rules and regulations around safeguarding and the status that is given to foster carers as being part of the professional team around the child (Kirton, 2022; G. Mitchell, 2020; Schofield et al., 2013; K. Wilson & Evetts, 2006). Nonetheless, this is not to say that foster carers identify themselves with how the system is structured; evidence has suggested that there is variability in how foster carers would classify their role, from parents to substitute parents or from volunteers to members of the social services (Blythe et al., 2013; De Wilde et al., 2019; Schofield et al., 2013; Sinclair, Wilson, et al., 2005). One relevant argument raised by Whenan and colleagues (2009) is that if foster carers perceived the role as a job, this could mean that they can quit or request the termination of a specific placement. On the other hand, Berrick and Skivenes (2012) argued that when foster carers define their role similar to being a parent, their decisions might be based on instincts instead of thoughtful planning on how to support the child best. In summary, the way foster carers perceive their role could depend on how the different elements interact, but also how they decide to interact with the different elements, which consequently influences how they support and care for children (Biehal, 2014; Blythe et al., 2014; Kjeldsen & Kjeldsen, 2010; Oke et al., 2013; Schofield et al., 2012, 2013).

Five points emerged from the evidence presented. Firstly, foster carers provide an alternative family environment for children and support and promote their individual needs, focusing on children's development and permanence. Secondly, at the centre of the role of foster carers is the foster carer and the child, their relationship, and what each brings to this relationship. Thirdly, different elements contribute to the role of foster carers apart from foster carers and children, that is, foster carers' family and friends, children's services and social workers in the fostering services, and children's birth families. Fourthly, foster care systems might have different classifications based on how these elements interact. And lastly, within foster care systems, there is variability, and foster carers have an active part in how they influence and perform this role.

Considering how the different elements interact can ultimately contribute to variation in how foster carers care for children, it is, therefore, essential to explore existing theoretical frameworks that can contribute to a better understanding of the relationships between these different elements. Most of the theoretical frameworks on the role of foster carers focus on the parenting quality of foster carers and/or the relationship between children and foster carers (Carter & van Breda, 2016; Schofield & Beek, 2005a) or include part of the additional elements that also contribute to the role of foster carers, such as children's birth family (Berrick & Skivenes, 2012), and children's services and social workers in the fostering services (Samrai et al., 2011). Other theoretical frameworks include all the different elements that contribute to the role of foster carers, however, they do not explore the relationships between these in one unified model (Buehler, Rhodes, et al., 2006; Mosek, 2004; Sinclair & Wilson, 2003).

Therefore, this thesis speaks to this gap in the literature by analysing in depth the role of foster carers according to the views of experts by experience, by exploring the applicability

of the Belsky (1984) process model of the determinants of parenting to the context of fostering, and by analysing the relationship between critical elements of this role, based on self-reported data of foster carers. Given that the critical elements of the role of foster carers that are analysed in Phase Two emerged from Phase One of this thesis, a literature review on these elements can be found in Chapter 9. This is justified by the second research phase depending on the findings of the first research phase and the data analysis strategy for the first phase of this research following an adapted version of grounded theory (Creamer, 2017; Glaser & Strauss, 1967). The analyses for both research phases are conducted in the context of the English and Portuguese foster care systems, and are further explored in the following chapters.

CHAPTER 3 – Research paradigm and design

This chapter describes the research paradigm and design of this thesis. Firstly, I present the main aim of the thesis and the research problem. I then expand on how a pragmatic approach was taken to explore the Belsky (1984) process model of determinants of parenting applicability to fostering, while also accounting for other theoretical perspectives on parenting (Baumrind, 1966, 1996; Maccoby & Martin, 1983) and on the role of foster carers (Berrick & Skivenes, 2012; Buehler, Rhodes, et al., 2006), which form the conceptual framework for the thesis. This is followed by discussing the choice of mixed methods with a sequential exploratory design. Finally, I present the aims and research questions for the first research phase (focus group methods) and the aims and research questions for the second research phase (survey methods), and close with a summary of the chapter.

3.1 Aim and research problem

The main aim and research problem of the thesis emerged from my own positionality (as presented in Section 1.4 and further explored in Section 4.5) and from the literature (as described in Chapter 2). This thesis aims to contribute to knowledge on the role of foster carers³ by addressing the following research problem:

- What makes a good foster carer?

³ For this thesis foster care refers to ‘stranger’ foster care and kinship care to placement with a close relative or family friend. However, some cited research might not follow these definitions.

I decided to explore this aim, and subsequent research problem, given the gaps that emerged from the literature review around the role of foster carers. As explored in the previous chapters, there is substantial evidence on the role of foster carers; however, there is no agreement on a theoretical framework that summarises the relationships between the different elements that compose the role of the foster carer. Moreover, most of the studies that use qualitative research methods only look at this role within a country and mainly by capturing the voice of only one group of stakeholders (i.e., children who were in foster care, young adults who had been in foster care, foster carers, or social workers who were working with foster carers). Therefore, this thesis focused on two countries, England and Portugal, with a similar legislative definition of foster care [Decree-Law 139/2019; The Fostering Services (England) Regulations 2011], and in Phase One includes the voices of all four groups of stakeholders.

3.2 Research approach

My positionally as a researcher, which results from my past career as a practitioner and from being aware that not all children who are in care have their best interests safeguarded, is that the research problem should drive the choice of which methods to use. This is at the core of the pragmatic research approach (Biesta, 2010; Onwuegbuzie & Leech, 2005).

Focusing on ontology and epistemology, pragmatism accounts for different systems of philosophy and reality (Johnson & Onwuegbuzie, 2004). Reality is conceptualised as being created by all the individuals who act in the world, which means that it is constantly evolving, it is influenced by the knowledge acquired by the individuals, and it is aimed at solving applied problems (Creswell, 2014). The research problem that I am exploring is “what makes a good foster carer?”, which can be addressed by gaining knowledge from individuals who are experts in the field, in this case, experts by experience, so children

who are in foster care, young adults who had been in foster care, foster carers who have a child in their care, and social workers who work with foster carers. This decision is based on the understanding that knowledge is developed through people's relationships, actions, and the social building of meaning (Biesta & Burbules, 2003; Pring, 2007).

Therefore, this pragmatic research approach enables the comprehension of how experts by experience understand the role of foster carers so, how it can be defined, what are the expected outcomes, how foster carers should perform the role to accomplish these expected outcomes, and what can hinder or contribute to it. This forms Phase One, where I captured the participants' voices and summarised them in the format of a theoretical model. In Phase Two, I tested a part of this theoretical model with quantitative data provided by foster carers who were fostering a child for at least one year, and the child was at least 2 years old at the start of the placement and between 4 and 17 years old at the time of the data collection (further explored in Section 3.4).

I recognise that in this thesis, I am trying to capture the views and know-how of experts by experience in specific and confined times, contexts, and countries, and that this is only one attempt of so many others to capture truth, meaning, and knowledge on the role of foster carers, since the individuals' understandings of reality are in constant transformation (Onwuegbuzie & Leech, 2005). Therefore, the intention is that this thesis will form at least the basis for future research in the field, in different times, contexts, and countries.

3.3 Conceptual framework

In this thesis, I intend to explore the role of foster carers, which has been widely compared with the role of parents (as explored in Chapter 2). Building on this evidence, the conceptual framework of this thesis is based on the Belsky (1984) process model of the

determinants of parenting, but also on the Baumrind (1996) and Maccoby and Martin (1983) evidence on parenting styles and child-rearing dimensions.

However, the literature in the field also stresses that foster carers need to have additional skills or perform additional tasks compared to the role of parents. Therefore the conceptual framework of the thesis is complemented by the understanding of parenting plus dimensions by Berrick and Skivenes (2012) and competence domains by Buehler, Rhodes, and colleagues (2006).

3.3.1 Process model of the determinants of parenting

Belsky (1984) theorised that parenting functioning is multiply determined and identified three main determinants of parenting, namely personal psychological resources of parents, characteristics of the child, and contextual sources of stress and support. These domains emerged from parenting (e.g., Baumrind, 1967) but also broader literature on child mistreatment (e.g., Belsky, 1980), while also acknowledging the importance of the ecological framework as proposed by Bronfenbrenner (1979). More recently, Belsky and Jaffee (2015) explored this model against more recent literature and confirmed that the three main determinants stand to be crucial to parenting.

This process model of the determinants of parenting (Belsky, 1984) has also contributed to the fostering literature (Leathers et al., 2019). More specifically, it shed light on the relationship between children's behaviour difficulties, children's risk to others, low support and stress, difficult foster carers' parenting experiences, and placement disruption (Leathers et al., 2019).

In this thesis, the model of the determinants of parenting (Belsky, 1984) is a central element of Phase One, given that in one of the research questions, I intend to test the

findings of this phase against Belsky's model of parenting, to explore if and how the Belsky's model of parenting can be applied or adapted to the role of foster carers and the fostering practice. Furthermore, this evidence forms the basis of the quantitative data analysis in Phase Two.

3.3.2 Parenting styles and practices

Baumrind (1966) identified three different parenting styles, permissive, authoritarian, and authoritative, as resulting from a child-rearing dimension (or parents' behaviour) of demandingness (e.g., discipline, love, explanations and encouragement, household responsibilities, autonomy, assertion, and control). Maccoby and Martin (1983), by building on Baumrind's parental style framework, suggested parental responsiveness (e.g., attuned, accepting, and supportive of children's needs, which include warmth, reciprocity, clear communication and person-centred discourse, and attachment) as a second child-rearing dimension alongside parental control (e.g., direct confrontations, monitoring, and consistent and contingent discipline), and considered that these could vary between low and high levels. These authors also argued that the combination of both dimensions with both levels led to the three parenting styles previously identified by Baumrind (1966) plus a fourth parenting style, which they defined as uninvolved parenting (Maccoby & Martin, 1983). Baumrind (1991, 1996) in later studies also identified these two child-rearing dimensions, that is demandingness/parental control and responsiveness, similarly to Maccoby and Martin (1983), and argued that these typically emerge in cross-cultural studies.

In the field of the role of foster carers, some research studies drew from this framework. More specifically, Crum (2010) identified parenting characteristics of foster carers associated with placement stability or disruption, and Richardson and Gleeson (2012)

explored the relationship between family functioning, parenting style, and child behaviour in kinship care. In this thesis, the two child-rearing dimensions or parents' behaviour contribute to a better understanding of the fostering competencies of foster carers and guide the discussion of Phase Two.

3.3.3 Parenting plus dimensions and competence domains

Several researchers have explored the role of foster carers and their additional tasks. I decided to focus specifically on two seminal studies, the first conducted by Berrick and Skivenes (2012) and the second by Buehler, Rhodes, and colleagues (2006).

Berrick and Skivenes (2012) explored the role of foster carers in two different countries and conceptualised it as parenting plus, so parenting with additional skills, being this presented as a cohesive role. They focused on three dimensions of parenting plus and on the affective and behavioural responses of good foster carers to each of the dimensions, namely, attends to the experience of integrating the child into a new family; considers the relationship between the child, birth family, and foster family; and responds to the development and special needs of the child (Berrick & Skivenes, 2012). In this thesis, I decided to follow the definition of Berrick and Skivenes (2012) of the role of foster carers, but I slightly adjusted it from parenting with additional skills to parenting with additional tasks. This decision was justified by the fact that I was also interested in the competency of foster carers in performing these additional tasks (e.g., collaboration with children's birth families, so foster carers also need to be empathetic with children's birth families). These concepts are present and guide both Phase One and Phase Two.

Lastly, Buehler, Rhodes, and colleagues (2006) considered that for foster carers to perform the role successfully need to develop and/or be supported in 12 theoretical competence domains, that is, providing a safe and secure environment – protecting children; providing

a nurturing environment – nurturing children; promoting educational attainment and success; meeting physical and mental health care needs; promoting social and emotional development; valuing diversity and supporting children’s cultural needs; connecting children to safe, nurturing relationships intended to last a lifetime; managing ambiguity and loss for the foster child and family; growing as a foster parent – skill development and role clarification; managing the demands of fostering on personal and familial well-being; supporting relationships between children and their families – birth family work; and working as a member of a professional team – working in partnership. These 12 theoretical competence domains (Buehler, Rhodes, et al., 2006) formed the basis of questionnaires that have been used in the US to support the selection and training processes of foster carers (Cuddeback et al., 2007; Orme et al., 2007). In this thesis, one of these questionnaires, the Casey Foster Applicant Inventory - Applicant Version (Orme et al., 2007), is used in both studies, in the first to contribute to a reflection on ‘what makes good foster carers’ and ‘how can placement success be measured’ and in the second as a questionnaire that foster carers filled in to assess their fostering competencies, that is, their additional tasks’ competency and their control levels.

3.4 Research design

Research in the field of social sciences attempts to understand individuals and the world around them (Onwuegbuzie & Leech, 2005). In the thesis, I aim to contribute to knowledge on the role of foster carers (with no biological ties). For this, I used mixed methods with a sequential exploratory design. In the first phase, qualitative data were collected, capturing the voices and views of stakeholders in England and Portugal on the role of foster carers. This phase takes the initial steps to draw a theoretical model on the role of foster carers and it informs the decision-making process of the variables under

analysis in the second phase, where large samples of foster carers were collected in both countries. This makes it an example of mixed methods research with a sequential exploratory design, where the evidence that emerged in one phase is explored and tested in a second phase (Newman & Benz, 1998; Sammons & Davis, 2016).

Mixed methods were chosen for this research, as they allow for new and synergistic understandings of the reality under analysis, the role of foster carers, to be constructed, with the end result being greater than the result of separate qualitative and quantitative methods (Kington et al., 2011). Mixed methods also aim to improve the validity of the findings by addressing the limitations of using only quantitative or qualitative methods, allowing one method to inform the other, and consequently enabling a better understanding of the social reality (Creswell & Plano Clark, 2010; Denzin, 1970; Hesse-Biber, 2010). In this research, mixed methods were particularly relevant in the interpretation and discussion of the data, with a focus on addressing complementary and contradictory findings between Phase One and Phase Two (Plano Clark et al., 2010).

This research used a sequential exploratory design, since qualitative data collection informs and shapes quantitative data collection, which is preferable when testing qualitative findings, but also when an instrument is being developed and tested (Creswell & Plano Clark, 2010). In this research, the Casey Foster Applicant Inventory-Applicant Version (CFAI-A), an American questionnaire that measures elements of the role of foster carers, was tested for the first time in England and Portugal, despite the short-version had previously been tested in Portugal (Delgado & Pinto, 2011). Beyond this, the main aim of this research is still to achieve a deeper understanding of the role of fosters carers in England and Portugal, based on the meaning that stakeholders give to the role, thus taking into consideration their social world (Hesse-Biber, 2010).

Phase One in this thesis captured the perspectives of stakeholders on ‘what makes a good foster carer’ and ‘how placement success can be measured’, and assessed the face validity of the CFAI-A. For this purpose, 19 focus groups across England and Portugal with a total of 99 participants (children who were in foster care, young adults who had been in foster care, foster carers who had at least one child in placement, and social workers who were working with foster carers) were conducted. Based on the voices and views of the stakeholders, it was possible to generate specific knowledge about what ‘good’ foster carers bring to the role that helps them perform it with quality, what constitutes the role of foster carers, which includes how foster carers perform the role to be classified as ‘good’, and what are the expected positive outcomes for children. This evidence contributed to the development of a theoretical model on the role of foster carers. This first phase also sought to confirm the usefulness and pertinence of the CFAI-A, as a tool for the selection process of new foster carers in England and Portugal. Phase One addressed the following overarching research question:

- How can good foster carers and placement success be defined?

This overarching question led to the following research questions:

- 1- What do stakeholders in England and Portugal feel that ‘good’ foster carers bring to the role?
- 2- How do stakeholders in England and Portugal conceptualise the role of foster carers and positive outcomes for children?
- 3- How do these findings relate to Belsky’s model of parenting, and what reframing of the model is required, if any?

Before I present a summary of Phase Two, I would like to stress that the initial findings of Phase One informed the definition of which variables should be explored in Phase Two

and contributed to the adaptation of the CFAI-A to both English and Portuguese contexts. This justifies the fact that each phase has its own research questions and that Chapter 9 presents a specific literature review for the second research phase of this thesis (Creamer, 2017; Glaser & Strauss, 1967). Furthermore, it is important to highlight that the complete analyses of the data of Phase One and the writing up only occurred after Phase Two had been completed and written. Consequently, after Phase One had been completed and written, this led to adjustments to the research questions and hypothesis of Phase Two, which are explored in detail in Chapters 10 and 11.

In Phase Two, the evidence from Phase One was tested quantitatively. By using survey methods, the CFAI-A questionnaire, which was found to measure additional tasks' competency and control levels of foster carers (further explored in Chapter 10), was applied to a large sample of foster carers with stable placements. Moreover, the Strengths and Difficulties Questionnaire (SDQ) and the Child-Parent Relationship Scale (CPRS) were also used since this combination of questionnaires enables measurement of the emotional, social, and behavioural difficulties of children, and the quality of the relationship between foster carers and children (key measurable outcomes of children identified by the stakeholders in Phase One). Briefly, cross-sectional data were collected from 793 foster carers in England and Portugal through structured questionnaires, to address the following overarching research question:

- What are the associations between the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, in England and Portugal?

This overarching question led to the following research questions:

- 1- Are the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, different in the English and Portuguese samples?
- 2- Is greater additional tasks' competency, lower control levels of foster carers, as well as greater closeness between foster carers and children, associated with fewer peer problems and conduct problems, and lower hyperactivity levels of children, in both English and Portuguese samples?
- 3- In the English sample, is greater additional tasks' competency and lower control levels of foster carers associated with fewer emotional problems, peer problems, and conduct problems, and lower hyperactivity levels of children?
- 4- In the English sample, is the association between additional tasks' competency and control levels of foster carers, and emotional problems, peer problems, conduct problems, and hyperactivity levels of children, mediated by the closeness between foster carers and children?

The Portuguese sample was not included in the 3rd and 4th research questions because of its small size. This is discussed in detail in Chapter 10.

3.5 Summary

This chapter described the research paradigm and design of this thesis, which follows a mixed methods sequential exploratory design, and is composed of Phase One and Phase Two. Here I presented the main aim of the thesis and the research problem, the research approach, the conceptual framework, and the research design. **Table 1** presents a summary of methods, samples, research questions, and data analysis approaches.

Table 1 – Thesis methods and research problem, and Phase One and Phase Two methods, samples, research questions, and data analysis approaches

Overall thesis: Methods: Mixed methods, with a sequential exploratory design Research problem: <i>What makes a good foster carer?</i>	
PHASE ONE	PHASE TWO
Methods and sample: Focus groups methods with a total of 99 participants: - Children who were in care (3 in England and 4 in Portugal), - Young adults who had been in foster care (8 in England and 2 in Portugal), - Foster carers (16 in England and 27 in Portugal), - Social workers (26 in England and 13 in Portugal).	Methods and sample: Survey methods (Casey Foster Applicant Inventory Instrument - Applicant Version, Strengths and Difficulties Questionnaire, Child-Parent Relationship Scale) with a total of 793 participants: - Foster carers (740 in England and 53 in Portugal).
Overarching research question: <i>How can good foster carers and placement success be defined?</i>	Overarching research question: <i>What are the associations between the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, in England and Portugal?</i>
Research questions and methods: 1- <i>What do stakeholders in England and Portugal feel that 'good' foster carers bring to the role?</i> Data analysis: Adapted version of grounded theory. 2- <i>How do stakeholders in England and Portugal conceptualise the role of foster carers and positive outcomes for children?</i> Data analysis: Adapted version of grounded theory. 3- <i>How do these findings relate to Belsky's model of parenting, and what reframing of the model is required, if any?</i> Data analysis: Content analysis.	Research questions and methods: 1- <i>Are the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, different in the English and Portuguese samples?</i> Data analysis: Descriptive statistics (frequency counts and percentages, medians, means, standard deviations, skewness and kurtosis, and standard errors) and bivariate analysis (difference of means tests, independent and paired samples, and correlations). 2- <i>Is greater additional tasks' competency, lower control levels of foster carers, as well as greater closeness between foster carers and children, associated with fewer peer problems and conduct problems, and lower hyperactivity levels of children, in both English and Portuguese samples?</i> Data analysis: Multivariate analysis (multiple regression analysis). 3- <i>In the English sample, is greater additional tasks' competency and lower control levels of foster carers associated with fewer emotional problems, peer problems, and conduct problems, and lower hyperactivity levels of children?</i> Data analysis: Multivariate analysis (structural equation models).

	4- <i>In the English sample, is the association between additional tasks' competency and control levels of foster carers, and emotional problems, peer problems, conduct problems, and hyperactivity levels of children, mediated by the closeness between foster carers and children?</i> Data analysis: Multivariate analysis (structural equation models).
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CHAPTER 4 – Methodology for Phase One

In this chapter, I describe the methodological approach for Phase One, more specifically, the aims, ethical considerations, sample, research procedures, and data analysis strategy. At the close of the chapter, I reflect on the limitations of this phase.

As described in the previous chapter, this thesis uses mixed methods and incorporates reports from two cross-sectional phases, the combination of these different phases follows a sequential exploratory design. In this first phase, data were collected in 19 focus groups with a total of 99 participants in England and Portugal, to address the following overarching research question:

- How can good foster carers and placement success be defined?

This overarching research question led to the following research questions:

- 1- What do stakeholders in England and Portugal feel that ‘good’ foster carers bring to the role?
- 2- How do stakeholders in England and Portugal conceptualise the role of foster carers and positive outcomes for children?
- 3- How do these findings relate to Belsky’s model of parenting, and what reframing of the model is required, if any?

4.1 Aims, eligibility criteria, and location

This first phase of the thesis aimed to explore and better understand the role of foster carers and how similar or different it is from the role of parents. Therefore, I decided to hear the voices and learn from the experience of different groups of stakeholders in England and Portugal. These stakeholders also provided data that contributed to the analysis of the face validity of a standardised questionnaire for selecting potential foster carers (CFAI-A).

To be eligible for this phase, children needed to be in foster care and to be 16 or 17 years old (given the topics that were being covered in the focus groups), young adults needed to have been in foster care and within 5 years of leaving care (young adults who had been in care at least during their teen years and had a recent account of it), foster carers needed to have at least one child in placement (to ensure foster care experience), and social workers needed to be working with foster carers (to ensure foster care experience) (see Section 4.3 for the sample).

In England, the data were collected across one Children in Care Council, two Care Leavers' Associations, three local authorities, and one independent fostering agency, with 53 participants. Whereas in Portugal, the data were collected only in two locations; namely, one district social services and one independent fostering agency, with 46 participants.

4.2 Ethics

This phase received ethics CUREC_1A approval (Appendix A) from the Research Ethics Committee at the University of Oxford, before the start of the fieldwork. In this application, I

stated the research aims, my decisions and rationale around sample selection and data collection procedures, and how I would ensure that this phase complied with the wide range of ethical principles and considerations.

I completed training in ethics, got Disclosure and Barring Service clearance, and familiarised myself with the BERA ethical guidelines (research specialism/methodology in the field of Education) and ESRC ethical guidelines (funding body of this research, Grant/Award Number: 1501012). It is relevant to note that the fieldwork took place before the implementation of the General Data Protection Regulation (GDPR) in May 2018.

Nonetheless, this phase complied with most of its ethical considerations. In this section, I summarise the fundamental ethical principles and considerations followed in this phase.

First and foremost, this first phase of the thesis followed the principles of privacy, autonomy, diversity, and values and dignity of individuals, groups, and communities. Therefore, I ensured that all participants understood the research, its implications, and possible contributions to the field, but more than this, I made all possible efforts to treat them fairly, sensitively, and with dignity and freedom from prejudice, and for them to feel heard, respected, and valued. I also ensured that there were no time commitment expectations or pressures, so each focus group duration was dependent on how much participants wanted to discuss each topic. After each focus group, I stayed a bit longer in the venue to ensure that all participants were well and would leave the site without concerns or doubts. Given that in this phase I collected qualitative data from different groups of stakeholders, another of my main concerns was to maximise benefit and minimise harm; this was one of the reasons why I reinforced to the participants that they were not expected to share their lived experiences, and

why I decided to have such small samples of children who were in foster care and of young adults who had been in foster care. Furthermore, in the focus groups with children who were in foster care, they were offered the possibility for a third party (i.e., a trusted professional) to join the discussions.

This research was conducted in two different countries, England and Portugal, so I counted on the support and guidance of professionals from the associations and fostering teams to set up the fieldwork, to decide the venue and best moments to meet with the participants, but also to inform decisions about incentives, given the risk of influencing freely-given informed consent and the principle of voluntary participation. Furthermore, I had long discussions with my supervisors and other colleagues from my research centre about how to conduct the focus groups. This was crucial for the data collection in England, given my reduced knowledge, at that time, of the English culture and child protection system, unspoken rules and meaning, and specificities.

I move now to explain how I ensured that some of the most relevant ethical considerations, i.e., consent, privacy and data storage, transparency, right to withdraw, and disclosure, were safeguarded in this research. Consent forms were used with all participants and those who act in the guardianship of children, while children filled in assent forms. These and the information sheet about the first phase of this thesis were explained in detail to all the participants. In the information sheet, I included my contact details for any questions or concerns they might have, as well as the contacts of my supervisors and the ethics committee for formal complaints procedures. To ensure transparency, I also explained how the data were going to be collected (audio recorded and transcribed by me), stored (all files with

identifiable data were password protected, and hardcopies were kept in a lockable draw), treated (all data were anonymised in accordance with the Data Protection Act), analysed (explained the initial data analysis strategy, but not the final data analysis strategy), and disseminated (where I intended to disseminate the data, and how they could get access to these outputs). Further, I stated their right to withdraw at any time and confirmed that their decision on whether or not to participate, and their views, would not be shared with their associations/fostering services. I also guaranteed confidential and anonymous participation, which would only be breached if participants shared behaviours that could be classified as harmful to them or others.

Lastly, I was faced with an ethical dilemma in a couple of focus groups in Portugal where foster carers disclosed that in some cases they used physical corporal punishments with children. I started by discussing this with the professional from the fostering services who was supporting the fieldwork, and they explained that this is something that they have been working on with the foster carers and that, unfortunately, the use of physical corporal punishments is still a cultural norm in Portugal. This “finding” also emerged in the focus groups with social workers, meaning that they were aware that some foster carers used physical corporal punishments with children, so I decided not to follow with the disclosure of information.

4.3 Sample

In England, the associations and fostering services were chosen using the criteria of size, type, and geography to achieve a diverse sample across these three characteristics. In

Portugal, since foster care is barely used as a type of alternative care, fostering services were chosen based on their population size, contributing to the decision to collect data only at two sites. This resulted in a non-probability convenience sampling method of the places of data collection in both countries, and, therefore not ensured an unbiased sample (Bryman, 2016). The sampling method is a limitation of this research and is discussed in Section 4.6. The same applied to how the participants were selected since one professional in each site was the one approaching children, young adults, foster carers, and social workers who met the first phase criteria.

Table 2 shows that 19 focus groups were conducted across both countries and the different stakeholders' groups, with a total of 53 participants in England and 46 in Portugal. The vast majority of the focus groups had between four and seven participants, only four had less than four participants, and two had more than seven participants.

Table 2 – Distribution of participants by stakeholder group in the English and Portuguese samples

	English sample n =	Portuguese sample n =
Children who were in foster care	3 (1 focus group)	4 (1 focus group)
Young adults who had been in foster care	8 (2 focus groups)	2 (1 focus group)
Foster carers who had at least one child in placement	16 (4 focus groups)	27 (4 focus groups)
Social workers who were working with foster carers	26 (4 focus groups)	13 (2 focus groups)

From the outset, I intended to conduct more focus groups with foster carers and social workers compared to children and young adults, given that I was conscious that even though

participants were being asked to talk generally about ‘what makes good foster carers’ and ‘how placement success could be measured’, and that they were told that there was no expectation for them to share their own lived experiences, this could be a triggering discussion that cause distress to children and young adults. This was also the reason for only inviting children who were at least 16 years old. Given that there was consistency of themes that emerged from the data within several groups of stakeholders in each country, within foster carers and social workers in each country and young adults in England, I decided not to set additional focus groups with children in England and Portugal or with young adults in Portugal. Nonetheless, I acknowledge that this is a limitation.

Another limitation of this phase is that I decided not to collect sociodemographic information about the participants (this is further explored in Section 4.6). The rationale behind this was that any participant was an expert by experience regardless of their sociodemographic information. Moreover, the initial data analysis approach was only to conduct content analysis and for the data to be treated in an aggregated way. However, as further explored in Section 4.5, I changed the data analysis approach mid-research. I now acknowledge that this is a relevant limitation since I could not further explore why certain groups had certain opinions, e.g., Could the views of foster carers in England be linked with the fact that they tended to do more emergency and short-term placements? Did the children and young adults in both samples have one or more placements? Could their views be contextualised by the number of placements they had?

4.4 Data collection and focus group guide

I contacted all the pre-selected data collection sites in England and Portugal, and all agreed to participate in this phase of the research. In each site, a professional was nominated to support me during the data collection process, to whom I suggested inviting between 6 and 8 participants per focus group. However, as referred to in the previous subsection, this target was not always achieved. The data collection took place between July 2015 and May 2016.

The participants were selected with the support of these professionals, who shared information about this phase of the research, after which each individual expressed their interest in taking part. All participants received an email before the focus group explaining in further detail the research objectives, along with consent forms and an information sheet. Each child and young adult received a £20 voucher in England, a 20€ voucher in Portugal, and all their travel expenses.

Focus groups were conducted separately per group of stakeholders. All focus groups were conducted in the facilities of the associations or fostering services, except for one focus group with young adults in England, which was conducted in a separate room of a coffee shop because they felt more comfortable in that space. In the focus groups with children, I questioned if they would like a trusted adult to be present, to which they agreed in the English sample.

The focus groups conducted in England were conducted in English, and the ones in Portugal in Portuguese. In each focus group, I introduced myself and the research project, presented a summary of the information sheet and the consent form, and explained which topics would be

covered. I also reinforced that I would be grateful if they could share their views on the topics but had no expectations that they would share their personal lived experiences. I confirmed that they agreed to participate and for it to be recorded. I also reinforced that they could choose not to engage in the discussion or even withdraw from the focus group at any moment.

The focus group guide was structured in three parts; in the first part, I asked the participants ‘what makes a good foster carer’ and ‘how placement success can be measured’⁴. I randomly alternate the order of the questions in each focus group. Participants discussed these topics without the need to be prompted, since the aim was to capture what was inherently crucial to the participants. However, this was not the case in the focus group with children in Portugal, where I had to prompt the discussion on a few occasions. In the second part of the session, I asked the participants to read and make notes about the items in the CFAI-A questionnaire, especially noting whether they thought they were culturally inappropriate. Finally, they were asked to discuss whether the items in the CFAI-A covered all the areas of the role of foster carers that they had pointed out in the initial discussion. To close the focus group, I thanked the participants and asked if they wanted to add anything or ask me any follow-up questions.

⁴ These were the only two questions directly asked across all the different focus groups, except for the very first focus groups, with foster carers in England where a few more questions were tested (Appendix B), however after transcribing, analysing the data, and discussing the emerging codes with my supervisors, we agreed that these two questions were the most relevant and provided the richest answers.

4.5 Data analysis strategy and research questions

This section is separated into two subsections, given that the first two research questions followed a similar data analysis strategy, which differs from the one used for the third research question.

4.5.1 The data analysis strategy for Research questions 1 and 2

The research questions under analysis were:

- 1- What do stakeholders in England and Portugal feel that ‘good’ foster carers bring to the role?
- 2- How do stakeholders in England and Portugal conceptualise the role of foster carers and positive outcomes for children?

Both research questions aimed to contribute to knowledge on the role of foster carers. The first research question explored what ‘good’ foster carers bring to the role that helps them perform it with quality; and the second research question addressed what constitutes the role of foster carers, which includes how foster carers perform the role to be classified as ‘good’, and what are the expected positive outcomes for children.

The data analysis strategy for this phase developed as my understanding of research with qualitative data grew, and my reflexive practice became more central to how I conduct research. As described in Section 4.4, I initially explored a more detailed focus group guide on the first focus group with foster carers in England, after which I transcribed the focus group, coded it line by line (open coding), and discussed the codes with my supervisors. We decided that it would be best to reduce the focus group guide to two questions, “what makes

good foster carers” and “how can we measure placement success”. This allowed participants to expand on what they considered most important about the role of foster carers. While I was conducting the focus groups across the different countries and groups of stakeholders, some were transcribed during this period; this allowed me to check if I was capturing rich data and if any adjustment was required to the focus group guide. The focus groups were all transcribed verbatim to produce a complete transcript, after which these were checked against the audio recording, and any existing errors were corrected and were then anonymised. Lastly, the transcripts were uploaded as individual sources into MAXQDA 12.0.

Initially, the data analysis strategy was merely to conduct a content analysis (Bryman, 2016) and to identify the categories that would be the chosen variables of Phase Two, as was described in my transfer of status report. At the transfer of status viva, my examiners recognised the potential of these data and suggested for it to form Phase One of this thesis.

While conducting and writing up Phase Two, I did several activities (described in Section 1.4) that contributed significantly to the enhancement of my reflexive practice, which turned out to be crucial for the data analysis of Phase One. After completing Phase Two and passing the confirmation of status milestone, I immersed myself in the data with the aim of restarting the data analysis. This became a huge challenge given that I had four groups of stakeholders in two countries, with transcripts ranging between 1,812 and 15,632 words, in total 134,232 words across the 19 focus groups. I started by listening to the recordings against the transcripts; this facilitated immersion in the data, which led to the development of some memos. I then did line-by-line coding, with a total of 3,925 codes and created some more memos (this process took place between January 2019 and May 2019). I moved to comparing

and contrasting the data that emerged in the different stakeholders' groups and samples, which made me realise that some codes needed further exploring while others did not have enough depth. The next step was 'focused coding' by narrowing the analysis to the most frequent and essential codes. However, I still felt that I was only capturing answers to 'what' and to some extent to 'how' but definitely not to 'why'; this was also acknowledged by colleagues from my research centre when I presented my work in progress (September 2019).

Therefore, between November 2019 and December 2021 I developed a new data analysis strategy. I continued to do 'focused coding' with the aim of identifying the core categories about the role of foster carers, and I started to explore the relations between these categories, which led me to consider the possibility of generating a theory based on these categories and relationships. I thought the last step to be relevant but once again challenging because there is extensive evidence on the role of foster carers. However, I argue that despite this evidence, there is a lack of insights into an overarching theory that explores the different relationships between categories and explains the role of foster carers (further explored in the following subsection). Therefore, I drew knowledge from grounded theory to support this data analysis strategy, which is aligned with some aspects of how the data had already been analysed (e.g., exploration of the meaning of the data; bottom-up approach to understand the role of foster carers driven by the voices of the participants; extensive comparison between the data, codes, and categories; use of memos to support the analytical interpretation), even if I had not followed the initial grounded theory procedures of data collection (Bryant, 2017). According to Charmaz (2011), data are inherently problematic and partial, so with the aim to reach an interpretative understanding, researchers, given these concerns, should become a central part

of the research process by engaging in reflexivity throughout the inquiry. This was also my approach when I re-started analysing the data in November 2019.

Before arguing how this phase can follow an analytic approach inspired by grounded theory, I explain which aspects I closely followed from this theory. From November 2019, I did extensive line-by-line coding to ensure that the analysis was grounded in the data, wrote memos, and explored similarities and differences in the data and between codes, while considering all but also smaller groups of transcripts. Most of my questioning was around what the data was telling me and which parts of the data I could not see, so all the omissions, which required me to move between the different transcripts to gain an understanding of the actions described by the participants and consequently of their meanings and underlining processes. Simultaneously, during this period, I was able to go back to notes from past moments of data collection and knowledge exchange sessions with experts by experience. I had several discussions with my supervisors and presented this work in progress to different stakeholders and leading researchers in the field. All these discussions allowed me to gain a deeper understanding of the meaning of the data, which led to a new focus coding that I used to synthesise and justify larger data segments. Simultaneously, I was working on the theoretical model, with the categories/concepts and relationships that emerged from the data, which, similarly to the data coding process had several iterations (further explored in the following subsection).

Grounded theory methodology was developed by Glaser and Strauss (1967) and follows the principle that analytic focus emerges during the research process and is not set before empirical inquiry begins. It is characterised by cycles of data collection, coding, analysis,

development of categories, and data collection; codes and theory emerge from data; comparative analysis of cases, but also of categories; and theoretical sampling and saturation (Glaser & Strauss, 1967). In this phase, I did not follow a theoretical sampling (i.e., collecting and exploring new data to fill in categories that emerged from previous data analysis), so it is not possible to claim theoretical saturation of the emerging conceptual categories (i.e., current data under analysis do not lead to new categories, so no need to collect further data), which are central elements of grounded theory to ensure trustworthiness (Glaser & Strauss, 1967; Morrow, 2005). These limitations are further explored in Section 4.6.

Nonetheless, in more recent work, Strauss and Corbin (2012) considered that the reflexive role of the researcher was more important than following the application of the technical procedure in a strict way. Therefore, researchers should approach already collected data similar to data that was about to be collected, with the limitation that it is not possible to engage in the interactive cycle of data collection and analyses (Strauss & Corbin, 2012).

Building on this, Charmaz and Thornberg (2021) developed a general set of guidelines that can be used in conducting qualitative inquiry or particularly when constructing a grounded theory study: methodological self-consciousness (reasoning behind choice of topic, methodology, methods, and how these fit with research aims and questions; ontological and epistemological assumptions, and how does this guide research process, researcher positions, findings); gain knowledge in qualitative inquiry and discuss approaches with a mentor; gain familiarity with the research in the field but treat it as provisional and fallible; gather rich data; be transparent (justification of all methodological choices); proceed with an interactive cycle of data collection and analyses; tolerate ambiguity that might emerge during the

analytic process; engage in questioning the data towards developing the emerging analysis; consider and check different theoretical explanations; collect enough data to ensure useful comparisons, that will be at the base of robust analytic categories (ensure that the categories are relevant to the field); explore the properties of the categories and the connections between them; recognise that codes, categories, concepts, and theoretical outlines are provisional and can be revised or rejected as a result of new data and further analysis; and lastly, compare the analysis with the literature to understand how the analysis fits, expand, or even challenges the field.

In this first phase of the research, I addressed the vast majority of the guidelines set by Charmaz and Thornberg (2021); apart from collecting data in an interactive cycle with data analyses; therefore I cannot also guarantee that I collected enough data to ensure useful comparisons. Finally, most of the points stressed in these guidelines have been covered earlier in this section or previous sections, apart from the last one, which is covered in the following subsection.

4.5.2 The data analysis strategy for Research question 3

The third and last research question under analysis was:

- 3- How do these findings relate to Belsky's model of parenting, and what reframing of the model is required, if any?

This research question aimed to explore whether the evidence from the previous two research questions on the role of foster carers aligned with the Belsky model of determinants of parenting and whether changes are needed for it to embody fostering. Therefore, content

analysis was chosen as the data analysis strategy (Bryman, 2016; Creswell, 2014). The main focus of the third research question was on comparing the evidence that emerged from Chapters 5, 6, and 7 with a specific theory from the parenting literature (Belsky, 1984) to understand how this thesis evidence fits, expand, or even challenges it. For this, I explored once again the properties of the categories and the connections between them, while recognising that these are provisional and can be revised or rejected.

After several interactions, I presented a theoretical model that included the different concepts⁵ but also the connections between them. I then closed this analysis by explaining how the model can be used to describe the contexts of the English and Portuguese foster care systems, given the data that were available for this phase of the research.

4.6 Limitations

The first phase of this mixed methods study with a sequential exploratory design presents some methodological limitations. A non-probability convenience sampling method was chosen for the sites of data collection and the participants, the small number of sites selected to take part in the phase in Portugal, no sociodemographic information about the participants was collected, and a much smaller number of children and young adults, compared to foster carers and social workers were invited to take part in this phase, and the change of the data analysis strategy when the sample had already been selected, and the data had been collected.

⁵ Concepts as according to grounded theory, however, these could also be defined as elements, which was the terminology used in Chapter 2, or as domains as suggested by Belsky (1984) model.

The non-probability convenience sampling method of the sites is justified by the fact that the sites in England were chosen to ensure diversity in size, type, and geography, while in Portugal, to ensure samples from larger population groups. The small number of sites in Portugal, compared to England, is a limitation; however, this was the best approach possible considering the small number of foster carers in this country. On the other hand, the non-probability convenience sampling method of the participants might not have ensured the diversity of participants since professionals from the chosen sites mediated the selection process, and ultimately, this was a self-selected sample. Therefore, it is important to consider the selection bias at these two different stages, firstly, when the professionals selected which individuals who met the criteria should be invited to participate, and secondly, which individuals decided to participate. This means that I cannot guarantee that the participants in this phase represent the population. Moreover, this is enhanced by the fact that no sociodemographic information about the participants was collected, apart from the role they play in the foster care system, I do not know which voices I heard, so questions could be raised about the trustworthiness of the findings. Nevertheless, based on the range and length of the focus groups and the distinct depth of views shared by the participants, I suspect the samples were reasonably diverse.

Another limitation is the difference in the number of participants across the different stakeholders' groups. This is a limitation that was thought through based on the ethical principle of 'maximise benefit and minimise harm', given the topics that were covered, the fact that these could trigger distress, and the reduced additional resources that were offered to promote the well-being of the participants, all of which led to the decision to invite a small

number of children and young adults to participate in this phase. On the other hand, considering that this phase followed a pragmatic research approach and used as data analysis strategy an adapted version of grounded theory, the aim was not generalise the evidence but instead to capture the views and know-how of experts by experience in specific and confined times, contexts, and countries, and to inform future research projects.

Finally, I decided to change the data analysis strategy after the sample had been selected and the data had been collected. This is another limitation, given that I could not inform the participants about this change, even though in the information sheet it was acknowledged that other analyses and outputs could emerge from the data. But also, the change in the data analysis strategy implied that I could only use an adapted version of grounded theory since I could not follow a theoretical sampling and consequently cannot ensure theoretical saturation. This is a limitation, though to counterbalance it, I conducted a narrative review (Bryman, 2016) of the literature between January and November 2022 (see Chapter 7), to be able to compare the findings from this phase against other studies where similar questions had been asked to participants.

CHAPTER 5 – Findings of Phase One – Part I

*'The thing is that foster carers are all kind of, foster carers are all different, foster carers come in all different shapes, sizes and ethnicities, you know, and for a lot of foster carers come with their own baggage as well, you know... and foster carers are human beings, they will make their mistakes, is how they learn from them, so I don't think there is one answer to what is, what makes a foster carer, you know, because there is no such thing as a perfect foster carer'.
(young adult, English sample)*

In this chapter, part of the findings of Phase One are presented. This phase intends to explore how the role of foster carers was defined by key stakeholders, who are 'experts' due to their experience of foster care in England or Portugal.

This is a piece of primary research with a total of 11 focus groups with 53 stakeholders in England and eight focus groups with 46 stakeholders in Portugal. As described in the methodology, the stakeholders were part of the following groups: children who were in foster care, young adults who had been in foster care, foster carers who had at least one child in placement, and social workers who were working with foster carers. The data emerging from these focus groups were analysed following an adapted grounded theory structure and intended to address the following research questions, as outlined in the methodology:

- 1- What do stakeholders in England and Portugal feel that 'good' foster carers bring to the role?
- 2- How do stakeholders in England and Portugal conceptualise the role of foster carers and positive outcomes for children?

- 3- How do these findings relate to Belsky's model of parenting, and what reframing of the model is required, if any?

The present chapter addresses the first research question, while Chapter 6 is dedicated to the second research question. The findings presented in these two chapters form the basis for exploring the third research question in Chapter 8.

In this chapter, I aimed to analyse what 'good' foster carers (further explored in Chapter 6) bring to the role that helps them perform it with quality. I explored the similarities and differences in the views of participants in four stakeholders' groups, children who were in foster care, young adults who had been in foster care, foster carers who had at least one child in placement, and social workers who were working with foster carers, in two samples, an English and a Portuguese. Stakeholders communicated general views as well as examples based on their experience. Three categories were identified and are presented in a decreasing order of importance according to the voices of the participants in each group of stakeholders, foster carers' personal characteristics, personal sources of support and stress, and past experiences.

Summing up, in this chapter, it is anticipated that by identifying good foster carers' personal characteristics, personal sources of support and stress, and past experiences, in the English and Portuguese contexts, it is possible to gain some insights into the role of foster carers.

5.1 Personal characteristics

Stakeholders in the English and Portuguese samples talked extensively about the personal characteristics of good foster carers, with a particular focus on their personality traits and psychological wellbeing. They focused mainly on good foster carers' personality traits, which are presented in **Table 3**, in a decreasing order of importance according to the voices of the participants in each group of stakeholders: affection, self-regulation and communication skills, self-reflection and willingness to learn, empathy, flexibility and adaptability, and sense of humour.

Table 3 – Personality traits of good foster carers by stakeholder group in the English and the Portuguese samples

	English sample				Portuguese sample			
	Children (1 focus group)	Young adults (2 focus groups)	Foster carers (4 focus groups)	Social workers (4 focus groups)	Children (1 focus group)	Young adults (1 focus group)	Foster carers (4 focus groups)	Social workers (2 focus groups)
Affection	✓	✓	✓	✓	✓	✓	✓	✓
Self-regulation and communication skills	✓	✓	✓	✓	✓	✓	✓	✓
Self- reflection and willingness to learn	✓	✓	✓	✓	✓	✓	✓	✓
Empathy	✓	✓	✓	✓	✓	✓	✓	✓
Flexibility and adaptability	✓	✓	✓	✓	✓	✓	✓	✓
Sense of humour	✓		✓ (2)	✓ (3)			✓ (1)	

Note:

✓ - most referenced in the stakeholder group

✓- referenced across all focus groups of a stakeholder group

✓ - referenced in some of the focus groups of a stakeholder group (number of focus groups in which it was stated)

Apart from these personality traits, stakeholders across the different groups also talked about foster carers' psychological wellbeing – their positive mental state – however, most

stakeholders linked this to foster carers' self-regulation and self-reflection in the context of being able to deal with the different types of stress that resulted from this role. Stakeholders focused on three different types of stress, namely, personal, as the manifestation of stress on themselves; relational, as emerging in the relationship with children; and systemic, as arising from interactions with others in the foster carer's role. Moreover, some references linked foster carers' psychological wellbeing, ability to self-regulation, be self-reflective, and intention to continue fostering.

Stakeholders talked extensively about foster carers in relation to the children they cared for. Therefore, I decided to present the personal characteristics of foster carers in terms of how these were described as contributing to fostering practice, that is, the support they provide to children's permanence, personal characteristics and development (further explored in Section 6.1). Nonetheless, foster carers' personal characteristics were also described by stakeholders as relevant to the other aspects of the role, i.e., collaboration with children's birth families, children's services, and social workers in the fostering services (further explored in Section 6.2), and with their family members and social networks (further explored in Section 5.2). In the cases where stakeholders indicated that a specific personality trait or psychological wellbeing of foster carers was particularly important to these other aspects of the role, this is highlighted.

5.1.1 Affection

Good foster carers were defined in all groups of stakeholders, in both English and Portuguese samples, as being affectionate to the children placed with them. Stakeholders considered that

good foster carers are the ones who are warm, caring, and nurturing. One child in the Portuguese sample explained, *'someone who is affectionate, and the most important part is that they give affection to someone who is not related to them'*. In fact, there were several direct references across the different groups to affection, however, with a lower number in the groups of foster carers and social workers in the English sample. Several stakeholders also talked about love, and in some cases, love and affection were actually used interchangeably, as can be noted in the statements of a foster carer and a social worker in the Portuguese sample:

'... It is the love for children, you have to really have affection for children to put up with all the healthy foolishness that children do.' (foster carer, Portuguese sample)

'... When we have a family that really has affection for the child they are fostering, the passion, ... you need to be in love with that child to be able, so we have some families that despite many gaps they have this.' (social worker, Portuguese sample)

Some foster carers and social workers, almost exclusively in the Portuguese sample, even made references to good foster carers loving children unconditionally. Two social workers in the same focus group said, *'it is an unconditional love without a blood tie'*, and *'in a first phase, in love, in generosity, in opening the doors and giving everything'*. Particularly the feeling of love was widely described as contributing to children's sense of belonging. A child in the English sample shared, *'you feel like that you are their own daughter, or you are their own son, and you don't feel like outcasted'*.

References to love were broadly present across the different groups; however, in the groups of foster carers and social workers in the English sample, there were only a few references to this feeling. The emphasis on these groups was on other aspects that good foster carers bring

to the role. For instance, a social worker stressed that in certain placements, foster carers might need to have a different focus; more specifically, it is *'down to the foster carer to put the skills on the table and to show a certain level of, you know, emotional regulations, I would not say necessarily secure attachment, but someone who understands and shows empathy in real terms'*. On the other hand, a young adult shared a possible explanation for the low number of references to love in these groups, *'I have seen carers who are just too scared to nurture that child, to love that child because of the rules and regulations'* (further explored in Subsection 6.2.2). Moreover, in the Portuguese sample, a social worker referred that, *'we have families' context where the manifestation of affection is difficult, ... so we need to recognise this so they are helped, ... there are also cases where the partner makes up for it'*. Nonetheless, apart from the reasons for the reduced or lack of references to love, some young adults in the English sample shared examples where they did not feel loved or as they belonged (further explored in Subsection 6.1.1). One of the young adults said, *'from our point of view, you are living in somebody else's house, and that is, you feel like you are intruding, you feel like an outcast'*.

In essence, foster carers and social workers in the English sample considered that being affectionate to children was as important as any other personality trait of good foster carers. On the other hand, children and young adults in the English sample and stakeholders across the different groups in the Portuguese sample stressed that being affectionate and loving children was their key personality trait.

5.1.2 Self-regulation and communication skills

In the different stakeholders' groups, there were references to good foster carers being able to self-regulate and communicate well with others. This contributed to foster carers being able to deal with the challenges and the different types of stress that could emerge from the role. Stakeholders considered these personality traits as being particularly relevant to foster carers' psychological wellbeing, their intention to continue fostering, and consequently, children's permanence. Across the different stakeholders' groups, there were some references to self-regulation and communications skills, but for foster carers in the English sample, these were the main personality traits of good foster carers.

Specifically, when it comes to the ability of self-regulation, stakeholders talked about good foster carers being patient and managing their own thoughts, behaviours, and emotions towards the goal of fostering children. In the words of a young adult and a foster carer in the English sample and a child in the Portuguese sample:

'So, if you would have asked me at the age of 18 if that was a successful placement, I would have said no, if you ask me now, yes, it was because actually, it was a single placement, they put up with a heck of a lot of stress of going all the way around, I was a pretty good child, to be honest, and they gave me a home.' (young adult, English sample)

'... The persistence, you never give up, and you have to keep saying that by the end of the day, no matter how bad it gets, the kids matter, the kids are the ones that are important, the children are what it is important, so you have to keep just battling through, don't you?' (foster carer, English sample)

'I think that a good foster carer is the one who does not give up, wants to take things until the end.' (child, Portuguese sample)

A few foster carers in both samples shared that sometimes they experienced personal stress (i.e., lower psychological wellbeing), and in those moments, it could be difficult to self-regulate; this mostly resulted from being exposed to children's behavioural difficulties and in the Portuguese sample also from the interactions with children's birth families (further explored in Subsection 6.2.1). A couple of social workers in both samples expressed similar views. The difficulties foster carers experience in self-regulation, in some cases, could influence how they communicate. A foster carer in the Portuguese sample explained that *'we want to control everything, and we can't, it is difficult... I get very worried, and it affects me'*, while a foster carer in the English sample said, *'we make mistakes, we do get crossed, we do get angry, we do shout and scream'*. These foster carers also stated that they did their best not to show their personal levels of stress to the children placed with them. However, in the English sample, one child and one young adult shared their experiences of being placed with foster carers who would get stressed; in their words:

'I know my foster carer, she gets stressed out all the time, and she never, ever even shout once at me.' (child, English sample)

'... My carers weren't very patient with me, so at times they said that they would slap me, you know, they would hit me if I didn't start understanding things, because they would, they would get into the point where they would get very very stressed out, so in a way I was emotionally abused by my carers.' (young adult, English sample)

When it comes to communication skills, good foster carers were perceived as being able to express ideas and emotions effectively and to relate with children, but also with children's birth families, children's services, and social workers in the fostering services (further explored in Section 6.2), as well as with their own family members and social networks (further explored in Section 5.2). A social worker in each sample stated:

‘... You see how the carer is caring for that child in that environment of crises within the family, and for me personally, is not expecting them to not be stressed or expecting to not have feelings of stress about looking after a child in that situation but it is how do they communicate with us... how they are communicating with the child and how can they deal with their own emotions while also looking after that child’s needs and making sure that the child is not affected.’ (social worker, English sample)

‘... Be able to deal with difficulties, difficulties and potentialities on a daily basis... when the foster carers are able to provide the adequate support to children’s difficulties, in a positive way, when they can deal with children’s individual difficulties, but also work with the other parties, with the other stakeholders, children’s biological family.’ (social worker, Portuguese sample)

However, in the Portuguese sample, some foster carers and social workers stated that, in practice, difficulties existed in the communication between foster carers and children’s birth families (further explored in Subsection 6.2.1).

Overall, across the different stakeholders’ groups, there were several references to the fact that good foster carers are able to self-regulate and to communicate effectively. Additionally, these were identified by foster carers in the English sample as the central personality traits of good foster carers.

5.1.3 Self-reflection and willingness to learn

Stakeholders in both English and Portuguese samples considered that good foster carers are self-reflective and willing to learn. These personality traits were mostly described in association with challenges and different types of stress that emerged from the role, including relational stress, which could be influenced by children’s behavioural difficulties. Similarly to the personality traits of self-regulation and communication skills, self-reflection and willingness to learn were classified by the stakeholders as being particularly relevant to foster

carers' psychological wellbeing, their intention to continue fostering, and consequently, children's permanence. Social workers in the English sample identified these personality traits as crucial to good foster carers.

When it comes to being self-reflective, stakeholders talked about good foster carers being able to reflect on their thoughts, behaviours, and emotions. Moreover, good foster carers were also described as being willing to learn, namely from experiences they are exposed to while performing the role and from others. In the words of a foster carer in the Portuguese and a social worker in the English sample:

'... Every day I go to bed, and I think, how am I going to act tomorrow? If I am going to tell the child off, how am I going to tell her off while ensuring that she won't lose confidence in me?' (foster carer, Portuguese sample)

'Because if people are able to self-reflect, they are more likely to take on board new ideas, they don't take it personally, and they just look at how they can learn from the experience rather than taking it in a very personal level if, say children are not responding in the way they may wish. Self-reflection for me is huge.' (social worker, English sample)

In fact, there was a shared understanding that good foster carers did not have to have all the expected skills because they could learn on the role. Stakeholders across the different groups, with the exception of children in the Portuguese sample, stated that good foster carers could grow in the role when their self-reflection and willingness to learn were combined with formal training or support. As referred to by a foster carer in the English sample and a social worker in the Portuguese sample:

'...The more training I went to, more support groups I went to, I learnt that I developed skills that I didn't realise I had, and also I learned how to really deal with

the children in a way without making the situation worst, I had to change my attitudes and not taking anything personal.’ (foster carer, English sample)

‘... Foster families don’t have to be perfect, they have to understand their shortcomings and let themselves be helped.’ (social worker, Portuguese sample)

Young adults in the English sample talked extensively about the importance of foster carers receiving training on how to include children in the foster family. This could be contextualised by the fact that some of these young adults in their past placements did not feel like they belonged. A young adult explained foster carers *‘are getting paid a lot of money [and you feel that you are] in a residence room and that is it, you are just renting the room, so, I think that it is important that training, it is important’*. On the other hand, a few foster carers in the Portuguese sample stated that they did not consider formal training or support crucial. Instead, they considered that learning from practice was the most efficient and fruitful way to grow as a foster carer. A foster carer stated, *‘this is like being a parent, I mean, you do not study for that’*.

In summary, across the different stakeholders’ groups, being self-reflective and willing to learn were perceived as important as other personality traits of good foster carers. However, in the group of social workers in the English sample, these traits were classified as the main ones of good foster carers.

5.1.4 Empathy

Across the different stakeholders’ groups, good foster carers were described as being empathetic, therefore, as being in tune with children’s emotions. This means having the ability to understand what children are experiencing and to share their feelings, which

subsequently facilitates the communication between them and ultimately influences the permanence of children. A social worker in the English sample stressed a good foster carer is *'someone who understands and shows empathy in real terms'*. This is particularly important given the children's individual needs, as described by a child in the English sample and a foster carer in each sample:

'... Not every foster child is going to be a bed of roses, there will be some foster children that need time or just need space, they are going to be difficult, so the foster carer needs to understand that they are going to be difficult.' (child, English sample)

'... You have to be aware and perceptive of their feelings because often they won't be able to communicate to you, so you have to be able to read their body language and you know, monitor their responses, and find where they are, you know, some of them they need a hug, some of them won't you to go near them, you know, you just have to be perceptive about people really, about children, and just know what to do, and it is hard sometimes, it is really hard.' (foster carer, English sample)

'... For children to start to have confidence in us and for them to know when they have a problem, we are there to solve that, I tell them many times, your problem is not your problem, it is our problem because I like you and I haven't given up on you, and I want to help you.... There will be times when you will tell me things that I will be distressed, I will be desperate, but look, together we will try to find a solution to the problem, we will solve it, nothing remains to be solved.' (foster carer, Portuguese sample)

A few young adults in the English sample, as well as some foster carers and social workers in both samples, shared examples of foster carers who in practice, struggled to be empathetic with children, mainly when they showed behavioural difficulties or when they expressed emotions related to their own families. In the words of a foster carer in the Portuguese sample and a young adult in the English sample:

'I think you [had this bad behaviour] because you wanted to, you did this because, but I can't say what I think, that attitude I wanted to have, of reprimand them a lot. To win them and to encourage them, we have to change our attitudes a little bit and almost dismantle that big problem, which was a big problem and make it a small problem.' (foster carer, Portuguese sample)

'But there were also other things that happened within my placement, you know, I felt that at times my carers would bully me, I felt that at times they would make me feel severely bad for wanting to see my parents and things like that.' (young adult, English sample)

Moreover, stakeholders in both samples stated that part of the role is to show empathy for the emotions and context of children's birth families. A foster carer in the Portuguese sample shared, *'... I am taking the role of your mother, but I am not the mother, so you have a mother... if not the biological mother, there will be the adoption mother, I am the foster mother. And therefore, always respect children's identity, their family, also help them understand why things are the way they are'*. Nonetheless, a few young adults, and some foster carers and social workers, in both samples, but mainly in the Portuguese sample, shared examples where this did not happen in practice (further explored in Subsection 6.2.1).

Beyond good foster carers being described as empathetic with children throughout the duration of the placement, some stakeholders stressed that this trait was possibly more relevant at the beginning of a placement. Therefore, allowing time for children to settle, get to know the foster carer and their family, and learn the habits and rules of the household. A foster carer in the Portuguese sample illustrated this by recognising that children at the start of the placement *'might be feeling a bit uncomfortable'*, and a foster carer in the English sample stated that in their practice, they did *'not expect [everything] from day one'*. A child in the English sample explained, *'it took me a year to get used to my foster carers'*. However,

a young adult in the English sample shared the view that their previous foster carers had not acted in this way, *'you have just moved into someone else's house, you haven't got used to the people around you, you don't know if they are mad, who you might have just met that day and they expect you to just be able to settle in their every day'*.

Briefly, to conclude, being empathetic from the outset of the placement was referred to by stakeholders as a personality trait of good foster carers; however, in neither of the stakeholders' groups was this classified as the most important trait.

5.1.5 Flexibility and adaptability

Stakeholders in all groups stated that good foster carers are flexible and adaptable, which is aligned with the ever-changing nature of the role. Good foster carers were described as being able to adjust to different children and subsequently to their specific needs while dealing with the influence of fostering on their own personal, family, and social life. In the words of a foster carer in each sample:

'If the child needs for changes to happen, we just need to adapt to the child.' (foster carer, Portuguese sample)

'So, the little boy... I was able to cuddle him; you know, give him a hug and talk to him in a reassuring way. When I had a teenager placement, she didn't want to talk with me. She wanted to go and sit on her room... You have to be really flexible.' (foster carer, English sample)

There were also some references across the groups to good foster carers being able to adjust to children's birth families, children's services, and social workers in the fostering services while following a child-centred approach. As pointed out by a social worker in each sample:

'Obviously, not everyone can cope with everything all the time, but they do need to be able to take some pretty complex children and complex cases and work within quite a complicated system on top of that, that doesn't always go, things not always go according to plan, so yep flexibility.' (social worker, English sample)

'[Foster carers need to] be flexible, want to work with the child, want to work with their family, in case there is a need to maintain these bonds in order to return to the birth family, always with flexibility, not being rigid and adapting to different situations and context.' (social worker, Portuguese sample)

In previous sections, I have already covered some of the challenges raised by stakeholders given foster carers' interactions with children, but also with children's services, social workers in the fostering services, and children's birth families. These could also be linked with or lead to foster carers showing difficulties in being flexible or adaptable. The interactions and relationships between foster carers and children, but also with children's services, social workers in the fostering services, and children's birth families, are further explored in the next chapter.

Lastly, there were several references to good foster carers being flexible and adaptable across the different stakeholders' groups, however, in none of the groups were these classified as the central personality trait of good foster carers.

5.1.6 Sense of humour

Good foster carers were also described as having a good sense of humour. This was stated in the children's group in the English sample and in some of the focus groups of social workers in the English sample and foster carers in both samples. There were some statements across these focus groups on good foster carers when confronted with complex situations, being able to make jokes in order to lighten the mood, as well as using humour to connect with children.

One social worker in the English sample said that it is important for foster carers to have ‘*a good sense of humour, because the other things that they listen to, [it] is challenging as it is*’.

One foster carer in the Portuguese sample complemented this idea by saying, ‘*I had to be equal to [the children] or even worse*’, therefore, stressing that what was needed was ‘*a bit of craziness*’. Moreover, a child in the English sample shared how significant it had been for them to be placed with a foster carer who played and connected with them through jokes and humour, ‘*my foster parents and me we basically just fire comments at each other back and forward and just, we laugh about it, it is banter really in some ways, which involves a lot but we, yep, we are mad, it is like humour*’.

Stakeholders made some references to sense of humour as a personality trait of good foster carers, however, this was the least referred to trait across all the stakeholders’ groups. In fact, this was only stated in the English sample in the children’s group, in two of the foster carers’ focus groups, and three of the social workers’ focus groups; and in the Portuguese sample, only in one of the foster carers’ focus groups.

5.2 Personal sources of support and stress

Stakeholders in the different groups, while describing good foster carers, identified two personal sources of support that, in their opinion, contributed positively to foster carers, but also to fostering and to children. Nonetheless, stakeholders also shared examples where these sources of support could act as sources of stress, i.e., by promoting systemic stress, and therefore as contributing negatively to foster carers, fostering (practice), and children. Two different types of personal sources of support and stress of good foster carers are presented in

Table 4, in a decreasing order of importance according to the voices of the participants in each group of stakeholders: family life and social network.

Table 4 – Personal sources of support and stress of good foster carers by stakeholder group in the English and the Portuguese samples

	English sample				Portuguese sample			
	Children (1 focus group)	Young adults (2 focus groups)	Foster carers (4 focus groups)	Social workers (4 focus groups)	Children (1 focus group)	Young adults (1 focus group)	Foster carers (4 focus groups)	Social workers (2 focus groups)
Family life	✓	✓	✓	✓	✓	✓	✓	✓
Social network	✓		✓	✓	✓		✓	✓ (1)

Note:

✓ - most referenced in the stakeholder group

✓ - referenced across all focus groups of a stakeholder group

✓ - referenced in some of the focus groups of a stakeholder group (number of focus groups in which it was stated)

Before examining the particularities of family life and social network as sources of support and stress, I present a summary of what is similar to both of them. Family life and social network were described by stakeholders as sharing social expectations, as well as providing crucial support, specifically instrumental support and emotional support to foster carers, fostering, and children. According to a foster carer in the English sample and a social worker in each sample:

‘And friends and family that understand what is going on when you have a child that is not behaving in an appropriate way and are able to come and help.’ (foster carer, English sample)

‘... Emotional burden is very heavy, and you can use this support network for stress management issues.’ (social worker, Portuguese sample)

‘... Having at least two people part of the supportive network, very close to you could contribute to the placement stability and make you a better carer because isolation as you know, is a risk factor for everyone.’ (social worker, English sample)

Nonetheless, a couple of foster carers and social workers in the English sample also shared examples where in practice, foster carers would not seek support from their family members or social networks because of the complex background, needs, and/or behavioural difficulties of children. A social worker in the English sample described that given *'the level of the disclosure of the things that children say, [foster carers] feel too embarrassed to repeat that to their support network'*.

On the other hand, a few stakeholders across the different groups, with the exception of children in the Portuguese sample, shared that family members and social networks could add to the systemic stress by showing a reduced or lack of understanding of the wider role of foster carers, fostering, or children's needs. For instance, a foster carer in the English sample, *'I have family and friends [who say], "why don't you get a real job"'*. Their reduced or lack of understanding was identified as, in some cases, negatively influencing foster carers' interpersonal relationships with them. According to the same foster carer, *'you kind of come away from your wife and friends and it is important that you keep them...'*, or as stated by another foster carer in the same focus group, partner and friends might actually be the ones who *'come closer or move further away'*. Inherent to this statement is also the notion that the wider role of foster carers, fostering, and children similarly influence foster carers' family members and social networks. In fact, stakeholders considered that these sources of support and stress had a bidirectional relationship with foster carers, fostering, and children. However, there were also references to foster carers playing a central role in mediating the relationships between these sources of support and stress and children. Thus, foster carers'

personality traits, such as good communication skills, as well as flexibility and adaptability, were classified by stakeholders as particularly relevant.

5.2.1 Family life of foster carers

Across the different groups of stakeholders, the family life of good foster carers, that is, own children, partners, and extended family, was identified as an important source of support and stress for foster carers, fostering, and children. In practice, family life was mostly described as a source of support and only in a few cases as a source of stress. For example, a foster carer in the Portuguese sample said, *'how many times I am feeling down, and my [older] son comes and tells me, "mummy, never mind, soon the child will get older, and things will get better"'*.

It is important to reflect that the placement of children also influences the everyday routines of foster carers' family members. The way that children interact with the family members of foster carers and respond to that context was described by stakeholders as varying from child to child. A foster carer in the Portuguese sample referred that *'with some [children] it takes patience, with others it is easy, it seems that they have lived with us [and our family] for a long time'*. Therefore, stakeholders in both samples considered that good foster carers and their family members are able to adjust their behaviours and context according to the needs of children and to promote a family environment. This was identified by several stakeholders as contributing to children's permanence. In the words of a child in the English sample and a young adult in each sample:

'... Try to involve the foster child into the activities they do together, like going on vacation and stuff. I think that shows that there is a strong link and that the foster carers are really trying.' (child, English sample)

'... To not make the child feel like they are in care, to make them feel like they do actual belong in a family.' (young adult, English sample)

'... When children really feel at home and at the end of that time [in care] continue to be there, and the bond doesn't end.' (young adult, Portuguese sample)

However, some young adults in the English sample considered that, in practice, not all children would feel part of the family. For instance, a young adult in this sample said, *'like half of the time you don't feel like a part of the family because it is too sort of different'*.

Moreover, stakeholders made specific comments about foster carers' own children, partners, and extended family acting as sources of support and stress. Foster carers' own children, but mainly the younger ones living in the household, were classified by some stakeholders across the different groups (with the exception of children in the Portuguese sample and young adults in the English sample) as the family members of foster carers who struggle the most with the children's placements. This could be justified by the fact that they are expected to share their belongings and their parents, that is, their care, attention, and love, with other children, but also to understand that these children, given their specific needs, require different support. Additionally, in the English sample, some young adults and a couple of foster carers pointed out that the existing rules and regulations could lead to different household rules, which could enhance possible tensions between the foster carers' own children and children who are in care. Nonetheless, it was stated in both samples that foster carers can act in ways to dissipate tensions and further conflicts between the children. In the words of a young adult in each sample:

'... The foster parents should put some effort to try and make them get along with each other, considering that they are trying to make the foster child feel like part of the family.' (young adult, English sample)

'We also have to take into account the ages of the [foster carers'] children; I think that when the [foster] parents start to foster a child, I think they should talk to their children to find out what their opinion is, and to try to understand if they are going to accept the other child, and [to explain] that they are not going to steal their place.' (young adult, Portuguese sample)

However, a couple of social workers in both samples shared examples where this was not enough; neither was putting in place additional levels of support and foster carers' children ended up contributing to the placement breakdown:

'[Foster carers having birth children] goes against the placement stability because very often in my job I hear people saying "we need to end this placement because it has an impact on my own children", or "my own children are affected we don't have the same time for them", or "you know this child is having a bad influence on my children, and promote some behaviours that I am not happy with", so depending on the child's age, the birth child's age, and as you said the carers flexibility to accommodate their individual needs.' (social worker, English sample)

'It was a shock, we had to remove the child. [The foster carers'] child was not able to accept the child, ... the foster carers' child said, "I am not accepting the child stealing my things, touching my things." We were not able to solve this.' (social worker, Portuguese sample)

Placement breakdowns instigated by problems with the foster carer's own child happened in the most extreme cases. In fact, in the Portuguese sample, a couple of social workers and several foster carers shared examples where both groups of children benefited from having a relationship. Moreover, in the English sample, a couple of foster carers stressed the positive influence of fostering on their own children's adulthood life choices, while two young adults talked about sibling bonds they had developed with foster carers' children, even if in one of

the cases they were separated because of a placement move. In the words of a foster carer in the Portuguese sample and a young adult in the English sample:

'[Children] are in a family; they feel it as a real family. Today my biological child says, "my brother, my brother"... he calls him brother.' (foster carer, Portuguese sample)

'... [Foster carers] had their own daughter, and when you have been growing up with someone since the day they have been born, she, you know, she will always be my sister, do you know what I mean, and that was massive... you are taking me away from the one person I got left.' (young adult, English sample)

I now turn to focus on foster carers' partners. Across the different groups, there were several references about them, mostly teaming up with foster carers and sharing the role. A child in the English sample, considered that, in practice this had a positive influence on how foster carers' partners interacted with children, thus, *'if you can work as a team then you can work as a team with your foster child'*. In the different stakeholders' groups, with the exception of foster carers and social workers in the English sample, there were some direct references to the bond that is established between foster carers' partners and children. In the words of a child in the Portuguese sample and a young adult in the English sample:

'...Father and mother, as we use to say that there is only one. Therefore [I call them] uncle and aunt. Thus, we should never cut off relations with them, with the foster carers, this is fundamental.' (child, Portuguese sample)

'... My parents, as I call them, they actually worked their ass to get the loft converted for me to stay until I was 21, and it got to the point they said I could have stayed, I could still be there now if I wanted to.' (young adult, English sample)

When it comes to foster carers' extended family, they were also described in both samples as providing instrumental support, emotional support, and/or social expectations. However,

when it comes to stepping in and taking care of children, and thus allowing foster carers to have respite, this specific type of instrumental support was more widely referred to in the Portuguese sample and, was described by some foster carers and social workers as taking place frequently and in a very informal way – like the practices of a family. On the other hand, in the English sample, there were fewer references to this type of instrumental support, and when it was referred by a couple of foster carers and social workers, it was contextualised as being preceded by an assessment process conducted by the fostering team. According to a foster carer in the Portuguese sample and a social worker in the English sample:

‘The entire family welcomed the child and their biological siblings... my mother-in-law takes all the [foster child’s birth] siblings for a week, even if there are currently placed in different foster families... at Christmas and Easter for three or four days, but over the summer she takes all the siblings, asks their foster families, over the first week of September we already know that. They even call her grandmother.’ (foster carer, Portuguese sample)

‘... In our team, we assess family members to look after children in their family so instead of the child going to a [respite carer] who they don’t know, they might go to an aunty or uncle or a cousin, so we do that in our team.’ (social worker, English sample).

Some stakeholders also talked about extended family members contributing to children feeling part of their family. This was referred to by one child in the English sample and by several foster carers and social workers in the Portuguese sample. According to the child in the English sample and a foster carer in the Portuguese sample:

‘When you feel accepted by the family, pretty much, when you feel like you are connected to the rest of the family, that is when you feel like you have done good, and you feel like you are part of the family.’ (child, English sample)

'... It helps a lot for the success of these children, the type of family that we have supporting us. Receiving these children as a member of the family because today, my children (who are in care) have their aunt, aunt F., have cousin J., have cousin B., have a godmother, have a godfather. Today my children have a family, and they appreciate it a lot. I went to a meeting with the teacher ... she told me "oh, because [the child] talks about her brother, her father, her mother, I never suspected that you were not really her family".' (foster carer, Portuguese sample)

In summary, across the different stakeholders' groups, family life of good foster carers was classified as the main personal source of support for foster carers, fostering, and children; and, in some cases, as the only one, i.e., young adults in both samples and one focus group of social workers in the Portuguese sample.

5.2.2 Social network of foster carers

In the different stakeholders' groups, with the exception of young adults in both samples, there were some references to the social network of good foster carers, that is, friends and neighbours acting as a source of support and stress for foster carers, fostering, and children. In practice, social networks were mostly classified as a source of support and only in a few situations as a source of stress.

Some foster carers in both samples considered that the placement of children influenced the foster carers' social networks. For example, a foster carer in the English sample pointed out that neighbours needed to cope with the children's externalisation of behaviours, so *'neighbours that know the scream that is coming out is not you killing the child, for two hours'*. In fact, from the few references to social networks acting as sources of stress, these were mainly linked to neighbours. A foster carer in the Portuguese sample said, *'I have serious problems with the neighbour who lives on the floor below, they say that these*

children are not mine'. This could possibly be contextualised by their physical proximity to foster carers and children, but not necessarily emotional connection.

Similarly to the support provided by foster carers' extended family, a few foster carers in the Portuguese sample talked about their social networks stepping in and taking care of children. There were no references to this type of support in the English sample, which can be explained by the process around respite care being more bureaucratic in England than in Portugal (further explored in Subsection 6.2.2). A foster carer in the English sample explained, *'we are not allowed to leave them with family and friends, and they have to be approved'*.

Overall, social networks of good foster carers were classified in the groups of children, foster carers, and social workers in both samples (except for one of the focus groups of social workers in the Portuguese sample), as mostly acting as a source of support to foster carers, fostering, and children.

5.3 Past experiences

Past experiences of good foster carers were described across most stakeholders' groups as influencing their personality/psychological wellbeing and, subsequently, their fostering practices. Three different types of past experiences are presented in

Table 5, in a decreasing order of importance according to the voices of the participants in each group of stakeholders: parenting experiences, life experiences, and social care services experiences.

Table 5 – Past experiences of good foster carers by stakeholder group in the English and the Portuguese samples

	English sample				Portuguese sample			
	Children (1 focus group)	Young adults (2 focus groups)	Foster carers (4 focus groups)	Social workers (4 focus groups)	Children (1 focus group)	Young adults (1 focus group)	Foster carers (4 focus groups)	Social workers (2 focus groups)
Parenting experiences	✓	✓	✓	✓			✓	✓
Life experiences		✓ (1)	✓ (3)	✓ (2)				✓ (1)
Social care services experiences		✓ (1)	✓ (1)				✓ (1)	

Note:

✓ - most referenced in the stakeholder group

✓ - referenced in some of the focus groups of a stakeholder group (number of focus groups in which it was stated)

Even though stakeholders talked about three different types of past experiences, which could have been positive or negative, they only focused on experiences that allowed foster carers to better understand the background, needs, and/or behavioural difficulties of children. A young adult in the English sample said foster carers *‘that have some sort of knowledge and actual, actually know what children go through I feel they tend to be that little bit more understanding’*. This is explored in more detail in the next subsections.

5.3.1 Parenting experiences

Stakeholders across most groups, apart from children and young adults in the Portuguese sample, talked about the influence of parenting experiences on foster carers' personal characteristics (personality/psychological wellbeing) and fostering practice. They focussed on how foster carers had been parented, how they saw others parenting, or how they had been parenting their own children. These experiences were described as promoting knowledge of children's development and how foster carers should and should not care for children placed with them. In the words of a child in the English sample and a foster carer in the Portuguese sample:

'[How foster carers] have been brought up, maybe because they haven't had the best upbringing, but they must have someone in the family that is a parent, and they have seen how it works.' (child, English sample)

'I have two children, and one is already a grown-up man. I think that you should give them the same upbringing... [use similar parenting] strategies.' (foster carer, Portuguese sample)

Among the different types of past experiences, parenting experiences was the most frequently referred to across the different stakeholders' groups in the English sample and foster carers and social workers in the Portuguese sample.

5.3.2 Life experiences

Life experiences were described by a couple of stakeholders in the young adults and foster carers' groups in the English sample and the social workers' group in both samples as contributing to foster carers' personal characteristics (personality/psychological wellbeing) and fostering practice. Stakeholders mostly, but not exclusively, shared examples of negative

life experiences of foster carers. In detail, they talked about foster carers' health difficulties and life choices, the latter related to partners, religion, and places where they lived. There were also some references to non-specified difficulties. In the words of a young adult and a social worker in the English sample:

'... [My former foster carer] had ovarian cancer, so she didn't have it easier with her biological children either, so obviously, she, all the things she has been through has made her the person, say the carer she is today, which do you know what, she is fantastic.' (young adult, English sample)

'... Somebody who has had at some point a very difficult life and, based on his or her strengths managed to make like a U-turn and improved his own life. When you have somebody with this kind of history, knowing what it means to be in a difficult position and making the progress, their own, you know, resources, you are able to see the potential in others.' (social worker, English sample)

In summary, in the English sample, only a few stakeholders in one of the young adults' focus groups, in three of the foster carers' focus groups, and in two of the social workers' focus groups; and in the Portuguese sample, only a couple of stakeholders in one of the social workers' focus groups; talked about life experiences of foster carers.

5.3.3 Social care services experiences

A few references were made, by two young adults in the English sample and a couple of foster carers in both samples, to the fact that having had social care services experiences contributed positively to foster carers' personal characteristics (personality/psychological wellbeing) and fostering practice. Stakeholders shared examples of foster carers who had grown up in care or who had professions within the children's or adults' social services. As stated by a young adult and a foster carer in the English sample:

'... The foster carers that are seen to blossom are the ones that have knowledge of the social services, social care, like one of the foster carers we have got she was in children's home in residential as a child, and she is just brilliant with the kids, you know she doesn't see any bad, she just does it and just gets on with it and then like another foster carer she was a social worker, and you know, just see them, just doing their job.' (young adult, English sample)

'... I was taken into care as a child ... [the foster carers] took us in literally off the street, and it is not until you become a mother or parent that you have any concept of what, you know, that family did for us, it was so massive, and I mean I have always worked with children, in my working life I worked with children, and I just think, you know I can do that, and here I am. That is why I am doing it.' (foster carer, English sample)

Regarding the three different types of past experiences that were identified as positively contributing to foster carers' personal characteristics (personality/psychological wellbeing) and fostering practice, social care services experiences was the least referred to by stakeholders. In fact, it was only stated in one focus group of young adults in the English sample and one focus group of foster carers in each sample.

5.4 Summary

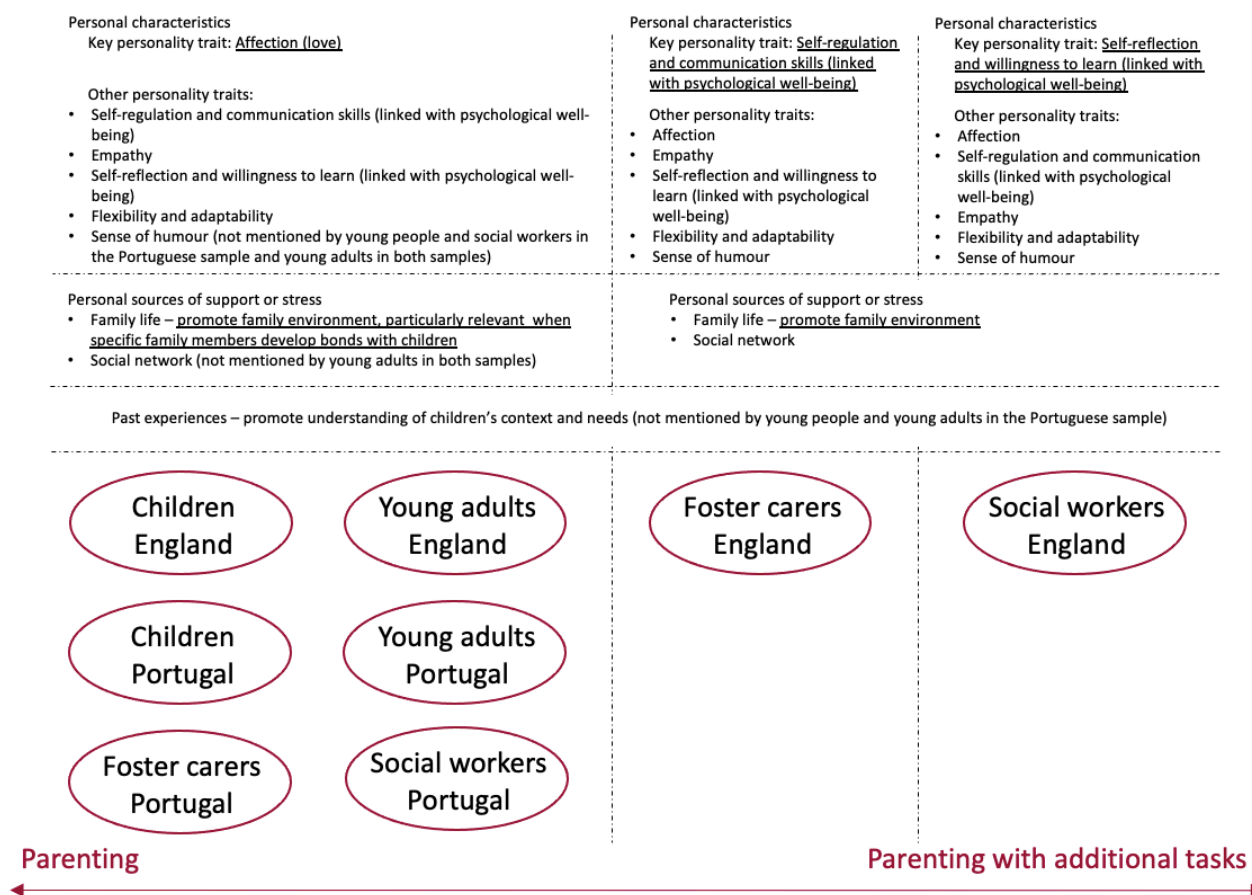
In summary, despite good foster carers coming in all 'shapes and sizes', it was found that across the different stakeholders' groups, there was a shared understanding that they bring to the role similar personal characteristics, personal sources of support and stress, and past experiences.

However, there were some differences between the stakeholders' groups on what was identified as crucial to the role, as described in

Figure 2. Children and young adults in both samples and foster carers and social workers in the Portuguese sample, were more vocal about good foster carers being affectionate and

expressing feelings of love. Foster carers and social workers in the English sample also valued these but did not focus on them. Instead, they considered foster carers' self-regulation and communication skills, or self-reflection and willingness to learn, respectively, as the central personality traits of good foster carers. To note that these personality traits were also identified as particularly relevant for the additional tasks of foster carers, such as collaborating with children's birth families, children's services, and social workers in the fostering services. These are further explored in the next chapter, Section 6.2. Furthermore, children and young adults in both samples and foster carers and social workers in the Portuguese sample, focused on elements of parenting that promote children's sense of belongingness, to the foster carer but also to their family members (further explored in Subsection 6.1.1), while foster carers and social workers in the English sample, considered that good foster carers are the ones who include children in a family environment. Despite these differences, across the different stakeholders' groups, there was a common focus on good foster carers safeguarding children's individual needs, which is also explored in the next chapter.

Figure 2 – Summary of what good foster carers bring to the role carers by stakeholder group in the English and the Portuguese samples



Therefore, children and young adults in both samples and foster carers and social workers in the Portuguese sample talked about good foster carers performing a role similar to parenting, while foster carers and social workers in the English sample focused on good foster carers performing a role that could be described as parenting with additional tasks.

Lastly, stakeholders talked about some difficulties that happened in practice in each country. These difficulties could be considered as possible problems in the foster care system because they were present in both samples, even if with different prevalence in the groups and samples. In summary, these difficulties were in areas such as:

- Foster carers expressing love/affection for children and fully include them in their family.
- Foster carers' family members and social networks acting as a source of support.
- Foster carers being able to deal with children's behavioural difficulties.
- Children's services setting up support adjusted to the needs of children and foster carers (e.g., type of rules and regulations and available formal support).
- Foster carers supporting children's emotions towards their birth family and/or collaborating with children's birth families.

Some of these difficulties were similarly stated in both samples; however, a few were more present in one of the samples. In the English sample, there was a particular focus on foster carers having difficulties expressing love for children and fully including them in their family and on children's services implementing strict rules and regulations. On the other hand, in the Portuguese sample, there was a particular focus on foster carers having difficulties supporting children's emotions towards their birth family and collaborating with children's birth families. These difficulties are further explored in the next chapter.

CHAPTER 6 – Findings of Phase One – Part II

*'Having the capacity to respect, to respect the children, respect their families, have a good relationship with the families, helps a lot, helps a lot. Also respect the services, know that at a certain point ... the children are not ours; they are only at our care, they were "lent to us", and we have to care for them as if they would be ours'.
(foster carer, Portuguese sample)*

In this chapter, the remaining findings of Phase One are presented. I explore what constitutes the role of foster carers, which includes how foster carers perform the role to be classified as 'good' and what are the expected positive outcomes for children. Stakeholders in the different groups talked about two categories, fostering children, with the highest number of references, followed by contextual sources of support and stress. Under these two categories, I analysed the similarities and differences in the views of participants in four stakeholders' groups, children who were in foster care, young adults who had experienced being in foster care, foster carers who had at least one child in placement, and social workers who were working with foster carers, in two samples, an English and a Portuguese. Particularities of practice, as described through the lenses of these stakeholders, were also included to give insights into the foster care systems' context.

In summary, in this chapter, analysing the practice of fostering children and contextual sources of support and stress in the English and Portuguese contexts provides a greater understanding of the role of foster carers and positive outcomes for children.

6.1 Fostering children

Stakeholders considered that at the centre of the role of foster carers is the practice of fostering children, which is comprised of two areas that foster carers need to support and

promote, namely children's permanence and children's personal characteristics and development. Good foster carers were described as providing individual support to these children in these areas, so ensuring their best interests. These are presented in **Table 6**, in a decreasing order of importance according to the voices of the participants in each group of stakeholders.

Table 6 – Fostering children by stakeholder group in the English and the Portuguese samples

	English sample				Portuguese sample			
	Children (1 focus group)	Young adults (2 focus groups)	Foster carers (4 focus groups)	Social workers (4 focus groups)	Children (1 focus group)	Young adults (1 focus group)	Foster carers (4 focus groups)	Social workers (2 focus groups)
Children's permanence	✓	✓	✓	✓	✓	✓	✓	✓
Children's personal characteristics and development	✓	✓	✓	✓	✓	✓	✓	✓

Note:

✓ - most referenced in the stakeholder group

✓ - referenced across all focus groups of a stakeholder group

On several occasions, stakeholders in the different groups talked simultaneously about aspects of fostering children, specificities of the practice of fostering children that make foster carers be classified as 'good', and the expected positive outcomes for children, evidencing that these are closely interlinked. Considering the different groups of stakeholders in both samples, young adults were the ones who shared more examples of foster carers who, in practice lacked some competencies to be classified as 'good' as well as highlighted the consequent negative influence on children. Despite this, a few young adults, but also children in both samples, expressed their gratitude towards growing up in foster care. According to a child in the Portuguese sample and a young adult in the English sample:

'... Our duty as we are in a foster family is to behave well because we have been given a chance, isn't it? And we could be much worse off in children's homes.'
(child, Portuguese sample)

'We are the lucky ones that have in a sense been saved, you know, from our past, history, and things like. Because I feel grateful that I was put into foster care, because of where I am today, you know, you know, yep, it is great.' (young adult, English sample)

Lastly, stakeholders in the different groups also highlighted that children give significant contributions to the fostering practice and foster carers, therefore, stakeholders talked about a bi-directional relationship between them. These different interlinks and relationships are also explored in further detail in the next two sections.

6.1.1 Permanence of children

Stakeholders across the different groups talked extensively about good foster carers being the ones who promoted the permanence of children, more specifically, their sense of belonging, physical stability, and legal status.

Before exploring these different types of permanence, it is important to highlight the relationship between them. Based on the views and examples shared by stakeholders it is possible to state that legal status (i.e., the aim of the placement/children's individual care plan) has an influence on physical stability and on children's sense of belonging (i.e., to the foster carer and their family). However, the legal status might not always guarantee or actually promote physical stability and children's sense of belonging. Some young adults, foster carers, and social workers in both samples, with a higher number of references in the English sample, shared examples of placement moves and even placement breakdown. In these situations, as stated by a social worker in the English sample, *'in a more short-term, successful outcomes can be things like a planned move on to another placement if that placement is not the right one rather than waiting until crisis and then being a disruption,*

just a planned move can be a successful outcome for the child'. Additionally, some young adults in the English sample talked about the existence of strict rules and regulations in England that, in some way, could hinder children's sense of belonging but that foster carers were expected to follow. Hence, in their views, good foster carers are the ones who advocate for children's needs and choose to bend certain rules and regulations with the aim of promoting their relationship. A young adult said, 'and occasionally my carers said to me, they said "look we will never break the rules, but we will bend them as far as they can go before they break", you know, so that showed to me that they were willing to fight for me'.

In the same way, physical stability influences children's sense of belonging but also does not guarantee it. Across the different groups, some stakeholders shared examples of placements that did not address the full range of needs of children, so that could compromise effective fostering. Accordingly, young adults in the English sample shared past personal experiences of living in stable placements that did not assure their sense of belonging. In the words of two young adults in the English sample:

'... A child or a young person needs to feel secure where they are, emotionally, so, like, for me, growing up in foster care, from when I got there and I got to an age of maybe 10/11, where I understood that this is not my home, you know, I got myself early from that age that this is not my home and I need to move as soon as I can, which is 16, and that was all that, for my all placement that was all that was in my mind, when I was 15 I was saving to buy myself a TV, you know, things for when I moved out because I don't feel secure, you know, so feeling secure is very important.' (young adult, English sample)

'You know, so I guess that is a success, you know, for the placement side of things that was success, but there were also a lot of negative points about that placement, so although I may have stayed in my placement for nine years, you know, and that was the only placement, there were things that happened during that time that some people might look at it, as being a really negative thing, so in that sense was it a successful placement? Probably because I lasted all my time, but you know, was it really success?' (young adult, English sample)

On the other hand, sense of belonging could emerge even in short-term placements. A young adult in the English sample shared, *'the placements may not last for the whole time in care, but it may last for one year, and that is one year of stability for that child, that is a year where that child is going to feel like they belong to somewhere, you know'*. Moreover, sense of belonging also contributes to legal status and physical stability. A foster carer in the English sample shared, *'as a foster carer I am very passionate about the children I care for and now I am adopting one'* and a foster carer in the Portuguese sample said, *'I'm honest, my [child] stayed with me for the fact that I love that girl but more than anything, for the fact that I look at her and say, "I know you need help", because [given] everything she causes me, ... I think I would have already [ended this placement]'*. This statement also stresses that children play an important role in permanence and touches on the fact that foster carers can be influenced by relational stress that emerges in the relationship between foster carers and children.

Focusing now on each of the types of permanence and starting with sense of belonging, stakeholders across the different groups classified it as a relevant type of permanence, however for children and young adults in both samples and foster carers and social workers in the Portuguese, it was recognised as the most significant aim of fostering, given its positive contributions to children. As described in the previous chapter, stakeholders considered that foster carers' personality and psychological well-being, and particularly affection and love, as well as the development of bonds with foster carers and their families, were important for children's sense of belonging. A young adult in the Portuguese sample said, *'I think it's necessary to have love for a child, to have affection to give to a child, just like they would give to their own child, right? I think all children need affection. Yes, I think everyone, but especially children'*. It was evident, based on the views of different stakeholders, that good foster carers promoted children's sense of belonging by

building a close relationship with them, which was accomplished by supporting them given their individual needs, understanding their behavioural difficulties, listening to their voices, respecting their identity, celebrating their diversity, as well as including them in their family as they would with their children. There was some level of consensus on the different stakeholders' groups that good foster carers acted as parents, despite some additional tasks they also needed to do (further explored in Section 6.2).

Nonetheless, some stakeholders across the different groups, with higher prevalence in the Portuguese sample, raised awareness of the fact that good foster carers were actually the ones who understood their role as a substitute or temporary parent while respecting and recognising the relevant role of children's birth families, that is, promoting the sense of belonging to both families. A child in the Portuguese sample said, *'not the fact of being a father or a mother but an uncle or an aunt. I think that too, yes, because father and mother there is only one'*. One young adult in the English sample, as well as two young adults and some foster carers and social workers in the Portuguese sample, shared/talked about foster carers who wanted to invest so much in a relationship with the child and to promote their sense of belonging to the point of being vocally against children's birth families or even hinting that they wanted to take their place (further explored in Subsection 6.2.1).

On the other hand, several young adults in the English sample, a couple of children and foster carers in the English sample, as well as one foster carer in the Portuguese sample shared examples where in practice, foster carers struggled or did not invest in children's sense of belonging, which was described as consequently having a negative influence on children. Particularly young adults in the English sample shared several examples of placements where they felt they did not belong. According to a child and a young adult in the English sample and a foster carer in the Portuguese sample:

'It is difficult to be a foster carer because they are not your own child, that will always be difficult because it goes against the human instinct, it goes against.'
(child, English sample)

'It is horrible in like, ... one foster carer she didn't give me any money, she always made it very clear to me that was hers, but that didn't bother me too much, but it was just the fact that she brought it up all the time and it was like I don't need reminding, you know what I mean, like I know that I am not part of, and I don't want to be part of your family.' (young adult, English sample)

'[I knew foster carers that] survived on the children's money, but that they treated the children, worse than that, they didn't appreciate [them], but I speak with knowledge of the facts, I speak about children who came knocking on my door.'
(foster carer, Portuguese sample)

This comment from the foster carer in the Portuguese sample was an exception, given the views of all the other stakeholders in the sample. In the English sample, the perspectives of these children, young adults, and foster carers were in agreement, reinforcing the occurrence of these situations. Nonetheless, in some cases, this could be contextualised by the aim of each placement set in the individual care plan, e.g., the expected length of the placement and rules and regulations, and consequent expectations on how to care for the child. For instance, a social worker in this sample referred children *'don't have to be encouraged to form attachments with adults, because possibly, previously they didn't have any attachments or poor attachments, so they, it [is] a chance there to learn to have attachments'*. Moreover, several foster carers in this sample considered that their role could also be defined as a job, one foster carer said, *'this is the hardest job, and it is a job, but is a job, like a nurse, that type'*, aligning this with some children having more complex needs. A foster carer and a social worker in the English sample reinforced this by sharing:

'I think is very different from parenting, and I think I initially probably thought it was more like parenting and looking after the cute little boy in tears as you see in the adverts, I think I developed in a therapeutic way.' (foster carer, English sample)

'... Because if you don't know what to expect for a child who is 7 years old, child, and you expect them to behave or to achieve like your own children, I think you are in the wrong job.' (social worker, English sample)

On a different note, stakeholders across the different groups talked about positive outcomes for children. They talked about short-term outcomes, for example, a child in each sample and a young adult in the English sample said:

'I give love to my foster carers, and they give love to me.' (child, Portuguese sample)

'Well, the big thing you should look forward to know if it is working out is if the child has taken on part of the personality of the foster carer, that is a big thing, if they have taken on part of the personality then it is really successful, it is very very successful, and they should stay there whatever happens. If they have like particular traits and quiriness that the foster parents have, that they didn't have, that the children didn't have when they came into foster care, if they have taken them on, then you know that is perfect and that they are getting along really well, and the child is getting along really well. That also comes back to the foster parent is treating the foster child as their own.' (child, English sample)

'... Once we had that relationship it became so much easier, because I was thinking she is not going to let me down, she is not going by the book, [so following all rules and regulations implemented by children's services], because children know as well, you know.' (young adult, English sample)

Moreover, stakeholders across the different groups, however, with fewer references in the groups of foster carers and social workers in the English sample, also focused on long-term outcomes, which ranged from developing parenting skills to staying included for life as part of the foster carers' family. Notably, the latter was only referred in the English sample by a small number of foster carers and by one social worker. A young adult in each sample stated:

'... It is important that children have someone to turn to because for me at 25, sometimes I want my mum, I want my dad, I don't have a dad, I don't have that sort of family support, sometimes my [foster] mum calls, and she will talk to me, she will actually call back and you know, she will come around sometimes and sit down with me and watch TV with me.' (young adult, English sample)

'It's good that the bond won't end, even if when we will live apart, continue to be together... I think it's important.' (young adult, Portuguese sample)

When it comes to physical stability, stakeholders in the different groups agreed that good foster carers recognise the importance of promoting it, but foster carers and social workers in the English sample considered this to be a crucial part of the role. A child in the English sample shared, *'these kids need stability and I'm sure that they had enough of stormy stuff happening in their life'*. As stated in the previous chapter, stakeholders considered that foster carers' personality and psychological well-being contributed to physical stability, and some stakeholders particularly stressed the link between foster carers' psychological well-being, ability to self-regulation, be self-reflective, and intention to continue fostering. A social worker in the English sample elaborated on this and said, *'what was interesting, [is] an emotionally intelligent foster carer who is able to contain the feelings of a child is a foster carer who manages to cope with challenging behaviours over time, and this is why the placement remains stable'*.

Stakeholders recognised the importance of foster carers' personal sources of support, that is, family members and social network, but also contextual sources of support (further explored in Section 6.2) when it comes to promoting children's physical stability.

Nonetheless, stakeholders across the different groups shared the understanding that foster carers, first and foremost, needed to be committed to children. According to a social worker in each sample:

'It is impressive, this ability to give that these families have is impressive, and we have other [placements with children] in very complicated situations, and there is an investment [from foster carers] that is impressive, impressive, the dedication they are able to give to those children who really... with additional needs.' (social worker, Portuguese sample)

'Foster carers understanding, sort of the importance of that stickability and, not. Yeah, we call it stickability, so being able to stick with the child no matter what.' (social worker, English sample)

On the other hand, young adults, foster carers, and social workers in both samples, but with higher prevalence in the English sample, talked about different types of placement moves, including expected planned moves (i.e., according to the individual care plan), unexpected planned moves (i.e., planned move to a placement that better responds to children's needs), placement breakdown (i.e., urgent placement move), and re-entries in care (i.e., unsuccessful reunification/adoption). In both samples, there were similar references to unexpected planned moves. However, in comparison, in the English sample, there was a focus on expected planned moves and placement breakdown, in part, this could be associated with how foster care is structured, while in the Portuguese sample, there was a focus on re-entries in care (from reunification or adoption), which could be linked with the efforts towards reunification. According to young adults in both samples:

'I would just kick off and fought and didn't listen to them, do you know what I mean, and I just switch off, because I am just like, well you are not even paying attention, do you know what I mean, like you have got like my whole life in your hands, what you are going to do with that, do you know what I mean. So, I have got adopted, and then they just moved my pillow after that, I am now 20 and a half [years old, and] on the move like 25 times.' (young adult, English sample)

'Why don't you put yourself in our shoes? You try to get to feel like a parcel with address on... this is your next address.' (young adult, English sample)

'[When reunification happens] it is difficult for the foster family to leave the child, but imagine now the child's situation... Imagine that the child is two years old and is calling parents, for example, and then returns to the biological parents, and then it is at risk of being removed again, it is also playing with the child... without them having any fault.' (young adult, Portuguese sample)

When it comes to placement breakdown, stakeholders talked about the role of foster carers, but also of children, both the influence of children's behavioural difficulties on placement breakdown and the influence of placement breakdown on children's behavioural difficulties. Two young adults in the English sample shared:

'... Understand that the behaviour that [children] are showing isn't because they are a bad kid, isn't because of all of this, is because they have got a trauma that

hasn't been dealt with yet... The more placement changes it exacerbates that behaviour, so the person right at the end, you know, is the person that is going to have all of those added trauma, not just the original trauma of going into care.' (young adult, English sample)

'... If I had a bad dream about some of it, I [would] get myself removed before, getting like, rather than they kicking me out, I would, like me having a move, I would get myself kicked out, saying it was ... on me, it was my fault, do you know what I mean?' (young adult, English sample)

Stakeholders agreed that physical stability was an indicator of placement success, and this could have a short-term outcome, so placement lasting for a period of time, or long-term outcome, therefore placements that would continue in time, and in some cases even after the expected end of the placement. A young adult in the English sample and a child in the Portuguese sample said:

'A successful placement it may be that it lasted for one year, you know, whereas a previous placement only lasted for 6 months, there is still being that progression, so I think that sometimes is not all about what the end result is, is about what is actually happening currently.' (young adult, English sample)

'After all that time you continue to be there.' (child, Portuguese sample)

Focusing on legal status, stakeholders across the different groups referred to foster carers being expected to promote the individual care plan of children. A social worker in the English sample said, *'it is about moving on to whatever the plan is, successfully, isn't it?'*. Stakeholders built on this and recognised that good foster carers did this while following a child-centred approach, which included listening to children's voices (e.g., needs, opinions, wishes) and involving them in decisions that are relevant to them. A child in the Portuguese sample stressed, *'foster carers should always listen to what [we] have to say'*, while a young adult in this same sample, commented, *'I think it is also important to listen to children's voices and to try to understand what is best for them'*.

With this in mind, starting with the English sample, some differences can be found between the views of children and young adults, who were more focused on sense of belonging and, whenever possible, continuing the relationship in the future, and the views of foster carers and social workers, who talked more widely about good foster carers being the ones who prepare children for the next placement (or another long-term aim) or independence, given what was on their individual care plan. On the other hand, in the Portuguese sample, there was some tension between the focus of stakeholders across the different groups on reunification as the main aim of children's individual care plans and some foster carers not promoting this in practice. In this case not only going against children's wishes but also their individual care plan. According to a young adult in each sample:

'... It shows if you have been willing to fight for that child and be the advocate for that child, because some foster carers just accept it and just say ok, that is the decision instead of fighting for that child, ... And a lot of foster carers are scared to speak up...' (young adult, English sample)

'Because sometimes foster carers get upset, because they are afraid of reaching a certain time when [children] leave and return to their parents, and they are, for example, saying, "we spent five years taking care of the child, and now they are back with their parents".' (young adult, Portuguese sample)

Moreover, there was a shared understanding that legal status was successful when the aim of placements was adjusted to each child's individual needs, but also when foster carers felt they prepared children for adulthood, which could also mean continuing to be part of the family. In the words of a foster carer in each sample:

'... So when they do leave you, they can live a happy life they have got the skills to look after themselves when they move on, you are not going to be there all the time looking out for them.' (foster carer, English sample)

'For me, the most palpable success is realising that after they have reached adulthood, after becoming adults, after wanting or forming their own family or not, seeing the connection that continues with the foster family, if that is not the case,

the foster carer only served to feed them and to give them clothes and to take care of them.’ (foster carer, Portuguese sample)

Another possible successful outcome, when the court and children’s services decide that reunification is not the best outcome, could be foster carers applying to be guardians of the child or even to adopt them. This was mentioned by one young adult and one foster carer in the English sample, as well as by several foster carers in the Portuguese sample.

In summary, good foster carers contribute to children’s permanence by promoting their sense of belonging, physical stability, and legal status. For children and young adults in the English sample and the different stakeholders’ groups in the Portuguese sample, children’s sense of belonging and in some cases, the relationship that continues after the end of the placement, was particularly relevant. On the other hand, foster carers and social workers in the English sample considered physical stability as especially important. Moreover, stakeholders across the different groups in both samples recognised good foster carers as supporting children’s individual care plans while following a child-centred approach.

6.1.2 Personal characteristics and development of children

Stakeholders in both English and Portuguese samples talked about the support that foster carers provide to children, given their personal characteristics and development. They stressed that children in care are quite a diverse group, therefore, good foster carers are the ones who account for children’s personal characteristics and developmental needs and provide individualised support. As described in the previous chapter, stakeholders considered that foster carers’ personality and psychological well-being, in particular their ability to self-regulate, communicate, be self-reflective, willing to learn, empathetic, flexible and adaptable, as well as foster carers’ family and social network, were particularly important.

Starting with children's personal characteristics, one foster carer in the English sample said we need to *'accept [children] for who they are, you can't change them'*, and another foster carer in the same sample shared we need to *'work on [children's] character and pull out the bits that are special'*. Stakeholders in the different groups expanded particularly on children's identity while also accounting for the influence of having care experience. According to a young adult in the English sample *'a child in care and care leavers, lack a sense of identity, so knowing who you are in the world'*, while another young adult in this sample said, *'I think when you are a kid in care you feel that you are not normal, ok, because I always used to think that I wasn't normal'*. Therefore, good foster carers were classified as supporting and promoting children's identity. Stakeholders across the different groups, while talking about children's identity, focused mainly on their family identity, but also on their age, ethnicity, sexual orientation, physical attributes, personality, and religious beliefs. According to a young adult in the Portuguese sample and two children in the English sample:

'[Our parents] sometimes might even be far away or something, but we always have parents, don't we? That's why I don't think it's taking anyone's place; everyone has a different role. Exactly. I think keeping the connection with the two parties [parents and foster carers].' (young adult, Portuguese sample)

'... They may come from a such a horrible, horrible family they still need to know who their parents are, and they still love them whether they have been battered or not, so they are your parents they shouldn't let go of the past, well they should let go of some aspects of the past, but they shouldn't let go of the fact that their birth family is their birth family.' (child, English sample)

'[Foster carers] shouldn't force their own views upon [children] about health, weight and sexual orientation, sexual orientation specially. You could advise them, but it is their decision in the end. The child, is, well, it depends on if they are old enough, sometimes if it is necessary, then it is needed, but if they are old enough to make the decision and is not going to destroy their life, then that is their decision.' (child, English sample)

However, across the groups of young adults, foster carers, and social workers in both samples, there were some references to foster carers in practice not promoting children's

family identity, which was described as contributing negatively to children's well-being. This was substantially more present in the Portuguese sample, and as a result of this, a social worker stressed, *'the issue of belonging and identity has to be respected because that child will not change, will not stop being who they are and most likely will not stop having reference to their birth family, but at the same time they have to feel integrated and accepted'*. As described in the previous section, a possible explanation could be related to foster carers wanting to fill in for the role of children's birth parents.

There were also a few references in the same stakeholders' groups to foster carers in practice finding it difficult to support other elements of children's identity. As described by a young adult in the English sample and a foster carer in the Portuguese sample:

'... The foster carer really struggles with talking to her about sexuality because she has expressed as having lesbian thoughts.' (young adult, English sample)

'Now imagine that I was [fostering] a gypsy child, ... that I would have to introduce myself in the gypsy ethnicity ... they are complicated, that I am sure, and they are complicated, as they have a different posture, they become very complicated.' (foster carer, Portuguese sample)

Moreover, stakeholders across both samples also talked about short-term and long-term positive children's outcomes, mostly around children's psychological well-being, and in some cases, also linked to mental health and inclusion in society. A child in the Portuguese sample and a young adult in the English sample said:

'Mainly if the child is happy.' (child, Portuguese sample)

'You know, my confidence levels busted, I got involved in drama, in theatre and things like that, because that is what I did my degree in, I played high levels of football, you know, so those things were really successful and made me the person I am today.' (young adult, English sample)

Good foster carers were also described in the different stakeholders' groups as supporting children's developmental needs, which could be grouped under emotional and social,

physical and mental health, and educational. Before exploring in detail each of these areas, I present some general points that stakeholders identified as crucial and transversal to them.

There was a shared understanding across the different groups, with the exception of children in the Portuguese sample, that most children would enter care with some difficulties in one or more of these areas. In this way, stakeholders stated that good foster carers are the ones who adjust their support to children's age, needs, and developmental stage. Moreover, a social worker in the English sample stressed that the support provided by foster carers needed to be framed in time according to the individual care plan of each child, so *'that foster carer trying to maximise it that they can or encourage it and develop it in the space that they have got and the time they have got, depending on the placement'*. This concern around temporality was more present in the foster carers and social workers' groups but was even more widely and strongly referred to in the English sample.

Regardless of the duration of the placement, some stakeholders in the different groups considered that good foster carers are the ones who support these children as they would their own children. A social worker in the English sample said, *'make sure that what you do with your own children, [these children] are [also] getting'*. As described in previous sections, this was particularly stressed by children and young adults in both samples and by foster carers and social workers in the Portuguese sample. However, some foster carers and social workers in both samples, though with a higher number of references in the English sample, pointed to the fact that certain children need additional levels and distinct types of support in comparison with foster carers' own children. According to one foster carer in each sample:

'For me, it's a little more complicated, I think we have to spend more time with these than with our children, because these children come with many problems that

our children didn't have, and our children we accompany them from babies and these children sometimes arrive full of trauma, full of complications that we then have to really deconstruct to build again. ' (foster carer, Portuguese sample)

'I had to be a lot more therapeutically, a lot more reflective on how I parent them as opposed to parent my own children. So yeah, very different.' (foster carer, English sample)

Though, in the English sample, a few foster carers and social workers stated that foster carers could not always care for children similarly to their own children because of the rules and regulations implemented by children's services to ensure children's safeguarding. A foster care explained, *'you have to treat them differently than your own kids, they can't be treated the same, even that you want to, you have to show that you can be consistent, but you can't, you have to be different, rules, and they sometimes don't understand that either, why do you treat them differently.'*

Fostering children also comes with great responsibility, a social worker in the Portuguese sample referred to *'foster families undertake a sense of responsibility, which is certainly greater than the one they have by their own children'*. Therefore, considering children's developmental needs and the expectations of foster carers; stakeholders, mostly foster carers and social workers and again with a higher incident in the English sample, classified as crucial the collaboration between foster carers and a wide range of professionals, such as social workers, psychologists, doctors, and teachers.

Lastly, stakeholders believed that a good metric for children's positive outcomes is progress, according to a foster carer in the English sample, *'when you take a child in, and then you can see how much they have changed throughout the time, that is really rewarding, that is more rewarding than anything else, the change in the child'*.

Focusing now on each of the children's developmental areas, stakeholders across the different groups talked extensively about the support provided by foster carers to children's

emotional and social needs and development, which in several cases also translated into supporting children's internalising and externalising behaviour difficulties. In their opinion, children's internalising and externalising behaviour difficulties tended to be related to past experiences and/or the context of care. A young adult in each sample said:

'... At least, those who are older, sometimes, who already have a very strong connection, very strong with their parents, sometimes one can feel a bit angry and even, well, not accept [the removal/the placement] well.' (young adult, Portuguese sample)

'It is interesting because a lot of these characteristics, refer to what the foster carers can handle, are all outcomes of trauma, so things like lying or not wanting, or showing or behaving as they don't want to be cared for, being upset about stuff and not working well with people are all effects of actually the trauma that is not being dealt with.' (young adult, English sample)

Several stakeholders in both samples talked about good foster carers being the ones who understand the needs of children, the time they need to adjust to the placement and to be able to trust the foster carer (e.g., children acting out and trying to push them away), and put in place relevant resources. In the words of a social worker in the English sample and a foster carer in the Portuguese sample:

'... A frequent quality of the child is that they will reject their carer and they will push the boundaries, and it gets easier for [foster carers] to take that quite personally.' (social worker, English sample)

'... The oldest, ... she was a very shy girl, ... she didn't like to socialise, even today if I tell the oldest, who is seventeen, "I'll give you 5€ invite a friend from school and go to the movies or go for a coffee", "Oh no, I don't want it, it is better no to, oh never mind, I don't want to go." So, she doesn't have the confidence to do that, she doesn't. Sometimes we have to give her that push or show her, look that it's normal for us to go for coffee with a friend. I signed her up to join the music band of the firefighters and this was a very big leap. That's when she gained a lot of confidence, a lot of support, a lot of understanding; today she's a girl a bit different, ... [as a result of] socialising with people who are good [role models].' (foster carer, Portuguese sample)

Nonetheless, some foster carers and social workers in both samples, as well as a few young adults in the English sample, shared examples of foster carers who, in practice, struggle to be empathetic with children when they show behavioural difficulties. In these same stakeholders' groups, there were some references to children's behavioural difficulties contributing to foster carers' relational and/or personal stress, and in a smaller number of cases, to unexpected planned moves or even placement breakdown. On the other hand, unexpected planned moves and placement breakdowns were also described as contributing negatively to children's behavioural difficulties. Therefore, it is important that foster carers are prepared to deal with this; a child in the English sample said, *'I believe a good foster carer is one of those that stick by you and give you a turn-off when you need one'*.

This points out a key element of the foster carers' role, which is being able to communicate effectively with children by giving clear guidance, establishing boundaries and rules, explaining their expectations, and implementing rewards and punishments towards promoting their emotional and social development. A child in the English sample shared, *'discipline is part of being in a family, but not physically, any physical discipline is damaging, especially at a young age'*. Unfortunately, a few young adults in the English sample and a few foster carers and social workers in the Portuguese sample shared examples of punishments that could be classified as emotional or physical abuse. A foster carer in the Portuguese sample explained, *'you can't smack a child, [well] it depends, sometimes one slap at the right moment solves more problems than another type of punishment'*.

On a different note, stakeholders focused on a wide range of positive outcomes, short and long-term ones, such as the ability of children to show and manage feelings, to have

empathy and to communicate well with others, and to build relationships. A child in the Portuguese sample and a foster carer in each sample said:

'Can raise our self-esteem, make us have a good perception of ourselves, [and] that we can stand out in society.' (child, Portuguese sample)

'After [the child] has gained some confidence and say "I can do it because I'm not alone and someone helps me", and we can notice the development [and progress] more and more until reaching that point actually where the person realises that they already feel the family as theirs and therefore claim everything, he has, [it is] our house, our car.' (foster carer, Portuguese sample)

'When you see the progress of the child, over the length of the time, it can be three months, or it can be three years, and when you see that you have got, I suppose what you would call, the normal... But you know, if you take a child that has got a serious behavioural issue and you know that they have gone through trauma, and then, however long later, you see this child to as happy, responsive, interactive, doing well at school, knows how to take love and also how to give love, all the things that you would expect from your own children.' (foster carer, English sample)

Focusing now on children's physical and mental health needs and development, stakeholders stated that good foster carers accounted for children's most common physical and mental health needs, e.g., food, sleep, personal hygiene, appearance, health; but also, when required, for children's additional needs. As pointed out by a foster carer in the Portuguese sample and two children in the English sample:

'... The difficulties the child went through, because he, he was starved when he arrived at my house, he used to eat four plates of soup, and if we would give him more, more he would eat... At school, they even said, how can he eat so much?' (foster carer, Portuguese sample)

'[Some children wet the bed, so foster carers] have to put up with that anyway because they might have had like terrible beginnings in life and they might feel that they get trapped in and that they can't move or whatever.' (child, English sample)

'Because, yeah, there are quite a few of foster children that have forms of autism that will actually come into that, where any resistance, any change will stress them out and will switch their brain into cruel mode, I do that all the time if something changes, and this is a good change, and then it takes a lot of me to get used to it but I know it is a good change.' (child, English sample)

Stakeholders in both samples also talked about children needing to be included in a safe environment where their physical and mental needs are met and development stages are promoted. A social worker in the English sample said, *'I think that first and foremost the child needs to feel safe, because usually they came from a very unsafe environment, so first and foremost they need to be able to feel safe and protected'*. According to one child in the English sample, establishing boundaries and rules was also a way to promote a safe environment for children, so *'rules yes, boundaries are actually one of the big things you need as a foster carer, ... this might sound a bit weird to some people, but the child needs to know where they stand, they need to know the rules of the home so that they can live in stability, for the first time in their life, possibly'*.

Apart from the references of support provided to children given their physical and mental health needs and development, some stakeholders shared examples where this did not happen in practice. One child in the English sample spoke about being placed with a respite carer who decided to impose a different food regime against their will; one foster carer also in the English sample talked about another foster carer who would buy cheap clothes for children, while a few foster carers and social workers in the Portuguese sample talked about foster carers experiencing difficulties when children expressed their sexuality. According to a child in the English sample and a social worker in the Portuguese sample.

'I [was] at a respite carer where they, I'm not that big, but the foster carer seemed to think that I was severally overweight, so what they did was, they put me on this, they put me on a diet for the time that I was in respite care and kept on saying that I am too fat.' (child, English sample)

'We've already had several complex situations like this, in terms of [children's] sexuality, and it's interesting that this is an area that families need a lot of training.' (social worker, Portuguese sample)

The support that foster carers give to children for their physical and mental needs and development was perceived as contributing to positive outcomes. Stakeholders talked about different outcomes, these varied from children feeling safe, and becoming more independent in their daily routines, to improving their health outcomes, in the words of young adults in both samples:

'I lost a lot of weight when I first went into care, I was, when I first went into foster care I was pretty overweight, you know, and as time went on I lost my weight, you know, so that was quite successful because you know, that was one of the main goals, to help me control my weight. You know, my confidence levels burst.' (young adult, English sample)

'Yep, adapt to a child's trauma and help them recover from that trauma, because a successful placement is recovering, helping the child recovering from that trauma.' (young adult, English sample)

'I think that the most important thing is children feeling good, no matter where they are.' (young adult, Portuguese sample)

Finally, there were also several references to the relevant support foster carers provide to children's educational needs and development. A foster carer in the English sample and a social worker in the Portuguese sample stated:

'It is also having a realistic expectation for them, I have three boys and [they] have special needs, and they are never going to be successful in academia or going to be professors or doctors or getting there.' (foster carer, English sample)

'[Foster carers need to] deal with children who have learning difficulties, because children often do not transition the academic year and this is a headache... if the child is held back that year, they [feel that they] are a failed family and that is not the case.' (social worker, Portuguese sample)

Across the different groups good foster carers were described as being involved in children's academic performance, e.g., buying the needed school supplies, engaging children in school, and helping with the learning process. A child in the English sample also stressed the importance of foster carers' aspirations towards their academic success. In their words, *'they made me carry on, they pushed me to carry on, and they didn't stop*

until I had reached my goal, they didn't put goals, they didn't put their own goals to me, they helped me reach my own, so they support you with what you want to do rather than what they want to do'. In the Portuguese sample, a few children and young adults considered that achieving good educational outcomes would be a way to show appreciation for foster carers. A child shared, 'I think it's very important, for example if the family is doing everything for us, we have to reward them in some way, studying is our duty, and what we do best is to reward them with good grades and have a future from there'.

Nonetheless, one foster carer in the Portuguese sample shared that they had very low expectations about children's academic competencies and achievements, while one social worker in the same sample talked about foster carers who had too high expectations, in their own words:

'... These children, that's it, it's almost impossible, the ones I have, it's impossible... the issue is not nature, they come from an environment that [gives them] no chance from an intellectual point of view of getting there.' (foster carer, Portuguese sample)

'[Foster carers need to] accept that [the child] can evolve to a certain place, because sometimes foster families are very anxious because they want [and say] "I will get a doctor from this child".' (social worker, Portuguese sample)

The support that foster carers give to children on their educational needs and development was described as contributing to good outcomes, which ranged from children attending school more often, completing their academic pathway, developing self-confidence, and building relationships with peers; to in the longer-term, enrolling in additional courses or in higher education, and getting jobs. A child in the Portuguese sample and a young adult in the English sample commented:

'It's important for us because we are happier if we succeed, we can be happier when we have good results, when we manage to achieve goals.' (child, Portuguese sample)

'... If it wasn't for my foster parents, I would have not bothered with school, because I missed out nearly one year of education before I got brought into care, so like, I won't bother going to school and doing my GCSEs, would have not gotten into 6th form, would have not gone into college, would have not been bothered getting a job as soon as I was sixteen, I would have not done any of the stuff I have done.' (young adult, English sample)

In summary, stakeholders across the different groups agreed that good foster carers support children's personal characteristics and developmental needs and provide individualised support that reflects children's best interests. Stakeholders shared similar views on the areas where foster carers should provide support, namely on children's identity and emotional, social, physical, mental, and educational development. However, in both samples, there were some references to foster carers not always being able to provide the appropriate support to children, which might be an indicator that foster carers need further guidance, training, and resources from children's services.

6.2 Contextual sources of support and stress

Stakeholders across the different groups, while describing the role of foster carers, which includes how foster carers perform the role to be classified as 'good', and what are the expected positive outcomes for children, identified several contextual sources of support and stress that in their opinion influenced and interacted with foster carers, fostering (practice), and children. Some stakeholders also shared examples where these contextual sources of support could act as sources of stress, that is, by promoting systemic stress, and, therefore as contributing negatively to foster carers, fostering, and children. These are presented in **Table 7**, in a decreasing order of importance according to the voices of the participants in each group of stakeholders: birth families of children, children's services, and social workers in the fostering services.

Table 7 – Contextual sources of support and stress by stakeholder group in the English and the Portuguese samples

	English sample				Portuguese sample			
	Children (1 focus group)	Young adults (2 focus groups)	Foster carers (4 focus groups)	Social workers (4 focus groups)	Children (1 focus group)	Young adults (1 focus group)	Foster carers (4 focus groups)	Social workers (2 focus groups)
Birth families of children	✓	✓	✓ (2)	✓	✓	✓	✓	✓
Children's services	✓	✓	✓	✓	✓	✓	✓	✓
Social workers in the fostering services	✓	✓	✓	✓			✓	✓

Note:

✓ - most referenced in the stakeholder group

✓ - referenced across all focus groups of a stakeholder group

✓ - referenced in some of the focus groups of a stakeholder group (number of focus groups in which it was stated)

Stakeholders considered that these contextual sources of support and stress interacted with foster carers, fostering, and children, but also between themselves. The type of support they provided ranged from sharing social expectations, providing instrumental support and even emotional support, even if each contextual source of support and stress differed on how they provided support. In these different interactions, foster carers were considered as playing a relevant role, for instance, by advocating for children's best interests. This is explored in detail in the following sections.

6.2.1 Birth families of children

In the different groups, stakeholders talked about birth families of children influencing and interacting with foster carers, fostering, and children. They focused on children's birth families acting as a source of support, foster carers promoting the relationship between children and their birth families, and foster carers building relationships with children's birth families.

Stakeholders across the different groups talked about children's birth families acting as a source of support, particularly birth parents, given their positive contributions to children's permanence, personal characteristics and development. A child in the Portuguese sample explained that *'father and mother we tend to say that we only have one'*, and a young adult in the English sample stated that it is crucial for children to *'always have that knowledge of where they come from'*, and another young adult in this sample shared that because of *'contact with my family, now I have a really strong relationship with them'*. However, several foster carers in the Portuguese sample, as well as a few stakeholders in the other groups (apart from children in the Portuguese sample and social workers in the English sample) shared examples where in practice, birth families also acted as a source of stress. The statements were mostly around contact between children and their parents and consequent influence on children's sense of belonging and, in some cases as contributing to behavioural difficulties. A child in the English sample and a young adult in the Portuguese sample explained:

'... Well, my parents got jealous, that is what happened, I was coming home looking like, well looking like the Great Gatsby, if you know what that is [so, well-groomed]. I came home every time looking like him, and my parents would look at me like, like I am not a member of the family anymore so, there is always going to be conflict, because you look better, you are always going to be better'. (child, English sample)

'... The child goes out with their biological parents and arrives back [to the foster carers'] home using bad language, for instance, angry, and that is really bad.' (young adult, Portuguese sample)

Mostly foster carers, and in the Portuguese sample, shared examples of the influence of contact on children's behaviour. They expanded on this and referred to its subsequent influence on fostering and foster carers, reinforcing that children's birth families, even if indirectly, promoted systemic stress. Foster carers in both samples made reference to this:

'When you have a teenager child, and they have contact with their parents, and they call, you know each other, and you know in the context of the conversation is like, how can [the child] be [so] disrespectful.' (foster carer, English sample)

'It is difficult for me to manage her, she gets really upset, she slams the doors, she no longer hears me, she turns her back, gets completely undisciplined, thus after 1-, 2- or 3-days things get back to normal.' (foster carer, Portuguese sample)

'[Children] know they have their parents, but [contact] prejudices our work, it damages our patience, because we are doing our role and we see that everything goes downhill in an hour they are with their parents.' (foster carer, Portuguese sample)

However, social workers in the Portuguese sample, in their statements about the reasons for children's behavioural difficulties, considered that these tended to be enhanced by changes in their everyday routines, and only in one case did they relate this to contact with the birth family. Lastly, some young adults in the English sample, and foster carers and social workers in both samples were in agreement that social workers in the fostering services have a central role in providing support to children, children's parents, and foster carers.

Stakeholders in the different groups talked about good foster carers promoting the relationship between children and their birth families and considered this to be part of their role. As explored in the previous chapter, stakeholders in both samples stated that good foster carers show empathy for children's emotions related to their own families, but also for the contexts and emotions of children's birth families. Considering the latter, this could be accomplished by showing understanding given the reasons that led to the removal of children or/and the birth families' efforts to strengthen the relationship with their children. Moreover, in all the different groups, there were references to the importance of foster carers promoting contact between children and their families and, subsequently, their reunification when these were on the children's individual care plan. The latter was stated

by several stakeholders, but with a higher incidence in the Portuguese sample, as a frequent long-term aim of the placement. A foster carer in each sample shared:

'... I am their make-believe mother, I am taking the place of their mother, but I am not their mother, so they have one mother, and they will have one, if it is not the biological mother, they will have an adoptive mother, I am the foster mother. And therefore, always respecting the identity of the children, their family, and also helping them understand their context.' (foster carer, Portuguese sample)

'And also I find what is very important and sometimes I think that foster carers, where we are, tend to forget, not all of them, but some that these children are not our children and if you can work with the parents that is so important because if you can work with those parents and not judge them because you have to do what is best for that child and if there is a chance that they can go back and it is ok for them to go back then that is what you should be doing, promoting that so promote the relationship with the parent, I think.' (foster carer, English sample)

However, some stakeholders across the different groups (with the exception of children in the English sample), with a higher number of references in the group of foster carers in the Portuguese sample, shared/talked about foster carers in practice not showing empathy for children's birth families, or not promoting contact or reunification between children and their families. Moreover, some foster carers in the Portuguese sample expressed clear judgements against children's birth families, particularly against their parents. A foster carer stated, parents *'do not want to know about their children, they do nothing for them'*, while another foster carer referred, *'we are trying to help, trying to educate, trying to teach them good manners, thus after half a year or one year, [children] go back to their parents, and everything is ruined again'*. Consequently, some foster carers in this sample also criticised the decisions of the court and children's services for allowing contact between children and birth families and/or stated that children preferred to be with them rather than with their birth families:

'My child, for example, already said that they do not want to visit their mother, they did not go for Christmas, the mother asked in court for the child to go at Christmas,

and the child said straight away that they were not going. ' (foster carer, Portuguese sample)

'[When the child had the] autonomy to choose who she wanted [to live with], she [said] "let me stay with you until I am 21 years old, say you will stay with me please." And then I went to court to sign that I would really keep her, that makes me happy, shows that really maybe I managed to give her security, tranquillity, so a safe harbour. ' (foster carer, Portuguese sample)

However, children and young adults in the Portuguese sample talked about how much they valued their birth families and the contact with them (even though a few young adults shared that birth families could also act as a source of stress, as stated at the beginning of this section). Therefore, foster carers' judgments in the Portuguese sample could be contextualised by tensions between how close they are with the children and the expectations from children's services for them to actively promote contact between children and their birth families (further explored in Subsection 6.2.2). A foster carer in this sample shared, *'when [children] have contact with their parents, the bonds are divided, when there is no contact with the parents, the bonds [with us] are stronger, they are stronger because they create stronger bonds with us'*. Foster carers could feel insecure and be afraid of losing children to their birth families, but as explained by a young adult these worries are unfounded because *'[foster carers] do not replace the parents ... they are part of the family, but they don't replace the father and the mother. This does not mean that they are less important, but [the relationship is just] different'*. A few social workers in the Portuguese sample considered this to be an area of intervention because these types of attitudes and actions of foster carers could have a negative influence on children and their birth families.

Lastly, young adults in the Portuguese sample and foster carers and social workers in both samples, with a higher number of statements in the Portuguese sample, also focused on foster carers' building relationships with children's birth families. A young adult in the

Portuguese sample said good foster carers '*know how to relate with [children's] biological parents*', and a foster carer in the English sample added to this by saying that '*the very first step to a good placement and keeping that placement is having good relationships with the family, the birth family*'. To promote this, as explored in the previous chapter, foster carers' personality traits and psychological well-being, such as their ability to self-regulate, communicate effectively, empathise, and be flexible and adaptable, are particularly important.

Some foster carers and social workers in the Portuguese sample shared some specific examples where foster carers went the extra mile to promote this relationship, from helping children's parents financially with the costs of travelling to contact, teaching them how to cook, and involving them in key events of children, such as baptisms and first communions. A foster carer and a social worker in the Portuguese sample stated:

'Every Sunday at 8 am I was at the institution [where the mother was living] with her baby to pick her up... so she could spend the entire Sunday with her child.'
(foster carer, Portuguese sample)

'[Foster carers] let the parents go [to their] home, show them how they do things, some even go with birth parents to the children's medical appointments, go with them, we have families who teach parents how to cook, how they care for their children.' (social worker, Portuguese sample)

However, some social workers and several foster carers in the Portuguese sample also shared some examples of tensions in the relationship between foster carers and children's birth families. Most references were around foster carers not understanding some decisions and actions of children's birth families. A foster carer in this sample complained about the lack of cooperation of a mother during the visit time when the child was stopping using diapers and pacifier, '*I potty trained the child, they have contact on a Sunday every other week, ... I would say to the mother "here are two changes of clothes in the backpack..." in*

case [the child] would pee, I would pick up the child at 6pm, and they would come in diapers and with a pacifier'. On the other hand, a couple of foster carers shared extreme statements where they had almost been physically assaulted by the children's parents. One of the foster carers shared, *'I'd been physically frightened, I had to call the police'*. Once again, this points to the importance of social workers in the fostering services to support and, if needed, mediate these relationships, particularly during crucial moments, such as contact between children and their birth families, considering that these examples of relationship difficulties happened during contact.

Summing up, several stakeholders across the different groups, apart from two foster carers' focus groups in the English sample, identified children's birth families as a contextual source of support and stress for foster carers, fostering, and children. Moreover, they stated that it was part of the foster carers' role to promote the relationship between children and their birth families, but also to build a good relationship with children's birth families. However, mostly in the Portuguese sample, stakeholders shared that, in practice, some foster carers struggled with this part of their role.

6.2.2 Children's services

Across the different groups, stakeholders identified children's services as a source of support and stress, even if, on several occasions, they described them solely as a source of support. Stakeholders in the English and Portuguese samples talked about their respective children's services with some differences, however, they agreed that children's services framed foster care more widely, so they could be classified as an overarching source of support and stress. This was contextualised by the fact that children's services influence and interact with: fostering practice, foster carers, children, birth families of children, family life and social network of foster carers, and social workers in the fostering services.

Moreover, stakeholders considered that children's services also influenced all these different elements indirectly through their direct influence on fostering.

Stakeholders in the different groups talked about children's services providing crucial support to fostering. The type of support ranged from setting the aim and purpose of placements, implementing rules and regulations, and providing resources. However, these were described quite differently in each sample. In the English sample, stakeholders explained that children's individual care plan, that is, the aim of the placement, could be reunification with birth families, permanency until children left for another placement, to live autonomously, or adoption. Therefore, a foster carer shared that the purpose of foster care, *'a lot of the time is, is like, getting them through a short period in their life, to whatever happens next'*, so providing a temporary family environment. Some stakeholders, with the exception of children, talked about possible expected planned moves; a social worker said that placement success *'can be [foster carers] just holding on to [children], for a period of time until they can, an actual care plan can be agreed, you know, maybe the child is in a crisis situation and so is just offering a safe base'*. However, young adults were particularly vocal, given their own lived experience of multiple placements, about the importance of children continuing in the same placement for as long as possible and for placement moves to be avoided at all costs. Two young adults shared:

'I have been with a foster carer who understood me, who by the look of it had done a lot of work on that area, do you know what I mean, and I, that helped me more, but then, they start loving me, and then they took it away from me, and it was like..., they just moved me to another foster carer.' (young adult, English sample)

'...Maybe the child will stay for quite a long time, maybe quite a long period of time, maybe months, how [much] time they need to be there.' (young adult, English sample)

Stakeholders across the different groups in the English sample, considered that children's services acted as a source of support by implementing a wide range of clear rules and regulations around fostering practice. These stakeholders talked about rules and regulations in areas such as household routines, interactions between foster carers and children, and as well as with children's services. These were mostly classified as necessary to safeguard children but also all the different elements involved in fostering (e.g., avoid possible cases of allegations). On the other hand, some social workers and foster carers, as well as several young adults, considered that children's services acted as a source of stress (so promoted systemic stress) because some of these rules and regulations could be considered excessive and/or as not capturing the individuality of children. These social workers recognised that rules and regulations could contribute to foster carers treating children differently from their own children; foster carers also talked about this and considered that rules and regulations could also create some tensions in the household and lead to conflicts between these groups of children; while young adults added to this by stating that rules and regulations could compromise children feeling loved and as part of the foster carers' family. A young adult said, *'you are monitored into an extreme'*; another stated, *'sometimes the rules and regulations can make a foster carer not be able to do their job properly'*, that is, being caring and loving; while other complemented, *'it kind of removes the feeling of family'*. Therefore, young adults considered that given the existing rules and regulations, good foster carers were the ones who were flexible and adaptable and chose to bend these rules:

'And it is horrible to know "Are you watching the foster parents' birth children go in their room, and you have to stand outside?" It is not a nice feeling, and that can cause a lot of tension between the birth children and the foster children because then you are making them different'. (young adult, English sample)

'Sometimes it is hard for foster carers, as well, they all make mistakes, they will judge things, and legislation is there but it doesn't mean that they can't get bend a little bit to support that child and that child's needs.' (young adult, English sample)

Aligned with the fact that there is a wide range of rules and regulations, stakeholders in the English sample considered that children's services provide several resources to fostering practice. These ranged from ensuring that different professionals are available to support fostering practice to providing financial support. Stakeholders in the different groups talked about the important role played by professionals in supporting fostering practice, but also foster carers and children. A foster carer and a social worker in this sample stated:

'What made it easy is when you have the right support in this, it might be the child's social worker, it may be the psychologist or your supervising social worker and ... when everyone is working together as a team, things work, when you pull just one of these things out and it just makes it really chaotic.' (foster carer, English sample)

'We are talking here about what makes a foster carer better or a placement stable, however sometimes that has nothing to do with any of the parties, but it is purely based on external resources.' (social worker, English sample)

When it comes to financial support, some foster carers and social workers consider this to be crucial for foster carers to be able to do this role without having to work at the same time. Some young adults agreed with this, as long as foster carers were also committed to promoting children's permanence and were not doing this role just as a way to earn money. Nonetheless, this was not always the case, in the words of a young adult, *'... let's face it in this country foster carers get paid really, really well, that is what we need to realise and to me, when I was growing up, ... I felt like I was seen as a money package, you know, that my carers could just make money out of me, but yeah, but then kind of I like to think is that a good foster carer isn't there just for money'*.

In the Portuguese sample, stakeholders recognised that the most common children's individual care plan in Portugal is reunification, and stakeholders in all the different groups described foster care as a temporary family environment. A social worker said, *'I think it's*

very important to know how to deal with the fact that foster care is temporary but at the same time seeing that child as their own children, ... [foster carers] have to have this double feeling, I know I'm [caring for this child] and one day they will go'. However, stakeholders in the different groups shared numerous examples where it was common for children to stay living with foster carers until the legal limit of a care plan or even past that. A foster carer referred, *'I have two children, two siblings, one is already 22 years old, already works, already has their car, already has their autonomous life, but they remain in my house*'. In some way, this points to a possible dissonance between the child's individual care plan and the reality of foster care placements. A foster carer highlighted, *'foster care placements [in practice] are never temporary, they are always permanent, that is, and treating temporary placements as permanent or the other way around, [it can] all go wrong*'. This foster carer (alongside others) also argued that, because of the current context of foster care in Portugal, a long-term foster care plan should be implemented, which was aligned with the views of several foster carers in this sample wanting ties between children and their birth parents to be cut as early as possible.

Some foster carers and social workers in the Portuguese sample also stated that children's services implemented few rules and regulations, mainly around interactions between foster carers, children, and children's services. This was aligned with the fact that foster carers would normally have delegated authority on how to perform the practice of fostering. For instance, a foster carer commented, *'[would I] accept that an agency would challenge my decisions[?] It depends, if something makes sense, and if it is well justified or not*'. In accordance with this context, children's services were described as providing a reduced number of resources to the fostering practice. Only a few foster carers and some social workers talked about children's services providing support through different professionals. A foster carer reinforced this by saying, *'in practice, the court removes a child from their*

family, children's services place the child in a foster care placement, and that's it, ... the rest, the rest of what is going to be done, whether good or bad it depends on foster carers and children, depends on the two, does not depend on any other person'. The same applied to financial support, where there were several references across the different groups to the reduced level of financial support, forcing foster carers to cover part of the expenses, thus, putting them and their families, in some cases, under financial stress. A young adult and a foster carer explained:

'It is illogical, [foster carers] already do so much, taking care of us and having us in their houses, now also having to pay for our things.' (young adult, Portuguese sample)

'... Education expenses, health care. I don't receive anything, I mean, children are in speech and language therapy, they are in psychology ... I receive no support, [and have to pay for it].' (foster carer, Portuguese sample)

Nonetheless, some foster carers and social workers in the Portuguese sample did not consider the reduced financial support as a problem because good foster carers would embrace their role as a mission. In a few more extreme cases, foster carers considered that this was actually good, a foster carer stated, *'[would keep away] foster families who do this role for the money they earn'*. These foster carers classified financial motivation as a wrong motivation to foster. However, this would also block the opportunity for people with fewer resources, to be able to become foster carers in Portugal, as pointed out by some other foster carers.

Stakeholders in both samples also talked about children's services influencing and interacting directly with foster carers, through setting expectations about how they should perform this role and by providing support that would enhance their capacity to perform it. This included supporting foster carers when they are experiencing personal and systemic stress, which resulted from the relationship with children and from interactions with their

personal and contextual sources of support and stress. In both English and Portuguese samples, stakeholders considered that children's services generally define the foster carers' role as temporary support and care for children while including them in their families. Several young adults in the English sample and foster carers and social workers in both samples, but with a higher number of references in the English sample, added that collaborating with children's services while advocating for children's best interests was also part of the foster carers' role. For this, foster carers' personality traits and psychological wellbeing, such as their ability to self-regulate, communicate effectively, and be flexible and adaptable, were identified as crucial. However, some stakeholders across these different groups, again with a higher number of references in the English sample, considered that this collaboration between children's services and foster carers could also lead to systematic stress. Two social workers in the English sample said:

'... Be flexible with professionals and contribute appropriately at meetings and things like that at the same as being someone who is caring and, you know motherly or fatherly, and I think that yep, the main thing like you said, is sort of perseverance, commitment, dedication and being a really good advocate for the child, so the child doesn't get lost amongst all the bureaucracy and the meetings and just try to make sure that what you do with your own children they are getting, what they need, being able to speak up in a room full of professionals and say "Actually this is what I think".' (social worker, English sample)

'I think that the foster carers are coming into a large bureaucratic system when they apply, and that is almost half of the job, I am starting to feel like that because they are pulling meetings like every week or something, different professionals coming in and out of your house, taking the child to different appointments, you know, medical, all sort of things that are required of them, so they are probably willing to do that and I mean they will know that from the very outset from when we get involve with them.' (social worker, English sample)

Moreover, some social workers in the English sample, apart from acknowledging that the different commitments imposed by children's services compromised part of the foster carers' time, also reported that foster carers ended up not having a lot of discretion in their role. One social worker stated that foster carers needed *'additional understanding that they*

are part of the legal system and that they should do what is expected from them and they should be able [to] adapt and change, and always understand that they are in the system and that they are not working alone'. Therefore, some social workers but also some foster carers shared that there were some expectations around foster carers treating this role as a job, however a vocational job that involves caring for a child, as described by a foster carer *'it is a vocation job, it is a job, but it is a vocation job, because you give so much, and it was the hardest job I have ever done but so rewarding*'. Children and young adults in this sample seemed to not be against this concept as long as foster carers promoted children's inclusion in the family and their sense of belonging. A young adult explained, *'I think some foster carers see it as sort of a job [where they] get a wage, that it is, is not like [this], is more than that, and if you can't accept that you shouldn't be a foster carer*'.

On the other hand, in the Portuguese sample, several foster carers and social workers stressed that foster carers have a lot of discretion in their role, to the point that in some cases, social workers in the fostering services are only in touch with foster carers in emergencies or for very sporadic check-ins. Moreover, these stakeholders were against describing the foster carers' role as a job, while children and young adults did not talk about this concept. According to two social workers:

'... It is essential for [foster carers] to like what they are doing, they should not do it as a profession, but because they want to help a child, it doesn't matter which child, but that they want to help a child.' (social worker, Portuguese sample)

'But we really need [foster carers], they also have to have this sensitivity, this passion because we [social carers] don't give this passion [to children].' (social worker, Portuguese sample)

Building on the expectations that children's services have about how foster carers should perform this role, the support they provide is aligned with these expectations, for which foster carers self-reflection and willingness to learn were considered as important.

Stakeholders across the different groups in both samples (apart from children in the Portuguese sample), and with a higher number of references in the English sample, talked about children's services implementing training opportunities and setting up peer support groups. A foster carer in the English sample stated, *'you just meet so many amazing people, who have been giving me advice and supported me ... I just feel that the foster carers are really good, a team'*. However, some foster carers and social workers in the Portuguese sample expressed that children's services only provided limited training opportunities, which were perceived as not being enough. A social worker stated, *'[foster cares] remember this with satisfaction, the training we gave, these were moments when they met and shared experiences'*. Nonetheless, not all foster carers were in agreement with this. A few foster carers in this sample considered that training and peer support sessions were not crucial because, in their views, this was a role similar to the role of parents.

Children's services were described as also providing direct support to children. Some young adults in the English sample, and foster carers and social workers in both samples focused on the support that children's services provided directly to children's permanence, personal characteristics and development. They focused mainly on children's services ensuring that children's individual needs were supported by a wide range of professionals. There was a higher number of references to this type of support in the English sample, which was aligned with children's services in this country putting more resources into foster care compared to children's services in Portugal. However, some young adults in the English sample and a few foster carers and social workers in both samples shared that this support was not always adequate for the needs of children. One social worker and a young adult in the English sample said:

'If you have a very damaged child, you know, so a child who has had four or five placement breakdowns before because he can't cope or she can't cope, clearly some kind of therapy, some kind of psychological support needs to be put in place so it is not always about the carers having the skills or the experience or the child not be really able to stabilise, ... so it is about resources, external resources as well, huge impact on placement stability I would say.' (social worker, English sample)

'... Should be looking at is it working, is this what, is this what the young person wants, and if it is not, how, is there anything you can do, rather than just go and well we got rid of it, we will send [the young person] to somebody else, whereas they should be able to sit down and focus on all their problems with that young person, with all the professionals around that young person and get up to a resolution, but sometimes you don't have that long in foster care.' (young adult, English sample)

Some young adults in the English sample, social workers in the Portuguese sample, and foster carers in both samples identified children's services as acting as a source of support to birth families of children and to the relationship between them and children, but also with foster carers. According to a young adult in the English sample and a foster carer in the Portuguese sample:

'I feel that we probably got the best system in the world, I think, hmm, because like I said, we don't just promote, hmm, kind of positive outcomes for children in terms of education, but we promote that family feel, we promote trying to rebuild relationships with birth family and foster children.' (young adult, English sample)

'... When their children are removed, [children's services] should also provide support to [birth] parents, they need to be helped and supported.' (foster carer, Portuguese sample)

However, there were a few references from foster carers and social workers in the Portuguese sample to foster carers being the ones who, in practice took a proactive role in supporting children's birth families, that is, developing their parenting skills, managing contact, and even supporting their visit costs. This shows that children's services in Portugal could potentially be delegating part of their role to foster carers while not ensuring that foster carers have enough support and resources. This could contribute to

foster carers in the Portuguese sample being against contact between children and their birth families and/or criticise the decisions of the court and of children's services for allowing contact.

On a different note, a few young adults in the English sample, social workers in the Portuguese sample, and foster carers in both samples also talked about children's services promoting the relationship between children and their birth family by placing siblings together, whenever this was in the best interests of children.

Focusing now on family life and social network of foster carers, some foster carers and social workers in both samples talked about the influence of children's services on them. In the Portuguese sample, these foster carers and social workers talked about foster carers' family members and social networks stepping in and caring for children as they would be part of the foster carer's family, and there were barely any references to children's services getting involved and requiring for them to be formally assessed by the fostering teams. In the English sample, there were only a couple of references to foster carers' family members and social networks stepping in and caring for children, however, a few stakeholders talked about children's services requiring foster carers' family members and social networks to be formally assessed in case they wanted to provide respite care. A foster carer said, *'I can't just go and knock on my next neighbour's door and say can you just watch Johnny's for 10 minutes ... we are not allowed to just [do this], the social worker must always be aware at any time of the day and night where the child is and who the child is with'*. These rules and regulations of children's services ensured safeguarding but could compromise the availability of support.

Lastly, some young adults in the English sample and foster carers and social workers in both samples, but with a higher number of references in the English sample, also talked

about the influence of children's services on social workers in the fostering services.

Children's services were described as acting as a source of support by framing the role of social workers in the fostering services. A social worker in the English sample stated, *'overarching [support] that we have here [in the fostering services], coming into teams, you know, talking to colleagues in the office'*. However, some young adults in the English sample and foster carers and social workers in both samples reported that children's services also acted as a source of stress. These statements were mostly around pressure to avoid money expenditure, which normally had a negative influence on children. According to one social worker in each sample:

'I think that some, some children if they are not able to make attachments to foster carers and we don't have the funding to provide for the therapeutic work with that child, then residential is best but we won't do that, we won't, we won't make that choice until they had maybe six, seven, eight [placement] breakdowns.' (social worker, English sample)

'... [These foster carers] are not a family that has a lot [of money], but they bought [to one of the young people] a camera, which is partly, because they need it for their course, each of the young people needs one, the foster carers managed to buy one, now if the fostering services help, we are tempted to see if we can do it, to buy for the other young person.' (social worker, Portuguese sample)

Moreover, in the Portuguese sample, there were also some references to social workers in the fostering services being allocated excessive work that compromised their capacity to provide direct support to foster carers and children. Finally, in the English sample, there were a couple of references to social workers needing to adjust to regular changes in fostering services, but also to strict rules and regulations. In this sample, there were also some references to social workers in the fostering services, in extreme cases leaving and changing the area of work, which again was described as having a negative influence on children, but also on foster carers.

Overall, children's services were described as acting as an overarching source of support and stress for fostering, foster carers, children, birth families of children, family life and social network of foster carers, and social workers in the fostering services. In the English sample, there were more references to children's services ensuring different levels of support towards safeguarding children, which, however, in some cases could be perceived as too strict. On the other hand, in the Portuguese sample, there were fewer references to children's services providing support, so this allowed foster carers to have more discretion, and this contributed to them creating a more organic family environment, but in some contexts, stakeholders considered that there was a need for more formal support. Therefore, in both scenarios, stakeholders stated that children's best interests were not completely addressed.

6.2.3 Social workers in the fostering services

Stakeholders across the different groups, with the exception of children and young adults in the Portuguese sample, considered that social workers in the fostering services acted both as a source of support and as a source of stress, even if they mostly shared examples where they acted in a supportive way. In their perspectives, social workers in the fostering services influence and interact with fostering, foster carers, children, and birth families of children.

Stakeholders, with the exception of children and young adults in the Portuguese sample, talked about different ways that social workers in the fostering services facilitated the practice of fostering. These included ensuring the matching between children and foster carers, being available for regular home visits, being available when emergencies happened (e.g., when children go missing), helping with formalities (e.g., approval for travelling and holidays) and seeking additional support from children's services (e.g.,

financial support or other resources). A young adult in the English sample and a social worker in the Portuguese sample commented:

'... A placement went missing, and [the foster carer] stayed up all night waiting for him to come back ... so phoned the out-of-hours, got the police involved.' (young adult, English sample)

'[The foster carer] often goes to Luxembourg to see relatives and takes the child with them, ... she always asks the court for permission, well we ask, and she is always allowed to travel with the child to Luxembourg and other countries.' (social worker, Portuguese sample)

However, some stakeholders across these different groups also shared examples where social workers in the fostering services acted as a source of stress to fostering and consequently to foster carers and children. The only area that was referred to by stakeholders in both samples was social workers not ensuring that children are adequately matched with foster carers, and instead placing children with foster carers who are available, as described by a foster carer in the English sample, *'this can be associated with placement breakdown... and they are not flexible, and I understand that they are not flexible to protect the child but, but putting them with a carer who is a really poor match just because that carer has a spare bedroom is not necessarily the best outcome for the child, is it?'*

Other areas were sample-specific; in the Portuguese sample, a few foster carers and social workers talked of extreme cases where years would pass by without social workers in the fostering services performing home visits. In the English sample, some young adults, foster carers, and social workers talked about social workers in the fostering services leaving and changing roles. According to a foster carer in each sample:

'... I have been fostering for 10 years, and the social worker went once or twice to my house, and both times told me in advance, ... The fact that [the social worker] doesn't show up at my house, you might think I'm happy, but I'm not.' (foster carer, Portuguese sample)

'And they have lots of changes in social workers of the children you know, we can cope with the changes, but the children can't.' (foster carer, English sample)

Across the different groups, with the exception of children and young adults in the Portuguese sample, stakeholders talked about social workers in the fostering services being supportive of foster carers by helping them grow and flourish in their role. In practice, they were described, with a higher number of references in the English sample, as providing guidance about the foster carers' role and setting up resources (e.g., training and support with placement transitions). The higher number of references in the English sample could reflect how the system is organised and the expectations of children's services on how foster carers should perform this role. A social worker in the English sample stated:

'Just as an example, we have someone that is newly approved, and I think that they have struggled with being thrown in at the deep end, I mean, hopefully we are being supportive, but that, I am sure that it feels like to them, managing a new child, managing the court process because they have gone straight into that, managing the looked after care system in term of reviews and meetings, health assessments, visits by the children's guardian, you know taking the child to nursery, managing contact, meeting with the birth family, when you stop and think it is kind of all happened within about the first two weeks.' (social worker, English sample)

Some stakeholders in these groups also stated that social workers in the fostering services provided support to foster carers by making foster carers feel part of the team and developing a trusting relationship with them. A social worker in the Portuguese sample, explained that *'I very much like the foster families I support, they are my foster families'*, and a social worker in the English sample said it helps them *'identify when they need support and not feeling perhaps that they are going to be criticised for sort of asking for support'*. A child in the English sample also recognised that *'trust between social worker and foster carer is essential, they have to work as a team'*. Notably, foster carers also contribute to this relationship, according to a social worker in the Portuguese sample,

foster carers '*also [need to] know how to listen to social workers who may have some experience and who can give them some tools [on how to perform the role]*'. Therefore, foster carers' personality traits and psychological wellbeing are seen as important.

On the other hand, there were some examples across these different groups, with a higher number of references by foster carers in the Portuguese sample, to social workers in the fostering services acting as a source of stress. These examples were mainly around social workers in the fostering services not always being immediately available to provide support to foster carers. Moreover, in the Portuguese sample, there were some extreme examples where foster carers chose not to engage with social workers in the fostering services or even decided to disregard their support. According to a child in the English sample and a foster carer in the Portuguese sample:

'What would you do if the social worker would disappear for two months? ...I think will be really important that they have to get prepared for these options as well.'
(child, English sample)

'... Not always when I have contact with social workers I agree with them, because they speak a lot about theory, but I am the one who has the practice. And sometimes speaking theoretically is one thing, but speaking in practice is another.'
(foster carer, Portuguese sample)

Stakeholders in the different groups, with the exception of children and young adults in the Portuguese sample, talked about social workers in the fostering services acting as a source of support to children. Stakeholders across these groups, with a higher incidence in the English sample, talked about social workers in the fostering services putting in place resources that would support children's permanence, personal characteristics and development. A social worker in the English sample said, '*because we sort of try to put in the support and work around the problems as best as we can*'. Another social worker in this sample added that '*I think that sometimes when you see all of the different kinds of*

agencies working together, so there is a clear communication, and people have a good working relationship to support the child, so even if it might be difficult, and it might be challenging behaviours'. Several stakeholders in these groups also shared examples where social workers in the fostering services, despite having to make difficult decisions, put children's best interests first. In the words of a young adult in the English sample and a social worker in the Portuguese sample:

'... And they actually had the paperwork there ready to put me back in house [so, move from an independent fostering agency to another foster carer in the local authority]... and new carers lined up and [the social worker] just needed to like to get it all signed up, but my social worker lost the paperwork, she shredded it, so I got to stay where I was ... knowing that I also had the back up of my local authority social worker... I hated [social workers] to begin with... [but] she did that for me and it actually made me feel well, you know, maybe they are not all like dragons like I pictured them as.' (young adult, English sample)

'... From the contacts we have with the families that we receive feedback on how [the placement] is going ..., it is clear that we cannot prolong situations where the placement is not going well, sometimes another placement is necessary and we remove and place the child in another foster family if that is the case, or even in residential care.' (social worker, Portuguese sample)

Furthermore, there were references to social workers in the fostering services, when needed, acting as a mediator between children and foster carers. A social worker in the English sample stated, *'I mean we kind of worked it out and we shared [the child's] thoughts with [the foster carer], she was ok for me to share with the carers, and the carers moved forward in an accepting way with her'*. Some stakeholders, with a higher number of references in the English sample, expanded on this and recognised the importance of social workers in the fostering services on building trusting relationships with children, for this, listening to their voices and involving them in decisions concerning them (e.g., transitions and contact with birth family) were considered as crucial. A young adult in the English sample shared, *'so it might be that actually I want a placement with a foster parent who is really going to help me getting my GCSEs because that is something that I want right*

[and/or] ... *I want a family, I want to feel wanted, I want to be part of the family, ... and it depends on the child, it depends on their experience*’.

However, some foster carers in the Portuguese sample and a few young adults and foster carers in the English sample shared examples of social workers in the fostering services also acting as a source of stress. These stakeholders talked mainly about social workers in the fostering services in practice not being available for children or not listening to their voices before making decisions concerning them. A foster carer in each sample and a young adult in the English sample reported:

‘... Seeing children, you know, so disappointed and let down because the social worker cancelled [the visit] at the last minute.’ (foster carer, English sample)

‘... I’ve said it several times to the social worker ... “You don’t show up at my house”.’ (foster carer, Portuguese sample)

‘... Sat down and ...figure it out what were the traumas, why were you going into care, there were sort of no whys, [social workers] were taking you into care, when they did it, they don’t speak to a child, ... what the reasons were, and it is discussing those, in obviously a safe way, that isn’t intrusive in that way.’ (young adult, English sample)

Finally, some young adults in the English sample and foster carers and social workers in both samples considered that social workers in the fostering services also played an important role in supporting birth families of children. These stakeholders focused on direct support to birth families of children, contact between them and their children, and between children’s birth families and foster carers.

In fact, there were only a few references to social workers in the fostering services providing direct support to children’s birth families, and these emerged mainly in the Portuguese sample. A social worker in this sample shared that they also set goals for birth families to meet, thus *‘objectives towards reunification: employability status, personal and parental skills, in terms of housing as well, in terms of other treatments that they may need*

to undergo’. On the other hand, there were several references across these stakeholders’ groups to the support social workers in the fostering services give to children’s birth families in relation to children and foster carers. A young adult in the English sample and a social worker in the Portuguese sample stated:

‘I didn’t have contact, [that] much [contact] with my birth family, but when I did it was usually supervised, which was, you know, I felt weird at the time, but it is something that they do quite well.’ (young adult, English sample)

‘... We always start from the principle that visits can be somehow free, that is, organised between the two parties [foster carers and birth families] and with the greatest possible proximity and contact if however, this arrangement doesn’t go well, we readjust.’ (social worker, Portuguese sample)

Across these different groups, there was no direct reference to social workers in the fostering services acting as a source of stress to birth families of children, however, as explored in Subsection 6.2.1, a few foster carers in the Portuguese sample shared examples where by having to collaborate so closely with birth families, they were exposed to discussions and even aggressive attitudes. One foster carer shared, *‘[the father of the child] calmed down and so, when he came to the end [of the visit and was about] to say goodbye [said] “see you next week”, and I said “no, now you’re going to see your son, your children at social services, you’re going to communicate with the social worker, and tell her that you can’t come again to my place [to visit your children]’*. This foster carer decided to only involve their social worker as a last resource, however, these incidents could possibly have been avoided if social workers in the fostering services had been more hands-on when it came to setting up contact between children and their birth family.

In sum, some children and young adults in the English sample and foster carers and social workers in both samples identified social workers in the fostering services as a source of support and stress for fostering, foster carers, children, and birth families of children.

Stakeholders in the English sample described social workers in the fostering services as tending to be more present and working more closely with the different elements, compared to the Portuguese sample. This is aligned with the way that children's services are structured, as explored in the previous subsection. However, despite the different ways that social workers in the fostering services performed their role in these countries, stakeholders in both samples identified areas where they were not providing enough support and did not reflect children's best interests.

6.3 Summary

In summary, stakeholders in both samples considered that good foster carers follow a child-centred approach. These stakeholders agreed that foster carers needed to follow this approach and implement it in their fostering practice while supporting children's permanence, personal characteristics and development, but also when they collaborate with the different contextual sources of support and stress, such as birth families of children, children's services, and social workers in the fostering services.

Nonetheless, there were some differences between the stakeholders' groups regarding their views on how good foster carers performed the role, as described in **Figure 3**. In comparison with the summary of Chapter 5, there is a lower level of cohesion between stakeholders' groups. In Chapter 5, stakeholders' views could be translated into children and young adults in both samples, and foster carers and social workers in the Portuguese sample focusing on a role similar to parenting, while foster carers and social workers in the English sample described a role of parenting with additional tasks. These stakeholders' views are aligned with the findings in this Chapter 6, where they describe the role of 'good' foster carers and the expected positive outcomes for children, but some variations between stakeholders' groups emerged. Foster carers in the Portuguese sample seemed to

view their role as a parenting role, which means a high focus on fostering children, so promoting children's sense of belonging and inclusion in their family even after the end of the placement, as well as supporting their personal characteristics and development, but with low collaboration levels with contextual sources of support and stress, and with several foster carers being actively against contact with children's birth families. Children and young adults in both samples and social workers in the Portuguese sample seemed to focus on good foster carers being the ones who perform a role similar to the parenting role while also recognising that some additional tasks are important. More specifically, children and young adults in both samples and social workers in the Portuguese sample considered that good foster carers promote contact and reunification and even build a relationship with children's birth families, and collaborate with children's services, given that they are an important source of support. Moreover, young adults in both samples and social workers in the Portuguese sample also acknowledged that good foster carers collaborate with social workers in the fostering services since they are a relevant source of support. Lastly, foster carers and social workers in the English sample considered that good foster carers perform a role that could be classified as parenting with additional tasks. In these stakeholders' groups, there was a strong focus on fostering children, but with the aim of ensuring children's placement stability while also valuing children's sense of belonging. Some foster carers considered the continuation of the relationship with the child after the end of the placement as important as the placement itself. Foster carers and social workers in the English sample also considered that good foster carers support children's personal characteristics and development. However, they stressed that these children cannot always be treated similarly to foster carers' own children because of the rules and regulations set by children's services. Moreover, in both stakeholders' groups, there were references to

good foster carers having a high collaboration level with the different contextual sources of support and stress.

Lastly, stakeholders talked about some difficulties that happened in practice in each country. In this summary, I revisit the most important difficulties that were also presented in the summary of Chapter 5. These difficulties could be considered as possible problems in foster care systems because they were present in both samples, though with different prevalence in the groups and samples. In summary, these difficulties were in areas such as:

- Foster carers' promoting children's sense of belonging (expressing affection/love for children and fully including them in their family), which consequently will positively influence their placement stability and children's behavioural difficulties.
- Foster carers collaborating with children's birth families (and respecting children's family identity).
- Children's services setting up support adjusted to the needs of children and foster carers (e.g., type of rules and regulations and available formal support).
- Social workers in the fostering services acting as a source of support that is adjusted to the needs of children and foster carers.

Some of these difficulties were similarly stated in both samples, such as children's services and social workers in the fostering services not always providing adequate support given the needs of children and foster carers. However, a few were more present in one of the samples. In the English sample, there was a particular focus on foster carers not always promoting children's sense of belonging and children's services implementing strict rules and regulations. On the other hand, in the Portuguese sample, there was a particular focus on foster carers not collaborating with children's birth families.

Figure 3 – Summary of what good foster carers bring to the role by stakeholder group in the English and the Portuguese samples

Fostering children - Consider <u>emotional permanence as crucial for children and supportive of children to stay even after the end of placement</u>. Also promote physical permanence but struggle with legal permanence when the main aim of the placement is reunification. - Support children's personal characteristics (despite difficulties with children's family identity) and development <u>similarly to foster carers' own children</u>, while acknowledging that it can be challenging.	Fostering children - Consider <u>emotional permanence as crucial for children and supportive of children to stay even after the end of placement</u>. Also important to promote physical and legal permanence. - Support children's personal characteristics and development <u>similarly to foster carers' own children</u>, while acknowledging that it can be challenging.	Fostering children - Consider <u>physical permanence as crucial for children</u>. Also recognised the importance of emotional and legal permanence. <u>Some foster carers even recognised the possibility to continue the relationship with children despite the end of the placement</u>. - Support children's developmental needs, <u>and as much as possible support them similarly to their own children</u> - considering that rules and regulations might not always allow it.	Fostering children - Consider <u>physical permanence as crucial for children, but with the understanding that in most cases this is a transitional place</u>. Also recognised the importance of emotional and legal permanence. - Support children's developmental needs, <u>and as much as possible support them similarly to their own children</u> - considering that rules and regulations might not always allow it.	
Contextual sources of support or stress - Birth families of children – <u>Some foster carers consider that they should promote contact and reunification children and their birth family, and even promote relationships with children's birth family</u>. However, some foster carers were against children's birth family. - Children's services – <u>can be a source of relevant support</u>, but are not perceived as crucial. - Social workers in the fostering services – <u>can be a source of relevant support</u>, but given that they are not always available, <u>foster carers tend to only seek support from them in extreme cases</u>.	Contextual sources of support or stress - Birth families of children – foster carers should <u>promote contact and reunification between children and their birth family</u>. Moreover, young adults considered that <u>foster carers should build a relationship with children's birth family</u>. - Children's services – <u>can be a source of relevant support</u>. - Social workers in the fostering services – <u>no references</u>.	Contextual sources of support or stress - Birth families of children – foster carers should <u>promote contact and reunification between children and their birth family</u>. Moreover, social workers considered that <u>foster carers have a crucial role in promoting contact but also in building a relationship with children's birth family</u>. - Children's services – <u>provide relevant support (particularly acknowledged by young adults)</u>, however this should always be adjusted to the children's needs. - Social workers in the fostering services – <u>provide relevant support</u>. However, social workers wished they would have more time to provide support.	Contextual sources of support or stress - Birth families of children – <u>Foster carers should promote contact between children and their birth family, and if possible also a relationship with children's birth families. Whenever beneficial, foster carers should also promote reunification</u>. - Children's services – <u>provide crucial support</u>, however this should always be adjusted to the children's needs. Some foster carers and social workers recognised that children's social care services could be more flexible in how they frame foster care. - Social workers in the fostering services – provide <u>crucial support</u>.	
Foster carers Portugal	Children Portugal Young adults Portugal	Children England Young adults England Social workers Portugal	Foster carers England	Social workers England
Parenting			Parenting with additional tasks	

CHAPTER 7 – Discussion of Phase One— Part I

In this chapter, I discuss the first research question, which explored what ‘good’ foster carers bring to the role that helps them perform it with quality; and the second research question, which addressed what constitutes the role of foster carers, including how foster carers perform the role to be classified as ‘good’, and what are the expected positive outcomes for children. Stakeholders considered that the role of foster carers, which was focused on the practice of fostering children, reflected the combination of different concepts⁶, namely foster carers’ personal characteristics (and past experiences); children’s permanence, personal characteristics and development; foster carers’ personal sources of support and stress (family life and social network); and contextual sources of support and stress (birth families of children, children’s services, and social workers in the fostering services). These concepts are discussed with reference to the following research studies that emerged from a narrative review. Qualitative empirical research conducted in different countries, such as Australia (Randle, 2013), Belgium (Van Holen et al., 2019), Canada (Brown, 2008; Brown & Campbell, 2007), England (Samrai et al., 2011; Schofield, 2002; Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003), Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012), South Africa (Carter & van Breda, 2016), and the US (Berrick et al., 2011; Buehler et al., 2003; Geiger et al., 2016; J. J. Miller & Collins-Camargo, 2016; Shklarski,

⁶ Concepts as according to grounded theory, however, these could also be defined as elements, which was the terminology used in Chapter 2, or as domains as suggested by Belsky (1984) model.

2019), with one or more stakeholders' groups (i.e., children, young adults, foster carers, and social workers), also identified these (or the majority of these) concepts, when exploring the role of foster carers. I will discuss both research questions in the context of these studies taking into account of the similarities in the research questions and samples.

Similarly, to Van Holen and colleagues (2019), I opted to discuss the findings by focusing on the meaning of each concept and not necessarily on its name, because similar categories were named differently or grouped under different concepts in different research studies.

7.1 Research question 1

This research question examined the views of stakeholders on what good foster carers bring to the role that contributes to them performing it with quality. Three main concepts emerged from the data according to the voices of the participants in each group of stakeholders, that is, foster carers' personal characteristics, personal sources of support and stress, and past experiences. In fact, these concepts have also been broadly identified as relevant for parenting in the general population (Orme & Buehler, 2001). This is an important point given that several researchers in the field of foster care have reasoned that the basis of fostering is parenting (e.g., Berrick & Skivenes, 2012; Buehler et al., 2003; Oliveira, 2012; Sinclair et al., 2001). These three concepts are discussed sequentially below, initially related to the parenting literature and then in further detail related to the fostering literature.

Personal characteristics

Stakeholders in this research explored the personal characteristics of good foster carers, with a particular focus on their personality traits and psychological wellbeing. Starting with the personality traits, stakeholders talked about affection, self-regulation and communication skills, self-reflection and willingness to learn, empathy, flexibility and adaptability, and sense of humour. These personality traits can be categorised as lower-order traits of the five-factor model of personality, “Big Five” (e.g., extraversion, agreeableness, openness, conscientiousness, and neuroticism – John & Srivastava, 1999; Taraban & Shaw, 2018). Prinzie and colleagues (2009), by conducting a meta-analysis, found that this five-factor model of personality was positively related to parenting practices, namely to warmth/responsiveness and behavioural control, with the exception of neuroticism that was negatively related.

In the current research, some of these personality traits, such as self-regulation and self-reflection, were relevant for foster carers’ psychological wellbeing, so for their positive mental state, which is also recognised as relevant in the parenting literature (Rantanen et al., 2015). Stakeholders in the current research considered that good foster carers were the ones who were able to deal with different types of stress that emerged from the role, and this consequently seemed to contribute to their intention to continue fostering children. Following the model of positive psychological functioning developed by Ryff and Singer (1996), which explores the dimensions of wellbeing, the statements of stakeholders could be classified under the dimension ‘environmental mastery’, so the ability to promote a good environment that ensures their own wellbeing, which also includes ability to intervene and control

complex environments. Stakeholders in the current research talked about different types of stress, namely personal, so the manifestation of stress on themselves; relational, as emerging in the relationship with children; and systemic, as rising from interactions with personal and contextual sources of support and stress, which have also been explored in the parenting literature (Deater-Deckard, 2004).

All the empirical studies (that emerged from the narrative review, which are referenced at the beginning of the chapter) have also focused on personal characteristics of good foster carers. Specially, Berrick and colleagues (2011) in the US, by applying the “Big Five Inventory”, found that foster carers tended to be extroverted, agreeable, conscientious, emotionally stable, and open. Similarly, to the current research, there were also several references across the different empirical research to good foster carers’ personality traits and psychological wellbeing that were described as contributing to children’s permanence, personal characteristics and development.

In the current research, mostly children and young adults in both samples, as well as foster carers and social workers in the Portuguese sample considered that being affectionate and loving children was the key personality trait of good foster carers. Moreover, some foster carers and social workers, almost exclusively in the Portuguese sample, made references to good foster carers loving children unconditionally. This is in line with most of the listed empirical research, and in some of these there were also references to foster carers loving children unconditionally (children – Delgado et al., 2013; Oliveira, 2012, foster carers – Delgado et al., 2013; Diogo, 2018; Oliveira, 2012, and social workers in Portugal – Diogo, 2018; children – Sinclair et al., 2001, and young adults in England – Schofield, 2002; foster

carers and social workers in South Africa – Carter & van Breda, 2016; and foster carers in the US – Buehler et al., 2003; Shklarski, 2019). However, foster carers in the US (Buehler et al., 2003; Shklarski, 2019) recognised some of the risks of loving children unconditionally, such as struggling with the separation from the child and even acting against the reunification of the child with their birth family. This might explain why social workers in England (Sinclair & Wilson, 2003) defined good foster carers as those who loved children but were committed to them in a stable, mature, and practical way.

In only two empirical studies, one conducted in Belgium with social workers (Van Holen et al., 2019) and the other in the US with foster carers (Geiger et al., 2016), there were no direct references to affection or love. In these empirical studies the focus was quite similar to the one of foster carers and social workers in the English sample of the current research, so other personality traits of foster carers such as communication skills, empathy, self-reflection, self-regulation. Shklarski (2019), in their research in the US with foster carers considered that foster carers ability to empathise with children was the basis of the relationship and the bond that is established between foster carers and children. Following this argument the social workers in Belgium (Van Holen et al., 2019), the foster carers in the US (Geiger et al., 2016), and the foster carers and social workers in the English sample of the current research could had been indirectly making references to the promotion of children's sense of belonging, despite no direct references to affection and love. On the other hand, a social worker in the English sample of the current research, as well as a social worker in England in one of the empirical studies (Sinclair & Wilson, 2003), presented an alternative justification for the limited reference to the word love, that some foster carers are in fact matched with children

because, for instance they are good at supporting their behavioural difficulties, even if they are not good at demonstrating affection and love. However, young adults in the English sample of the current research, such as children (Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003) and young adults (Schofield, 2002) in England and in Australia (Randle, 2013), talked about the negative influence of having been placed in placements where they did not feel loved or where they were not seen as lovable.

In some of the listed empirical research, other personality traits of good foster carers were considered as important, which were not referred to by the stakeholders in the current research. Honesty was the most widely mentioned, in this case by young adults in Australia (Randle, 2013), foster carers and social workers in South Africa (Carter & van Breda, 2016), and children in the US (J. J. Miller & Collins-Camargo, 2016). Social workers in Belgium (Van Holen et al., 2019) also talked about honesty, as well as about being discrete and intelligent. These personality traits are aligned with the ones referred to by the stakeholders in the current research but also with how good foster carers are expected to relate to children and support their individual needs.

The second personal characteristic that stakeholders identified in good foster carers is their psychological wellbeing, several references linked foster carers' psychological wellbeing with foster carers' self-regulation and self-reflection. Stakeholders focused on good foster carers being the ones who can deal with different types of stress and continue to perform the role. Moreover, Geiger and colleagues (2016), based on the voices of foster carers in the US, stated that foster carers' empathy also played a key role in managing stress and navigating

complex contexts, since it allowed them to gain a deeper understanding of the needs of children and their families.

Across all previous empirical studies there were references to good foster carers being the ones who have high levels of psychological wellbeing, make themselves emotionally available, and are able to deal with different types of stress. Behavioural difficulties of children were identified by stakeholders in the majority of these empirical studies as the main contributor to foster carers' stress (e.g., foster carers in Canada – J. D. Brown, 2008). In fact, foster carers (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012) and social workers in Portugal (Diogo, 2018), and foster carers and social workers in England (Sinclair & Wilson, 2003) also admitted that sometimes they experienced personal stress.

In the current research, based on the voices of stakeholders, three types of stress were identified, personal, relational, and systemic. This is aligned with the views of foster carers in the US (Buehler et al., 2003), who identified different stressors that could be categorised under these three types of stress. Building on this, foster carers in the US (Shklarski, 2019) talked about the importance of taking care of themselves.

Lastly, in two studies there were references to some additional personal characteristics of good foster carers. Children in the US (J. J. Miller & Collins-Camargo, 2016) talked about being placed with young foster carers who worked, and foster carers also in the US (Buehler et al., 2003), talked about having religious faith. When it comes to good foster carers having religious faith, Buehler and colleagues (2003) classified it as a motivating factor and as an

additional source of support for foster carers, but not necessarily as a defining personal characteristic of good foster carers.

Personal sources of support and stress

Stakeholders in the different groups of this research, while describing good foster carers, identified two personal sources of support and stress, i.e., family life and social network, that in their opinion contributed positively or negatively to foster carers, but also the fostering practice and to children. These personal sources of support and stress were also identified in the parenting literature. Soriano and colleagues (2001) explored which sources enhanced or hindered the role of parents in three different communities in Australia, and found similar sources across these different communities, i.e., some external, such as socio-cultural context, support networks, and employment-related issues, and others internal, which include structural characteristics of the family, internal dynamics, and personal attributes of the different family members. These sources were described as supportive (i.e., as providing material, practical, and/or emotional support), detrimental, or even as both. Edwards and Gillies (2004) focused on the support (i.e., advice around children's development and behaviour, and practical and emotional support) provided to parents by their family and friends. These researchers, similarly to Soriano and colleagues (2001), also recognised the contributions of professionals to parenting, as explored under Research Question 2.

Most of the empirical research on the role of foster carers (with the exception of one conducted in South Africa – Carter & van Breda, 2016; and one in the US – Berrick et al., 2011), have also focused on personal sources of support and stress of good foster carers. Stakeholders in these studies described family members and social networks of foster carers

as a source of support, and only in a few cases as a source of stress, mostly linked to dealing and supporting children's behaviour difficulties and/or understanding the role of foster carers (e.g., foster carers in England – Samrai et al., 2011, and in Portugal – Diogo, 2018).

Exploring in further detail the relationship between family members of foster carers and foster carers, fostering practice, and children; stakeholders in the current research, stressed that good foster carers and their family members are able to adjust their behaviours and context accordingly to the needs of children and, to promote a family environment and children's sense of belonging. This finding also emerged in most of the empirical studies, which were conducted in Australia (Randle, 2013), Belgium (Van Hoen et al., 2019), Canada (Brown & Campbell, 2007) England (Schofield, 2002; Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003), Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012), and in the US (J. J. Miller & Collins-Camargo, 2016).

However, in the current research, some young adults in the English sample considered that in practice not all children would feel part of the family. This was also stated by children (Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003) and young adults in England (Schofield, 2002) and in Australia (Randle, 2013), though, children in Portugal (Delgado et al., 2013) acknowledged feeling some insecurity when it comes to being part of the family for life. These children in Portugal (Delgado et al., 2013) pointed out that the confirmation that they were in fact part of the family would happen after the foster carers had died. In their opinion only then would they be sure if the family would continue to accept them as part of it. From all the other previously referenced studies only young adults in

Australia (Randle, 2013) directly stated the importance of not being treated as visitors or guests.

Stakeholders in the current research also talked about children's positive contributions to the wider family. Expanding on this finding, foster carers in Canada (Brown & Campbell, 2007), in England (Samrai et al., 2011), in Portugal (Delgado et al., 2013; Diogo, 2018), and in the US (Geiger et al., 2016) stated that the act of fostering had brought the family closer and strengthened their bonds. For this to be accomplished, foster carers in England (Schofield et al., 2012), recognised that children play a relevant role, by engaging with the foster family in their everyday life; which was recognised by children (Sinclair et al., 2001) and foster carers in England (Schofield et al., 2012) as being a gradual and in some cases lengthy process.

Focusing now on different types of family members, that is, foster carers' own children, partners, and extended family, and starting with foster carers' own children, three key findings emerged in the current research. The first is that foster carers' own children, especially the younger ones still living in the household, could struggle with foster care placements, and according to a couple of social workers in both samples, in extreme could influence the decision of foster carers terminating the placement. This was also suggested by foster carers in England (Samrai et al., 2011) and foster carers and social workers in Portugal (Diogo, 2018). Secondly, stakeholders in the current research, recognised that good foster carers acted in ways to dissipate tensions and further conflicts between children. Young adults in Australia (Randle, 2013), foster carers and social workers in Portugal (Diogo, 2018), and children in the US (J. J. Miller & Collins-Camargo, 2016), shared multiple strategies that foster carers put in place to support their own children, from helping them understand the

importance of fostering children to offering individualised one-to-one time. The third finding, was that the relationship established between children benefited both sets of children, which is aligned with the statements of children (Delgado et al., 2013; Oliveira, 2012) and foster carers in Portugal (Diogo, 2018; Oliveira, 2012), and foster carers in England (Schofield et al., 2012), who described this relationship as similar or even equal to the one between siblings.

Stakeholders in both samples of the current research, explored the support provided by foster carers' partners and focused on the fact that they tended to team up with foster carers to share the role; similarly to social workers in Belgium (Van Holen et al., 2019), and foster carers in Portugal (Diogo, 2018) and the US (Buehler et al., 2003; Shklarski, 2019). On the other hand, foster carers' partners acting as a source of stress was reported by foster carers in Portugal (Diogo, 2018) and in the US (Buehler et al., 2003), who highlighted that foster carers' partners might show a low level of commitment to fostering or even push for foster carers to stop fostering. There were no references to this in the current research.

Children and young adults in both samples, and foster carers and social workers in the Portuguese sample, expanded on the bonds developed between foster carers' partners and children. In the empirical research, this was only included in studies conducted in Portugal (children - Delgado et al., 2013; Oliveira, 2012, and foster carers - Diogo, 2018).

Lastly, the stakeholders in both samples of the current research talked about the extended family of foster carers acting as a personal source of support and stress. They recognised that the extended family shared social expectations and provided emotional support to foster

carers and children, and in some cases, would step in and care for children (respite care). This was supported by empirical studies conducted in Canada (Brown, 2008), in England (Samrai et al., 2011), and in Portugal (Diogo, 2018; Oliveira, 2012). One child in the English sample and several foster carers and social workers in the Portuguese sample of the current research, also talked about extended family members contributing to children feeling part of their family, this is aligned with findings in empirical studies in Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012). Once again, in no other study this type of bond was directly explored.

The support provided by the social network of foster carers, that is, friends and neighbours, was explored in seven out of the 18 previously referenced studies, by foster carers in England (Samrai et al., 2011; Sinclair & Wilson, 2003), in Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012), and in the US (Buehler et al., 2003; Shklarski, 2019). Foster carers in England (Samrai et al., 2011) and in the US (Buehler et al., 2003; Shklarski, 2019) talked about material support (e.g., clothes or gifts) they received from friends, while foster carers in Portugal (Delgado et al., 2013; Diogo, 2018) shared that their neighbours also provided emotional support (e.g., praising the care they provided to children). However, other foster carers in Portugal (Diogo, 2018; Oliveira, 2012) said that apart from the material and emotional support they received from their general social network, they also stepped in and took care of children as if they were part of their family. This is aligned with findings from the current research, given that only foster carers in the Portuguese sample talked about their social networks providing informal respite care.

Lastly, in six of the empirical research studies (Buehler et al., 2003; Carter & van Breda, 2016; Diogo, 2018; J. J. Miller & Collins-Camargo, 2016; Shklarski, 2019; Van Holen et al., 2019), two other types of personal sources of support and stress were stated, namely profession of the foster carer and church community. Children (J. J. Miller & Collins-Camargo, 2016) and foster carers in the US (Buehler et al., 2003; Shklarski, 2019), and foster carers in Portugal (Diogo, 2018), recognised the importance of foster carers having jobs that are flexible to allow them to provide support to children; while social workers in Belgium (Van Holen et al., 2019), and foster carers and social workers in South Africa (Carter & van Breda, 2016) stressed the relevance of foster carers having financial stability. Similarly, in the current sample, but mostly in the Portuguese sample, there were references to good foster carers having the capacity to support children financially, given the reduced level of support provided by children's services.

Foster carers in the US (Shklarski, 2019) considered that the church community also acted as a source of support. This was also inherent in the views of other foster carers in the US when they talked about faith and its role in acting as a source of support (Buehler et al., 2003). Essentially, this finding is in agreement with the evidence presented in this subsection, thus that foster carers, fostering practice, and children benefit from different types of support from distinct sources.

Past experiences

Stakeholders in this research also talked about past experiences of good foster carers, namely parenting experiences, life experiences, and social care services experiences, as influencing foster carers' personality, psychological wellbeing, and subsequently their fostering practices.

Research in the field of parenting, also found that parents previous experiences affected their parenting practice, mainly parents' developmental history and knowledge about parenting and child development, which included how they were parented (Lang & Diener, 2020). Bailey and colleagues (2009) pointed out to the negative intergenerational contribution of parenting practices, such as harsh punishments. Nonetheless, Lang and Diener (2020) stressed that when parents showed dissatisfaction towards how they had been brought up, this might lead to an active choice to implement parenting methods different from the ones of their caregivers. Moreover, Chen and Kaplan (2001) explored the intergenerational transmission of constructive parenting, like communication and affection.

Only some of the empirical research on the role of foster carers have focused on past experiences of good foster carers (Australia – Randle, 2013; Belgium – Van Holen et al., 2019; Canada – J. D. Brown, 2008; England – Sinclair et al., 2001; Portugal – Diogo, 2018; and the US – Buehler et al., 2003). A common aspect across these studies, was that stakeholders considered crucial foster carers' experiences that allowed them to better understand children. Similarly, to the current research, there was a stronger focus on parenting experiences, but also on life and social care experiences, as contributing to foster carers' personality, psychological wellbeing, and subsequently, their fostering practices.

In summary, I argue that these different concepts, i.e., foster carers' personal characteristics, personal sources of support and stress, and past experiences, are crucial to the role of foster carers, given how they influence the fostering practice. In particular, foster carers' affection and love as well as their ability to cope with stress could act as protective factors for children's permanence and developmental outcomes. Moreover, foster carers' family

members and social networks were identified as also giving significant contributions to foster carers, fostering practice, and children's outcomes. The evidence presented in this section points to the existence of a bi-directional relationship and influence between, foster carers, fostering practice, children, and family members and social networks of foster carers, and recognise the foster carers' efforts to mediate the relationship between family members, social networks, and children. Moreover, the Portuguese foster care system seemed to be more successful in promoting children's sense of belonging, in comparison to the English foster care system. These findings are aligned with the international literature on the voices of experts by experience.

7.2 Research question 2

This research question examined the views of stakeholders on what constitutes the role of foster carers, which includes how foster carers perform the role when classified as 'good', and what are the expected positive outcomes for children. Two main concepts emerged from the data according to the voices of the participants in each group of stakeholders, that is, fostering children and contextual sources of support and stress. These concepts are discussed sequentially below, initially related to the parenting literature and then in further detail related to the fostering literature.

Fostering children

Stakeholders in both samples of this research, while describing the role of foster carers considered that the practice of fostering children was at the centre of the role, which includes supporting and promoting children's permanence and children's personal characteristics and

development. Through exploring the parenting literature, it was possible to draw some similarities between the role of foster carers and parents, as well as between the fostering and the parenting practice. Baumrind (1993, 1996) and Santrock (2011) argued that parents and their child-rearing practices contribute to children's development, which can be grouped under physical development; cognition and language; socioemotional development, including self and identity; and social contexts of development, including relationships with families and peers, as well as schools and achievements, and culture and diversity. In fact, Baumrind (1996) recognised two child-rearing dimensions that typically emerge in cross-cultural studies, responsiveness and demandingness. The first dimension focused on the capacity of parents to be attuned, accepting, and supportive of children's needs, and its most important constructs include warmth, reciprocity, clear communication and person-centred discourse, and attachment. The second focused on parental requirements so that children can develop into mature and responsible adults, which include the constructs of direct confrontations, monitoring, and consistent and contingent discipline (Baumrind, 1996). Pinquart (2017a, 2017b) conducted two meta-analyses and found that harsh control and psychological control, as well as more generally an authoritarian parenting style (high demandingness and low responsiveness) predicted an increase in children's internalising and externalising symptoms over time. Moreover, this author (Pinquart, 2017a, 2017b) found that the associations of children's internalising and externalising difficulties with parental warmth, psychological control, and authoritative parenting (high demandingness and high responsiveness) were bidirectional, showing therefore that children also contributed to parents' practices.

All the previously referenced empirical studies (that emerged from the narrative review, which are referenced at the beginning of the chapter) on the role of foster carers have also considered that at the centre of the role of foster carers is the practice of fostering children. Similarly, to the current research, they focused on two key areas that foster carers need to support and promote as part of the practice of fostering children, namely children's permanence and children's personal characteristics and development. Furthermore, there was a shared understanding that foster carers need to adjust their practice given the needs of children and their individual care plan, which was described by young adults in England (Schofield, 2002) as sensitive care.

Starting by discussing children's permanence, stakeholders across the different groups in the current research talked extensively about good foster carers being the ones who promoted different types of permanence, children's sense of belonging, physical stability, and legal status (i.e., the aim of the placement/children's individual care plan). Stakeholders across the different groups, but mainly children and young adults in both samples and foster carers and social workers in the Portuguese sample, classified the promotion of children's sense of belonging as one of the most important aims of fostering, given its positive contributions to children's outcomes. These findings are in agreement with the empirical research. Similarly to the current research, young adults in Australia (Randle, 2013) and in England (Schofield, 2002), foster carers in Canada (Brown & Campbell, 2007) and in Portugal (Oliveira, 2012), and foster carers and social workers in South Africa (Carter & van Breda, 2016) raised awareness of good foster carers, who even in short-term placements or placements that would not continue, still promoted children's sense of belonging, therefore confirming that the

different types of permanence suggested in the current research are interlinked but they might not necessarily be dependent on each other.

Stakeholders in the current research acknowledged that children's sense of belonging was promoted by foster carers, their family, but also by the child, and was dependent on how well all of them interacted with each other. This is aligned with the previous empirical studies (e.g., young adults – Schofield, 2002, and foster carers and social workers in England – Schofield et al., 2012; Sinclair & Wilson, 2003; and foster carers in Portugal – Oliveira, 2012). Interestingly, foster carers and social workers in England (Schofield et al., 2012; Sinclair & Wilson, 2003) stated children's capacity to receive and give love as crucial.

However, some stakeholders in the current research, mostly in the English sample shared examples where in their opinion, foster carers not always promoted children's sense of belonging to them or to their family. This finding is supported by empirical studies conducted in England (Schofield, 2002; Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003) and in Australia (Randle, 2013). In the studies conducted in England, one foster carer (Schofield et al., 2012) admitted that they were feeling unsure of their own commitment to the child and the placement, while other foster carers in this same study (Schofield et al., 2012) stated they would go above the expectation of being a foster family who was working for children's services. One child (Sinclair et al., 2001) considered that their foster carers tended to act as a staff member instead of a family member, while some young adults (Schofield, 2002) shared their views that social workers in the fostering services did not recognise foster care placement as a type of family. However, this finding goes against the perspectives of social workers in another research in England (Schofield et al., 2012), who

acknowledged that in some cases they struggled to choose between the risk of moving a child to what they believed could be a better fit or keeping children in a placement that did not meet their long-term aims. At the centre of their struggle were their efforts to ensure that children would achieve long-term family membership.

Undoubtedly other aspects need to be accounted for, such as the matching between children and foster carers, foster carers' commitment, children's difficulties, and the resources that were made available by children's services, but nonetheless these findings point to some children being placed or placement's ending where they felt that their individual needs were not completely met. Young adults also in England (Schofield, 2002) added that this had long-term implications, such as losing the opportunity to have a family for life through the foster care system and/or experiencing mental health and social difficulties.

On the other extreme, there were references from a couple of young adults and some foster carers and social workers in the Portuguese sample, about foster carers in practice being so committed to children that they would hinder their sense of belonging to birth families. Moreover, in some cases, foster carers assumed that they wanted to take the place of children's birth families. These findings are confirmed by foster carers in Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012), whereas across the studies conducted in other countries, this was only referred to by foster carers in England (Samrai et al., 2011) and in the US (Buehler et al., 2003; Shklarski, 2019). Some of these actions could be contextualised by foster carers loving children unconditionally and/or being afraid of going through emotional losses when placements are terminated. On the other hand, foster carers in England highlighted that they could help and support children during the transition from their

placement (Samrai et al., 2011), while foster carers in Portugal (Diogo, 2018; Oliveira, 2012) noted that this only stands as a problem if contact after the end of the placement was not allowed.

Stakeholders in the current research identified several outcomes for children resulting from foster carers promoting their sense of belonging, which also emerged in the empirical research, such as higher levels of self-esteem and self-confidence, capacity to form future stable rewarding relationships (e.g., children – Sinclair et al., 2001, and foster carers in England – Samrai et al., 2011; and young adults in Australia – Randle, 2013), and becoming part of the foster family, which could be for life (e.g., children – Delgado et al., 2013, foster carers – Oliveira, 2012, and social workers in Portugal – Diogo, 2018; children – Schofield et al., 2012; Sinclair et al., 2001, and young adults in England – Schofield, 2002; and foster carers in Canada – J. D. Brown & Campbell, 2007, and in the US – Buehler et al., 2003). In the current research, only a small number of foster carers and one social worker in the English sample talked about children becoming part of the foster family, though this was not confirmed by the empirical research conducted in England, since foster carers (Samrai et al., 2011; Schofield et al., 2012; Sinclair & Wilson, 2003) and social workers (Schofield et al., 2012; Sinclair & Wilson, 2003) considered this to be an important outcome. Lastly, in the current research, as well as across the different previous studies, there were references to foster carers benefiting emotionally from the relationship with children (e.g., foster carers in Portugal - Delgado et al., 2013; Diogo, 2018, and in England - Sinclair & Wilson, 2003).

Discussing now children's placement stability, foster carers and social workers in the English sample of the current research, were the only stakeholders' groups that expanded more on

placement stability than on children's sense of belonging. In previous studies in England this was not the case, since the focus was mainly on children's sense of belonging or on both (e.g., young adults – Schofield, 2002, and foster carers in England – Samrai et al., 2011).

Similarly to children's sense of belonging, placement stability was described as depending on how well foster carers, their family, and the child interacted with each other. There were several references to children's behavioural difficulties, in the current research and previous research, contributing to foster carers' relational stress, which consequently negatively influenced placement stability (e.g., foster carers in Canada – J. D. Brown & Campbell, 2007). For instance, children in England (Sinclair et al., 2001; Sinclair & Wilson, 2003) shared that they actively behaved badly because they assumed that this would allow them to be reunified with their families or because they believed that they would always be "moving on". The latter meant that several children had experienced multiple placements and were conscious that they needed to get used to moving to new placements, with new foster families, and even to different schools where they needed to make new friends. Building on this, foster carers and social workers in England (Sinclair & Wilson, 2003) stated that it was crucial to support children in wanting to stay in the placement, otherwise they could act out and push for it to be terminated, this was also upheld by young adults in the English sample of the current research. Stakeholders in the current research, as well as, in previous studies, also talked, directly or indirectly about how lack of stability could negatively influence children's development and increase their level of behavioural difficulties (e.g., young adults in Australia – Randle, 2013; and children in England – Schofield et al., 2012).

Despite, the shared understanding that placement stability was beneficial for children, this was not always possible to safeguard. Young adults, foster carers, and social workers in both samples of the current research, but with higher prevalence in the English sample, talked about different types of placement moves, some positive and some negative for children, foster carers and their families. Among the different types of moves, stakeholders in the Portuguese sample made several references to re-entries into care (i.e., unsuccessful reunification/adoption), barely referred to in the previous research in Portugal (Delgado et al., 2013) or in England (Schofield et al., 2012). Stakeholders in the English sample focused mostly on expected planned moves and placement breakdown, both referred to in all the previous studies conducted in England (Samrai et al., 2011; Schofield, 2002; Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003). In studies in other countries, only young adults in Australia (Randle, 2013) and foster carers in the US (Buehler et al., 2003; Shklarski, 2019) described situations where children left care or were removed from their care, reinforcing that expected planned moves and placement breakdown might be a feature of the foster care system in England. Foster carers in both samples in the current research described unexpected planned moves in a similar way to previous research conducted in England (Samrai et al., 2011) and Portugal (Diogo, 2018), where foster carers talked about in some cases not being able to continue fostering a child as a result of the negative influence that the placement was having on them and on their family.

Children (Sinclair et al., 2001) and foster carers in England (Samrai et al., 2011) frequently did not agree with these transitions, but supported them, when these were in the children's best interests. This was confirmed by young adults in the English sample, but also by young

adults in Australia (Randle, 2013), who stated that it was not beneficial for children to stay in a stable placement where they were unhappy. Young adults in England (Schofield, 2002) highlighted that despite some placements ending, the most important was that the relationship between foster carers and children would continue, reinforcing the argument that children's sense of belonging is crucial for children's development.

The third and last type of permanence is legal status, which frames the long-term aim of the placement, that is, reunification with birth families, or permanency until children leave for another placement, to live autonomously, or adoption. Stakeholders in the current research and in previous research (e.g., children in England – Sinclair & Wilson, 2003, and in Portugal – Delgado et al., 2013; and young adults in Australia – Randle, 2013) were in agreement that good foster carers were the ones who followed a child-centred approach while promoting the long-term aim of the placement.

In the Portuguese sample of the current research, tension emerged between stakeholders across the different groups, when children had the long-term aim of reunification, and some foster carers stated or were described by other stakeholders as being, against it and consequently chose not to promote it. This clearly goes against the decisions of social workers and the wishes of children. Children and foster carers in Portugal (Delgado et al., 2013) confirmed that this is a problem in the Portuguese foster care system. On the other hand, the main tension point in the English sample was around the continuity of the placement after children's 18th birthday. Several children and young adults, as well as a few foster carers in the English sample of the current research talked about the importance of continuity of placement after the end of the individual care plan, while only one social worker

in the same sample mentioned this. This is aligned with empirical research conducted in England (Schofield et al., 2012; Sinclair et al., 2001).

Stakeholders in the current research and across previous studies agreed that legal status, which frames the long-term aim of the placement, was an indicator of success, however mostly when it was combined with the other two elements of permanence. The stakeholders talked about short-term outcomes, which included supporting the aim of the placement and ensuring that this was adjusted to each child's individual needs; and long-term outcomes, which could be translated into foster carers preparing children for life after the current placement (e.g., foster carers in England – Samrai et al., 2011; Schofield et al., 2012; and young adults in Australia – Randle, 2013). There were also references, however mostly in the Portuguese sample of the current research, to another type of long-term outcome, that is, foster carers applying to be guardians or adoptive parents of the child. This finding was reported by children (Oliveira, 2012) and foster carers in Portugal (Delgado et al., 2013; Diogo, 2018), foster carers in Canada (Brown & Campbell, 2007) and the US (Buehler et al., 2003; Shklarski, 2019), but only by children in England (Sinclair et al., 2001). Other children in England (Sinclair et al., 2001) expressed the wish to be adopted, similarly to children in the English sample of the current research. Nonetheless, it is important to consider that children and foster carers in Portugal shared that social workers not always supported or encouraged adoption (Delgado et al., 2013). Moreover, social workers in Belgium (Van Holen et al., 2019), and foster carers and social workers in South Africa (Carter & van Breda, 2016) recognised that to work towards the success of the placement, foster carers should not

have an adoptive attitude. This could be justified by efforts towards reunification with birth families.

Focusing now on children's personal characteristics and development, and starting with children's personal characteristics, stakeholders in both samples talked mostly about good foster carers respecting and promoting children's identity, especially children's family identity, which is aligned with previous studies (e.g., children in England – Sinclair & Wilson, 2003, and in Portugal – Delgado et al., 2013). Moreover, stakeholders considered that good foster carers are the ones who promote children's family identity and support children dealing with loyalty ambivalence between foster and birth families (e.g., children and foster carers in Portugal – Oliveira, 2012; children in England – Sinclair & Wilson, 2003; and foster carers in the US – Shklarski, 2019). Nonetheless, some young adults, foster carers, and social workers in both samples, but with higher incidents in the Portuguese sample, shared examples of foster carers who in practice did not respect or promote children's family identity. This type of occurrence was aligned with the literature, since children (Delgado et al., 2013), foster carers in Portugal (Oliveira, 2012), young adults in Australia (Randle, 2013) and in England (Schofield, 2002) shared similar views. Suggesting that this is not just a characteristic of the Portuguese foster care system.

Stakeholders in both samples also stated that good foster carers respect and promote other elements of children's identity such as, age, ethnicity, sexual orientation, physical attributes, personality, and religious beliefs. This was also acknowledged by children (Sinclair et al., 2001; Sinclair & Wilson, 2003), young adults (Schofield, 2002), and foster carers in England (Samrai et al., 2011), children (J. J. Miller & Collins-Camargo, 2016) and foster carers in the

US (Buehler et al., 2003; Shklarski, 2019), and foster carers in Canada (Brown & Campbell, 2007) and in Portugal (Diogo, 2018), with a significant focus on children's ethnicity.

Some stakeholders in both samples recognised that children also need support to accept the fact they are in care and to deal with its influence on their identity. In fact, children (Delgado et al., 2013) and foster carers in Portugal (Diogo, 2018), young adults in Australia (Randle, 2013), foster carers in England (Samrai et al., 2011), and children in the US (J. J. Miller & Collins-Camargo, 2016) expanded on this and stressed that children could be and feel stigmatised as a result of being in care. Therefore, good foster carers are the ones who remove or fight against this stigma. Nonetheless, children in the US (J. J. Miller & Collins-Camargo, 2016) also shared that some foster carers can actually be the ones stigmatising children, by pitying or labelling them. Interestingly, these children in the US (J. J. Miller & Collins-Camargo, 2016) but also foster carers in Canada (Brown, 2008; Brown & Campbell, 2007) shared that workshops and gathering between children in care could contribute to the acceptance of their care status.

Across the stakeholders' groups in both English and Portuguese samples of the current research, similarly to what was found in previous research in different countries, there were references to short-term and long-term positive children's outcomes (e.g., foster carers in Canada – J. D. Brown & Campbell, 2007, in England – Samrai et al., 2011, and in Portugal – Diogo, 2018). These were mainly focused on children's psychological wellbeing.

When it comes to children's developmental areas, most stakeholders in the current research in both samples considered that good foster carers are the ones who support these children as

they support their own children, independently of the duration of the placement. This also emerged across most of the previous studies (e.g., children in England – Sinclair et al., 2001, and in Portugal – Delgado et al., 2013, and social workers in Belgium – Van Holen et al., 2019). For example, foster carers in the US (Shklarski, 2019) opted not to use respite care services from children's services because this could make the child feel as if they would be treated differently from foster carers' own children.

However, some foster carers and social workers in the current research, with a higher number of references in the English sample, emphasised the need to treat children in care differently from foster carers' own children. The majority shared that this would not translate directly into different types of support to the one given to foster carer's own children, but instead to each child receiving individualised support according to their needs. This reflects the fact that most children entered care with some difficulties in one or more developmental areas, as the majority of stakeholders across the different groups in the current research reported.

Stakeholders in previous research studies had similar views to the ones in the current research, for instance foster carers in Portugal (Oliveira, 2012) shared that they adjusted their routines on the weekend and even stopped going for their usual walks because the child would not be able to join them. However, a few foster carers and social workers in the English sample of the current research added that foster carers not always could care for children similarly to their own children because of the rules and regulations implemented by children's services. Children (Delgado et al., 2013) and foster carers in Portugal (Diogo, 2018), children in England (Schofield et al., 2012; Sinclair et al., 2001), and young adults in Australia (Randle, 2013) also shared examples or suppositions that children in some

placements would not be treated the same as foster carers' own children. Nonetheless, only children in England (Schofield et al., 2012; Sinclair et al., 2001) talked about rules and regulations that made them feel different from foster carers' own children.

Stakeholders in the current research across the different groups recognised three specific areas that foster carers needed to support considering children's developmental needs, that is, emotional and social; physical and mental health; and educational developmental areas. In the current research, but also across most of the previous research, stakeholders paid special attention to good foster carers supporting children's emotional and social needs, and particularly their internalising and externalising behaviour difficulties (e.g., foster carers in Australia – J. D. Brown, 2008, and in Portugal – Delgado et al., 2013; and children in England – Sinclair et al., 2001). This focus results from stakeholders identifying supporting children's behavioural difficulties, as one of the most challenging tasks of the foster care role (e.g., foster carers in the US – Geiger et al., 2016). For instance, one foster carer in Portugal (Diogo, 2018) shared that they and their own children had been physically assaulted by children in public spaces and at their own homes, to the point that they were forced to call the police. Moreover, children in England (Sinclair et al., 2001; Sinclair & Wilson, 2003) reported that they could behave badly with the hope of being sent home to their parents.

Not all foster carers seemed to be able to manage children's behavioural difficulties, stakeholders in the current research shared examples of foster carers who in practice struggled to be empathetic with children when they showed behavioural difficulties. This was also described by children (Sinclair et al., 2001; Sinclair & Wilson, 2003) and young adults in England (Schofield, 2002), as well as foster carers in Portugal (Delgado et al., 2013; Diogo,

2018; Oliveira, 2012) and in the US (Buehler et al., 2003). Stakeholders in the current research talked about two possible extreme outcomes of foster carers struggling with children's behavioural difficulties, namely foster carers deciding to discontinue the placement, as discussed before, and foster carers applying inappropriate punishments to children that could be classified as emotional or physical abuse, as shared by a few young adults in the English sample and a few foster carers and social workers in the Portuguese sample. There were no references to the latter in the previous research in Portugal, but this does not mean that inappropriate punishments do not happen in practice. In England however, children (Sinclair et al., 2001) and young adults (Schofield, 2002) shared examples of having been emotionally or/and physically abused by foster carers.

This evidence corroborates that a core part of the role of foster carers is supporting children's behavioural difficulties, and their emotional and social development. Therefore, good foster carers, among other relevant personal characteristics, need to be able to communicate effectively with children by giving clear guidance, establishing boundaries and rules, explaining their expectations, and implementing adequate rewards and punishments. This was stated by stakeholders in the current research, as well as in previous research (e.g., children in England – Sinclair et al., 2001, and in Portugal – Oliveira, 2012). Moreover, good foster carers were also described in the current research and in previous studies, as promoting the relationships with the foster family but also with other children and adults (e.g., foster carers in Canada – J. D. Brown & Campbell, 2007, and in Portugal – Delgado et al., 2013; and young adults in England – Schofield, 2002).

Another area of children's development that stakeholders in the current research, as well as in the previous research, focused on is children's physical and mental health needs and development. These references were mainly around common physical and mental health needs, but also, children's safety and additional needs. The latter were described as having a larger influence on the foster carer but also on their family, for instance in situations when children's health was highly compromised and they required extensive support and care, as shared by foster carers in Portugal (Diogo, 2018).

In the current research, there were a few references in both samples to foster carers not always ensuring children's physical and mental health needs and development. From all the previous studies, this was only stated by one young adult in Australia (Randle, 2013), suggesting that this is an area in that foster carers tend to experience difficulties. Aligned with this, stakeholders in the current research, as well as in the previous research, highlighted specific positive children's developmental outcomes that good foster carers work towards. These ranged from children feeling safe, becoming more independent in their daily routines, to improving their health outcomes (e.g., foster carers in England – Schofield et al., 2012, and in Portugal – Delgado et al., 2013). The most powerful statement came from a child in England (Sinclair et al., 2001), who reported that being placed in care stopped them from committing suicide.

The third and last developmental area that stakeholders talked about, is educational needs and development. Their focus was on good foster carers being involved in children's academic performance; this is aligned with previous studies (e.g., children in Portugal – Delgado et al., 2013, and in the US – Miller & Collins-Camargo, 2016; and young adults in England –

Schofield, 2002). In the current research, there were references from one foster carer and a social worker in the Portuguese sample about foster carers who had too low or high academic expectations of children. This finding is aligned with a study in Portugal (Diogo, 2018) and two studies conducted in England (young adults – Schofield, 2002, and foster carers – Samrai et al., 2011).

Lastly, stakeholders in the current research, as well as in previous studies (e.g., foster carers in Canada – J. D. Brown & Campbell, 2007, in England – Schofield et al., 2012, and in Portugal – Delgado et al., 2013), highlighted specific children's developmental outcomes that good foster carers promote. They expanded on children attending school more often, developing self-confidence, enrolling in additional courses or in higher education, and even getting jobs.

In summary, I argue that promoting children's sense of belonging stands to be a priority, even in short-term placements, which could act as a protective factor for children's permanence and developmental outcomes. Moreover, good foster carers are committed and able to cope with the stress that might emerge in the relationship with children, considering their behavioural difficulties. Therefore, good foster carers are the ones who promote children's permanence and children's personal characteristics and development, according to their needs. However, in the foster care systems in England and Portugal, foster carers seemed to not always ensure children's outcomes. In England, some children experienced placement moves and not always feel as part of the foster family, whereas in Portugal, foster carers seemed to compromise their sense of belonging to their birth families. Moreover, in both samples there were a few references to foster carers using negative parenting practices, which

could be a risk factor for children. These findings are in agreement with international research on the voices of experts by experience.

Contextual sources of support and stress

In both samples of this research, stakeholders identified contextual sources of source or stress, namely birth families of children, children's services, and social workers in the fostering services, that in their opinion influenced and interacted with foster carers, fostering, and children. In the parenting literature, there were also references to external sources of support and stress. According to the ecological framework of Bronfenbrenner (1979) the social environment influences children's development but also the relationships they have with their parents and family. Therefore, contextual sources of support and stress have been identified in the literature as contributing to the relationship between parents and children, however, mostly in situations where children and parents would benefit from additional levels of support, such as in the context of adoptions (Schweiger & O'Brien, 2005), disabilities (Algood et al., 2013), and sexual re-victimisation (Pittenger et al., 2016).

In all the previous studies on the role of foster carers (that emerged from the narrative review, which are referenced at the beginning of the chapter), there were also references to the role that contextual sources of support and stress played in supporting or contributing to the systemic stress of foster carers, fostering practice, and children. The three contextual sources of support and stress were described as playing different roles, as emerged in the current research.

Stakeholders in both samples of this research, talked about birth families of children influencing (and being influenced by) foster carers, fostering, and children. They explored three areas that are interlinked: children's birth families acting as a source of support, foster carers promoting the relationship between children and their birth families, and foster carers building relationships with children's birth families. These areas were also directly or indirectly covered in all the previous studies on the role of foster carers. In all these studies, there were positive references to children's birth families or at least a mixture of positive and negative references, apart from one empirical study conducted in England (Samrai et al., 2011), in which foster carers only shared negative views of children's birth families.

Stakeholders in the current research, as well as in previous research, recognised the positive contributions of children's birth families, with a strong focus on children's parents contributing to children's permanence, personal characteristics and development (e.g., young adults in Australia – Randle, 2013, and in England – Schofield, 2002; children and foster carers in Portugal – Delgado et al., 2013; and foster carers in the US – Geiger et al., 2016). Linked with this, stakeholders in the current research as well as in previous research, pointed out that children could struggle with developing a relationship with foster carers, accepting the need to live in care instead of with their birth family, and balancing feelings towards both birth family and foster carers (e.g., children – Schofield et al., 2012; Sinclair & Wilson, 2003, young adults – Schofield, 2002, and foster carers in England – Schofield et al., 2012; children – Delgado et al., 2013, and foster carers in Portugal – Oliveira, 2012; and young adults in Australia – Randle, 2013). In these cases, children's birth family and foster carers were described as having an important role in supporting children.

However, several foster carers in the Portuguese sample of the current research, as well as a few stakeholders in the other groups (apart from children in the Portuguese sample and social workers in the English sample), shared examples where in practice birth families acted as a source of stress. Most of these references were about how children would feel or act after having contact with birth families. Previous studies confirmed this, foster carers in England (Samrai et al., 2011), in Portugal (Delgado et al., 2013; Oliveira, 2012), and in the US (Buehler et al., 2003; Shklarski, 2019), talked about the negative influence of birth families on children when they had contact. The surprising aspect, that emerged in the literature but not in the current research, was that children in Portugal (Delgado et al., 2013) recognised that at certain moments they experienced distressing feelings after having contact with their birth family, and in some cases stated that they did not want contact with them, validating in some way, the concerns of foster carers in the Portuguese sample of the current research and contradicting the lack of concern social workers in this sample showed. Children in England (Schofield et al., 2012; Sinclair et al., 2001) shared similar statements. This context reinforces the importance of listening to children's voices and assessing and understanding what is in their best interests.

Stakeholders in the current research and previous research also focused on foster carers promoting the relationship between children and their birth families. Stakeholders considered it to be important for foster carers to show empathy for the contexts and emotions of children's birth families and to actively promote contact (e.g., young adults in Australia – Randle, 2013, and in England – Schofield, 2002; and children in Portugal – Delgado et al., 2013, and in the US – Miller & Collins-Camargo, 2016).

Moreover, stakeholders in the current research, with a higher incidence in the Portuguese sample, considered it to be part of the role of foster carers to promote reunification between children and their family. In fact, across the different studies in Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012) this was also referred to, while among studies conducted in other countries, this was only stated by foster carers in Canada (Brown & Campbell, 2007), and in the US (Buehler et al., 2003; Shklarski, 2019), social workers in Belgium (Van Holen et al., 2019), and children in England (Sinclair et al., 2001). This can be explained by reunification being the most common long-term aim of children's placements in Portugal.

Nevertheless, some stakeholders, but with a higher number of references in the group of foster carers in the Portuguese sample, talked about foster carers in practice not showing empathy for children's birth families, or not promoting contact or reunification between children and their families. Once again, this was confirmed by research in Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012), whereas across the studies conducted in other countries, this was only referred to by foster carers in England (Samrai et al., 2011) and in the US (Buehler et al., 2003; Shklarski, 2019). I argue that this can be explained by foster carers in Portugal developing a close relationship with children and consequently wanting to continue to care for them. This argument was aligned with statements of children in Portugal (Delgado et al., 2013) and foster carers in the US (Buehler et al., 2003). Moreover, the fact that foster carers in Portugal are expected to lead the contact between children and birth families, and do not receive enough support from children's services and social workers in the fostering teams, possibly contributes to foster carers struggling with children's birth families (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012). Aligned with this, in the

Portuguese sample of the current research and in previous studies conducted in Portugal, foster carers and social workers talked about foster carers who actively supported children's birth families regarding their parenting skills (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012).

The third and last area that stakeholders in the current research and the previous research focused on was foster carers building relationships with children's birth families. Young adults in the Portuguese sample of the current research, and foster carers and social workers in both samples of the current research, as well as stakeholders across most of the previous research also recognised this, with the exception of all the studies conducted in England (Samrai et al., 2011; Schofield, 2002; Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003), one study in Australia (Randle, 2013), and one in the US (Berrick et al., 2011). This finding suggests that in England there are fewer expectations for foster carers to build relationships with children's birth families.

Children's services were another contextual source of support and stress identified by stakeholders. These were classified as an overarching source of support and stress, because they frame foster care more widely, and influence and interact with the different elements involved in the role of foster carers. In all of the previous research on the role of foster carers, stakeholders talked about children's services acting as a contextual source of support and stress, moreover in the majority, children's services were also classified as an overarching source of support and stress (e.g., foster carers in Canada – J. D. Brown & Campbell, 2007, and in Portugal – Diogo, 2018; and young adults in England – Schofield, 2002).

Discussing first how children's services acted as a contextual source of support and stress to the fostering practice, foster carers, and children. Stakeholders in the current research shared that they set the aim and purpose of placements, implement rules and regulations, and provide specific resources. Stakeholders in the English and in Portuguese samples agreed that the purpose of the placement tended to be the temporary inclusion of the child in a family environment. This is aligned with the previous studies (e.g., social workers in Belgium – Van Holen et al., 2019, and in Portugal – Diogo, 2018; and children in England – Sinclair et al., 2001). Some social workers and foster carers in the English sample shared that there were expectations around foster carers treating this role as a job, however a vocational job that involves caring for a child. Children and young adults in this sample were not against this, as long as foster carers promoted children's sense of belonging to the foster family. In some of the other studies there were a couple of references to the role of foster carers as being a demanding job, though a job that involved caring for children and supporting their permanence (e.g., young adults – Schofield, 2002, foster carers in England – Samrai et al., 2011; Schofield et al., 2012, and social workers in England – Sinclair & Wilson, 2003; foster carers and social workers in Portugal – Diogo, 2018; and foster carers in the US – Shklarski, 2019).

Stakeholders in the English sample shared that children's services acted as a source of support, by implementing rules and regulations. However, some social workers and foster carers, as well as several young adults, considered that some of these rules and regulations could be considered excessive, that are not adjusted to each placement, and most importantly as compromising children's sense of belonging to foster carer's family. Furthermore, some

social workers in the English sample explained that foster carers had their time quite compromised as a result of all the different commitments they had, besides not having much discretion on how they chose to perform the role, thus being dependent on guidance and permissions of children's services. In some previous research conducted in England (children – Schofield et al., 2012; Sinclair et al., 2001, foster carers – Samrai et al., 2011; Schofield et al., 2012, and social workers in England – Schofield et al., 2012) and in the US (children – Miller & Collins-Camargo, 2016, and foster carers in the US – Buehler et al., 2003; Geiger et al., 2016; Shklarski, 2019), stakeholders also talked about rules and regulations being excessive and reducing the level of discretion of the foster carers.

Some foster carers and social workers in the Portuguese sample explained that children's services only expected foster carers to follow a few rules and regulations. Similar findings were present across previous research in Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012) and in South Africa (Carter & van Breda, 2016). These findings were linked to foster carers having discretion on how to perform the role, but also the responsibility to ensure children's safeguarding. However, stakeholders in the Portuguese sample explained that despite foster carers' high level of discretion they were still expected to collaborate with children's services and to follow their guidance, for instance when it came to promoting, and in some cases leading on contact between children and their family. This confirmed findings from studies in Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012).

Lastly, children's services provided support in the format of specific resources. In the English sample, stakeholders talked about children's services providing different levels of resources, such as financial support, ensuring that several professionals were available to support the

placement, and implementing training opportunities for foster carers. These types of support also emerged in several of the previous studies (e.g., foster carers in the US – Berrick et al., 2011; Buehler et al., 2003; Shklarski, 2019; and young adults – Schofield, 2002, and foster carers in England – Samrai et al., 2011). However, young adults in the English sample of the current research, and in one previous study conducted in England (Schofield, 2002) expressed concern that some foster carers might choose to foster because of the money they earned from fostering. However, these views were not aligned with the opinions of foster carers and social workers in the English sample of the current sample, and of social workers in England (Sinclair & Wilson, 2003).

In the Portuguese sample of the current research, as well as in the previous research conducted in Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012), children's services were described as providing a reduced level of resources, with most references relating to reduced lack of financial support. On the other hand, some foster carers and social workers in the current research, considered that financial support was actually not crucial given they perceived this to be a role similar to the one of parenting, and foster carers tended to embrace it as if it was a mission. This type of view also emerged in one empirical study conducted in Portugal next to foster carers (Diogo, 2018). Somewhat similarly, foster carers and social workers in South Africa (Carter & van Breda, 2016) and social workers in Belgium (Van Holen et al., 2019) agreed that good foster carers are the ones who have financial stability. So, this is aligned with the views of young adults in the English sample of the current research; and children (J. J. Miller & Collins-Camargo, 2016) and foster carers in the US (Shklarski, 2019), young adults in Australia (Randle, 2013) and in England (Schofield, 2002),

and foster carers in Portugal (Diogo, 2018; Oliveira, 2012), who shared that foster carers should not be driven by financial compensations but instead by providing a family environment for children. On the other hand, several stakeholders in both samples of the current research, including some foster carers and social workers in the Portuguese sample, considered that good foster carers could be motivated by money, and actually be able to do this role and not have to work simultaneously, as long as they were committed to children and promoted their development and permanence. Similar findings emerged in one study in Portugal (Diogo, 2018) and in one study in England (Sinclair & Wilson, 2003).

Some young adults in the English sample, social workers in the Portuguese sample, and foster carers in both samples, acknowledged that children's services also acted or should act as a source of support to birth families of children and to the relationship between them and children, but also with foster carers. This was also pointed out by children (Schofield et al., 2012) and young adults in England (Schofield, 2002), children and foster carers in Portugal (Delgado et al., 2013; Oliveira, 2012), foster carers in Canada (Brown, 2008; Brown & Campbell, 2007), and children in the US (J. J. Miller & Collins-Camargo, 2016).

On the other hand, some stakeholders alerted to the lack of support provided by children's services to birth families of children. In two studies in Portugal, foster carers (Delgado et al., 2013; Oliveira, 2012) pointed out the onus of contact, but also wider support that they, instead of children's services, provided to children's birth families. As discussed before, this context might also contribute to some foster carers in the Portuguese sample being negative about contact between children and their birth families or criticising the decisions of the court and of children's services for allowing contact.

A few young adults in the English sample, social workers in the Portuguese sample, and foster carers in both samples talked about children's services promoting the relationship between children and their birth family by placing siblings together, whenever this was in the best interests of children. Children (Delgado et al., 2013; Oliveira, 2012) and foster carers in Portugal (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012), but also children in England (Schofield et al., 2012), reported that they were aware of cases where children's services ensured that siblings were placed together. However, children and foster carers in Portugal (Delgado et al., 2013) also pointed out and expressed negative views about children's services going against the wishes of children and deciding not to ensure that siblings would be placed together or would continue a relationship.

In both samples of the current research, but mainly in the Portuguese sample, some foster carers and social workers noted that foster carers' family members and social networks would step in and care for children as they were part of the foster carer's family. A few foster carers and social workers in both samples, but mainly in the English sample, referred to children's services getting involved and requiring foster carers' family and social network to be assessed prior to them being allowed to provide respite care. This was not directly explored in the previous research. In the current research, there were no additional direct references to children's services acting as a source of support and stress to foster carers' family members and social network, however this was explored in two of the previous studies (foster carers in Canada – Brown & Campbell, 2007, and in England – Schofield et al., 2012).

Lastly, some young adults in the English sample, and foster carers and social workers in both samples of the current research, but with a higher number of references in the English

sample, talked about the influence of children's services on social workers in the fostering services. These stakeholders focused on children's services providing support, or in some cases causing stress, to social workers in the fostering services. This resulted from how children's services framed the role of social workers in the fostering services and defined their caseload, as supported by findings from previous research (e.g., foster carers in England – Samrai et al., 2011, and social workers in Portugal – Diogo, 2018).

Some young adults in the English sample, and foster carers and social workers in both samples noted that children's services frequently put pressure on social workers of the fostering services to reduce costs. Moreover, in the English sample, these stakeholders talked about social workers in the fostering services needing to adjust to regular changes in fostering services, and to follow strict rules and regulations, which according to these stakeholders contributed to social workers leaving or changing their jobs. In the Portuguese sample, these stakeholders explained that social workers in the fostering services were allocated excessive work and roles that compromised their capacity to provide direct support to foster carers and children. In previous research these concerns were also stated by different stakeholders (e.g., children – Sinclair et al., 2001, foster carers and social workers in England – Schofield et al., 2012; and foster carers in Portugal – Delgado et al., 2013, and in the US – Buehler et al., 2003). This evidence suggests that children's services did not always ensure that social workers in the fostering services had the best support to perform their role.

Finally, focusing on social workers in the fostering services as a source of support and stress, stakeholders in both samples of the current research, with the exception of children and young adults in the Portuguese sample, considered them to mainly act as a source of support.

These stakeholders considered that social workers in the fostering services influence and interact with fostering, foster carers, children, and birth families of children. This confirms previous findings (that emerged from the narrative review, which are referenced at the beginning of the chapter). Moreover, social workers in the fostering services, as discussed before, play a key role in mediating the influence of children's services. Stakeholders in the current research, as well as in previous studies shared that for instance they bent some regulations set by children's services (e.g., social workers in England – Schofield et al., 2012), and made efforts to provide additional financial support (e.g., foster carers in Portugal – Oliveira, 2012).

Some stakeholders in both samples of the current research, explored the influence of social workers on the fostering practice, foster carers, and children. These stakeholders talked about social workers in the fostering services facilitating the practice of fostering, enhancing foster carers' competencies, and contributing to children's permanence and development. This included, for example supporting the matching between children and foster carers, providing accurate information to both foster carers and children, being available for regular home-visits, involving foster carers and children in decisions, building trusting relationships with foster carers and children, and supporting the relationship between foster carers and children. These were also explored by stakeholders in previous studies (e.g., foster carers in Canada – J. D. Brown, 2008, and in Portugal – Oliveira, 2012; and children in England – Sinclair et al., 2001, and in the US – Miller & Collins-Camargo, 2016).

However, stakeholders across the different groups in the current sample, as well as in the previous studies, talked about past occurrences where social workers in the fostering services

failed to provide support across one or several of these areas, therefore compromising the quality of the placement and the relationship between foster carers and children, but also children's permanence and development. Some foster carers in the Portuguese sample of the current research and foster carers in a few previous studies (England – Samrai et al., 2011, Portugal – Delgado et al., 2013, and the US – Shklarski, 2019) shared that in some contexts they chose not to engage with social workers in the fostering services or even disregard their support. Furthermore, the level of support was described as so reduced in Portugal that a few foster carers across the three studies (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012) reported that they had decided to temporarily or permanently discontinued their role as foster carers.

Similarly, some foster carers in the Portuguese sample, and a few young adults and foster carers in the English sample also stated that social workers in the fostering services were not available for children. Similar finding emerged in studies conducted in England (e.g., Samrai et al., 2011; Schofield et al., 2012), Portugal (e.g., Delgado et al., 2013; Diogo, 2018) and the US (e.g., Miller & Collins-Camargo, 2016; Shklarski, 2019), to the extreme in Portugal, where this was described as impairing children's trust in social workers in the fostering services when they needed further support, which made them rely almost solely on their foster carers (Delgado et al., 2013; Diogo, 2018).

Finally, in the current research, some young adults in the English sample and foster carers and social workers in both samples, expanded on social workers in the fostering services acting as a source of support to birth families of children. This is confirmed by some previous studies, specifically, social workers in England (Schofield et al., 2012) and in Portugal

(Delgado et al., 2013) considered that the engagement between social workers in the fostering services and birth families was a good indicator of continuity of contact and relationship between birth families and children.

However, in the current research, there were only a few references to social workers in the fostering services providing direct support to children's birth families, and these emerged mainly in the Portuguese sample. This is not aligned with the research conducted in Portugal, where a foster carer (Oliveira, 2012) clearly suggested that foster carers should only be responsible for supporting children, while social workers in the fostering services should be the ones to support children's birth families. Furthermore, a social worker also in Portugal (Diogo, 2018) recognised that foster carers struggle in their interactions with children's birth families but do not give up and continue to interact with them. In research conducted in Canada (J. D. Brown & Campbell, 2007) and in England (Schofield, 2002; Samrai et al., 2011), stakeholders talked about social workers in the fostering services supporting children's birth families, in the US foster carers (Geiger et al., 2016) shared the good practice of teaming-up with social workers in the fostering services to support children's birth families.

In summary, I argue that birth families of children, children's services, and social workers in the fostering services, are crucial sources of support to children, the fostering practice, and foster carers. Mainly, children's services have the responsibility to ensure that all the different parties receive adequate support. However, this seemed to not be the case in both foster care systems, where in Portugal the support was described as reduced and in England as high but not always adequate, which consequently impacted the quality of the placement

and contributed negatively to children's outcomes. These findings are in agreement with international research on the voices of experts by experience.

CHAPTER 8 – Discussion of Phase One— Part II

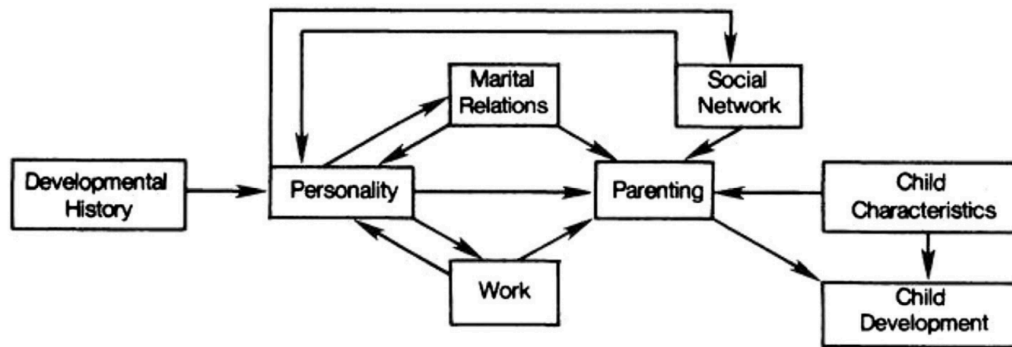
In this chapter, I discuss the evidence that emerged from the first two research questions, which were presented in Chapter 5 and 6 and discussed in Chapter 7. I intend to explore whether the evidence from the previous chapters on the role of foster carers is aligned with the Belsky (1984) model of parenting, and if changes are needed for it to embody fostering. I will then present a summary of the model given the evidence reviewed on the English and Portuguese foster care systems.

8.1 The model

Stakeholders in the current research talked about foster carers being attuned to children's needs and development and promoting warm and close relationships with children, which is aligned with what was theorised by Belsky (1984) about the parenting process. Moreover, based on the views of the stakeholders in the current research and the previous research on the role of foster carers, this role, focused on the practice of fostering children, and was defined by the combination of different concepts, namely foster carers' personal characteristics (and past experiences); children's permanence, personal characteristics and development; foster carers' personal sources of support and stress (family life and social network); and contextual sources of support and stress (birth families of children, children's services, and social workers in the fostering services). As mentioned in Chapters 1, 2, and 3, Belsky (1984) developed a process model of the determinants of parenting (**Figure 4**), following an ecological perspective, with three overarching domains, (i.e., carers' personal

characteristics, children's personal characteristics, and contextual sources of support and stress). These are similar to the concepts of the current research though grouped differently.

Figure 4— A process model of the determinants of parenting



In this section, I intend to explore in detail how similar or dissimilar the concepts/domains that emerged from the current research are from the ones theorised by Belsky (1984). More recently, this author together with a colleague, explored this model against more recent literature and confirmed that the three main determinants are central to parenting, nonetheless they raised awareness of some additional categories and relationships between concepts/domains, so this was also taken into account in this section (Belsky & Jaffee, 2015).

To strengthen the discussion, I compared the current research and the Belsky model with Taraban and Shaw's (2018) review of the Belsky model, which considered the last 30 years of research in the field of parenting around this model. Lastly, some remarks were added based on Leathers and colleagues' (2019) piece of empirical research, where the Belsky model was used to give meaning to difficult fostering experiences and placement disruption.

Carers' personal characteristics

In the current research but also in the ones conducted by Belsky (1984) and Taraban and Shaw (2018) there was an understanding that the personal characteristics of carers (parents or foster carers) influenced the way they thought and felt as carers, and therefore how they parented/fostered children. As described in **Table 8**, three areas are particularly important, namely carers' personality, psychological wellbeing/psychopathology, and development history/past experiences. It is important to stress that while the three studies all focused on the carer as crucial for parenting/fostering, they had different starting points. In the current research, stakeholders talked about what makes good foster carers, (i.e., ideal carers), in some cases personal examples were also shared about carers who did not follow good standards of caring. On the other hand, Belsky (1984), and Taraban and Shaw (2018) talked about general parents and parenting.

Table 8 – Carers' personal characteristics

Current research – views of stakeholders in an English and a Portuguese sample	Belsky (1984)	Taraban and Shaw (2018)
Personality □ Affection □ Self-regulation and communication skills □ Empathy □ Self-reflection and motivation to learn □ Flexibility and adaptability □ Sense of humour	Personality □ One factor i.e., linked with maturity (age), who are capable to promote sensitive parenting, e.g., are empathic and nurturant □ Big five i.e., extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience (Belsky & Jaffee, 2015)	Personality □ Big five i.e., extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience

Psychological wellbeing ☐ Resources to deal with the fostering stresses (i.e., personal, relational, systemic)	Psychological wellbeing / Psychopathology ☐ Depression ☐ Alcohol use disorders, antisocial personality disorder, and schizophrenia, but also the effect of other factors (e.g., socio-economic status) (Belsky & Jaffee, 2015)	Psychopathology ☐ Depression, but also the effect of other factors (e.g., socio-economic status) as moderators of the relationship between depression and parenting
Past experiences ☐ Parenting experiences ☐ Life experiences e.g., illness ☐ Social care services experiences e.g., work in this field	Developmental history ☐ Intergenerational transmission of parenting	Developmental history ☐ Intergenerational transmission of parenting

Legend:

In burgundy, changes or additions that were suggested by Belsky and Jaffee (2015) to the Belsky's model.

The stakeholders who took part in the current research mentioned that good foster carers are affectionate, able to self-regulate and communicate well with others, empathetic, self-reflective and willing to learn, flexible and adaptable, and with sense of humour. These different characteristics can be classified as some of the lower-order traits of the five-factor model of personality – “Big Five” (Taraban & Shaw, 2018), which are associated with sensitive and responsive parenting. In fact, even if Belsky (1984) made reference to the one-factor model of personality, in later publications he described the personality of parents by also using the five-factor model (Belsky & Jaffee, 2015). Across these three studies the personality of carers was described as contributing directly or indirectly (by influencing the contextual sources of support and stress, which then influenced parenting/fostering) to parenting/fostering. Moreover, it is important to note that carers also have the relevant role of

choosing and managing their contextual sources of support and stress (Belsky, 1984; Taraban & Shaw, 2018).

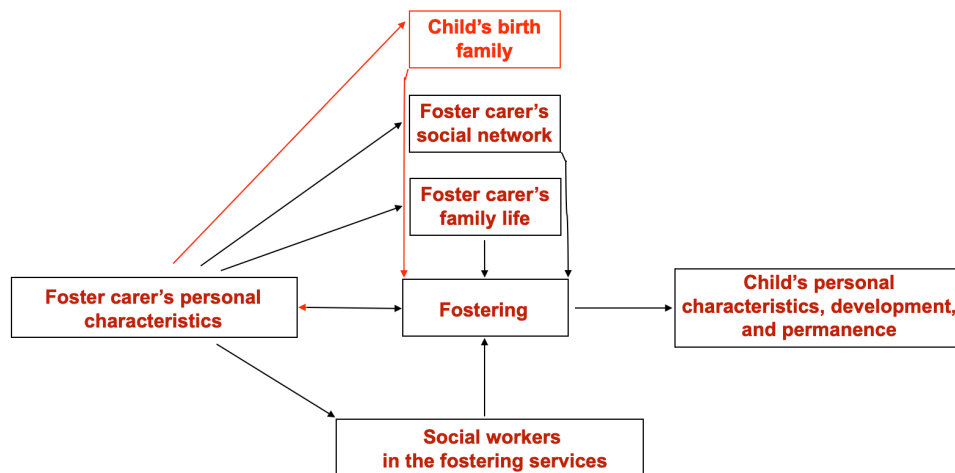
Foster carers were described as being exposed frequently to stressful situations related to the fostering practice. Therefore, stakeholders in the current research pointed out that good foster carers are the ones who have the internal resources to deal with these situations and to maintain their psychological wellbeing, which subsequently influences their capacity to foster, as reported by research conducted by Leathers and colleagues (2019). Belsky (1984) identified parents' psychological wellbeing as contributing to the parenting process, but similarly to Taraban and Shaw (2018), focused mainly on the influence of depression on parenting. In later studies, Belsky and Jaffee (2015) expanded on other areas of psychopathology, such as alcohol use disorders, antisocial personality disorder, and schizophrenia. Belsky and Jaffee (2015) and Taraban and Shaw (2018) recognised the influence of socio-economic status but also of other factors on parent's psychopathology. Stakeholders in the current research did not make any references to depression or other type of psychopathology. This could be explained, as stated before, by the fact that stakeholders talked about what makes good foster carers, but also because foster care is a regulated role, where foster carers need to meet specific standards (Decree-Law n.º 139/2019; Fostering Services: National Minimum Standards, 2011).

Intergenerational transmission of parenting (or parenting experiences as named in the current research) was perceived by the stakeholders as shaping foster carers' personality and as contributing to their psychological wellbeing, which subsequently contributed to how they performed their role. These findings are aligned with the model proposed by Belsky (1984),

given his theorisation of these relationships. Stakeholders in the current research, considered that the way that foster carers were parented could also directly influence their own fostering practices as foster carers, as briefly stated by Taraban and Shaw (2018). Furthermore, stakeholders in the current research also expanded on other types of past experiences that, in their views, influenced foster carers but also their fostering practices, which were not mentioned in the other two studies (Belsky, 1984; Taraban & Shaw, 2018) or in the empirical research of Leathers and colleagues (2019). These were, being exposed to other people's parenting styles, parenting their own children, significant life experiences, and social care services experiences.

In summary, the three areas of the personal characteristics of carers, i.e., carers' personality, psychological wellbeing/ psychopathology, and development history/past experiences are interlinked and influence the parenting/fostering practice. For this reason, even though in the Belsky model, and Taraban and Shaw's adaptation of the model, personality (and psychological wellbeing) and developmental history were presented as two separate domains, in the model of fostering in this research, I decided to present them as a single domain (**Figure 5**). Lastly, I theorise that the relationship between the foster carer's personal characteristics and the fostering practice is bidirectional instead of unidirectional as suggested by Belsky (1984) and Taraban and Shaw (2018), given that the challenges of fostering were widely mentioned by stakeholders as influencing the psychological wellbeing of the foster carers and in extreme cases, as compromising the continuity of the placement and the retention of the foster carers. This relationship was also acknowledged by Belsky and Jaffee (2015).

Figure 5— A process model of the determinants of fostering – Carers’ personal characteristics



Legend:

Domains and pathways from Belsky’s model are in black, domains that were renamed in burgundy, and domains and pathways that were added in red.

Children’s personal characteristics

Stakeholders in the current research stated that children also play a crucial role in the fostering practice, this is aligned with the studies on parenting (Belsky, 1984; Taraban & Shaw, 2018). Across these three studies, the focus was mainly on the challenges that children would bring to the relationship. However, there were also some references to children’s outcomes as a result of the parenting/fostering practice (**Table 9**).

Table 9 – Children’s personal characteristics

Current research – views of stakeholders in an English and a Portuguese sample	Belsky (1984)	Taraban and Shaw (2018)
Contributions – personal characteristics and development □ Identity i.e., family identity, age, ethnicity, sexual orientation, physical attributes, personality, and religious beliefs □ Development i.e., emotional and social (includes internalising and externalising behaviour difficulties), physical and mental health, and educational Outcomes – personal characteristics and development □ Identity i.e., children’s psychological wellbeing, and in some cases also linked to mental health and inclusion in society □ Development i.e., emotional and social (includes internalising and externalising behaviour difficulties), physical and mental health, and educational Outcomes – permanence □ Sense of belonging □ Physical stability □ Legal status	Contributions – personal characteristics □ Temperament i.e., negative emotionality, internalising and externalising behavioural difficulties □ Genetic heritage (Belsky & Jaffee, 2015) □ Gender (Belsky & Jaffee, 2015) Outcomes – development □ General development	Contributions – personal characteristics □ Temperament i.e., negative emotionality, internalising and externalising behavioural difficulties □ Genetic heritage Outcomes – development □ General development

Legend:

In burgundy, changes or additions that were suggested by Belsky and Jaffee (2015) to the Belsky’s model.

Stakeholders in the current research explored children’s personal characteristics and development and how these influenced fostering practice positively or negatively. They expanded particularly on children’s identity, specifically children’s family identity, but also

their age, ethnicity, sexual orientation, physical attributes, personality, and religious beliefs; and children's developmental areas, namely emotional and social, physical and mental health, and educational. Stakeholders stressed the influence of having care experience. Stakeholders talked at length about children's emotional and social needs, and mostly about the behavioural difficulties these children showed, similar to the findings in Leathers and colleagues' (2019) research. This finding also aligns with Belsky (1984), and Taraban and Shaw's (2018) assumptions that children's temperament influenced parenting. Based on the views of stakeholders in the current research the personal characteristics and development needs of children were defined as contributing directly to fostering, and this being a bidirectional relationship, which is aligned with Belsky (1984), and Taraban and Shaw (2018). Stakeholders in the current research also considered that the characteristics of children contributed indirectly to fostering, by influencing the contextual sources of support and stress, which then influenced fostering. This was also covered by Taraban and Shaw (2018), but not by Belsky (1984), who theorised that the characteristics of children only contributed directly to parenting.

Stakeholders in the current research considered that foster carers supported children's identity and development through the fostering practice, as concluded by Leathers and colleagues (2019). It could be speculated that these findings are in agreement with Belsky (1984), and Taraban and Shaw (2018), however these authors only briefly mentioned some areas of development and mostly made references to children's general development.

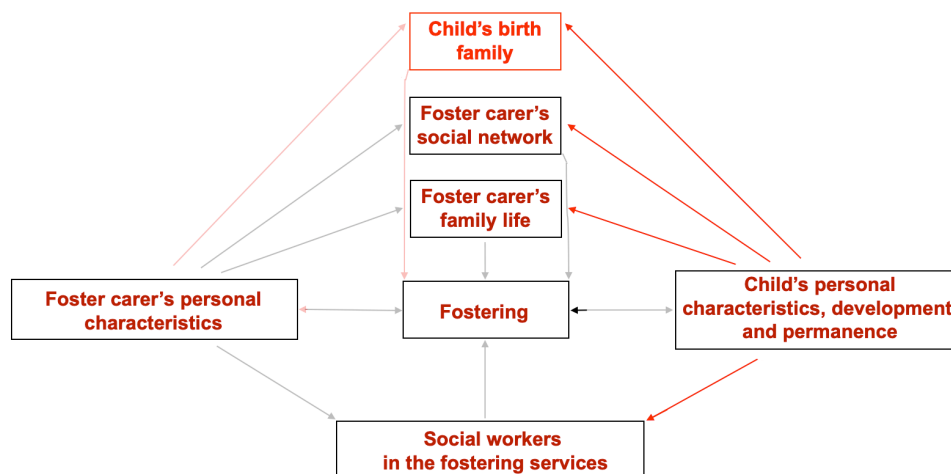
One additional personal characteristic that was explored by Taraban and Shaw (2018) and Belsky and Jaffee (2015) was genetic heritage, this personal characteristic did not emerge in

the current research, which is justified by the fact this thesis focuses on stranger foster care, without biological ties. However, this is a relevant personal characteristic that should be taken into consideration, if and when, this model is applied to kinship carers with biological ties with children. Moreover, Belsky and Jaffee (2015) presented evidence that the gender of the child played a central role in parenting practices. In contrast, in the research conducted by Leathers and colleagues (2019), parenting experiences were associated with some children's characteristics, but not with gender. Gender was not a personal characteristic of children that stakeholders focused on.

In the current research, children's permanence was quite a central aim and outcome of fostering practice, similar to the research conducted by Leathers and colleagues (2019). Understandably, this was not accounted for in the parenting model (Belsky, 1984; Taraban & Shaw, 2018), given the differences in the nature of fostering and parenting, (i.e. type and continuity of the relationships). Stakeholders in the current research talked briefly about the legal status and focused mainly on children's sense of belonging and physical stability.

Summing up, children's personal characteristics, development, and permanence are interlinked, therefore I decided to include them in the fostering role as a single domain (i.e., child's personal characteristics, development, and permanence) (**Figure 6**). However, Belsky (1984) opted to represent these domains as separate, whereas Taraban and Shaw (2018) in their adaptation of the model decided not to include children's development and to just focus on children's personal characteristics.

Figure 6— A process model of the determinants of fostering – Children’s personal characteristics



Legend:

Domains and pathways from Belsky’s model are in black, domains that were renamed in burgundy, and domains and pathways that were added in red. The pathways that were presented in the previous section are in light grey.

Contextual sources of support and stress

There was a shared understanding that parenting/fostering was wider than the relationship between carers and children. In fact, according to stakeholders in the current research and previous research (Belsky, 1984; Leathers et al., 2019; Taraban & Shaw, 2018), the social context where the parenting/fostering practice takes place was relevant. Their focus was mainly on specific sources that provided a degree of support and stress, which could be in the form of emotional support, practical support, and/or social expectations towards carers and the parenting/fostering practice. Moreover, there were also some references to an overarching source of support and stress (**Table 10**).

Table 10 – Contextual sources of support and stress

Current research – views of stakeholders in an English and a Portuguese sample	Belsky (1984)	Taraban and Shaw (2018)
Sources: <u>Personal</u> ☐ Family life i.e., own children, partner, and extended family ☐ Social network i.e., friends and neighbours <u>Contextual</u> ☐ Social workers in the fostering services ☐ Child's birth family Overarching source: ☐ Children's services	Sources: ☐ Marital relations ☐ Social network (includes children and extended family) ☐ Work ☐ Neighbourhood and wider social-economic and cultural context (Belsky & Jaffee, 2015)	Sources: ☐ Marital quality ☐ Family structure ☐ Social support ☐ Work ☐ Culture Overarching source: ☐ Socio-Economic Status

Legend:

In burgundy, changes or additions that were suggested by Belsky and Jaffee (2015) to the Belsky's model.

Stakeholders in the current research identified family life and social network as personal sources of support and stress that influenced directly or indirectly the fostering practice. This finding is aligned with the work developed by Belsky (1984), and Taraban and Shaw (2018), though they opted for a slightly different grouping of these sources of support and stress. The main difference was that these authors decided to consider marital quality/relations as a single domain, separated from carers' own children and extended families, which were included under the social network or family structure domains. This was not the choice in the current research, given that the stakeholders believed that the support provided by the partner, own children and extended families were quite similar and very different from the support provided by neighbours and friends. This is in agreement with Leathers and colleagues (2019).

Work was another source of support and stress that influenced directly or indirectly parenting/fostering practice (Belsky, 1984; Taraban & Shaw, 2018). However, the stakeholders in the current research rather than just talking generally about work or about additional jobs, focused on contextual sources of support and stress, so groups of people that foster carers collaborated with while fostering. Specifically, they talked about the interactions that foster carers have with social workers in the fostering services and with children's birth families, which is aligned with Leathers and colleagues (2019). Moreover, stakeholders in the current research, expanded on this by considering a bidirectional relationship between social workers in the fostering services and children's birth families, as a result of their frequent interactions.

Interestingly, the stakeholders also considered that the four sources of support and stress, two personal and two contextual, beyond influencing fostering practice directly and indirectly (by first influencing the foster carers' personal characteristics, which then influenced fostering), influenced the fostering practice indirectly by first influencing children's personal characteristics, development, and permanence. In the review of the literature conducted by Taraban and Shaw (2018), there were also some references to the sources of support and stress influencing parenting indirectly by first influencing children's personal characteristics.

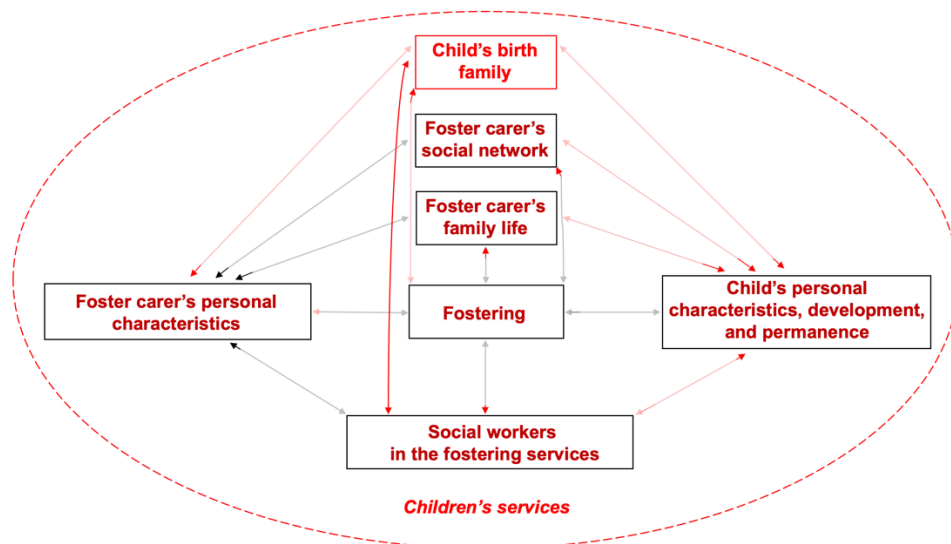
Lastly, stakeholders in the current research talked widely about children's services influencing fostering which is aligned with the research findings from Leathers and colleagues (2019). Given the fact that stakeholders stressed the transversal influence of children's services across the different domains under analysis, I decided to include it in the model as an overarching source of support and stress. Belsky (1984) in his model, did not

identify any overarching source of support and stress, contrary to Taraban and Shaw (2018).

In their adapted model of parenting (Taraban & Shaw, 2018), socio-economic status also had this status.

In conclusion, by following an ecological perspective, the fostering practice happens within a specific social context, which is composed of four sources of support and stress and an overarching source of support and stress (**Figure 7**).

Figure 7-- A process model of the determinants of fostering – Contextual sources of support and stress



Legend:

Domains and pathways from Belsky's model are in black, domains that were renamed in burgundy, and domains and pathways that were added in red. The pathways that were presented in the previous sections are in grey.

8.2 The model applied to the English and the Portuguese foster care systems

In this subsection, I present a summary of the model applied to the English and Portuguese foster care systems. I present what emerged as common in these foster care systems in the current research but also from previous research conducted in England and Portugal. Notably, most of the areas presented in this subsection also emerged in the previous research conducted in other countries (e.g., Canada – J. D. Brown, 2008; US – Buehler et al., 2003; South Africa – Carter & van Breda, 2016; Australia – Randle, 2013; Belgium – Van Holen et al., 2019).

In general terms, children's services play a crucial role in framing foster care (i.e., temporary inclusion of a child in a family) and set different types of support, and social workers in the fostering services implement these in practice (e.g., Oliveira, 2012; Samrai et al., 2011). These contributed to the quality of the relationship between foster carers and children and consequently to children's development and permanence. Nonetheless, it was recognised by several stakeholders that the quality of the relationship also depended on the interaction between the commitment and quality of care of foster carers, which should be similar to the role of parents with additional tasks, and the behavioural difficulties but also the developmental progress of children (e.g., Diogo, 2018; Schofield et al., 2012). Furthermore, foster carers' family members and social networks also contribute to the quality of the relationship by considering the support they can give to foster carers, fostering practice, and children (e.g., Delgado et al., 2013; Sinclair & Wilson, 2003).

Foster carers' role should be similar to the role of parents, given they provide a family environment and are expected to care for children similarly to their own children, while accounting for their personal characteristics, development, and permanence, with a particular focus on children's behavioural difficulties (e.g., Delgado et al., 2013; Sinclair et al., 2001). Moreover, the bond between foster carers and children emerged as a facilitator for foster carers to deal with children's behavioural difficulties and to ensure children's physical stability (e.g., Oliveira, 2012; Samrai et al., 2011). However, in some cases, foster carers and their families seemed to be afraid of developing a strong bond and going through an emotional loss when the placement ends (e.g., Diogo, 2018; Samrai et al., 2011). Additionally, foster carers seemed to struggle with other specific areas, such as being empathetic given children's behavioural difficulties (e.g., Diogo, 2018; Sinclair & Wilson, 2003) and their family identity (e.g., Oliveira, 2012; Schofield, 2002), supporting certain children's developmental needs (e.g., Diogo, 2018; Samrai et al., 2011), and coping with their own levels of stress and/or applying appropriate punishments to children (e.g., Delgado et al., 2013; Sinclair et al., 2001).

The foster carers' role also includes additional tasks, since foster carers are expected to support the relationship between children and their birth families, and to collaborate with social workers in the fostering services and children's services (e.g., Oliveira, 2012; Schofield, 2002). These can be challenging tasks, considering that children's birth families, children's services, and social workers in the fostering services can pose as a source of stress for foster carers, fostering practice, and children (e.g., Diogo, 2018; Samrai et al., 2011). Given all these different challenges, and possible sources of stress, foster carers need to be

adequately supported, in order to develop the competencies to support children and to continue to be committed to children, the placement, and to their role (Diogo, 2018; Samrai et al., 2011).

Focusing now on the English foster care system (**Figure 8**), children's services implement several rules and regulations, however some are too strict (justified by the aims of safeguarding and monitoring children) and not capturing the individuality of each child, foster carer, and the placement (e.g., Schofield et al., 2012). Moreover, these rules and regulations can hinder foster carers, but also their family members and social networks, from treating children similarly to foster carers' own children (e.g., Sinclair et al., 2001).

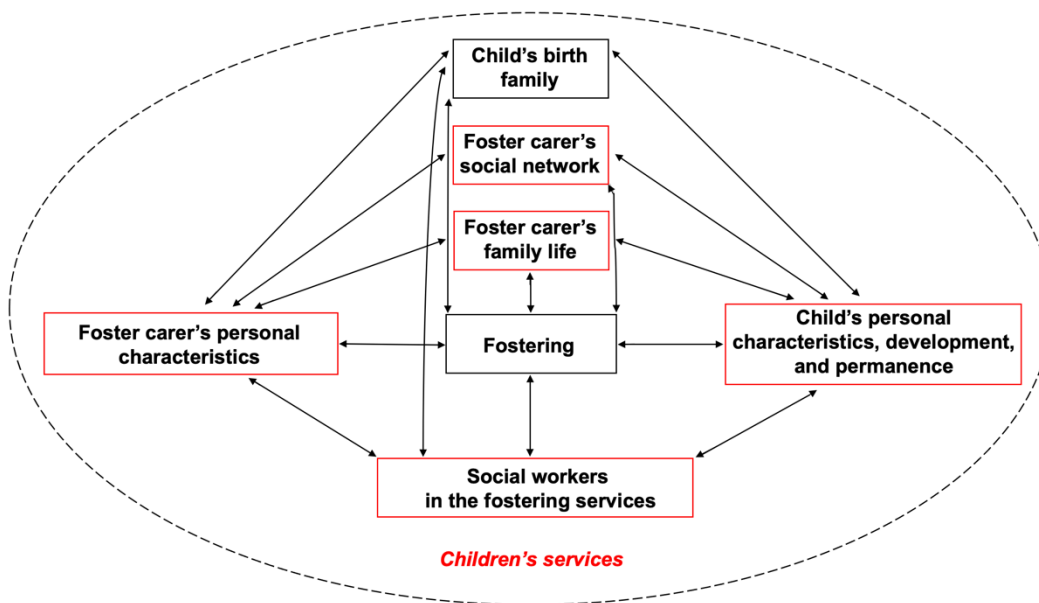
Children's services seemed to also hinder or compromise children's permanence as a result of fostering being set in a way that could involve placements moves (e.g., Sinclair & Wilson, 2003), and that were expected to terminate when children turned 18 years old (e.g., Schofield et al., 2012).

Children's services but also social workers in the fostering services provide a wide range of resources to children, foster carers, and fostering practice, however these were not always perceived as adequate or as in the right amount (e.g., Sinclair et al., 2001). On the other hand, children's services seemed to not always ensure the best context for social workers in the fostering services to perform their role, which contributed to pressure and in some cases to decisions to leave or change roles (e.g., Samrai et al., 2011).

Lastly, there were some expectations from children's services and consequently from social workers in the fostering services to foster carers treating this role as a job, however a

vocational job that involves caring for a child. This is aligned with the fact that foster carers do not have much discretion on how to perform the role, and with the type of rules, regulations, and resources provided by children's services and social workers in the fostering services (e.g., Schofield et al., 2012).

Figure 8— A process model of the determinants of fostering – English foster care system



Legend:

In red domains that are negatively influenced by how children's services frame foster care.

Children's services in Portugal (**Figure 9**) frame foster care in quite a different way from children's services in England. Children's services only expected foster carers to follow a few rules and regulations, mainly around promoting the relationship between children and their birth families (e.g., Diogo, 2018). Aligned with this, children's services provided a limited number of resources, including a reduced level of financial support (e.g., Oliveira, 2012). Furthermore, despite the aim of the placement tending to be reunification with birth families

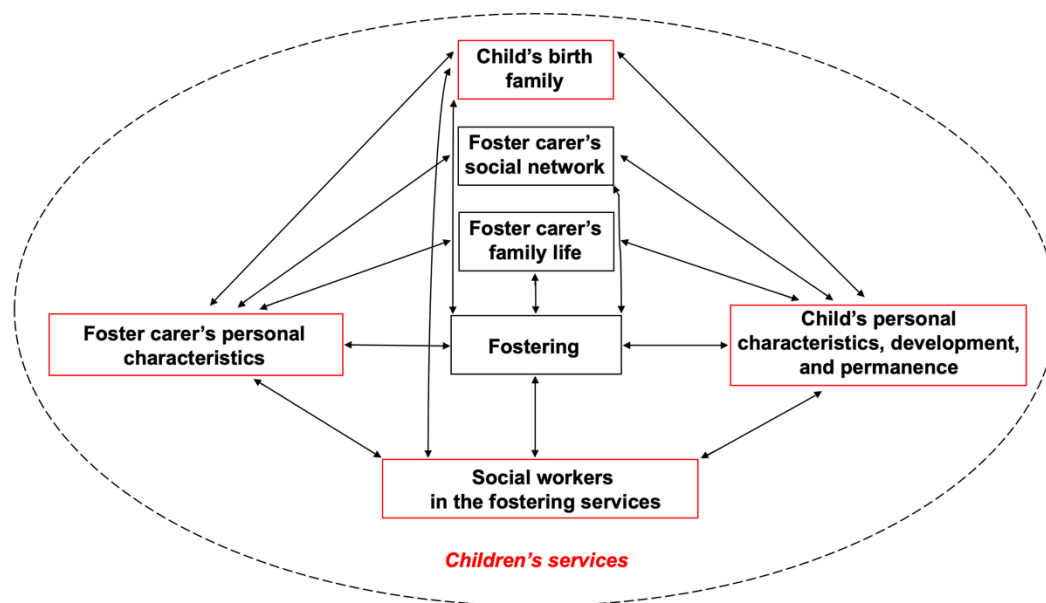
and the purpose of the placement to be a temporary family environment, normally children would stay in the same placement long-term and would become part of the foster family (e.g., Diogo, 2018). This context gives foster carers a high level of discretion on how they perform the role, but also a high level of responsibility without enough support from children's services and social workers in the fostering services, which in the extreme could lead to foster carers disengaging from collaborating with social workers in the fostering services and making mistakes (i.e., being negative about children's birth families, or deciding to discontinue the placement or the role) (e.g., Diogo, 2018). Therefore, this influenced children's development and permanence negatively (e.g., Delgado et al., 2013).

Furthermore, children's services seemed to compromise the availability of social workers in the fostering services to provide direct support to foster carers and children, given the amount of work and number of roles they were expected to cover (e.g., Delgado et al., 2013). This led in extreme to social workers in the fostering services barely conducting home-visits (e.g., Diogo, 2018). Given the reduced support children's services and social workers in the fostering services provide to foster carers, fostering practice, and children, foster carers' family members and social networks acquired the status of being their main sources of support (e.g., Oliveira, 2012).

Children's services and consequently social workers in the fostering services have the expectation of foster carers to see this role as of parenting children, while collaborating with them and supporting children's birth families (e.g., Delgado et al., 2013). Though, given the reduced number of rules, regulations, and resources provided by them, foster carers tended to focus mostly on the side of parenting children, which promoted children's sense of

belonging, to the point that children developed close bonds even with foster carers' extended family and in some cases foster carers ended up applying to be guardians or adoptive parents of the child (e.g., Oliveira, 2012). However, compromising their relationship with the birth family (e.g., Delgado et al., 2013).

Figure 9— A process model of the determinants of fostering – Portuguese foster care system



Legend:

In red domains that are negatively influenced by how children's services frame foster care.

The application of the model to both English and Portuguese foster care systems shows how children's services, by framing foster care in different ways, to some extent, fail to ensure the best interests of children and foster carers. Finally, I would like to reinstate that most, if not all, of these areas were also explored in previous research conducted in other countries, however, none presented exactly the same issues as the English and the Portuguese foster care systems, which means that this could be further explored in future studies.

8.3 Limitations and strengths of the research

After completing this research, it is crucial to reflect on its limitations but also its strengths. Starting with one of the most evident limitations, I started the data collection in May 2015 and the data inquiry was only completed in November 2022, therefore I cannot guarantee that the evidence is relevant, considering that several changes happened in policies and practice, and in legislation over this timescale, such as in England there has been an investment in reducing the focus on safeguarding, and in Portugal higher levels of support are currently being provided to foster carers and children. Another limitation of this research is the fact that I only have limited information about the samples. I did not collect any sociodemographic information, which deprived me of being able to have a wider picture of the views of the participants, but also meant that in some cases I could have participants who were related (where more than one focus group was collected in one site), the chance that this happened in the Portuguese sample is quite high, since I only collected data in two sites. Additionally, this research did not capture the voices of birth families, despite them interacting with the different parties that form the role of foster carers and giving relevant contributions to children's outcomes. Another limitation is that the data collected did not capture direct interactions between personal sources of support and stress of foster carers and social workers in the fostering services, while these were present in previous research. This raises concerns if other relevant findings were not captured, as a result of how the data were collected.

Lastly, one aspect of the data that I did not explore in detail, and that Belsky (1984) considered to be crucial, is the degree of support and stress provided by each source, so

according to his argument, just referring to its presence or absence can be quite reductionist. In this research, I explored types of support and stress provided by each source but did not produce a hierarchy of degree of support and stress. This is an area that I would like to explore in future research.

On the other hand, given the feedback I have been receiving from academics, practitioners, and policymakers in the field and in tangential fields (e.g., the role of kinship carers and adoptive parents), the evidence from the research can make significant contributions. Currently, it is already contributing to research projects in England and to the reform of the foster care system in Portugal, as well as to initial discussions on how it could contribute to the reform of the foster care system in one region of Brazil. Nonetheless, I recognise that the codes, categories, concepts, and theoretical outlines are provisional, and are open to revision and even rejection, given new data and further analysis. This is an area in which I would like to continue to do research and enhance my knowledge.

I would like to close this section by acknowledging that despite all the limitations my efforts were towards casting some light and developing a model that could provide more clarity to the field of what makes good foster carers, and that more research will follow this one to address the limitations of this research.

CHAPTER 9 – Literature review of Phase Two

The findings from Phase One suggest that the role of foster carers is focused on the practice of fostering children, and that several elements contribute to it, such as foster carers' personal characteristics (and past experiences); children's permanence, personal characteristics and development; foster carers' personal sources of support and stress (family life and social network); and contextual sources of support and stress (birth families of children, children's services, and social workers in the fostering services).

Phase Two aims to explore the associations between the fostering competencies of foster carers who were fostering a child for at least one year, the quality of the relationship between the foster carers and children, and the emotional, social, and behavioural difficulties of the children. Therefore, in this chapter, I present a brief review of the literature on outcomes for children who are in foster care and characteristics of foster carers, and the associations between foster carers' parenting practices, quality of the relationship and children's behavioural difficulties.

9.1 Outcomes for children who are in foster care and characteristics of foster carers

There is a rich literature that compares the developmental outcomes of children who are in care and children from the general population, evidencing that children who are in care present more difficulties in a wide range of areas (Dubois-Comtois et al., 2021; Ford et al.,

2007; Goemans, van Geel, van Beem, et al., 2016; Sebba et al., 2015; Turney & Wildeman, 2016; Vasileva & Petermann, 2018). Similarly, evidence suggests that adults who are care experienced have worst outcomes than adults from the general population (Ahrens et al., 2014; Dregan & Gulliford, 2012; Pecora et al., 2006; Salazar, 2013). These differences could be contextualised by early adversities that children were exposed to while living with their birth families (Ridout et al., 2018; Wade et al., 2022), but also by their trajectories in care, which include, for instance, children's characteristics at the time of entering care (Leloux-Opmeer et al., 2016), type of placements (Zeanah et al., 2009), number of placements (Strijker et al., 2011), and stability in relevant relationships (Boyle, 2017; Hindt & Leon, 2021). However, a recent meta-analysis of longitudinal studies found that foster care might not contribute, on average, to overall increases or decreases in children's internalising, externalising or total behaviour difficulties (Goemans et al., 2015).

Despite the evidence that children who are placed in foster care are a heterogeneous group with different personal and contextual characteristics, they present difficulties across similar developmental areas (Goemans et al., 2018b), such as educational (O'Higgins et al., 2015; Scherr, 2007; Sullivan et al., 2010) and physical and mental health (Dubois-Comtois et al., 2021; Luke et al., 2014; Turney & Wildeman, 2016). Among these different developmental areas, children's mental health, particularly children's behavioural difficulties, has been recognised as an area of particular importance, considering the influence it can have on foster carers' psychological well-being and the quality of the relationship between foster carers and children (Farmer et al., 2005; McSherry et al., 2019; Murray et al., 2011), but also on foster carers' parenting quality (Leathers et al., 2019; Lopez et al., 2023; Vanderfaeillie et al.,

2012). In fact, recent studies indicated that foster carers present higher levels of stress compared to parents in the general population (Bergsund et al., 2020; Goemans et al., 2018a).

This is aligned with the evidence that suggest that children's behavioural difficulties are one of the main predictors of placement breakdown (Konijn et al., 2019; Leathers et al., 2019; Oosterman et al., 2007; van Rooij et al., 2019). On the other hand, placement breakdowns have been identified as a risk factor for children's mental health (Dubois-Comtois et al., 2021; McGuire et al., 2018; R. R. Newton et al., 2000; Unrau et al., 2008).

Research suggests that reduced or inadequate support of children's services and social workers in the fostering services can also be related to foster carers reporting higher levels of stress (Murray et al., 2011) and as possibly compromising placement stability (Tregeagle et al., 2011). Therefore, it is essential to consider the interaction between children's difficulties and the level and type of support provided by children's services and social workers in the fostering services (Adams et al., 2018; Cooley et al., 2015; Rock et al., 2015; Vanderfaeillie et al., 2020). Acknowledging this context and the possible adverse effects on children and foster carers, children's services and social workers in the fostering services can enable, develop, and support foster carers' competencies to care for children in a way that promotes their security, development, and permanence (Cosis Brown et al., 2014). Furthermore, social workers in the fostering services can be available and respond to the needs of foster carers and children, provide practical, constant, and stable support around different challenges that foster carers and children might face (e.g., contact with children's birth families), as well as set up additional resources, such as training/interventions for foster carers and children (Cosis Brown et al., 2014; Crum, 2010; Kemmis-Riggs & Mcaloon, 2020; Kinsey & Schlösser,

2013; Randle et al., 2018; Rock et al., 2015). However, a recent systematic literature review on intention and retention factors of foster carers, reported on children's services but also personal and family characteristics of foster carers as being the most relevant factors for the retention of foster carers, compared to children's characteristics and placement challenges (Gouveia et al., 2021).

Meta-analyses and systematic literature reviews have identified strong parenting skills and quality of parenting of foster carers as protective factors for placement stability (Konijn et al., 2019; Rock et al., 2015), and placement stability as well as fewer placement disruptions, as acting as protective factors limiting children's mental health problems (Dubois-Comtois et al., 2021). Building on this evidence, another literature review (West et al., 2020) found that foster carers who have an upbeat, sensitive parenting style tend to promote secure attachment with their children, having the foster carers' characteristics been identified as more important than children's characteristics when it comes to developing a secure attachment. Therefore, at the centre of the role of foster carers needs to be providing sensitive and structured care for children (Berrick & Skivenes, 2012; Buehler, Rhodes, et al., 2006). This could be translated into foster carers having quality parenting practices, so being able to care for children and to love and integrate them into a family environment while accounting for their individual developmental needs and permanency plan (Biehal, 2014; Dozier & Lindhiem, 2006; Orme & Buehler, 2001; Schofield & Beek, 2005a).

According to Wilson (2006), good foster carers follow a child-centred approach. Some of the skills and competencies that have been identified in the literature as describing good foster carers are being flexible, tolerant, setting effective boundaries, being clear on their

expectations, consistent, committed, attuned to children's feelings, emotionally availability, and warmth (Day et al., 2018; Dozier & Lindhiem, 2006; Lipscombe et al., 2003; Luke et al., 2014; Oke et al., 2013; K. Wilson et al., 2003). Research that has captured the voice of children and adults who are care experienced identified similar skills and competencies of good foster carers (Biehal, 2014; Boddy, 2019; Colbridge et al., 2017; J. J. Miller & Collins-Camargo, 2016; Randle, 2013; Schofield, 2002; Sinclair et al., 2001; Ward et al., 2005). However, in most of these studies, there was a particular focus on good foster carers being the ones who are attuned to children's feelings, emotionally availability, and warmth. This could be linked with the fact that some children and adults reported not always feeling like they belonged, or in more extreme cases where love and the development of the relationship were perceived as not always being at the centre of the fostering practice (Biehal, 2014; Boddy, 2019; Colbridge et al., 2017; Schofield, 2002; Sinclair et al., 2001; Ward et al., 2005).

One theoretical model that can contribute to a better understanding of the relationships between foster carers and children is the model of effective foster care (Sinclair & Wilson, 2003; K. Wilson et al., 2003). This model has three elements, the first being responsive parenting, that is, the way that the foster carer supports the child, and two types of conditions, the first set is the central condition, so related to the characteristics of the child and the foster carer and the level of compatibility between them, and the second set being the wider context, which includes the individual care plan of the child (legal status), the social worker, the child's birth family, and the foster carer's family. This model, similarly to the one developed in Phase One of this research suggest that good foster carers first and foremost need to care for children, although also having to interact and collaborate with children's services and

social workers in the fostering services, foster carers' family members, and children's birth families.

This model also suggests that good foster carers are the ones who have the potential to adjust to the characteristics of the child (K. Wilson, 2006). This has also been identified by Luke and colleagues (2014) as a crucial competency of good foster carers, since children in care tend to pass by 'cycles' of difficulty, meaning that their behaviour might oscillate during the length of the placement. Moreover, Goemans and colleagues (2018a), by conducting a three-wave longitudinal study on the relationship between foster carers' stress levels and children's internalising and externalising behaviours problems only found unidirectional prospective pathways from children's internalising and externalising behaviours problems to foster carers' stress levels, and not from foster carers' stress levels to children's internalising and externalising behaviours problems. Similarly, another longitudinal study (Bergsund et al., 2020), but with a small sample size, found that foster carers' parental stress domain did not predict children's behaviour difficulties, even though this was not the case for children's stress domain (e.g., carers' perceptions of children's characteristics as stressful), which were found to be a significant predictor of children's behaviour difficulties.

These findings go against the wider parenting literature that suggests the existence of bidirectional relationships between parents/carers and children (Belsky, 1984; Belsky & Jaffee, 2015; Serbin et al., 2015), as well as cross-sectional studies that explored the association between foster carers' stress levels and children's behavioural difficulties (Farmer et al., 2005; McSherry et al., 2019). But on the other hand, the previous findings are aligned with the argument presented by the model of effective foster care (Sinclair & Wilson, 2003;

K. Wilson et al., 2003) that good foster carers are the ones who have the potential to adjust to the characteristics of the child (K. Wilson, 2006). Following this line of argument, in the next section, I explore empirical studies on foster carers' parenting practices and quality of the relationship between foster carers and children that have explained some level of variance in children's behavioural difficulties.

9.2. Associations between foster carers' parenting practices, quality of the relationship and children's behavioural difficulties

The role of foster carers could be defined as parenting with additional tasks, suggesting that at the centre of the role is parenting children, as argued in Phase One and evidenced by literature in the field (Berrick & Skivenes, 2012; Buehler, Rhodes, et al., 2006; Day et al., 2018; Orme & Buehler, 2001). Furthermore, it is expected more from foster carers than it is of parents, considering that children in care tend to present higher levels of difficulties comparatively to children in the general population (Dubois-Comtois et al., 2021; Ford et al., 2007; Goemans, van Geel, van Beem, et al., 2016; Sebba et al., 2015; Turney & Wildeman, 2016; Vasileva & Petermann, 2018). This aligns with the wide range of evidence on interventions to enhance foster carers' parenting practices and the quality of the relationship between foster carers and children, and attenuate children's behavioural difficulties (Schoemaker et al., 2020; Solomon et al., 2017; Uretsky & Hoffman, 2017).

Some empirical studies have reported associations between foster carers' parenting practices, quality of the relationship and children's behavioural difficulties. The foster carers' parenting characteristics explored in these studies could be grouped under negative parenting practices

and positive parenting practices. Starting with negative parenting practices, different dimensions were identified in empirical studies as being related to higher levels of children's behavioural difficulties, namely greater use of authoritarian parenting style (Fuentes et al., 2015; García-Martín et al., 2015; Salas et al., 2015), greater use of permissive parenting style (García-Martín et al., 2015), and greater levels of foster carers' criticism/rejection (Denuwelaere & Bracke, 2007; Fuentes et al., 2015; Linares et al., 2010; Salas et al., 2015).

On the other hand, different aspects of foster carers' positive parenting were found to be related to lower levels of children's behavioural problems, such as higher levels of foster carers' positive parenting (Goemans et al., 2020), higher levels of foster carer's social support, (Denuwelaere & Bracke, 2007), greater use of authoritative parenting style (García-Martín et al., 2015), higher levels foster carer's child orientation (Sinclair, Wilson, et al., 2005), higher levels of foster carers' commitment (Pears et al., 2010), and higher level foster carers' warmth (Fuentes et al., 2015; García-Martín et al., 2015; Linares et al., 2010).

Finally, three studies reported on the association between the quality of the relationship between foster carers and children and children's behavioural problems. The findings of these studies were in agreement since the higher the quality of the relationship, the lower were the levels of children's behavioural difficulties (Dubois-Comtois et al., 2015; Oosterman et al., 2010; Wojciak et al., 2017).

It is essential to recognise the limitations of the evidence presented on the associations between foster carers' parenting practices, quality of the relationship and children's behavioural difficulties, since it relied on cross-sectional data, with samples of different sizes,

and heavily focused on reports of foster carers, except for one study that focused on reports of children (Wojciak et al., 2017). Nonetheless, all of these studies presented concordant findings, since positive foster carers' parenting practices and quality of the relationship were associated with positive children's outcomes in the same way that negative foster carers' parenting practices were associated with negative children's outcomes. Building on this evidence, and despite its limitations, I explore in this second phase of this thesis the associations between the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, in England and Portugal.

CHAPTER 10 – Methodology for Phase Two

In this chapter, I describe the methodological approach for Phase Two, the research procedures and ethical considerations, the sample and questionnaires, and the data statistical approach. At the close of the chapter, I reflect on the limitations of this phase and present a summary of the chapter.

As described in **Chapter 3**, this thesis uses mixed methods and incorporates reports from two cross-sectional phases, the first focused on qualitative data (focus group methods) and the second on quantitative data (survey methods); the combination of these different phases follows a sequential exploratory design. In this second phase, the data were collected from a total of 793 foster carers in England and Portugal, to address the following overarching research question:

- What are the associations between the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, in England and Portugal?

This overarching research question led to the following research questions:

- 1- Are the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, different in the English and Portuguese samples?

- 2- Is greater additional tasks' competency, lower control levels of foster carers, as well as greater closeness between foster carers and children, associated with fewer peer problems and conduct problems, and lower hyperactivity levels of children, in both English and Portuguese samples?
- 3- In the English sample, is greater additional tasks' competency and lower control levels of foster carers associated with fewer emotional problems, peer problems, and conduct problems, and lower hyperactivity levels of children?
- 4- In the English sample, is the association between additional tasks' competency and control levels of foster carers, and emotional problems, peer problems, conduct problems, and hyperactivity levels of children, mediated by the closeness between foster carers and children?

The Portuguese sample was not included in the 3rd and 4th research questions because of its small size (as discussed in Subsection 10.5.2).

10.1 Data collection and procedures

In this section, the aims, eligibility criteria, and sample location are presented. I also describe the planned sampling and data collection procedures in England and Portugal, and the adjustments made to these procedures.

10.1.1 Aims, eligibility criteria, and location

This second phase of the thesis aimed to explore the associations between the fostering competencies of foster carers who were fostering a child at the point of the data collection

and had been for at least one year; the quality of the relationship between the foster carer and the child; and the emotional, social, and behavioural difficulties of that child. To be eligible for this phase, the foster carer had to be fostering a child who was at least 2 years old at the start of the placement and between 4 and 17 years old when the questionnaires were completed (please see Section 10.3 for the sample).

In England, this phase was conducted across 47 local authorities and 30 independent fostering agencies, with a total of 104 sites and 740 valid participants. In Portugal, this phase was conducted across nine district social services and one independent fostering agency, with a total of 10 sites and 53 valid participants.

10.1.2 Sampling procedures

Sampling procedure in England

For the English sample, I initially planned to invite all fostering services in the country to participate, both local authorities and independent fostering agencies (voluntary or private organisations). I decided not to aim for a random sample of fostering services, given the difficulty of engaging these services in research and the time involved in targeting specific services. I acknowledge that this decision brings limitations to the sample, since it does not ensure a final unbiased sample.

Due to the large size of the foster carer population in some fostering services, it would not be necessary to invite all eligible foster carers to participate. Instead, professionals from the fostering services who signed up for this phase would be asked to create a list of all foster carers in their services who fit the second phase criteria, from which a subset of randomly

selected foster carers would be invited to participate and therefore to complete the questionnaires. The aim of this approach was to obtain a random, representative sample at the individual level, which would allow the findings to be generalised to the population of those fostering services. This would be possible because in a random sample any member of the population is equally likely to be surveyed, ensuring therefore an unbiased sample (V. Wilson, 2014). However, once the fieldwork started, it became clear that this planned sampling procedure had to be adjusted, given the difficulty of engaging fostering services, professionals, and foster carers.

From July 2016, most of the individual local authorities and independent fostering agencies across England were contacted and invited to take part. Contact was initially established with the fostering services by phone, email, or Twitter. Due to poor enrolment rates, assistance was sought from the Association of Directors of Children's Services (ADCS, the national leadership association in England for statutory directors of children's services and other children's services professionals in leadership roles), the Nationwide Association of Fostering Providers (NAFP, a not-for-profit company that supports independent and voluntary fostering providers, including large national organisations, medium-sized providers, and small local agencies), the Fostering Network (the UK's leading fostering charity and membership organisation, bringing together everyone who is involved in the lives of children in foster care), CoramBAAF (the largest community of agencies and individuals working to secure the best outcomes for children separated from their birth parents), and Foster Talk (a leading not-for-profit provider of independent support for foster carers in the

UK). These organisations were contacted directly and agreed to support this research by disseminating information about it to their members by email and internal newsletters.

Once the collaboration with a given fostering service was approved, professionals from that service were asked to create a list of all foster carers who fit the research criteria. The foster carers invited would be randomly selected from this list, as per my planned strategy.

However, the datasets of the fostering services were not designed to allow the easy extraction of this information, and taking account of their significant workload, this approach was not feasible and could not be used. Therefore, rather than having services withdrawing due to its demands, I decided to ask them to invite all of their foster carers to participate, stressing the research criteria. This meant that the sample was collected by attempting to invite and engage all foster carers who fitted the research criteria from each fostering service that signed up for this research, resulting in a non-probability convenience sampling method and, therefore, not ensuring an unbiased sample (Bryman, 2016). The sampling method is a limitation of this research and is discussed in Section 10.6.

Sampling procedure in Portugal

For the Portuguese sample, I planned to follow a total population, non-probability sampling method (Bryman, 2016), due to the small number of foster carers in the country who fit the research criteria. In contrast to the English sample, with the Portuguese sample it was possible to follow the planned sampling procedure. I started by contacting all fostering services, both social services and an independent fostering agency, in the country in July 2016. All fostering services with foster carers who fit the research criteria agreed to take part and to contact all of the identified foster carers. Efforts were made to have a representative

sample by including as many participants from the population as possible, given the choice of a non-probability sampling method that does not guarantee an unbiased sample (Bryman, 2016). This sampling method is a limitation of this research and is discussed in Section 10.6.

10.1.3 Data collection procedures with the foster carers

Planned data collection procedure

My planned data collection procedure was to ask professionals from the fostering services to provide the telephone number of foster carers who fit the research criteria, had decided to take part, and had given permission for their contact details to be shared with me. This would ensure that I could call them to explain the research, the questionnaires they needed to fill in, the ethical implications, but also their contributions to the research and the field. Foster carers could choose to fill in the questionnaires online or on paper. All foster carers who signed up would receive a research information sheet, a consent form, and a pack of tea as a thank-you for taking part (Portuguese tea for the English sample and English tea for the Portuguese sample). Where foster carers chose to take part by filling in the questionnaires on paper, they would receive this package by post that included a prepaid envelope for the return of the questionnaires. Alternatively, for those who took part by filling in the questionnaires online and agreed to share their address, the tea package would be sent in the post at a later date. A contact telephone number and e-mail were provided for any questions they might have about the research.

Data collection procedure with the foster carers in England

In England, part of the data was collected as planned; I received a list with the names and telephone numbers of the foster carers who fitted the research criteria, had decided to take part, and had given permission for their contact details to be shared with me, from some fostering services. After an initial phone call, foster carers participated by filling in the questionnaires online (information directly sent to their email address) or on paper (information directly sent to their home address).

However, some changes to this procedure needed to be implemented, given that some professionals considered this task too time-consuming and unappealing to foster carers. After discussing with some professionals what could work for them, I decided to suggest the possibility of the data being collected by email (as an alternative to phone), or alternatively, I could run knowledge exchange sessions on a scheduled date at their fostering services, where the foster carers could attend and fill in the questionnaires in person.

Hence, from some fostering services, I received a list with the names and emails (rather than telephone numbers) of the foster carers who fitted the research criteria, had decided to take part, and had given permission for their contact details to be shared with me. To reduce the workload, some professionals alternatively asked their foster carers to contact me directly by email if they met the research criteria and if they wished to be involved. When contacting/replying to foster carers by email, I provided a summary of the research, a link to the questionnaires, an information sheet, a consent form, and a link to a Youtube video (<https://www.youtube.com/watch?v=NbGjWnHj0bw>). In this video, I talked through the

same information that would have been shared by phone. Regardless of being contacted by email, foster carers were also offered the option of completing the questionnaires on paper.

The option of collecting the data by visiting fostering services on a scheduled date was also offered. Foster carers who fit the research criteria and decided to take part were invited to attend a knowledge exchange session with me at the facilities of their fostering services. At the knowledge exchange session, foster carers were asked to fill in the questionnaires followed by a discussion about placement success factors and outcomes.

By the end of the data collection, 50 of the 104 data collection sites had used more than one data collection procedure strategy to optimise the number of foster carers who took part. Considering the different strategies, 23.4% of the questionnaires were collected after an initial phone call (as was initially planned), 36.0% by sending an email to the foster carers, and 40.6% in person at knowledge exchange sessions. The data were received via post (7.0%), online (52.7%), and in person (40.3%⁷). In summary, the data were all collected directly from the foster carers, and the data collection was completed in September 2017.

I was also advised by fostering services in England to include an additional financial incentive for the foster carers to participate, as fostering is a paid role in this country. Consequently, a ballot of 13 vouchers of £50 was set out for all participants in England.

⁷ There is a difference of 0.3% between strategy of data collection in person and data reception in person. This results from one knowledge exchange session where two foster carers had to leave earlier and, as an exception, they sent the questionnaires later in the post.

Data collection procedure with the foster carers in Portugal

In Portugal, the data were collected without any changes to the planned approach; fostering services provided the names and telephone numbers of the foster carers who fitted the research criteria, had decided to take part, and had given permission for their contact details to be shared with me. Moreover, all foster carers took part by completing the questionnaires on paper and posting them back to me, with the exception of two foster carers who filled in the questionnaires online. I discussed with professionals from the fostering services including some financial incentives for the foster carers, but I was advised to refrain from doing this since fostering is not considered a paid role in Portugal. The data collection was completed in July 2017.

10.2 Ethics

This phase received ethics CUREC_1A approval (Appendix C) from the Research Ethics Committee at the University of Oxford, before the start of the fieldwork. In this application, I stated the research aims, my decisions and rationale around sample selection and data collection procedures, and how I would ensure that this phase complied with the wide range of ethical principles and considerations. In England, this phase also received ethical approval from the Association of Directors of Children's Services (ADCS) and some of the fostering services that also required it. In Portugal, ethical approval had also to be sought from the Central Services of the Social Security Institute in Lisbon (after approval, the President of the Social Security Institute wrote to all Directors of district social services informing them of the ethical clearance and encouraging their participation), and the Social Security Services of the Autonomous Regions of Portugal, namely the Azores and Madeira.

I completed training in ethics, got Disclosure and Barring Service clearance, and familiarised myself with the BERA ethical guidelines (research specialism/methodology in the field of Education) and ESRC ethical guidelines (funding body of this research, Grant/Award Number: 1501012). It is relevant to note that the fieldwork took place before the implementation of the General Data Protection Regulation (GDPR) in May 2018.

Nonetheless, this phase complied with most of its ethical considerations. In this section, I summarise the fundamental ethical principles and considerations followed in this phase.

First and foremost, this second phase of the thesis followed the principles of privacy, autonomy, diversity, values and dignity of individuals, groups, and communities. Therefore, I ensured that all participants understood the research, its implication, and possible contributions to the field, but more than this, I made all possible efforts to treat them fairly, sensitively, and with dignity and freedom from prejudice, and for them to feel heard, respected, and valued. Please see detailed information in the previous sections on how I engaged with foster carers regardless of how the data were collected.

I move now to explain how I ensured that some of the most relevant ethical considerations, i.e., consent, privacy and data storage, transparency, right to withdraw, and disclosure were safeguarded in this research. Consent forms were used with all participants. Moreover, all participants received an information sheet about the second phase of this thesis, and I made myself available in case they wanted to discuss this in further detail. Unfortunately, I could only explain these documents in detail when the data were collected in person at the knowledge exchange sessions. In the information sheet, I included my contact details for any questions or concerns they might have, as well as the contacts of my supervisors and the

ethics committee for formal complaints procedures. To ensure transparency, I also explained in the information sheet how the data were going to be collected (in person, by post, or online – I used Online surveys, formerly BOS, which complies with GDPR), stored (all files with identifiable data were password protected and hardcopies were kept in a lockable draw), treated (all data were anonymised in accordance with the Data Protection Act, and final data were aggregated to avoid the possibility of individual identification), analysed (explained the data analysis strategy), and disseminated (where I intended to disseminate the findings, and how they could get access to these outputs). Further to this, in the information sheet, it was made clear their right to withdraw at any time, and that their decision on whether or not to participate, and their views, would not be shared with their fostering services and would not affect their “employment” with the services. I also guaranteed confidential and anonymous participation, which would only be breached if participants shared behaviours that could be classified as harmful to them or others.

The phase two of this thesis was also conducted in two different countries, England and Portugal, so I counted on the support and guidance of professionals from the different fostering teams on how to set up the fieldwork, but also how to decide about incentives given the risk of affecting freely-given informed consent and the principle of voluntary participation. Whenever I needed to receive or share identifiable data of foster carers or children, I used egress (a secure email system), or if the fostering team did not use this platform, I used password-protected attachments.

At the end of the fieldwork, I recognised that this project raised some ethical concerns, namely that the data collection through the post could have led to severe breaches of

information. Foster carers were asked to return the questionnaires by national post in England to the Department of Education at the University of Oxford and in Portugal to the School of Education at Polytechnic of Porto. All arrived safely, however, when the Portuguese data were sent to me, these went missing for several months, the package arrived intact, but this could have led to a significant breach of data, even more because apart from identifiable data of foster carers, it also included identifiable data of one child who was in care with them. This is an invaluable lesson I have learned.

Lastly, I acknowledge that I was not able to monitor that the participants who filled in the questionnaires on paper or online were not impacted by taking part in this research. However, it was possible, in some extent, to monitor this impact in the knowledge exchange sessions. Therefore, I encouraged all participants to contact me to discuss any questions or concerns, which happened on a few occasions.

10.3 Sample

In this section, the rationale for the eligibility criteria is described, as well as the country samples, considering the sample size requirements, collected sample, and valid sample.

10.3.1 Rationale for eligibility criteria

Foster carers who were currently fostering a child who had been placed with them for at least one year, and who was at least 2 years old at the start of the placement and between 4 and 17 years old when the questionnaires were completed, were eligible to take part. In this section, I present the rationale for these decisions.

I decided to invite foster carers who had been fostering the same child for at least one year to explore the fostering competencies of foster carers who have stable placements. The decision to focus on stable placements emerged from the findings of Phase One, in which most stakeholders identified physical stability and sense of belonging as measurable outcomes of successful placements. It can be argued that the duration of the placement is a relevant indicator when exploring physical stability and sense of belonging; furthermore, in fostering services practice in England, the one-year threshold is widely associated with placement permanence (Baginsky et al., 2017; Department for Education, 2017). Nonetheless, placement permanence is more than just the duration of the placement (as was discussed in Chapter 2), therefore, I also decided to explore the views of the foster carers on three indicators: placement stability, their intention to continue fostering, and the child's level of adaptation and belonging in this placement (Leathers, 2006; Orme et al., 2007). As described in Appendix D, only a negligible proportion of foster carers in both the English and Portuguese samples did not classify the placements as stable given these three indicators.

Only foster carers who were fostering a child who was between 4 and 17 years old when the questionnaires were completed were eligible to participate. The main aim of this phase is to analyse the fostering competencies of foster carers, the quality of their relationship, and to explore their association with emotional, social, and behavioural difficulties of children, looking at as broad an age range of children as possible. The lower limit of the eligible age range was selected based on comparable existing literature. Several studies that look at the same children's difficulties as this research considered 4 years old as the lowest age threshold (Barber & Delfabbro, 2005; Fernandez, 2008; Goemans et al., 2018a). The upper age limit of

17 years old was selected as in both England and Portugal, children become adults at age 18, and in England, that is the age at which children typically leave the care system (Children and Young Persons Act 2008).

To be eligible, the child that the foster carers were reporting on also needed to be at least 2 years old at the start of the placement. This restriction was included as this is an age when children are entering into a new cognitive developmental stage, which impacts on the type of difficulties experienced by children (Piaget, 1950). Moreover, this age limit is consistent with other studies that look at similar children's difficulties (Heflinger et al., 2000; R. R. Newton et al., 2000). This criterion also ensured that children started the placement as a toddler and not as a baby, which could also influence the bond that is developed between foster carers and children (Stovall & Dozier, 2000). These age criteria were also applicable to the questionnaires that were examined for use in this second phase of the thesis (further information on the questionnaires is available in Section 10.4).

10.3.2 Sample size requirements

Overall, I set out to recruit about 750 foster carers across England and Portugal. This target sample size was based on the requirements of the statistical methods I selected and the planned statistical approach. The statistical methods (Section 10.5) chosen included: Rasch model, with a rule of thumb of 10 participants per category (Linacre, 2002), and confirmatory factor analysis and structural equation models, with a rule of thumb of 5 or 10 participants per parameter (Bentler & Chou, 1987). On the other hand, the literature also suggests that a minimum of 300 participants is acceptable for the chosen statistical methods (W. H. Chen et

al., 2014; Myers et al., 2011; Wolf et al., 2013). Hence, I decided to aim for a sample size of 750 participants, as this would secure a power of $d > 0.8$, taking into account the expected p -value, degrees of freedom, and the Root Mean Squared Error of Approximation index (RMSEA)⁸ for the planned statistical approach (MacCallum et al., 2010).

10.3.3 Initial sample

In total, data were collected from 900 foster carers who were living in England and 72 foster carers who were living in Portugal. From these, 740 participations in the English sample and 53 participations in the Portuguese sample were considered valid. Foster carers' participation was considered invalid, resulting in their questionnaires being excluded for two reasons: not meeting the research criteria (i.e., placement duration under one year, fostering a child who started the placement at less than 2 years of age), and mistakes while completing the questionnaires (i.e., completing the questionnaire thinking about more than one child, partners completing one questionnaire together). Several questionnaires from foster carers who did not fit the research criteria were still received because of the ethical challenges involved. These foster carers had agreed to participate and invested time in the process despite having misread or misunderstood the criteria. This ethical dilemma was even more complex when the data were collected in person. I decided it would be less harmful to collect questionnaires from these foster carers and later exclude their data from the analyses rather than stop them from completing the questionnaires. This promoted fairness and respect for participants, with all being treated equally. As an example, in the English sample, all

⁸ The QuantPsy - <http://quantpsy.org/rmse/rmse.htm>

participants were included in the ballot for vouchers (Robson & McCartan, 2016). The quality of the collected data was assessed several times while the data collection process was still ongoing. Strategies were included to address mistakes previously conducted by other foster carers while completing the questionnaires, such as clarifying the instructions or reinforcing specific parts of the instructions.

Across both samples, some questionnaires had to be excluded. In England, 160 questionnaires were invalidated, more specifically, 73 in person (knowledge exchange sessions), 58 from email contacts, and 29 from phone contacts. The main reasons for exclusion were not meeting the eligibility criteria: fostering a child for less than one year, fostering a child who started the placement before the age of 2, and talking about a child who was no longer in their care. In Portugal, all foster carers received a phone call before filling in the questionnaires, therefore, the 19 invalid questionnaires resulted from phone contacts. Two of the main reasons for exclusion were not meeting the phase two eligibility criteria: fostering a child who started the placement before the age of 2 and fostering a child who was older than 17 years of age at the time of data collection.

10.3.4 Included sample

The sample is composed of 740 foster carers in the English sample and 53 foster carers in the Portuguese sample. The participating foster carers were from different parts of England and Portugal, as discussed in further detail below. In each of the final samples, one foster carer did not say in which region they were fostering or with which type of fostering service they were associated.

English sample

In England, there were 70,470 children in care in 2016, of which 51,850 were in foster care. England has a total of 152 local authorities and 295 independent fostering agencies (Narey & Owers, 2018). Of these, 47 local authorities and 30 independent fostering agencies participated in this phase. Of the latter, in 22 agencies I worked with foster carers from one region, and in eight agencies with foster carers from more than one region; this led to a total of 57 data collection sites with independent fostering agencies. Therefore, in England, there was a total of 104 data collection sites.

Given that a random sample was not achievable (as described in Section 10.1), a non-probability convenience sampling method was used. Nonetheless, I attempted to achieve a representative sample from an extensive range of channels. Furthermore, I was able to compare my sample to the national distribution of children by region and type of fostering service.

As part of the questionnaires, I asked foster carers how many children they were fostering. By comparing the regional breakdown of the total population of children in care (70,470 children in 2015/16) and the total number cared for by foster carers included in my sample (1,390 children) by region (**Table 11**), it can be seen that the geographic distribution of the population and my sample are quite similar, apart from two regions (Department for Education, 2016a). In the total population, London made up 14.0% of all children in care in England, while it accounted for only 8.3% of children in my sample, whereas the East of England made up 9.0% of all children in care in England, while it accounted for 14.2% of children in my sample.

Table 11 – National distribution of children in care and sample distribution of children in foster care per English region

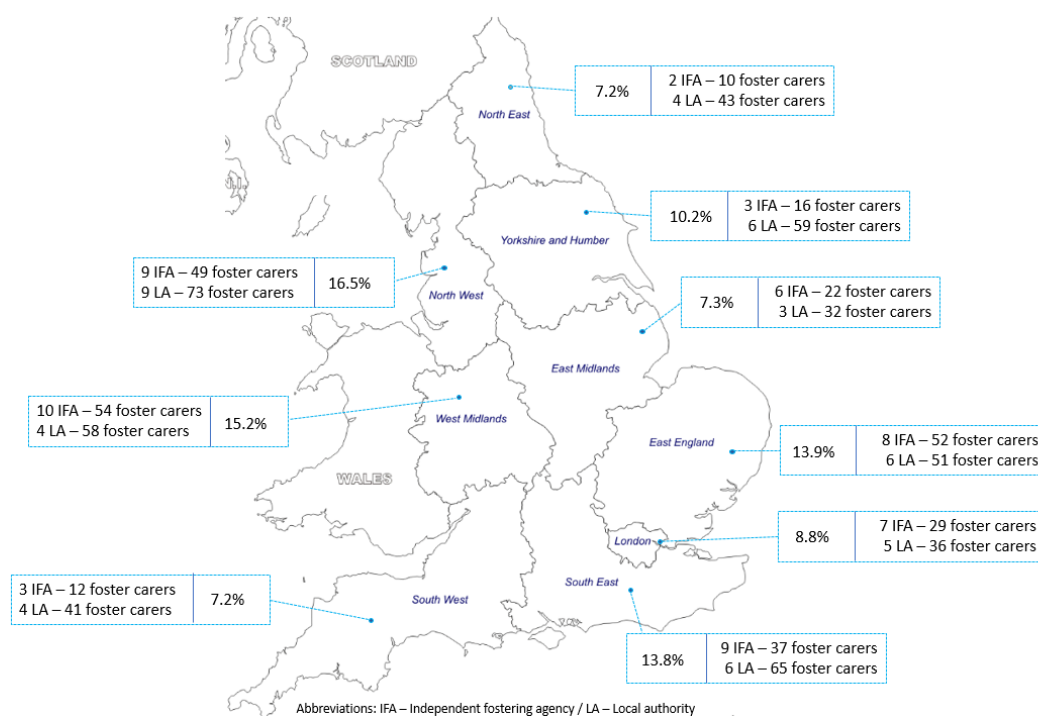
	Population	%	Sample	%
North East	4410	6.3	87	6.3
North West	12550	17.8	229	16.5
Yorkshire and the Humber	7250	10.3	126	9.1
East Midlands	5230	7.4	121	8.7
West Midlands	9240	13.1	211	15.2
East of England	6330	9.0	197	14.2
London	9860	14.0	115	8.3
South East	9890	14.0	205	14.7
South West	5710	8.1	99	7.1

A recent report by Narey and Owers (2018) highlights that of the national population of children who are placed in foster care, 67% are placed with foster carers from local authorities and 33% with foster carers from independent fostering agencies. In the present research, these percentages are 63% and 37%, respectively.

Figure 10 presents the number of foster carers from each region included in this phase, along with what percentage of the sample that number represents, and the breakdown by type of fostering service (local authorities and independent fostering agencies). It can be seen that the regions with the highest number of foster carers who participated are the North West with 16.5% and the West Midlands with 15.2%. Conversely, the regions with the lowest number

of foster carers who participated are the North East and the South West, both with 7.2%. In all regions, a higher number of foster carers from local authorities than from independent fostering agencies participated, with the exception of the East of England.

Figure 10 – Foster carers distribution in the English sample



Portuguese sample

In Portugal in 2016, there was a total of 8,175 children in care; however, only 261 of these children were in foster care. Portugal has a total of 20 leading social services, one in each of the 18 districts of the country and of the two autonomous regions (the Azores and Madeira). However, only 14 district social services had active fostering services, from which only 10 had foster carers who fit the research criteria. Moreover, there is only one independent

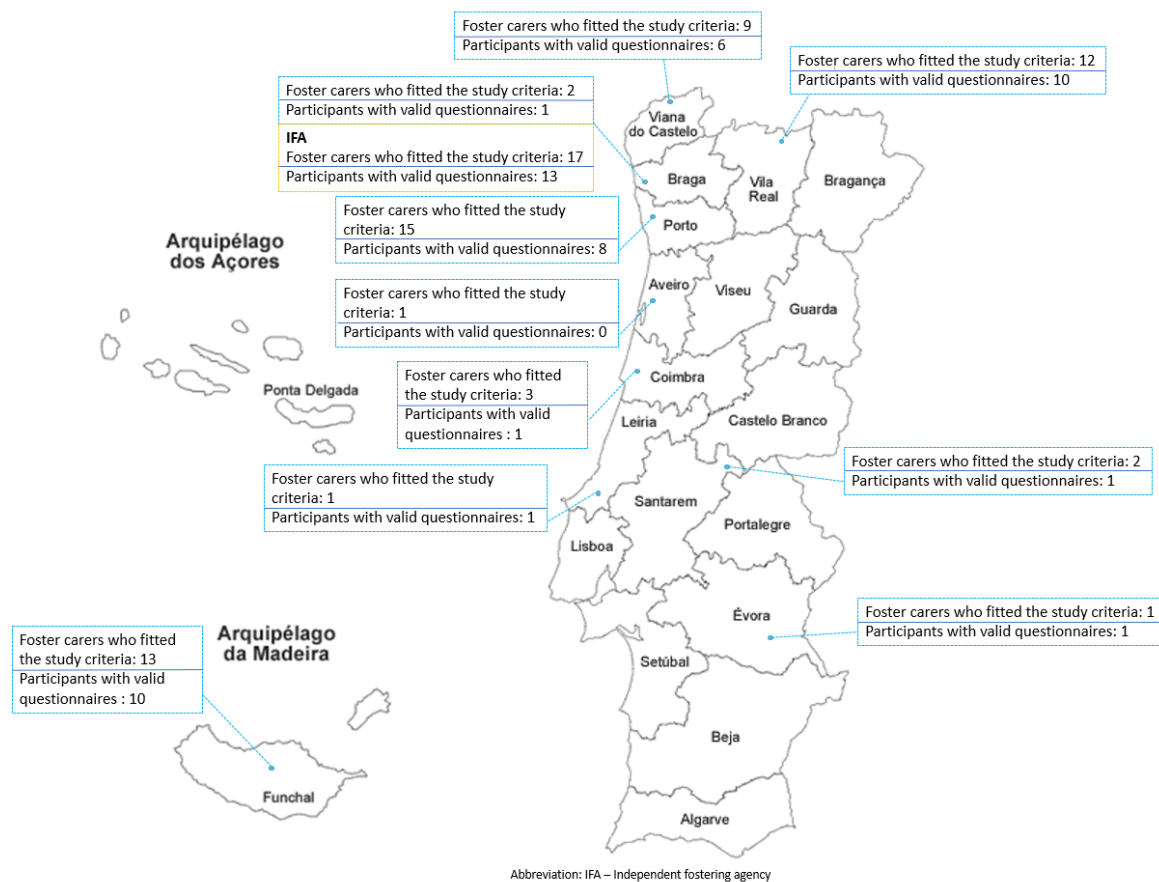
fostering agency in the country (Instituto da Segurança Social, 2017). Foster carers from 10 sites participated. This is presented in further detail in this section.

Given the much smaller number of foster carers in Portugal in comparison with England, and the fact that in some areas there were no foster carers or the existing foster carers did not fit the research criteria, all foster carers who met the research criteria were invited to participate, following a total population non-probability sampling method. Of the 76 eligible foster carers, 53 took part with valid questionnaires; this represents a participation rate of 69.7%. Foster carers from all of the different fostering services with eligible foster carers took part, except from the social services of Aveiro.

Figure 11 shows the number of foster carers who were eligible to participate, and who participated with valid questionnaires (blue boxes), and the yellow box gives the same numbers for an independent fostering agency (the only one in the country) (Instituto da

Segurança Social, 2017). The highest number of foster carers who fit the research criteria were part of the independent fostering agency. The social services with more foster carers who fitted the research criteria were located in Porto, Vila Real, and Madeira.

Figure 11 – Foster carers distribution in the Portuguese sample



10.4 Data collection tools

In this section, the questionnaires that were used in this phase are described. Moreover, since this research was conducted in two countries that have a similar legislative definition of foster care [Decree-Law 139/2019; The Fostering Services (England) Regulations 2011] but, as according to stakeholders from the Phase One with children's services that frame foster care quite differently, particular attention was paid to whether the data were equivalent between the English and the Portuguese samples (Salzberger et al., 1999). I decided to use survey methods because it was the most appropriate method to collect large amounts of data given the time and budget limitations of this research (Bryman, 2016).

Following a review of multiple tools, I decided to use the following questionnaires, which are presented in this section:

- Casey Foster Applicant Inventory— Applicant Version (CFAI-A), which has never been used or tested in England or Portugal⁹ (Orme et al., 2006),
- Strengths and Difficulties Questionnaire (SDQ), which has been widely used in both countries (R. Goodman, 1997),
- Child-Parent Relationship Scale (CPRS), which has been used in both countries (more widely in England) (Pianta, 1992).

The measurement quality and descriptive statistics of these questionnaires are detailed in Appendices E, F, G, and H.

10.4.1 Independent variables: Casey Foster Applicant Inventory— Applicant Version

In Phase One, stakeholders in both English and Portuguese samples considered that at the centre of the role of foster carers is the practice of fostering children (i.e., supporting and promoting children's permanence and children's personal characteristics and development) followed by collaborating with several contextual sources of support and stress (i.e., birth families of children, children's services, and social workers in the fostering services, which influenced and interacted with foster carers, fostering, and children). Stakeholders across the different groups described good foster carers in distinct ways, nonetheless, their descriptions

⁹ To note that for my master's thesis I tested the Casey Foster Applicant Inventory-Applicant Version (CFAI-A) short version in Portugal but not the complete version.

could be placed in a continuum between “parenting” and “parenting with additional tasks”. In this subsection, I present the reasons for choosing the CFAI-A.

Questionnaire background information

The selection process of new foster carers used by fostering services needs to be focused on their competence for performing the role, which could involve assessing family functioning, as well as caring ability and readiness, as opposed to demographic characteristics (Day et al., 2018; Orme et al., 2004; Van Holen et al., 2019). Over the past decades, several standardised questionnaires have been developed to address this need (Orme et al., 2006). Luke and Sebba (2013) conducted a literature review of selection tools and identified the Casey Foster Applicant Inventory (CFAI) as the one that exhibits the most extensive evidence of links to placement outcomes and covers the broadest range of tasks that foster carers are expected to perform. The questionnaire also includes items that cover the usual challenges of fostering children, which permits the applicant to have a more accurate perception of the role. Furthermore, based on the answers provided, it is possible to generate a profile of the applicant, which contributes to supporting social workers in their selection, monitoring, and training decisions (Orme et al., 2007).

The CFAI is a tool that was developed in the US, designed to measure the competency of the applicants thought to be linked to fostering potential, and comes in applicant/foster carer (CFAI-A; Buehler, Orme, et al., 2006; Cherry & Orme, 2011; Orme et al., 2006, 2007) and social worker (CFAI-W; Cuddeback et al., 2007; Orme et al., 2006) versions. In this phase, I decided to focus solely on the applicant/foster carer version (CFAI-A) to explore foster carers’ role through their own views. Notably, in Phase One, foster carers in the English and

Portuguese samples were the stakeholder group with more distinct views about the role of foster carers.

The initial version of the CFAI-A consists of 185 items. This is a self-completion questionnaire; each item is answered on a Likert scale of four points where: 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree (Orme et al., 2006). The items in the questionnaire were developed to cover 12 theoretical competence domains that represent a good foster carer (Buehler, Rhodes, et al., 2006):

- Providing a safe and secure environment – protecting children;
- Providing a nurturing environment – nurturing children;
- Promoting educational attainment and success;
- Meeting physical and mental health care needs;
- Promoting social and emotional development;
- Valuing diversity and supporting children's cultural needs;
- Connecting children to safe, nurturing relationships intended to last a lifetime;
- Managing ambiguity and loss for the foster child and family;
- Growing as a foster parent – skill development and role clarification;
- Managing the demands of fostering on personal and familial wellbeing;
- Supporting relationships between children and their families – birth family work;
- Working as a member of a professional team – working in partnership.

In the study conducted by Orme et al. (2006), some items were dropped when the measurement quality of the CFAI-A was examined through factor analysis. They found that

the final subset of 74 items was grouped into six subscales. The first three subscales applied to all foster carers: promote foster child development (FCD), foster challenging children (CC), and manage worker/agency challenges (WAC). The remaining three were only applicable to foster carers who met specific criteria, if they lived with a partner they would respond to the items in the subscale co-parenting (CP); if they had biological or adopted children they would respond to the items in the subscale integrating foster children (IFC); and if they intended to be (or were) kinship carers they would respond to the items in the subscale kinship care (KC). These subscales presented good model fit however, they only reflected some of the 12 theoretical competence domains (Orme et al., 2006).

Questionnaire usage in this thesis

In March 2015, authorisation was sought from the *Casey Family Programs Foundation* (in the US) to use the CFAI-A questionnaire. Permission was received shortly thereafter.

In this phase, I decided to look at the initial 185-item questionnaire, and to focus on the items that applied to all foster carers (158 items), and therefore were not dependent on foster carers having a partner, biological or adopted children and/or intention to be or being a kinship carer. However, as the questionnaire had to be rebuilt¹⁰ based on the technical report (Orme et al., 2006), I could only include 154 items (instead of 158 items). Items 3, 68, 98, and 151 were not included because I did not have their exact wording (see Appendix I for specific details of the questionnaire development). Moreover, the questionnaire was in English (US),

¹⁰ Because of storage IT problems the Casey Family Programs Foundation could not provide the initial version of the CFAI-A.

and there was no previous translation to Portuguese, thus, the CFAI-A was translated into Portuguese and back-translated into English by an expert panel (Harkness, 2003).

This questionnaire was initially piloted in Phase One, and stakeholders attested to the usefulness and pertinence of the CFAI-A as a tool for the selection process of new foster carers, as it covers all the different elements of the foster carers' role that they had identified in the initial discussions in the focus groups. Moreover, these stakeholders also suggested how to adjust the items culturally. As a result, items were adapted at the vocabulary level, and three items were removed in both the English and Portuguese versions. Item 48 and item 158 were removed because they are related to the decision to start fostering, and the foster carers that were to complete the questionnaire in Phase Two were established foster carers. Item 52 was removed because it refers to the possibility of depriving the child of contact with their birth family if past visits have not gone well, and that is not a decision that foster carers can make (in both countries, this decision can only be made by the court). A further item was removed in the Portuguese version, item 13, because the same social worker monitors and supports the foster carer, the child, and the placement, in contrast with the context in US and England where there is one social worker for the child and another for the foster carer and the placement. After all these considerations, the English version of the CFAI-A had 151 items, while the Portuguese version had 150 items. Despite excluding these items, the items included still covered the 12 theoretical competence domains (Orme et al., 2006).

Furthermore, based on a supplementary piece of research in the format of user engagement to support the measurement quality analysis of this questionnaire (see Appendix J for further details), it was possible to correspond these 12 theoretical competence domains (Orme et al.,

2006) to the items of the questionnaire. The participants of these user engagement sessions agreed that the 12 theoretical competence domains could be divided into parenting and additional tasks. The first six theoretical competence domains were more related to the foster carers' parenting competency: providing a safe and secure environment – protecting children; providing a nurturing environment – nurturing children; promoting educational attainment and success; meeting physical and mental health care needs; promoting social and emotional development; valuing diversity and supporting children's cultural needs. The last six theoretical competence domains were more related to foster carers' additional tasks competency: connecting children to safe, nurturing relationships intended to last a lifetime; managing ambiguity and loss for the foster child and family; growing as a foster parent – skill development and role clarification; managing the demands of fostering on personal and familial wellbeing; supporting relationships between children and their families – birth family work; working as a member of a professional team – working in partnership.

To explore the measurement quality of the CFAI-A, the data were analysed following Latent Trait Theory, more specifically using Rasch Model, because it cannot be assumed that the items reflect the same level of competence in both countries (DeMars, 2010). Furthermore, this type of model is adequate given that the initial version of the CFAI-A had never been used in England or Portugal, the Portuguese sample is quite small, and the items are ordinal (DeMars, 2010; Lord, 1980; Petrillo et al., 2015). In summary, a Rasch model was conducted with 905 participants¹¹, 833 foster carers from the English sample and 72 foster carers from

¹¹ Given that the Portuguese sample is small it was decided to include cases that were invalid for the main analyses but could be classified as valid for the purpose of the analysis of the Casey Foster Applicant Inventory - Applicant Version (CFAI-A) measurement qualities.

the Portuguese sample, all of whom had been fostering a child for more than one year. This resulted in two subscales, each consisting of 14 items: one focused on parenting, particularly on the control levels of foster carers, and the other on the additional tasks' competency of foster carers (measurement quality further detailed in Appendix F).

10.4.2 Measures of children's outcomes

In Phase One, stakeholders in both English and Portuguese samples explored how foster carers perform the role to be classified as 'good' and what are the expected positive outcomes for children. They focused on the practice of fostering children, which is comprised of two areas that foster carers need to support and promote, namely children's permanence and children's personal characteristics and development.

In this subsection, the reasons for choosing the Child-Parent Relationship Scale (CPRS) and the Strengths and Difficulties Questionnaire (SDQ) are explored. A CPRS subscale was treated as mediator (further explored in Section 10.5), and four of the SDQ subscales as outcome variables (further explored in Section 10.5). Therefore, I start by explaining the rationale behind choosing the SDQ followed by the CPRS.

Outcome variable: Strengths and Difficulties Questionnaire

Stakeholders in both English and Portuguese samples of Phase One expanded on foster carers supporting children's personal characteristics and development, with a focus on good foster carers promoting children's emotional and social needs and development, which, in several cases also included supporting children's internalising and externalising behaviour difficulties. In this subsection, the reasons for choosing the SDQ are presented.

Questionnaire background information

Literature on the development of children in care has drawn on different assessment questionnaires, which explore internalising and externalising behaviours and children's social and emotional outcomes (Luke et al., 2014). Some of these questionnaires can be completed by carers, and some by children. In this phase it was aimed to elicit the views of foster carers; therefore, it was essential to choose a questionnaire that would provide valid findings when there is no self-reporting from the child (Jozefiak, 2014). The most commonly used questionnaires for children between 4 and 17 years of age are the SDQ (Biehal et al., 2012; Richards et al., 2006; Sinclair, Wilson, et al., 2005) and the Child Behavior Checklist (CBCL) (Armsden et al., 2000; Denuwelaere & Bracke, 2007; Salas et al., 2015). The SDQ (R. Goodman, 1997) contains 25 items divided into five subscales: emotional problems, peer problems, conduct problems, hyperactivity levels, and prosocial behaviour. Three versions of the SDQ are available for carers to complete, which are almost identical, covering the age ranges 2-4, 4-17, and aged 18+ years. The CBCL (Achenbach, 1991) has 100 items in the version for ages 1 ½ - 5 years and 113 items in the version for ages 6-18 years, with items varying between the two versions. The items are divided into eight subscales: social withdrawal, somatic complaints, anxiety/depression, social problems, thought problems, attention problems, delinquent behaviour, and aggressive behaviour. I decided to use the SDQ, as, according to R. Goodman & Scott (1999), the scores of the SDQ and CBCL are highly correlated, and for the context of this phase, it was preferable to choose a shorter questionnaire.

Janssens and Deboutte (2009), in their study, found that there was a moderate level of agreement between foster carers' SDQ scores and children's self-reported SDQ scores (r between .30 and .49), which was higher than between social workers' scores and children's self-reported scores. However, children assessed by foster carers had higher SDQ scores, and foster carers reported a greater need for services than children's self-reporting. Similar findings were presented by Richards and colleagues (2006). A. Goodman and Goodman (2012), in their study with British local authorities, concluded that the carer (parent) SDQ version was a good measure of children's mental health, even though they had a higher prevalence of disorders in comparison with children in the general population. On average, differences in their mean SDQ score were associated with confirmed differences in their mental health (A. Goodman & Goodman, 2012).

The SDQ items are ordinal and are answered according to a three-point scale where: 1 = not true, 2 = somewhat true, and 3 = certainly true (R. Goodman, 1997). The SDQ version for children 4-17 years of age is composed of 25 items that are divided into five subscales. Four of the subscales can be further grouped into those covering internalising problems (containing the emotional and peer problems subscales), and those covering externalising problems (containing the conduct problems and hyperactivity levels subscales) (A. Goodman et al., 2010). The internalising problems and externalising problems groups can also be further grouped into a total difficulties group (R. Goodman, 1997). Since 2008, it has been an annual requirement that each child who is in care in England for more than one year has an SDQ completed, though practice on this varies significantly (Bazalgette et al., 2015). The SDQ has

also been validated with the general Portuguese population and has been used in different psychological evaluation settings (Major, 2011; Marzocchi et al., 2004).

Questionnaire usage in this thesis

There is no need to seek authorisation to use the SDQ in an academic context. The questionnaire and additional information about the questionnaire were accessed at [https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz\(UK\)](https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(UK)).

In this phase, the subscales of the SDQ were used, apart from prosocial, as the objective was to focus on the subscales dealing with difficulties (i.e., emotional problems, peer problems, conduct problems, and hyperactivity levels), given that these are areas that children in care, as a result of their background and context, could struggle with, apart from also being related to placement stability/disruption, as was described by stakeholders in Phase One. More specifically, this phase examines whether the fostering competencies of foster carers are associated with the difficulties of children. To complement the understanding of children's difficulties, concurrent and retrospective data were collected (Appendix K). Foster carers were asked to complete the subscales focussing on when the child entered the current placement and the present time. This contributed to identifying whether the difficulties experienced by the child, as perceived by the foster carer, increased or decreased during the placement.

In order to explore the measurement quality of the SDQ subscales, the data were analysed following Classical Test Theory, more specifically, testing reliability (Cronbach's Alpha) and construct validity (Confirmatory Factor Analysis). Furthermore, given that the SDQ subscales

had been used and tested in England and Portugal, I evaluated the measurement quality of the subscales by comparing the properties of the sample of this phase with those of other studies that have used this questionnaire (Harrington, 2009; R. B. Kline, 2016). In summary, based on data from 793 participants, 740 in the English sample and 53 foster carers in the Portuguese sample, all four subscales for both country samples presented acceptable Cronbach's Alpha scores (apart from emotional problems in the Portuguese sample, which was removed from the subsequent analyses) and good construct validity (after accounting for residual covariances), moreover measurement invariance was assumed in the three remaining subscales (i.e., peer problems, conduct problems, and hyperactivity levels) for the English and Portuguese samples (Byrne, 2012; P. Kline, 2000) (measurement quality further detailed in Appendix E).

Mediator variable: Child-Parent Relationship Scale

Stakeholders in both English and Portuguese samples of Phase One considered that good foster carers promoted children's permanence, and most stated that children's sense of belonging was most important. These stakeholders considered the quality of the relationship between foster carers and children as crucial and possibly as a protective factor for children's permanence and development. In this subsection, I present the reasons for choosing the CPRS.

Questionnaire background information

The quality of the relationship between foster carers and children can be measured using different methods, such as home visits [e.g. HOME Inventory (Bradley & Caldwell, 1984;

Gaudin & Sutphen, 1993)], interviews [e.g. the Adult Attachment Interview (George et al., 1985; Stovall-McClough & Dozier, 2004)], or questionnaires [e.g. Parent-child affective quality (Linares et al., 2010; Spoth et al., 1998)]. Given the design of this phase, it was decided to look at the questionnaires available in the field that could be answered by foster carers about their relationship with children who were placed with them and were between 4-17 years old, had been previously used and tested in England and Portugal, and contained a relatively small number of questions. By screening the literature, it was possible to identify a wide range of questionnaires that could assess carers and children's relationships (Pritchett et al., 2011), but only a small subset of these questionnaires had been applied to foster carers and children, and even fewer took into consideration the initial requirements. In fact, the CPRS (Pianta, 1992; Whenan et al., 2009) was the only questionnaire that fitted the requirements, with some limitations, given that only the teacher version had been adapted to the Portuguese context and not the parent version (Patrício et al., 2015).

This questionnaire evaluates the quality of the relationship between the parent/carer and the child. The CPRS is answered using a Likert scale of five points, where: 1 = definitely does not apply, 2 = not really, 3 = neutral/not sure, 4 = applies somewhat, and 5 = definitely applies (Pianta, 1992). The full version has a total of 30 items divided into three subscales: conflict, closeness, and dependence in the relationship, which measure patterns of negative and positive emotions, and explores if the parent/carer shows warmth and affection, has open communication with the child, and if they are able to recognise and respond to the needs of the child (Driscoll & Pianta, 2011; Pianta, 1992). It is also available in a shorter version that

has a total of 15 items divided into two subscales, eight items belonging to the subscale on conflict and seven items to the subscale on closeness.

Questionnaire usage in this thesis

There is no need to seek authorisation to use the CPRS in an academic context. The questionnaire and additional information about the questionnaire were accessed at <https://curry.virginia.edu/faculty-research/centers-labs-projects/castl/measures-developed-robert-c-pianta-phd>.

In this phase, I decided to use the short version of the CPRS because it had been previously used with foster carers (Whenan et al., 2009) (Appendix L). Moreover, only the subscale on closeness was included in the analyses (not the subscale on conflict), in keeping with the findings of Phase One. For the purpose of this phase, the item wording ‘parent’ was changed to ‘carer’ and the item wording ‘child’ was changed to ‘looked after child’.

To explore the measurement quality of the CPRS subscale, the data were analysed following Classical Test Theory, more specifically testing reliability (Cronbach’s Alpha) and construct validity (Confirmatory Factor Analysis). Furthermore, given that the CPRS subscale had been used and tested in England and Portugal, I evaluated the measurement quality of the subscales by comparing the properties of the sample of this phase with those of other studies that have used this questionnaire (Harrington, 2009; R. B. Kline, 2016). In summary, based on data from 793 participants, 740 foster carers in the English sample and 53 foster carers in the Portuguese sample, the CPRS subscale for both country samples presented good Cronbach’s Alpha scores and good construct validity (after accounting for residual

covariances), though measurement invariance was not assumed for the English and Portuguese samples (Byrne, 2012; P. Kline, 2000) (measurement quality further detailed in Appendix E).

10.4.3 Covariates

Covariates are variables that are hypothesised to be related to the outcome variable; therefore, they are used as controls on the influence of an independent variable on an outcome variable (Field, 2013). I decided to include the following covariates in the analyses, according to the cited literature, even if these were not referred to by the stakeholders in Phase One:

- Age of the foster carer. Foster carers' age was found to be positively related to fostering for more years (Ahn et al., 2017; De Maeyer et al., 2014) and to placement stability (Rock et al., 2015), so this variable could act as a proxy.
- Length of time fostering. Foster carers with more years in the role reported on children with more behavioural difficulties, such as emotional problems, conduct problems, and hyperactivity levels (Maaskant et al., 2014).
- Number of children fostered. Goemans and colleagues (2016) argued that experienced foster carers may be matched with children with more problems.
- Gender of the child. Boys were reported as experiencing more behavioural problems than girls (Rosenthal & Curiel, 2006), more specifically externalised problems (Bernedo et al., 2014).

- Age of the child. Older children presented higher levels of externalising and internalising behavioural problems (Dubois-Comtois et al., 2015; Maaskant et al., 2014). However, according to Goemans and colleagues (2016), older children showed lower levels of externalising problems and higher levels of internalising problems. The conflicting evidence could be explained by the age range of children included in the empirical studies.
- Age of the child at the start of the placement. The later the child entered care, the more peer problems, and higher hyperactivity levels were reported (Maaskant et al., 2014).
- Length of this placement. A longer placement duration was associated with fewer peer problems (Fernandez, 2009), conduct problems (Barber & Delfabbro, 2005), emotional problems (Barber & Delfabbro, 2005; Fernandez, 2009), and lower hyperactivity levels (Linares et al., 2010).

10.5 Research questions, hypotheses, and statistical approach

This section explores the research questions and their respective hypotheses, and outlines the statistical approaches used to analyse the data¹². The full sample comprised 793 foster carers, 740 foster carers in the English sample and 53 foster carers in the Portuguese sample. It is important to stress the differing sizes of these samples, particularly as the Portuguese sample size is extremely small compared to the English sample. This small sample restricted the statistical approaches that could be chosen and raised concerns about the precision of findings

¹² For all analyses that included a test of hypothesis, p -values of $< .05$ were considered statistically significant. When the null hypothesis of a given statistical model is true, the p -value determines the probability that the same or greater results would be observed (Field, 2013).

(further explored below and in Section 10.6). Furthermore, it led to excluding the Portuguese sample from the 3rd and 4th research questions. This is discussed in detail throughout this section.

10.5.1 Research Question 1 and hypotheses

The first research question is: Are the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, different in the English and Portuguese samples? This question had two main foci, the first being to broadly explore the relationships between the different variables collected through the questionnaires, and the second to explore the similarities and differences between the English and the Portuguese samples.

The variables under analysis can be grouped as follow, foster carers and children's demographic characteristics (i.e., covariates: foster carer's age, length of time fostering, number of children fostered, child's gender, child's age, child's age at the start of the placement, and length of this placement), foster carers' fostering competencies (additional tasks' competency and control levels), quality of the relationship between foster carers and children (closeness), and children's difficulties [emotional problems (only explored in the English sample because the subscale yields inadequate model fit for the Portuguese sample), peer problems, conduct problems, and hyperactivity levels], all of these as reported by foster carers.

It was hypothesised that foster carers in the English sample have greater additional tasks' competency than foster carers in the Portuguese sample (Hypothesis 1.1). This hypothesis is

supported by findings from Phase One, considering how children's services in each country frame foster care, set rules and regulations, and provide support, which consequently influences how foster carers relate to social workers in the fostering services and children's birth families. On the other hand, it was hypothesised that foster carers in the English and Portuguese samples have similar control levels (Hypothesis 1.2). Findings from Phase One also support this hypothesis, since stakeholders across the different groups in both samples considered that good foster carers support children's behavioural difficulties and communicate effectively with them by giving clear guidance, establishing boundaries and rules, explaining their expectations, and implementing rewards and punishments, towards promoting their emotional and social development.

In Phase One, foster carers and social workers in the English sample focused less on good foster carers being affectionate and promoting children's sense of belonging compared to the other stakeholders' groups. Moreover, several foster carers in the Portuguese sample talked about loving children unconditionally. Therefore, it was hypothesised that foster carers in the Portuguese sample have greater closeness with children than foster carers in the English sample (Hypothesis 1.3). Lastly, it was hypothesised that children in the English and Portuguese samples have similar levels of difficulties (Hypothesis 1.4). Stakeholders in Phase One presented identical views about the emotional, social, and behavioural difficulties of children, despite the higher number of references in the English sample to expected planned moves (i.e., individual care plan) and placement breakdown (i.e., urgent placement moves), which can have a negative influence on children's behavioural difficulties.

Statistical approach

This question was addressed using mainly descriptive statistics and bivariate analysis, with the support of the software SPSS v.23. Missing data were reported in Appendix E and for bivariate correlation analyses, pairwise deletion was used (Field, 2013).

Descriptive statistics included frequency counts and percentages, medians, means, standard deviations, skewness and kurtosis, and standard errors. For the bivariate analyses, I predominantly used difference of means tests (independent and paired samples) and correlations. To inform whether parametric or non-parametric tests were used for the bivariate analysis, I explored the distribution of the variables (Tabachnick & Fidell, 2013).

10.5.2 Research Question 2 and hypotheses

The second research question is: Is greater additional tasks' competency, lower control levels of foster carers, as well as greater closeness between foster carers and children, associated with fewer peer problems and conduct problems, and lower hyperactivity levels of children, in both English and Portuguese samples?

This research question was initially investigated by examining whether the additional tasks' competency and control levels of foster carers could explain the variance in the difficulties of children, specifically peer problems, conduct problems, and hyperactivity levels (the emotional problems subscale was not included in the analysis because for the Portuguese sample, the subscale had inadequate model fit, as according to Appendix N). This was complemented by, in a second stage, adding the variable closeness (to the additional tasks'

competency and control levels of foster carers) to the analysis with the aim of exploring if this increased the explained variance in the difficulties of children.

It was hypothesised that additional tasks' competency and control levels of foster carers could explain the variance in the difficulties of children for the English sample (Hypothesis 2.1), but this would not be the case for the Portuguese sample (Hypothesis 2.2). These hypotheses are supported by findings from Phase One, since though in both samples, stakeholders explored the control levels of foster carers, in the English sample foster carers also recognised the importance of collaborating with children's services, social workers in the fostering services, and children's birth families (i.e., additional tasks' competency). However, this was not the case in the Portuguese sample, since several foster carers did not recognise additional tasks' competency as an essential competency of good foster carers, instead, the focus was on promoting children's sense of belonging.

Moreover, it was also hypothesised that in the English sample greater additional tasks' competency and lower control levels of foster carers are related to fewer difficulties of children (Hypothesis 2.3), the rationale for this hypothesis was not explored in detail in Phase One, but it is supported by the literature in the field (Salas et al., 2015; Sinclair, Baker, et al., 2005). Lastly, it was hypothesised that closeness between foster carers and children would increase the explained variance in the difficulties of children as reported by the foster carers in the English (Hypothesis 2.4) and Portuguese samples (Hypothesis 2.5), and that greater closeness would be related to fewer difficulties of children in both samples (Hypothesis 2.6), as suggested by stakeholders in Phase One.

Statistical approach

Hierarchical multiple regression analysis was conducted to address this research question, using the software SPSS v.23. Multiple regression analysis enables the exploration of the relationship between more than one independent variable and one outcome variable, allowing for the independent variables to be correlated. Moreover, by following a hierarchical framework, it is possible to test how much each independent variable (or block of independent variables) explained of the variance of the outcome variable (Field, 2013). Several assumptions were tested before conducting the multiple regression analysis (see Appendix M).

The Portuguese sample size does not meet the requirements for this statistical approach (Tabachnick & Fidell, 2013), therefore, it was decided not to include covariates in the analysis. It is important to stress the sample size limitations in this analysis. Nonetheless, I still decided to continue and conduct this analysis because the hypotheses are based on sound evidence.

10.5.3 Research Questions 3 and 4 and hypotheses

The research questions under analysis are:

- 3- In the English sample, is greater additional tasks' competency and lower control levels of foster carers associated with fewer emotional problems, peer problems, and conduct problems, and lower hyperactivity levels of children?
- 4- In the English sample, is the association between additional tasks' competency and control levels of foster carers, and emotional problems, peer problems, conduct

problems, and hyperactivity levels of children, mediated by the closeness between foster carers and children?

These research questions aimed to explore the relationship between the different variables, i.e., additional tasks' competency and control levels of foster carers; closeness between foster carers and children; and emotional problems, peer problems, conduct problems, and hyperactivity levels of children.

The research questions were only explored in the English sample for two reasons. First, there was a lack of measurement invariance between the English and the Portuguese samples in some of the subscales, such as the emotional problems subscale in the SDQ and the closeness subscale in the CPRS, as described in previous sections (Millsap & Olivera-Aguilar, 2014). Second, the Portuguese sample had fewer participants than the number of parameters for the planned analyses (R. B. Kline, 2016).

The covariates included in these analyses were: length of time fostering, child's age, and length of this placement, as according to Research Question 1 these were the covariates with the strongest correlations with the outcome variables (difficulties of children) (see Subsection 11.1.4). This information is relevant, given that the hypothesised models in structural equation modelling are made more parsimonious by including variables that are correlated (R. B. Kline, 2016).

Starting with Research Question 3, by analysing the relationship between fostering competencies of foster carers and the difficulties of children, it was hypothesised that additional tasks' competency and control levels of foster carers would explain the variance in

the difficulties of children (Hypothesis 3.1), as supported by the findings of Phase One. Moreover, that greater additional tasks' competency (Hypothesis 3.2) and lower control levels (Hypothesis 3.3) of foster carers would be related to fewer difficulties of children, even after including length of time fostering, child's age, and length of time in this placement as covariates. Despite the rationale for this hypothesis was not explored in detail in Phase One, it is supported by the literature in the field (Salas et al., 2015; Sinclair, Baker, et al., 2005).

For Research Question 4, assuming that the fostering competencies of foster carers were related to the difficulties of children, I decided to include the closeness subscale in the model as a mediator of this relationship. I hypothesised that the amount of explained variance in the difficulties of children would increase when the closeness subscale was included as a mediator (Hypothesis 4.1). I also hypothesised that the association between additional tasks' competency (Hypothesis 4.2) and control levels (Hypothesis 4.3) of foster carers and children's difficulties would be mediated by the closeness between foster carers and children, as supported by the findings of Phase One. Lastly, I hypothesised that a greater closeness would be related to fewer difficulties of children (Hypothesis 4.4), as discussed and suggested by stakeholders in Phase One.

Statistical approach

Structural equation models (SEM) were chosen to analyse Research Questions 3 and 4, using the software Mplus v. 8.1. SEM allows one to estimate and model the relationships between

items / observed variables (indicators) and latent variables (factors)¹³. Several assumptions were tested before conducting the SEM (further information about this statistical approach is given in Appendix M). The most significant limitation in this analysis is that the sample was not randomly selected, which is discussed in further detail in the next section.

10.6 Limitations

This second phase of the study presents some methodological limitations, given that a non-probability convenience sampling method was chosen for the data collection sites and the participants. The size of the Portuguese sample is another limitation. In addition, it relies only on self-reported data of foster carers (and reports from foster carers about children in their care), and the data analysis approach was defined before the analysis of data from Phase One had been completed.

A non-probability convenience sampling method is justified as this phase aimed to efficiently collect data from a large number of participants with particular characteristics. At the foster carer (individual) level in Portugal this was due to the small population, and in England because it was not easy to extract the foster carers who fitted the phase two eligibility criteria from the fostering services datasets. Moreover, at the fostering services (group) level, in Portugal this was due to the small population, and in England because of the difficulty of engaging this type of service in research and the time taken to target specific fostering services. Nonetheless, efforts were made to ensure that the samples were, as far as possible,

¹³ With the purpose of simplifying the terminology used in the thesis, I chose to keep using the terms items / observed variables and latent variables, rather than indicators and factors. However, I acknowledge that the latter is the correct terminology in SEM.

similar to the national populations of foster carers. As a result, the Portuguese sample accounted for 69.7% of the population (although this only equates to 53 participants), and the English sample was similar to the population regarding the regional breakdown of children and the distribution of foster carers between local authorities and independent fostering services.

Despite these efforts, it is essential to consider selection bias, and that the sample is possibly strongly rarefied, which potentially leads to some variance restriction and attenuation of correlations. Consequently, it is not possible to robustly generalise the findings to the general population, since I cannot assume that the samples were unbiased and representative (Bryman, 2016).

Considering the reduced population size of foster carers in Portugal, there is a strong probability that some foster carers participated in both Phase One and Phase Two. Moreover, the small size of the Portuguese sample was a limitation for the statistical analyses that were conducted. This sample did not have the ideal size for the confirmatory factor analysis for each subscale, given the ratio between the sample size and model parameters, and it was impossible to run the analysis with all the SDQ subscales in the same model (Bentler & Chou, 1987). Moreover, the Rasch modelling must be interpreted cautiously since the results could have been different if the sample was larger (Chen et al., 2014).

Self-selected samples mean that the findings are influenced by which foster carers decided to participate. This raises concerns, since foster carers who participated could be the ones who were more 'successful' in terms of placement stability and with more favourable views about

their role and the children they were fostering. Apart from self-selection bias, other types of bias need to be considered, given that only foster carers reported on their fostering competencies, the quality of the relationship with the children, and the difficulties of children (Bryman, 2016). Initially, I intended also to involve social workers; however, time and financial constraints meant that this was not possible.

I made all possible efforts to reinforce to participants that different foster carers have different fostering competencies and that children in care have a wide range of difficulties. Nonetheless, data were possibly impacted by several types of cognitive bias, including social desirability bias; since fostering is a regulated role, Dunning–Kruger effect (Dunning et al., 2003), so foster carers with lower competence could have overestimated their competence. In contrast, foster carers with higher competence could have underestimated their competence. Another type of cognitive bias that could have impacted the data is priming, so given the order that the questionnaires were applied (CFAI-A, SDQ, and CPRS) (Bryman, 2012). In particular, priming could have particularly influenced the data on children’s difficulties, since foster carers were asked to compare children’s difficulties at the beginning of the placement and at the moment of the data collection, as well as the data on the quality of the relationship with children, since this was the last questionnaire to be filled in by the foster carers (Bryman, 2012).

Lastly, the data analysis approach was finalised before the data analysis of Phase One was completed. Thus, the variables under analysis in the current phase represent an incomplete version of the model presented in Chapter 8, since they only cover some of the different

concepts¹⁴ of this model. Moreover, after completing the data analysis of Phase One, and before writing the discussion of Phase Two, I determined that some hypotheses were incorrect, considering the evidence from Phase One. These were rewritten with the support of my supervisors, but no new analysis was conducted in Phase Two. The former hypotheses can be found in Appendix O.

10.7 Methodology summary

This chapter started by describing the research procedures and ethical considerations. Then, the sample and questionnaires, the analytic strategy and the limitations were also outlined.

This second phase of the thesis aimed to explore the associations between the fostering competencies of foster carers, with stable placements, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, based on a quantitative analysis of questionnaire data collected from 740 English foster carers and 53 Portuguese foster carers. It explored this overarching research question using descriptive statistics, bivariate analysis, and multivariate analysis (multiple regression analysis and SEM), as summarised in

Table 12. The next chapter presents the findings of these analyses.

¹⁴ Foster carers' personal characteristics (and past experiences); children's permanence, personal characteristics and development; foster carers' personal sources of support and stress (family life and social network); and contextual sources of support or stress (birth families of children, children's services, and social workers in the fostering services)

Table 12 – Research questions, hypotheses and statistical approach for this second phase

Research questions	Hypotheses	Statistical approach
1- Are the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, different in the English and Portuguese samples?	1.1 Foster carers in the English sample have greater additional tasks' competency than foster carers in the Portuguese sample. 1.2 Foster carers in the English and Portuguese samples have similar control levels. 1.3 Foster carers in the Portuguese sample have greater closeness with children than foster carers in the English sample. 1.4 Children in the English and Portuguese samples have similar levels of difficulties.	Descriptive statistics (frequency counts and percentages, medians, means, standard deviations, skewness and kurtosis, and standard errors) and bivariate analysis (difference of means tests, independent and paired samples, and correlations)
2- Is greater additional tasks' competency, lower control levels of foster carers, as well as greater closeness between foster carers and children, associated with fewer peer problems and conduct problems, and lower hyperactivity levels of children, in both English and Portuguese samples?	2.1 Additional tasks' competency and control levels of foster carers can explain the variance in the difficulties of children, for the English sample. 2.2 Additional tasks' competency and control levels of foster carers cannot explain the variance in the difficulties of children, for the Portuguese sample. 2.3 Greater additional tasks' competency and lower control levels of foster carers are related to fewer difficulties of children, for the English sample. 2.4 Building on the previous hypotheses, closeness between foster carers and children increases the explained variance in the difficulties of children, for the English sample. 2.5 Building on the previous hypotheses, closeness between foster carers and children increases the explained variance in the difficulties of children, for the Portuguese sample. 2.6 Building on the previous hypotheses, greater closeness between foster carers and children is related to fewer difficulties of children, in both English and Portuguese samples.	Multivariate analysis - multiple regression analysis
3- In the English sample, is greater additional tasks' competency and lower control levels of foster carers associated with fewer emotional problems, peer problems, and conduct problems, and lower hyperactivity levels of children?	3.1 Additional tasks' competency and control levels of foster carers in the English sample, can explain the variance in the difficulties of children. 3.2 Greater additional tasks' competency of foster carers in the English sample is related to fewer difficulties of children, even after including length of time fostering, child's age, and length of time in this placement as covariates. 3.3 Lower control levels of foster carers in the English sample are related to fewer difficulties of children, even after including length of time fostering, child's age, and length of time in this placement as covariates.	Multivariate analysis - structural equation models

4- In the English sample, is the association between additional tasks' competency and control levels of foster carers, and emotional problems, peer problems, conduct problems, and hyperactivity levels of children, mediated by the closeness between foster carers and children?	4.1 By adding the closeness between foster carers and children in the model as a mediator of the relationship between additional tasks' competency and control levels of foster carers and difficulties of children, the amount of explained variance in the difficulties of children increases. 4.2 The association between additional tasks' competency of foster carers and difficulties of children is mediated by the closeness between foster carers and children. 4.3 The association between control levels of foster carers and difficulties of children is mediated by the closeness between foster carers and children. 4.4 Greater closeness between foster carers and children is related to fewer difficulties of children.	
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CHAPTER 11 – Findings of Phase Two

In this chapter, the findings of Phase Two are presented. This phase explores self-reported fostering competencies (i.e., additional tasks' competency and control levels) of foster carers, with stable placements, in an English and a Portuguese sample. More specifically, it examines the associations between these; self-reported quality of their relationship (i.e., closeness) with children; and their perception of emotional, social, and behavioural difficulties (i.e., emotional problems, peer problems, conduct problems, and hyperactivity levels) of the children.

In the following sections, findings related to each research question are presented sequentially.

11.1 Research Question 1

The first research question is: Are the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, different in the English and Portuguese samples? This question was addressed predominantly by using descriptive statistics and bivariate analysis as described in Subsection 10.5.1.

This research question aimed to examine the relationships between the different variables under analysis, and to explore the similarities and differences between the English and Portuguese samples. More specifically this research question is addressed in depth in the next

five sections. First, I analysed the foster carers and children's demographic characteristics, that is, research covariates: foster carer's age, length of time fostering, number of children fostered, child's gender, child's age, child's age at the start of placement, and length of this placement. Secondly, I examined the self-reported additional tasks' competency and control levels of foster carers in the English and Portuguese samples, as well as the closeness between them and children (the level of closeness could not be compared between these samples since measurement invariance was not assumed). I then investigated the children's emotional problems, peer problems, conduct problems, and hyperactivity levels, as reported by foster carers in the English and Portuguese samples (the emotional problems subscale was only explored in the English sample because the subscale yields inadequate model fit for the Portuguese sample). Lastly, I examined the correlations between these different variables, i.e., additional tasks' competency and control levels of foster carers, the closeness between them and children, and children's emotional problems, peer problems, conduct problems, and hyperactivity levels, in both English and Portuguese samples.

11.1.1 Who are the foster carers and the children in the English and Portuguese samples?

As described in Chapter 10, this research has a total of 740 foster carers in the English sample and 53 foster carers in the Portuguese sample. In this section the demographic characteristics of foster carers in the English and Portuguese samples and of children they reported on are presented.

In both countries, the majority of foster carers were women (82.2% of the sample in England and 88.7% of the sample in Portugal). **Table 13** illustrates that foster carers in England were

slightly older than those in Portugal. For example, 91.5% of foster carers in England were aged 40-69 years compared to 84.9% of those in Portugal being in the same age range ($U = 18081, p = .546$). Foster carers in the English sample were also slightly more experienced than foster carers in the Portuguese sample, with averages of 9.4 and 8.8 years of fostering experience, respectively ($U = 180636, p = .878$). Moreover, foster carers in the English sample had fostered significantly more children than foster carers in the Portuguese sample (mean = 18.1 vs 4.1 children, $U = 8992.5, p < .001$).

Table 13 – Demographic characteristics of the foster carers in the English and Portuguese samples

	English sample		Portuguese sample	
Age (years)	n	%	n	%
24-29	6	0.8	0	0
30-39	41	5.5	7	13.2
40-49	196	26.5	13	24.5
50-59	358	48.4	23	43.4
60-69	123	16.6	9	17.0
> 70	16	1.1	0	0
Missing data	8	1.1	1	1.9
Range	24 to 73 years		33 to 68 years	
Mean (SD)	52.44 (7.98)		51.50 (8.64)	
Length of time fostering (years)				
1-2	78	10.5	6	11.3
3-4	126	17.0	7	13.2
5-6	134	18.1	12	22.6
7-8	79	10.7	5	9.4
9-10	82	11.1	6	11.3
11-12	55	7.4	6	11.3
13-14	39	5.3	3	5.7
15-16	33	4.5	2	3.8
17-18	19	2.6	1	1.9
19-20	22	3.0	0	0
> 20	59	8.0	4	7.5
Missing data	14	1.9	1	1.9
Range	1 to 44 years		1 to 26 years	
Mean (SD)	9.4 (7.2)		8.8 (6.1)	

Number of children fostered				
1-3	174	23.5	30	56.6
4-6	114	15.4	10	18.9
7-9	96	13.0	6	11.3
10-12	94	12.7	3	5.7
13-15	46	6.2	2	3.8
16-18	23	3.1	0	0
19-21	34	4.6	0	0
> 21	150	20.3	0	0
<i>Missing data</i>	9	1.2	2	3.8
Range	1 to 300 children		1 to 14 children	
Mean (SD)	18.1 (33.7)		4.1 (3.3)	

Each foster carer reported demographic characteristics for a child they were currently fostering and had been in their care for at least one year. As shown in **Table 14**, the children described were more likely to be boys than girls, more specifically 57.7% of the children reported on in the English sample and 60.4% of the children reported on in the Portuguese sample were boys ($\chi^2_{[1]} = .489, p = .480$). On average, the children in the English sample were slightly older at the beginning of the placement than the children in the Portuguese sample, with a mean age of 8.8 and 7.9 years respectively ($U = 15309, p = .118$). On the other hand, the duration of the placement was significantly shorter in the English sample in comparison with the Portuguese one (mean = 3.8 vs 5.2 years, $U = 13392, p < .001$). Lastly, the children in the English sample were slightly younger than the children in the Portuguese sample (mean = 12.6 vs 13.2 years, $U = 15976.5, p = .115$).

Table 14 – Demographic characteristics of children in the English and Portuguese samples

	English sample		Portuguese sample	
Gender	n	%	n	%
Female	313	42.3	19	35.8
Male	427	57.7	32	60.4
<i>Missing data</i>	0	0	2	3.8
Age at the the start placement (years)				
2-3	50	6.8	8	15.1
4-5	105	14.2	4	7.5
6-7	148	20.0	14	26.4
8-9	176	23.8	7	13.2
10-11	127	17.2	10	18.9
12-13	77	10.4	5	9.4
14-15	50	6.8	0	0
16	4	0.5	0	0
<i>Missing data</i>	3	0.4	5	9.4
Range	2 to 16.6 years		2.1 to 13.3 years	
Mean (SD)	8.8 (3.2)		7.9 (3.1)	
Length of this placement (years)				
1	169	22.8	4	7.5
2	148	20.0	8	15.1
3	122	16.5	6	11.3
4	79	10.7	7	13.2
5	71	9.6	6	11.3
6	49	6.6	6	11.3
7	32	4.3	1	1.9
8	33	4.5	3	5.7
9	11	1.5	2	3.8
≥ 10	26	3.5	7	13.2
<i>Missing data</i>	0	0	3	5.7
Range	1 to 14 years		1 to 13 years	
Mean (SD)	3.8 (2.5)		5.2 (3.0)	

Current age (years)				
4-5	16	2.2	1	1.9
6-7	36	4.9	4	7.5
8-9	90	12.2	4	7.5
10-11	151	20.4	4	7.5
12-13	164	22.2	11	20.8
14-15	170	23.0	16	30.2
16-17	110	14.9	10	18.9
<i>Missing data</i>	3	0.4	3	5.7
Range	4.1 to 17.9 years		4.3 to 17.0 years	
Mean (SD)	12.6 (3.0)		13.2 (3.2)	

11.1.2 What are the fostering competencies of foster carers in the English and Portuguese samples?

Foster carers completed the Casey Foster Applicant Inventory - Applicant Version (CFAI-A), which provided their assessment of fostering competencies. By exploring the structure of the questionnaire with Rasch model it was possible to identify two subsets of items, a subscale focused on additional tasks' competency and a subscale focused on control levels of foster carers, which are investigated in this section.

The distribution of both subscales scores was explored for the data collected in both countries, to determine its normality. This was done by looking at their histograms and inspecting the product of their skewness and kurtosis values and the standard errors of these values (Field, 2013). Even if there was not a large deviation from the normal distribution, the values of skewness and kurtosis divided by their standard errors showed that the distributions for the English sample did not follow a normal distribution, as illustrated in **Table 15**. For the Portuguese sample, the additional tasks' competency subscale followed a normal distribution, while the control levels subscale had a right-skewed distribution.

Table 15 also shows that, regardless of their sample, foster carers had lower additional tasks' competency scores (M England = 1.55, SD = 1.16, M Portugal 0.38, SD = 1.17) than control levels scores (M England = 1.80, SD = 1.33, M Portugal 1.12, SD = 1.65), the difference between subscales scores is bigger in the Portuguese sample. These subscales were strongly positively correlated in the Portuguese sample (additional tasks' competency, control levels, $r_s = .74, p < .001$) and moderately positively correlated in the English sample (additional tasks' competency, control levels, $r_s = .58, p < .001$).

The foster carers in the English sample presented higher scores in both subscales in comparison with the foster carers in the Portuguese sample, with the differences being statistically significant (additional tasks' competency $U = 9181, p < .001$; control levels $U = 13439, p < .001$). These findings are in agreement with my first hypothesis (Hypothesis 1.1). However, they do not support the second hypothesis (Hypothesis 1.2), since it was hypothesised that foster carers in both samples had similar control levels.

Table 15 – Descriptive characteristics of fostering competencies of foster carers in the English and Portuguese samples as measured by the CFAI-A

	Sample	Missing	Mean	SD	Skewness	SE	Kurtosis	SE
Additional tasks' competency	English	0	1.55	1.16	0.56	0.09	0.95	0.18
	Portuguese	1	0.38	1.17	0.35	0.33	-0.31	0.65
Control levels	English	0	1.80	1.33	0.69	0.09	0.25	0.18
	Portuguese	1	1.12	1.65	0.89	0.33	0.70	0.65

There were very few statistically significant correlations between additional tasks' competency and control levels of foster carers and the covariates under analysis (foster carer's age, length of time fostering, number of children fostered, child's gender, child's age,

child's age at the start of placement, and length of this placement). In fact, in the Portuguese sample, there were no statistically significant correlations and in the English sample three correlations were weak but statistically significant (**Table 16**). The first two of these correlations were that the longer foster carers had been fostering (length of time fostering, additional tasks' competency, $r_s = .11, p = .004$) and the more children they had fostered (number of children fostered, additional tasks' competency $r_s = .12, p = .001$), the greater their additional tasks' competency. The third correlation was that the younger foster carers were, the higher control levels they had (foster carer's age, control levels, $r_s = -.09, p = .013$).

Table 16 – Correlations between fostering competencies of foster carers and covariates in the English and Portuguese samples

	Country	Foster carer's age	Length of time fostering	Number of children fostered	Child's gender	Child's age	Child's age at the start of placement	Length of this placement
Additional tasks' competency	England	.003	.106**	.124**	.013	.003	-.048	.071
	Portugal	.186	.079	.237	-.063	.102	-.068	.129
Control levels	England	-.092*	.062	.055	.016	-.036	-.062	.050
	Portugal	.112	.122	.259	.040	.234	.014	.274

Note:

Gender: boys=0, girls=1; Number of children who were fostered= continuous, All other variables= continuous in years;

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

11.1.3 What is the quality of the relationship between foster carers and children in the English and Portuguese samples?

Foster carers completed the Child-Parent Relationship Scale (CPRS), which provides data on the perceived quality of the relationship with children. For this research, only closeness was tested. Confirmatory factor analysis was conducted for this subscale in both samples and

measurement invariance was tested. For the Portuguese sample, it was necessary to perform more model modifications to accomplish an acceptable model fit, by including additional correlated residuals between item pairs, than for the English sample; moreover, measurement invariance was not assumed for this subscale. Therefore, findings for both samples are presented, however it is not possible to compare them.

As described in **Table 17**, both foster carers in the English sample ($M = 30.43$, $SD = 4.04$, $Min = 7.00$, $Max = 35.00$) and foster carers in the Portuguese sample ($M = 30.37$, $SD = 4.26$, $Min = 15.00$, $Max = 35.00$) had a close relationship with their children, contrary to what was hypothesised (1.3). Nonetheless, measurement invariance was not assumed for this subscale, so the closeness reported by foster carers in the English and the Portuguese samples is not comparable.

Looking at the distribution of the closeness scores that emerged from the confirmatory factor analysis, it can be seen that for both samples it was not normally distributed. In the English and Portuguese samples this subscale had a leptokurtic and left-skewed distribution.

Table 17 – Descriptive characteristics of the quality of the relationship between foster carers and children in the English and Portuguese samples

	Sample	Missing	Mean	SD	Median	Subscales range
Closeness	English	10	30.43	4.04	31	1-35
	Portuguese	2	30.37	4.26	32	

For the English sample, additional tasks' competency and control levels of foster carers were weakly correlated with the closeness subscale. The greater additional tasks' competency and

higher control levels of foster carers, the greater the closeness between them and the children ($r_s = .18, p < .001$ and $r_s = .18, p < .001$, respectively). For the Portuguese sample, additional tasks' competency and control levels of foster carers were similarly weakly positively correlated with the closeness subscale ($r_s = .37, p < .001$ and $r_s = .45, p = .008$, respectively).

There were several correlations between the closeness subscale and the covariates under analysis, in both samples. As shown in **Table 18**, three weak but statistically significant correlations were identified in the English sample, and two weak but statistically significant correlations were identified in the Portuguese sample. Starting with the English sample, fostering a younger child (child's age, closeness, $r_s = -.09, p = .012$), fostering a child who started the placement at a younger age (child's age at the start of placement, closeness, $r_s = -.13, p = .001$), and increasing placement length (length of this placement, closeness, $r_s = .08, p = .033$), were associated with greater closeness between foster carers and children. For the Portuguese sample, being older (foster carer's age, closeness, $r_s = .35, p = .001$) and fostering for a longer time (length of time fostering, closeness, $r_s = .29, p = .048$) were associated with greater closeness between foster carers and children.

Table 18 – Correlations between the quality of the relationship and covariates in the English and Portuguese samples

	Sample	Foster carer's age	Length of time fostering	Number of children fostered	Child's gender	Child's age	Child's age at the start of placement	Length of this placement
Closeness	English	-.030	.056	.040	.039	-.092*	-.127**	.078*
	Portuguese	.346*	.293*	.213	-.101	.082	-.225	.199

Note:

Gender: boys=0, girls=1; Number of children fostered= continuous, All other variables= continuous in years;

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

11.1.4 What difficulties did children have in the English and Portuguese samples?

Foster carers reported on the difficulties that children had when the placement started and at the time of data collection, by completing the Strengths and Difficulties Questionnaire (SDQ) retrospectively and contemporaneously. The SDQ subscales under analysis in this research are emotional problems, peer problems, conduct problems, and hyperactivity levels.

Confirmatory factor analysis was conducted for these subscales and there was no acceptable model fit to the emotional problems data of the Portuguese sample, so only the English sample was analysed with respect to this subscale.

As described in **Table 19**, regardless of the sample, foster carers reported that children had difficulties when they started the placement. In fact, the mean was above the “borderline” cut-off point in all the subscales under analysis: emotional problems (for the English sample only $M = 4.96$, $SD = 2.88$), peer problems (English sample $M = 4.92$, $SD = 2.63$; Portuguese sample $M = 4.21$, $SD = 2.52$), conduct problems (English sample $M = 4.56$, $SD = 2.80$; Portuguese sample $M = 4.67$, $SD = 3.21$), and hyperactivity levels (English sample $M = 7.01$, $SD = 2.71$; Portuguese sample $M = 6.72$, $SD = 2.61$) (R. Goodman, 2001). Although the mean scores varied between samples, there were no statistically significant differences (peer problems $U = 14391.5$, $p = .084$; hyperactivity levels $U = 15743.5$, $p = .384$; conduct problems $U = 14207$, $p = .791$).

Foster carers also reported on the level of difficulties of children at the time of the data collection, and the mean for all the subscales was below the “borderline” cut-off point (R. Goodman, 2001). Comparing the children’s difficulties at the start of the placement and when

the research took place, it was observed that these differences were statistically significant for all of the subscales for the English sample (emotional problems $Z = -19.19, p < .001$; peer problems $Z = -18.73, p < .001$; conduct problems $Z = -15.56, p < .001$; hyperactivity levels $Z = -19.28, p < .001$) and the Portuguese sample (peer problems $Z = -5.26, p < .001$; conduct problems $Z = -4.78, p < .001$; hyperactivity levels $Z = -4.22, p < .001$).

Lastly, regarding the difficulties of children at the time of the data collection, there were statistically significant differences between the two samples for the peer problems ($U = 12746, p < .001$) and conduct problems ($U = 15294, p = .032$) subscales, with the English foster carers reporting more problems. In the Portuguese sample, foster carers reported higher hyperactivity levels, however the difference was not statistically significant ($U = 17513.5, p = .619$). These findings confirmed Hypothesis 1.4, but only for hyperactivity levels.

Table 19 – Descriptive statistics of children’s difficulties in the English and Portuguese samples

	English sample		Portuguese sample	
	Mean (<i>SD</i>)		Mean (<i>SD</i>)	
	Start of the placement	At the time of the data collection	Start of the placement	At the time of the data collection
Emotional problems (Borderline =4)	4.96 (2.88)	2.47 (2.09)		
Peer problems (Borderline =3)	4.92 (2.63)	2.90 (2.26)	4.21 (2.52)	1.76 (1.76)
Conduct problems (Borderline =3)	4.56 (2.80)	2.83 (2.16)	4.67 (3.21)	2.18 (1.94)
Hyperactivity levels (Borderline =6)	7.01 (2.71)	4.77 (2.71)	6.72 (2.61)	5.00 (2.36)

The following analyses only focussed on the difficulties of children at the time of the data collection as reported by the foster carers in both samples. The current difficulties of children can be analysed in more depth by looking at the bands suggested by R. Goodman (1997) to interpret the cut-offs for each subscale: “normal”, “borderline”, “high or very high”. The points in each subscale for the English and Portuguese samples were compared with norms for Great Britain (GB) for 5 to 15 years old, as shown in **Table 20** and **Table 21** (R. Goodman, 2016). Norms for Portugal were not available.

In the English and Portuguese samples, the percentage of children with high or very high scores for the internalising problems subscales [emotional (only for the English sample) and peer problems] were above the GB norms. From these percentages, one is particularly large, 37.0% of the children in the English sample had high or very high peer problems, while in the general population only 11.8% were in this category (**Table 20**).

Table 20 – Percentage in each category of points for the emotional and peer problems subscales in the English and Portuguese samples

	Emotional problems			Peer problems		
	English sample (4-17years)	Portuguese sample (4-17 years)	GB norm (5-15 years)	English sample (4-17years)	Portuguese sample (4-17 years)	GB norm (5-15 years)
Percentage						
Normal	69.9		80.8	47.2	72.0	78.0
Borderline	13.3		7.8	15.8	12.0	10.2
High or very High	16.8		11.4	37.0	16.0	11.8

The same pattern was found for the externalising subscales, that is, conduct problems and hyperactivity levels. In both samples foster carers reported more problems than were found in the general population; for example, 33.2% of the children in the English sample could be classified as having significant conduct problems (**Table 21**), compared to 12.7% for the GB general population.

Table 21 – Percentage in each category of points for the conduct problems and hyperactivity levels subscales in the English and Portuguese samples

	Conduct problems			Hyperactivity levels		
	English sample (4-17years)	Portuguese sample (4-17 years)	GB norm (5-15 years)	English sample (4-17years)	Portuguese sample (4-17 years)	GB norm (5-15 years)
Percentage						
Normal	48.3	64.7	76.4	62.7	62.0	77.9
Borderline	18.5	11.8	10.9	11.4	12.0	7.4
High or very High	33.2	23.5	12.7	26.0	26.0	14.7

These findings pointed to the presence of social, emotional, and behavioural difficulties (R. Goodman, 1997), and possible mental health problems (A. Goodman & Goodman, 2012). It should however be noted that, even though these scores were higher than for the general population, they are similar to other studies with children in alternative care (Ford et al., 2007; A. Goodman & Goodman, 2012; Hiller & St. Clair, 2018).

Exploring the distribution of the subscales scores, at the time of data collection, resulting from the confirmatory factor analysis, it was observed that in the English sample the majority were non-normally distributed, based on their skewness and kurtosis. Emotional problems

and peer problems had platykurtic and right-skewed distributions, conduct problems had a right-skewed distribution, and hyperactivity levels had a platykurtic distribution. Focusing on the distribution of the subscales scores in the Portuguese sample, only hyperactivity levels subscale was normally distributed. The conduct problems subscale had a slightly right-skewed distribution, and the peer problems subscale had a slightly platykurtic and right-skewed distribution.

By exploring the correlations between the difficulties subscales and the covariates, several weak but statistically significant correlations were identified. These correlations were in accordance with the literature review, as described in Subsection 10.4.3. Starting with the English sample, as shown in **Table 22** girls (child's gender, hyperactivity levels, $r_s = -.19, p < .001$) and older children (child's age, hyperactivity levels, $r_s = -.18, p < .001$) were reported to have lower hyperactivity levels. Moreover, older children were reported to have fewer conduct problems (child's age, conduct problems, $r_s = -.15, p < .001$). Lastly, children who had spent more time in the current placement were reported to have fewer emotional problems (length of this placement, emotional problems, $r_s = -.08, p = .030$).

On the other hand, the following correlations were not found in the literature review, as described in Subsection 10.4.3. Older foster carers, (foster carer's age, hyperactivity levels, $r_s = -.13, p < .001$), more experienced foster carers (length of time fostering, hyperactivity levels, $r_s = -.11, p = .002$), and foster carers who had cared for more children (number of children fostered, hyperactivity levels, $r_s = -.09, p = .015$) reported lower hyperactivity levels in their children. Older children at the time of the data collection were reported to have fewer emotional problems (child's age, emotional problems, $r_s = -.09, p = .018$). Finally, children

who were older at the start of their placement, were reported to have fewer conduct problems (child's age at the start of placement, conduct problems, $r_s = -.14, p < .001$), as well as lower hyperactivity levels (child's age at the start of placement, hyperactivity levels, $r_s = -.17, p < .001$).

Table 22 – Correlations between children's and covariates in the English sample

	Foster carer's age	Length of time fostering	Number of children fostered	Child's gender	Child's age	Child's age at the start of placement	Length of this placement
Emotional problems	-.004	-.039	-.039	.057	-.087*	-.070	-.080*
Peer problems	.010	.006	-.044	.026	-.004	.013	-.028
Conduct problems	-.023	-.012	-.057	-.033	-.147***	-.139***	-.004
Hyperactivity levels	-.133***	-.113**	-.090*	-.187***	-.177***	-.168***	-.044

Note:

Gender: boys=0, girls=1; Number of children who were fostered= continuous, All other variables= continuous in years;

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

Fewer statistically significant correlations were found in the Portuguese sample, as shown in **Table 23**, but these were in accordance with the literature review, as described in Subsection 10.4.3. Foster carers who had been fostering for less time reported that their children had lower hyperactivity levels (length of time fostering, hyperactivity levels, $r_s = .29, p = .042$), which is the opposite of what was found in the English sample. Furthermore, children who had been in the current placement longer were reported to have fewer peer problems (length

of this placement, peer problems, $r_s = -.30, p = .035$). This correlation had the same direction as in the English sample, but there the correlation was weaker and not statistically significant.

Table 23 – Correlations between children’s difficulties and covariates in the Portuguese sample

	Foster carer’s age	Length of time fostering	Number of children who were fostered	Child’s gender	Child’s age	Child’s age at the start of placement	Length of this placement
Peer problems	-.038	-.233	.013	.004	-.099	-.067	-.299*
Conduct problems	-.086	-.226	-.148	-.147	-.194	-.062	-.165
Hyperactivity levels	.064	.286*	-.147	-.182	-.121	-.055	.245

Note:

Gender: boys=0, girls=1; Number of children who were fostered= continuous, All other variables= continuous in years;

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

11.1.5 How are children’s difficulties related to foster carers’ fostering competencies, and to the quality of their relationship, in the English and Portuguese samples?

For the last analysis related to the first research question of this research, correlations were explored between children’s difficulties (i.e., emotional problems, peer problems, conduct problems, and hyperactivity levels), the foster carers’ fostering competencies (i.e., additional tasks’ competency and control levels), and quality of their relationship (i.e., closeness), as reported by foster carers in an English and a Portuguese sample. The emotional problems subscale was not under analysis for the Portuguese sample because it yielded inadequate model fit, as shown in Subsection 10.4.2. The direction of the correlations for the English

sample is shown in **Table 24**. As most correlations in this analysis were statistically significant, trends are presented, rather than individual correlations.

In the English sample, foster carers with greater additional tasks' competency reported fewer children's difficulties (i.e., emotional problems, peer problems, conduct problems, and hyperactivity levels). Foster carers with lower control levels reported fewer children's difficulties (with the exception of emotional problems). Moreover, foster carers with greater closeness with children reported fewer children's difficulties (i.e., emotional problems, peer problems, conduct problems, and hyperactivity levels).

Broadly, additional tasks' competency of foster carers was weakly correlated with children's difficulties. The only statistically significant correlation was with emotional problems (additional tasks' competency, emotional problems, $r_s = -.08, p = .027$). Foster carers' control levels were also weakly correlated with children's difficulties, though it must be noted that in this case, the only non-statistically significant correlation was with the emotional problems subscale (control levels, emotional problems, $r_s = -.006, p = .877$). There were also weak statistically significant correlations between closeness in the relationship between foster carers and children, with all of the difficulties of children. Of the correlations explored in this analysis, those between closeness between foster carers and children and difficulties of children were of the greatest magnitude.

Table 24 – Correlations between children’s difficulties and foster carers’ fostering competencies, and the quality of their relationship, in the English sample

	Additional tasks’ competency	Control levels	Closeness
Emotional problems	-.081*	-.006	-.180***
Peer problems	-.047	.080*	-.277***
Conduct problems	-.066	.077*	-.261***
Hyperactivity levels	-.015	.097**	-.271***

Note: * = $p < .05$, ** = $p < .01$, *** = $p < .001$

For the Portuguese sample, as presented in

Table 25, there were no statistically significant correlations between additional tasks’ competency and control levels of foster carers, and closeness between foster carers and children, and the children’s difficulties, that is, peer problems, conduct problems, and hyperactivity levels. Although not statistically significant, in general, the correlations between the additional tasks’ competency and control levels of foster carers, closeness between foster carers and children, with difficulties of children, showed the same directionality as in the English sample. However, there were two exceptions, higher control levels of foster carers were associated with fewer children’s peer problems, and greater closeness between foster carers and children was associated with higher children’s hyperactivity levels. All the correlations were weak, but the strongest were between closeness and the three children’s difficulties, and between additional tasks’ competency and control levels of foster carers, and children’s peer problems.

Table 25 – Correlations between children’s difficulties and foster carers’ fostering competencies, and the quality of their relationship, in the Portuguese sample

	Additional tasks’ competency	Control levels	Closeness
Peer problems	-.219	-.222	-.237
Conduct problems	-.030	.098	-.179
Hyperactivity levels	-.061	.056	.217

Note: * = $p < .05$, ** = $p < .01$, *** = $p < .001$

11.2 Research Question 2

The second research question is: Is greater additional tasks’ competency, lower control levels of foster carers, as well as greater closeness between foster carers and children, associated with fewer peer problems and conduct problems, and lower hyperactivity levels of children, in both English and Portuguese samples?

This research question was addressed using multiple regression analysis, specifically a hierarchical model. Briefly, the relationship between the additional tasks’ competency and control levels of foster carers and the difficulties of children, that is, peer problems, conduct problems, and hyperactivity levels, was first tested, before closeness between foster carers and children was added to test the potential mediating effect of a warm and affectionate relationship between foster carers and children. The emotional problems subscale was not under analysis because for the Portuguese sample the subscale had inadequate model fit.

To address this research question, I started by exploring whether the additional tasks' competency and control levels foster carers could explain the variance in the difficulties of children. As shown in **Table 26**, the model fits for the English sample were satisfactory, even if the R^2 scores were very small. In this case, additional tasks' competency and control levels of foster carers explained 1.9% of the variance in children's peer problems ($F_{[2,736]} = 7.152$, $p = .001$), 3.0% in children's conduct problems ($F_{[2,736]} = 11.282$, $p < .001$), and 1.8% in children's hyperactivity levels ($F_{[2,736]} = 6.562$, $p = .001$). These findings were in concordance with those hypothesised, apart from the low percentage of explained variance (Hypothesis 2.1).

The model fits to the Portuguese sample were poor for children's peer problems ($F_{[2,48]} = 1.803$, $p = .176$), children's conduct problems ($F_{[2,48]} = 0.144$, $p = .866$) and children's hyperactivity levels ($F_{[2,48]} = 0.336$, $p = .717$). As shown by the F -test values the models were not adequate to explain the relationship between these variables. Based on this, no further investigation was conducted on these models. These findings were in agreement with Hypothesis 2.2.

For the English sample, I explored the relationship between the variables; specifically, whether greater additional tasks' competency and lower control levels of foster carers were related to fewer children's difficulties. This was true for the hypothesised relationships (Hypothesis 2.3). Therefore, greater additional tasks' competency and lower control levels of foster carers were related to fewer children's difficulties, for all three problem types studied, peer problems (additional tasks' competency: $\beta = -.13$, $p = .005$; control levels: $\beta = .17$, $p <$

.001), conduct problems (additional tasks' competency: $\beta = -.18, p < .001$; control levels: $\beta = .19, p < .001$) and hyperactivity levels (additional tasks' competency: $\beta = -.13, p = .005$; control levels: $\beta = .16, p = .001$).

The addition of closeness between foster carers and children to the model for the English sample significantly increased the level of explained variance for the three children's difficulties under analysis. In total, an additional 7.6% of variance was explained for children's peer problems ($F_{[1,735]} = 61.348, p < .001$), 7.1% for children's conduct problems ($F_{[1,735]} = 58.130, p < .001$), and 5.1% for children's hyperactivity levels ($F_{[1,735]} = 40.201, p < .001$), which is in agreement with Hypothesis 2.4.

For the Portuguese sample, the model for peer problems had adequate fit ($F_{[3,47]} = 3.339, p = .027$) and the addition of closeness between foster carers and children significantly increased the explained variance by 10.6%. This finding was in agreement with Hypothesis 2.5. However, the model fits were poor for children's conduct problems and hyperactivity levels.

Lastly, in the English sample, greater closeness between foster carers and children was related to fewer difficulties of children, for all three problem types studied, as per Hypothesis 2.6 (peer problems: $\beta = -.28, p < .001$; conduct problems: $\beta = -.27, p < .001$; hyperactivity levels: $\beta = -.23, p < .001$). However, in the Portuguese sample, greater closeness between foster carers and children was only related to fewer children's peer problems, given that this was the only model with adequate fit ($\beta = -.34, p = .018$).

Table 26 – Hierarchical multiple regression analysis summary for additional tasks’ competency and control levels of foster carers, and closeness between foster carers and children, related to children’s peer problems, conduct problems, and hyperactivity levels, in the English ($N= 740$) and Portuguese ($N= 53$) samples

	Peer Problems		Conduct Problems		Hyperactivity levels	
	English sample	Portuguese sample	English sample	Portuguese sample	English sample	Portuguese sample
Model 1	β	β	β	β	β	β
Additional tasks’ competency	-.125**	-.181	-.182***	-.115	-.126**	-.175
Control levels	.166***	-.100	.194***	.095	.157**	.146
R^2	.019	.070	.030	.006	.018	.014
	F(2,736) = 7.152 **	F(2,48) = 1.803	F(2,736) = 11.282***	F(2,48) = 0.144	F(2,736) = 6.562**	F(2,48) = 0.336
Model 2						
Additional tasks’ competency	-.088*	-.162	-.147***	-.106	-.096*	-.192
Control levels	.182***	-.030	.209**	.128	.170***	.082
Closeness	-.279***	-.336*	-.271***	-.156	-.229***	.309*
R^2	.095	.176	.101	.029	.068	.103
R^2 change	.076	.106	.071	.023	.051	.089
	F(3,735) = 25.609***	F(3,47) = 3.339*	F(3,735) = 27.482***	F(3,47) = 0.465	F(3,735) = 18.008***	F(3,47) = 1.803

Note: * = $p < .05$, ** = $p < .01$, *** = $p < .001$

11.3 Research Questions 3 and 4

In this section, the third and fourth research questions of this research were addressed using structural equation modelling. The research questions under analysis are:

- 3- In the English sample, is greater additional tasks' competency and lower control levels of foster carers associated with fewer emotional problems, peer problems, and conduct problems, and lower hyperactivity levels of children?
- 4- In the English sample, is the association between additional tasks' competency and control levels of foster carers, and emotional problems, peer problems, conduct problems, and hyperactivity levels of children, mediated by the closeness between foster carers and children?

Building on the previous research question, I decided to further investigate in the English sample, the relationships between additional tasks' competency and control levels of foster carers, closeness between foster carers and children, and children's emotional problems, peer problems, conduct problems, and hyperactivity levels.

Before starting the analysis, I decided to summarise the correlations between all the variables under analysis for these two research questions. **Table 27** shows that all children's difficulties were positively correlated with each other. It is also clear that the length of time fostering, child's age, and the length of this placement were negatively correlated with some of the children's difficulties. Additional tasks' competency of foster carers was negatively correlated with children's emotional problems; control levels of foster carers were positively correlated with children's difficulties (apart from emotional problems); and closeness between foster carers and children was negatively correlated with children's difficulties.

Table 27 – Correlations between children’s difficulties, covariates, foster carers’ fostering competencies, and quality of the relationship

	1. Emotional problems	2. Peer Problems	3. Conduct problems	4. Hyper-activity	5. Length of time fostering	6. Child’s Age	7. Length of this placement	8. Additional tasks’ competency	9. Control levels
1. Emotional problems	1								
2. Peer problems	.377***	1							
3. Conduct problems	.312***	.450***	1						
4. Hyper-activity	.295***	.391***	.480***	1					
5. Length of time fostering	-.039	.006	-.012	-.113**	1				
6. Child’s age	-.087*	-.004	-.147***	-.177***	.126**	1			
7. Length of this placement	-.080*	-.028	-.004	-.044	.401***	.261***	1		
8. Additional tasks’ competency	-.081*	-.047	-.066	-.015	.106**	.003	.071	1	
9. Control levels	-.006	.080*	.077*	.097**	.062	-.036	.050	.578***	1
10. Closeness	-.180***	-.277***	-.261***	-.271***	.056	-.092*	.078*	.179***	.178***

Note:

Length of time fostering, child’s age, length of this placement = continuous in years;

* = $p < .05$, ** = $p < .01$, *** = $p < .001$

As explained in the previous chapter, structural equation models (SEM) were chosen for the analyses of these research questions. SEM always starts with the definition of a model.

Therefore, this type of analysis has two parts, the first part, where the quality of the measured constructs are tested, and the second, structural part, where a hypothesised model about the relationship between factors is tested (Hoyle, 2014) For further information about the standard guidelines chosen to assess the quality of the models fitting to the data please see Appendix M.

11.3.1 Research Question 3

This section aims to investigate whether the additional tasks' competency and control levels of foster carers can explain the variance in the children's difficulties, and whether greater additional tasks' competency and lower control levels of foster carers are related to fewer children's difficulties, that is, emotional problems, peer problems, conduct problems, and hyperactivity levels, in a single model.

Before testing the hypothesised (structural) model of the relationship between these latent variables (factors), a single confirmatory factor analysis was conducted for all four subscales of the SDQ to test the quality of the measured constructs (Harrington, 2009). This confirmatory factor analysis tested whether the items in the SDQ were measuring the concept they are intended to measure in the context of this research (P. E. Newton & Shaw, 2014) and allowed cross-loadings to be explored. This was important as previous studies have reported cross-loading and residual covariances in the SDQ subscales (Chiorri et al., 2016; A. Goodman et al., 2010) and the previous confirmatory factor analysis was conducted

separately for each subscale due to the small size of the Portuguese sample and the number of parameters, which meant cross-loadings had not been explored.

Measurement model

The confirmatory factor analysis model fit using all four subscales (latent variables) was unsatisfactory ($\chi^2_{[164]} = 779.799$; $p < .001$; CFI=.827; RMSEA=.071; SRMR=.053). As suggested by Byrne (2012b) the modification index and the mis-fitting parameters were investigated. As presented in **Table 28**, correlations between the uniqueness variances of the following items were allowed: *Restless* (item 2) and *Fidgety* (item 10) (hyperactivity levels subscale), *Lies* (item 18) and *Steals* (item 22) (conduct problems subscale), *Worries* (item 8) and *Unhappy* (item 13) (emotional problems subscale), *Fights* (item 12) and *Bullied* (item 19) (conduct problems and emotional problems subscales respectively), *Reflect* (item 21) and *Attends* (item 25) (hyperactivity levels subscale), and finally *Distract* (item 15) and *Attends* (item 25) (hyperactivity levels subscale). These modifications led to a good model fit for the confirmatory factor analysis model with four factors and accounting for residual covariances ($\chi^2_{[158]} = 387.620$; $p < .001$; CFI=.935; RMSEA=.044; SRMR=.042). Correlations between the item pairs 2-10, 15-25, and 21-25 were also reported by A. Goodman and colleagues (2010).

Chiorri and colleagues (2016) as part of their work with SDQ subscales suggested alternative approaches to improve the model fit, such as method factor analysis and Exploratory Structural Equation Modeling (ESEM) models. An ESEM model with four factors ($\chi^2_{[116]} = 333.184$; $p < .001$; CFI=.877; RMSEA=.071; SRMR=.043) presented a better model fit than the confirmatory factor analysis model with four factors without adding residual covariances,

and the method factor analysis with five factors ($\chi^2_{[159]} = 717.363$; $p < .001$; CFI=.843; RMSEA=.069; SRMR=.053). However, this was still an unsatisfactory model fit, therefore I decided to choose the confirmatory factor analysis model with four factors accounting for residual covariances since this presented the better model fit.

Table 28 – Model fit for the SDQ subscales in the final measurement model, English sample

Scales	χ^2 (df)	CFI	RMSEA	SRMR	
CFA model four (subscales) factors and accounting for residual covariances	No added residual covariances	779.799 (164), $p < .001^{***}$	0.827	.071	.053
	Added correlation items 2 with 10	537.371 (163), $p < .001^{***}$	0.895	.056	.050
	Added correlations items 2 with 10 and 18 with 22	476.570 (162), $p < .001^{***}$	0.911	.051	.046
	Added correlations items 2 with 10, 18 with 22, and 8 with 13	437.816 (161), $p < .001^{***}$	0.922	.048	.046
	Added correlations items 2 with 10, 18 with 22, 8 with 13, and 12 with 19	421.185 (160), $p < .001^{***}$	0.926	.047	.045
	Added correlations items 2 with 10, 18 with 22, 8 with 13, 12 with 19, and 21 with 25	409.610 (159), $p < .001^{***}$	0.929	.046	.044
	Added correlations items 2 with 10, 18 with 22, 8 with 13, 12 with 19, and 21 with 25 and 15	387.620 (158), $p < .001^{***}$	0.935	.044	.042
Method factor five factors	717.363 (159), $p < .001^{***}$	0.843	.069	.053	
ESEM model four factors	333.184 (116), $p < .001^{***}$	0.877	.071	.043	

Note: * = $p < .05$, ** = $p < .01$, *** = $p < .001$

Hypothesised model

Based on the literature and on findings from Question 2, I decided to test whether the additional tasks' competency and control levels of foster carers were associated with all of the difficulties of children under analysis, that is, emotional problems, peer problems, conduct problems, and hyperactivity levels. This model had an acceptable fit ($\chi^2_{[238]} = 537.122$; $p < .001$; CFI=.920; RMSEA=.042; SRMR=.042).

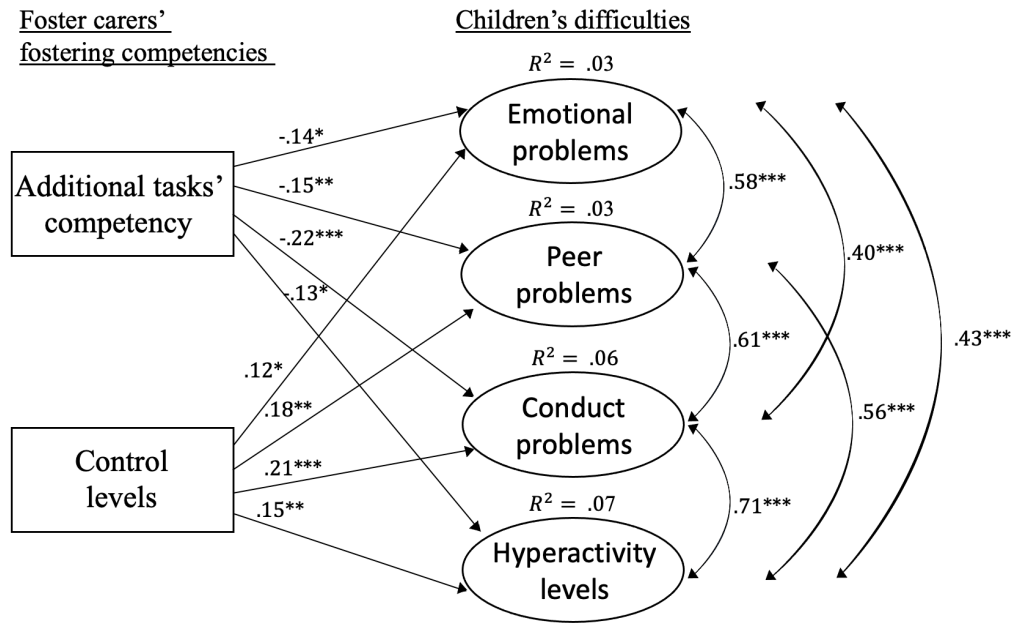
It is important to stress that the variance of children's difficulties explained by the additional tasks' competency and control levels scores was very small, as they only explained between 3% and 7% of variance in the children's difficulties (emotional problems $R^2 = .03$, peer problems $R^2 = .03$, conduct problems $R^2 = .06$, and hyperactivity levels $R^2 = .07$). These findings are in concordance with Hypothesis 3.1, apart from the low percentage of explained variance.

As presented in

Figure 12, the findings are also in accordance with the hypothesised directions for the relationship between the additional tasks' competency and control levels of foster carers and children's difficulties, all of these relationships being significant. More specifically, greater additional tasks' competency was related to fewer difficulties, emotional problems ($\beta = -.14$), peer problems ($\beta = -.15$), conduct problems ($\beta = -.22$), and hyperactivity levels ($\beta = -.13$) (Hypothesis 3.2). Furthermore, lower control levels were related to lower levels of all

difficulties, emotional problems ($\beta = .12$), peer problems ($\beta = .18$), conduct problems ($\beta = .21$), and hyperactivity levels ($\beta = .15$) (Hypothesis 3.2). Lastly, it should be pointed out that there are significant correlations between all of the SDQ subscales.

Figure 12 – SEM foster carers' fostering competencies and children's difficulties, English sample ($N= 740$)



Note: $* = p < .05$, $** = p < .01$, $*** = p < .001$

Having explored the effects of length of time fostering, child's age, and length of time in the current placement on this model, only child's age was found to be significant. **Table 29** shows that older children tended to have fewer emotional and conduct problems, as well as lower hyperactivity levels.

Table 29 – Covariates effects on the SEM for children's difficulties, English sample ($N=740$)

	Length of time fostering	Child's age	Length of this placement
<i>Children's difficulties</i>			
Emotional problems	.04	$-.11^*$	-.05
Peer problems	.07	.03	-.02
Conduct problems	.02	$-.16^{***}$	.04
Hyperactivity levels	-.05	$-.23^{***}$	.02

Note: Covariates= continuous in years; $* = p < .05$, $** = p < .01$, $*** = p < .001$

11.3.2 Research Question 4

In this section, the last research question was addressed, testing the relationships between fostering competencies of foster carers, quality of their relationship with children, and children's difficulties. The analysis tested whether the quality of the relationship, measured in this research only through the closeness in the relationship, mediated the association between additional tasks' competency and control levels of foster carers and children's emotional problems, peer problems, conduct problems, and hyperactivity levels, and if greater closeness was associated with lower levels of children's difficulties.

Similar to the previous section, before starting to test the hypothesised model for the relationship between the factors, a confirmatory factor analysis was conducted for the closeness subscale (from CPRS). This analysis was previously reported in Appendix E to test the quality of the measurement and a summary of the findings is presented in this section.

Measurement model

As per **Table 30**, the model fit for the confirmatory factor analysis model with one factor was unsatisfactory ($\chi^2_{[14]} = 125.364$; $p < .001$; CFI=.847; RMSEA=.104; SRMR=.056); therefore, I investigated the modification index and identified misfitting parameters (Byrne, 2012b). The model fit was improved by allowing for correlated residuals between *Spontaneously Shares Information* (item 7) and *Openly Shares Feelings and Experiences* (item 15) ($\chi^2_{[13]} = 37.329$; $p < .001$; CFI=.967; RMSEA=.050; SRMR=.035).

Table 30 – Model fit for the CPRS subscale in the final measurement model, English sample

Scales		χ^2 (df)	CFI	RMSEA	SRMR
CFA model one (subscale) factor and accounting for residual covariances	No added residual covariances	125.364 (14), $p < .001^{***}$	0.847	.104	.056
	Added correlations items 7 with 15	37.329 (13), $p < .001^{***}$	0.967	.050	.035

Note: * = $p < .05$, ** = $p < .01$, *** = $p < .001$

Hypothesised model

Building on the findings from Research Question 3, I hypothesised that the quality of the relationship (i.e., closeness) between foster carers and children would mediate the association between fostering competencies of foster carers and difficulties of children. Moreover, I hypothesised that a greater closeness between foster carers and children would be related to fewer emotional problems, peer problems, and conduct problems, and lower hyperactivity levels of children.

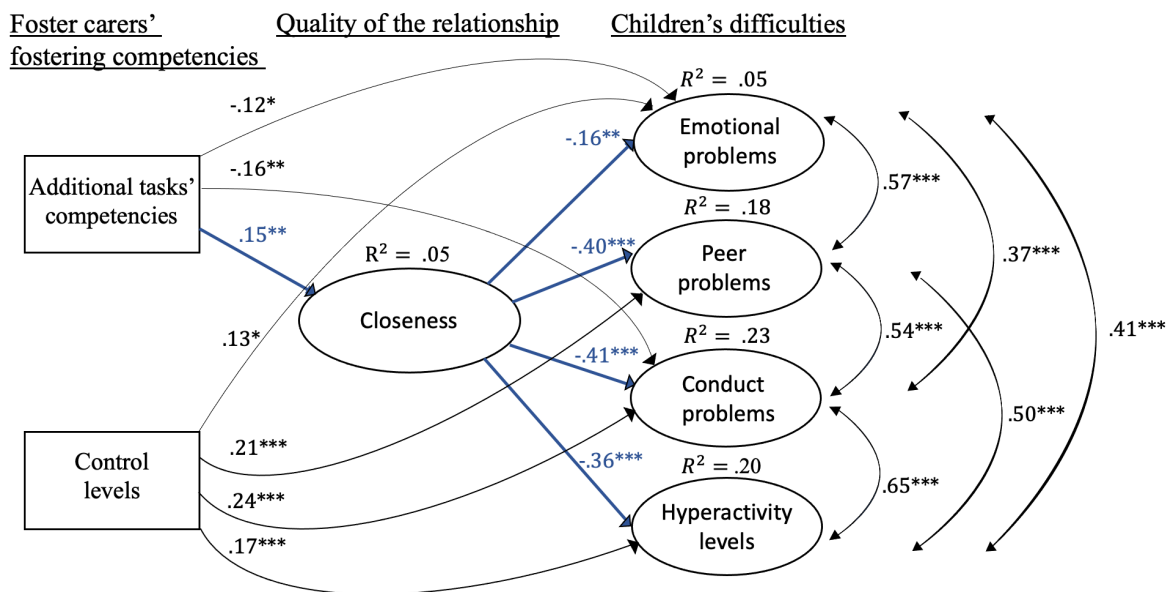
When including closeness as a mediator, the model had an acceptable fit ($\chi^2_{[417]} = 904.592$; $p < .001$; CFI=.903; RMSEA=.040; SRMR=.047). In this model, a larger proportion of the variances of children's difficulties was explained by the additional tasks' competency and control levels of foster carers, and the closeness between foster carers and children. This is the case for all the difficulties subscales (emotional problems $R^2 = .05$, peer problems $R^2 = .18$, conduct problems $R^2 = .23$, and hyperactivity levels $R^2 = .20$), in agreement with Hypothesis 4.1. However, the proportion of explained variance of children's emotional problems barely increased.

As described in **Figure 13**, the closeness between foster carers and children mediated the association between the additional tasks' competency of foster carers and the difficulties of children, in accordance with Hypothesis 4.2. Greater additional tasks' competency was associated with having greater closeness ($\beta = .15$). Moreover, closeness between foster carers and children fully mediated the relationship between additional tasks' competency and children's peer problems ($\beta = -.06$) and children's hyperactivity levels ($\beta = -.05$) and partially mediated the relationship between additional tasks' competency and children's conduct problems ($\beta = -.06$). There was no mediating effect for children's emotional problems ($\beta = -.02$), but there were still significant direct effects from additional tasks' competency to children's emotional problems ($\beta = -.12$), as well as to children's conduct problems ($\beta = -.16$).

The closeness between foster carers and children did not mediate the relationship between control levels of foster carers and difficulties of children, in contrast to Hypothesis 4.3. The direct effect of control levels on difficulties of children was still significant [emotional problems ($\beta = .13$), peer problems ($\beta = .21$), conduct problems ($\beta = .24$), and hyperactivity levels ($\beta = .17$)] with lower control levels of foster carers related to lower levels of children's difficulties, as in the previous model.

Lastly, as was hypothesised, greater closeness was associated with fewer children's difficulties: emotional ($\beta = -.16$), peer ($\beta = -.40$), conduct ($\beta = -.41$), hyperactivity levels ($\beta = -.36$) (Hypothesis 4.4). With the inclusion of the closeness between foster carers and children in the model as mediator, the strength of the correlations between the SDQ subscales slightly diminished when compared to the unmediated model, presented in the previous subsection.

Figure 13 – SEM foster carers’ fostering competencies, quality of the relationship, and children’s difficulties, English sample ($N= 740$)



Note: $* = p < .05$, $** = p < .01$, $*** = p < .001$

Once again, length of time fostering, child’s age, and length of this placement were included as covariates. As is shown in **Table 31** longer placements and fostering younger children were associated with greater closeness between foster carers and children. Moreover, older children tended to have fewer emotional problems and conduct problems, as well as lower levels of hyperactivity.

Table 31 – Covariates effects on the SEM for quality of the relationship and children’s difficulties, English sample (N= 740)

	Length of time fostering	Child’s age	Length of this placement
<i>Quality of the relationship</i>			
Closeness	.01	-.11*	.09*
<i>Children’s difficulties</i>			
Emotional problems	.04	-.12*	-.03
Peer problems	.08	-.02	.02
Conduct problems	.02	-.20***	.08
Hyperactivity levels	-.05	-.27***	.06

Note: Covariates= continuous in years; * = $p < .05$, ** = $p < .01$, *** = $p < .001$

11.4 Summary

In this chapter the hypotheses that were proposed in the previous chapter were explored.

Table 32 presents a summary of these findings.

Table 32 – Research questions, hypotheses, and summary of findings

Research questions	Hypotheses and summary of the findings	Additional relevant findings
1- Are the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children, different in the English and Portuguese samples?	1.1 Foster carers in the English sample have greater additional tasks’ competency than foster carers in the Portuguese sample, as was hypothesised.	Foster carers in the English sample had fostered a significantly larger number of children than the foster carers in the Portuguese sample.
	1.2 Foster carers in the English sample had greater control levels than foster carers in the Portuguese sample.	
	It was hypothesised that foster carers in both samples had similar control levels.	The duration of the current placement was longer for children in the Portuguese sample in comparison with the English sample. In both samples the children’s difficulties diminished significantly, between the start of the placement and the time of the research.
	1.3 Foster carers in the English and Portuguese samples had a close relationship with children. Nonetheless, measurement invariance was not assumed for this subscale, so the closeness reported by foster carers in the English and the Portuguese samples is not comparable. It was hypothesised that foster carers in the Portuguese sample had greater closeness with children than foster carers in the English sample.	

	1.4 Children in the English and Portuguese samples had similar hyperactivity levels. Children in the English sample had more peer problems and conduct problems than children in the Portuguese sample. It was hypothesised that children in the English and Portuguese samples had similar levels of difficulties.	There were few significant correlations between children's difficulties and the covariates tested, the strongest ones being: length of time fostering, child's age, and length of this placement.
2- Is greater additional tasks' competency, lower control levels of foster carers, as well as greater closeness between foster carers and children, associated with fewer peer problems and conduct problems, and lower hyperactivity levels of children, in both English and Portuguese samples?	2.1 Additional tasks' competency and control levels of foster carers explained a proportion of the variance in the difficulties of children, for the English sample, as was hypothesised. 2.2 Additional tasks' competency and control levels of foster carers did not explain the variance in the difficulties of children, for the Portuguese sample, as was hypothesised. 2.3 Greater additional tasks' competency and lower control levels of foster carers were related to fewer difficulties of children, for the English sample, as was hypothesised. 2.4 Closeness between foster carers and children increased the explained variance in the difficulties of children, for the English sample, as was hypothesised. 2.5 Closeness between foster carers and children explained a proportion of the variance in the peer problems of children, for the Portuguese sample. It was hypothesised that closeness between foster carers and children increased the explained variance in the difficulties of children, for the Portuguese sample. 2.6 Greater closeness between foster carers and children was related to fewer difficulties of children in the English sample, and to fewer peer problems in the Portuguese sample. It was hypothesised that greater closeness between foster carers and children was related to fewer difficulties of children, in both English and Portuguese samples.	Additional tasks' competency and control levels of foster carers in the English sample, only explained a small proportion of the variance in the difficulties of children.
3- In the English sample, is greater additional tasks' competency and lower control levels of foster carers associated with fewer emotional problems, peer problems, and conduct problems, and lower hyperactivity levels of children?	3.1 Additional tasks' competency and control levels of foster carers in the English sample, explained a proportion of the variance in the difficulties of children, as was hypothesised. 3.2 Greater additional tasks' competency of foster carers in the English sample was related to fewer difficulties of children, even after including length of time fostering, child's age, and length of this placement as covariates, as was hypothesised. 3.3 Lower control levels of foster carers in the English sample were related to fewer difficulties of children, even after including length of time fostering, child's age, and length in this placement as covariates, as was hypothesised.	Additional tasks' competency and control levels of foster carers in the English sample, only explained a small proportion of the variance in the difficulties of children. Older children tended to have fewer emotional problems and conduct problems, as well as lower levels of hyperactivity.

4- In the English sample, is the association between additional tasks' competency and control levels of foster carers, and emotional problems, peer problems, conduct problems, and hyperactivity levels of children, mediated by the closeness between foster carers and children?	4.1 By adding the closeness between foster carers and children in the model as a mediator of the relationship between additional tasks' competency and control levels of foster carers and difficulties of children, the amount of explained variance in the difficulties of children increased, as was hypothesised.	By adding the closeness between foster carers and children in the model as a mediator of the relationship between additional tasks' competency and control levels of foster carers and difficulties of children, the proportion of explained variance of children's emotional problems barely increased. Greater additional tasks' competency was associated with greater closeness between foster carers and children. Longer placements and fostering younger children were associated with greater closeness between foster carers and children.
	4.2 The association between additional tasks' competency of foster carers and peer problems and hyperactivity levels of children was fully mediated by the closeness between foster carers and children. Moreover, the association between additional tasks' competency of foster carers and conduct problems of children was partially mediated by the closeness between foster carers and children. It was hypothesised that the association between additional tasks' competency of foster carers and difficulties of children was mediated by the closeness between foster carers and children.	
	4.3 The association between control levels of foster carers and difficulties of children was not mediated by the closeness between foster carers and children. It was hypothesised that the association between control levels of foster carers and difficulties of children was mediated by the closeness between foster carers and children.	
	4.4 Greater closeness between foster carers and children was related to fewer difficulties of children, as was hypothesised.	

CHAPTER 12 – Discussion of Phase Two

In this chapter, I discuss the findings of Phase Two, the main aim of which was to contribute to knowledge on the role of foster carers, by exploring the associations between the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and the emotional, social, and behavioural difficulties of children. These findings are based on self-report data of 793 foster carers, more specifically 740 foster carers in the English sample and 53 foster carers in the Portuguese sample.

The findings for the first research question are summarised and appraised in Sections 12.1 and 12.2, and the findings for the three other research questions are summarised and appraised in Section 12.3. More specifically, the findings are appraised against the evidence that emerged from Phase One. It is important to acknowledge that the combination of the variables from the Casey Foster Applicant Inventory – Applicant Version (CFAI-A), Strengths and Difficulties Questionnaire (SDQ), and the Child-Parent Relationship Scale (CPRS) in the current research form a very reduced, and even incomplete version of the model of the determinants of fostering presented in Chapter 8, since they do not cover all the different concepts¹⁵ of this model. This is a limitation that could be addressed in future research. The findings for each research question is also summarised and appraised against

¹⁵ Foster carers' personal characteristics (and past experiences); children's permanence, personal characteristics and development; foster carers' personal sources of support and stress (family life and social network); and contextual sources of support and stress (birth families of children, children's services, and social workers in the fostering services).

significant literature in the field. At the close of the chapter, I present the strengths and limitations of this research.

12.1 Foster carers and children

In this section I present a summary of relevant demographic characteristics of foster carers, and of the children they reported on, with the aim of increasing understanding of the foster carers who took part in this research. These findings are mostly appraised against national statistics and relevant literature in the field, since in Phase One no sociodemographic information about the participants was collected.

Foster carers

The gender and age distribution of the participants in this research is similar to other empirical research studies. Most of the participants identified themselves as female (De Maeyer et al., 2015; McDermid et al., 2012) and in the age range between 40 and 69 years old (L. Miller et al., 2019; Salas et al., 2015). Moreover the age distribution of the participants is aligned with national statistics in England (Ofsted, 2022).

Foster carers in both English and Portuguese samples had very similar lengths of fostering experience, with an average of 9 years, also similar to previous studies (Brown & Campbell, 2007; Crum, 2010; De Maeyer et al., 2015). The main difference that emerged between foster carers in these samples is around the number of children they had fostered, since in the Portuguese sample most foster carers had fostered between 1 to 3 children and not more than 15 children, whereas 28% of foster carers in the English sample had fostered 16 or more children, with at least one foster carer reporting having fostered a total of 300 children. This

reflects that the foster carers between these samples have quite different levels of experience in the role, despite fostering on average for the same number of years.

Cherry and Orme (2019, p. 172) argued that the fact that some foster carers had fostered a high number of children (“vital few foster families”), can be an indicator of care quality, since in their research foster carers who had cared for more children, tended to be approved to foster more children at the same time, which meant that they could foster sibling groups, and they tended to adopt more children, comparatively to other foster carers who had cared for a lower number of children (“useful many foster families”). Ahn and colleagues (2017) suggested that fostering a higher number of children reduced the risk of discontinuing providing foster care. Similarly, Cherry and Orme (2019, p. 172), also found that the “vital few foster families” tended to foster for more years and their placements tended to be longer, however, this is not supported by the findings of the English and the Portuguese samples.

Children

Focusing now on the children that foster carers reported on, slightly more talked about children who identify as male, aligned with national statistics in both countries, since there are more children in care who identify as male than as female or non-binary (Department for Education, 2016a; Instituto da Segurança Social, 2017).

Foster carers were asked to focus on a child who had been placed with them for at least one year and was between 4 and 17 years old at the moment of the data collection. The children they reported on were on average 13 years old, 80% in the English sample and 83% in the Portuguese sample were 10 years old or more. The age distribution of children in the national

statistics differs from the one of the current research, since in both countries 62% of children who were in care were between 10 and 17 years of age (Department for Education, 2016a; Instituto da Segurança Social, 2017). In England 18% of the children who were in care were 4 years old or younger (whereas in Portugal only 13% of the children were 5 years old or younger), and in Portugal 14% of children who were in care were 18 years old or older (whereas in England a child stops being looked after on the day of their 18th birthday) (Department for Education, 2016a; Instituto da Segurança Social, 2017).

Lastly, the duration of the placement was longer for children in the Portuguese sample in comparison with children in the English sample. This finding is aligned with evidence from Phase One, in which several stakeholders in both samples defined foster care as a temporary type of placement, however, in the Portuguese sample there were also several references to children staying with foster carers until the legal limit of the care plan or even past that.

National statistics in England, show that 20% of children had spent 3 or more years in care in England (Department for Education, 2016a), whereas national statistics in Portugal indicate that 23% of children had spent 4 or more years in care (Instituto da Segurança Social, 2017). Furthermore, in the English sample of Phase One there were also some references to expected planned moves (i.e., individual care plan) and placement breakdown (i.e., urgent placement moves). This is also supported by national statistics in England, since of all placement changes, 33% happened as a result of a change to/implementation of the care plan and 11% following the request of the carer because of the child's behaviour (Department for Education, 2016a).

Notably, the trends reported in this subsection were also found in more recent national statistics (Department for Education, 2022; Instituto da Segurança Social, 2022).

12.2 Fostering competencies of foster carers, quality of the relationship between foster carers and children, and emotional, social, and behavioural difficulties of children

In this section, I examine the different variables under analysis in this research, self-reported fostering competencies (i.e., additional tasks' competency and control levels) of foster carers, with stable placements; self-reported quality of the relationship (i.e., closeness) with children; and their perception of emotional, social, and behavioural difficulties (i.e., emotional problems, peer problems, conduct problems, and hyperactivity levels) of the children. These three sets of variables are discussed sequentially below, initially in a broad way given the evidence that emerged from Phase One and then in further detail in relation to the fostering literature.

Fostering competencies of foster carers

Foster carers in this research completed the CFAI-A, which allowed for the assessment of their fostering competencies. By exploring the structure of the questionnaire using Rasch model it was possible to identify two subsets of items, a subscale focused on additional tasks' competency and a subscale focused on control levels of foster carers. Before appraising each fostering competency of foster carers in the English and Portuguese sample, I first explore these subscales and their items, according to the competence domains by Buehler, Rhodes,

and colleagues (2006) and parenting plus dimensions by Berrick and Skivenes (2012), both part of the conceptual framework of this thesis.

The items of the first subscale focused on some of the competence domains of Buehler and colleagues (2006), that could be grouped under additional tasks, particularly on “*working as a member of a professional team – working in partnership*” and “*managing ambiguity and loss for the foster child and family*”, which I argue that indirectly could contribute to “*supporting relationships between children and their families – birth family work*” and “*connecting children to safe, nurturing relationships intended to last a lifetime*”. One item could be classified under “*managing the demands of fostering on personal and familial wellbeing*”, but no item focused on “*growing as a foster parent – skill development and role clarification*”. These items only partially covered one of the three dimensions of parenting plus identified by Berrick and Skivenes (2012), that is, *be considerate towards the relationship between the child, birth family, and foster family*. Based on the items that form this subscale, I decided to name it additional tasks’ competency of foster carers.

Considering the evidence that emerged from Phase One, more specifically on the model of the determinants of fostering, foster carers’ personal characteristics (i.e., personality traits and psychological wellbeing) contribute to their competency to collaborate with children’s services, social workers in the fostering teams, children’s birth families, and consequently how they care for children. Moreover, I argue that this is a competency that is partially dependent on children’s services and social workers in the fostering services, considering how they integrate foster carers into their teams and given the level of support and resources they provide to foster carers. Research suggests that social workers in the fostering teams by

providing training/interventions and support, can enhance the additional tasks' competencies of foster carers (Harding et al., 2018; Kinsey & Schlösser, 2013; Luke et al., 2014; Salas et al., 2015).

Starting with hypothesis 1.1, that foster carers in the English sample have greater additional tasks' competency than foster carers in the Portuguese sample. The findings of Phase Two confirmed this hypothesis, and this is supported by evidence from Phase One. Most stakeholders in the English sample said that part of the role of foster carers involved collaborating with children's services and social workers in the fostering services, and that good foster carers promote children's family identity and the relationship between children and their birth families. These findings were supported by empirical studies in the field, as discussed in Chapter 7 (Schofield, 2002; Schofield et al., 2012; Sinclair et al., 2001).

Focusing on the Portuguese sample, stakeholders stated that foster carers received reduced support from children's services and social workers in the fostering services. Moreover, children and young adults made no references to the collaboration between foster carers and social workers in the fostering services, while foster carers and social workers recognised that there was barely any contact between them. Stakeholders across these different groups considered that good foster carers promote children's family identity and the relationship between children and their birth families. However, there were also several references to foster carers in practice not always showing empathy for children's family identity, children's birth families, or promoting contact or reunification between children and their families. These findings were aligned with previous research as discussed in Chapter 7 (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012).

The items of the second subscale focused on some of the competence domains of Buehler and colleagues (2006), that could be grouped under parenting, particularly on “*providing a safe and secure environment – protecting children*”, “*promoting social and emotional development*”, and in part “*meeting physical and mental health care needs*”. However, no items reflected other domains, such as “*providing a nurturing environment – nurturing children*”, “*promoting educational attainment and success*”, and “*valuing diversity and supporting children’s cultural needs*”. Furthermore, the items only partially covered, one of the three dimensions of parenting plus identified by Berrick and Skivenes (2012), that is, *responds to the development and special needs of the child*. Based on the items that form this subscale, which is around supporting children given their behavioural difficulties, and setting clear rules and boundaries, I argue that they reflect one of Baumrind (1996) child-rearing dimensions or parents’ behaviour, that is, demandingness domain (i.e., direct confrontations, monitoring, and consistent and contingent discipline). This child-rearing dimension or parent behaviour was also explored by Maccoby and Martin (1983) and termed as parenting control. Furthermore, they suggested that parents could show high or low levels of parenting control. Therefore, I decided to name the subscale control levels of foster carers.

Drawing on evidence that emerged in Phase One, more specifically on the model of the determinants of fostering, foster carers’ personal characteristics (i.e., personality traits and psychological wellbeing) play a key part in how foster carers support children’s development, which includes their behavioural difficulties, and permanence. Effective communication skills, setting clear boundaries and rules, and use of adequate rewards and punishments are some of the strategies identified in the literature as contributing to children’s permanence

(Crum, 2010; Gouveia et al., 2021; Rock et al., 2015) and developmental outcomes (Luke et al., 2014; Salas et al., 2015; K. Wilson, 2006). In this context, children's services and social workers in the fostering services have once again been identified in research as providing pertinent support to the improvement of foster carers' levels of control (Harding et al., 2018; Kinsey & Schlösser, 2013; Luke et al., 2014; Salas et al., 2015).

Hypothesis 1.2, suggests that foster carers in the English and Portuguese samples have similar control levels. The findings of Phase Two did not confirm this hypothesis, since foster carers in the English sample presented higher control levels than foster carers in the Portuguese sample. Two possible explanations for this difference are presented. First, the difference in control levels of foster carers in the English and Portuguese samples could be explained by foster carers in the English sample reporting on children, who according to them had higher levels of peer problems and conduct problems (as presented in Subsection 11.1.4), hence they needed to engage in more controlling behaviours. This is aligned with the argument presented by Wilson (2006), where foster carers are more successful when they adjust their parenting system to the needs of the child.

Another possible justification is that foster carers in the Portuguese sample did not have enough preparation to support children's developmental needs, given the reduced support they received from children's services and social workers in the fostering services, as described by stakeholders in the Portuguese sample of Phase One, and confirmed by previous studies (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012). Moreover, a few foster carers and social workers in the Portuguese sample of Phase One, shared examples of foster carers applying punishments that could be classified as emotional or physical abuse. Evidence

suggests that the use of inconsistent discipline and corporal punishment as a discipline strategy could be associated with foster carer having higher levels of stress (Lopez et al., 2023), and has been found as a risk to detrimental children's outcomes (Gershoff & Grogan-Kaylor, 2016).

Lastly, while exploring these two subscales, in the English sample, correlations emerged with some of the demographic characteristics of foster carers and children (covariates). More specifically, positive correlations emerged between length of time fostering, number of children fostered, and additional tasks' competency. This is aligned with research conducted by Cherry and Orme (2019, p. 172), on the "vital few foster families". Furthermore, Oke and colleagues (2013) interviewed foster carers with an average of 26 years in the role, who based on their views, could be classified as having high levels of additional tasks' competency. On the hand, Orme and colleagues (2007) did not find a significant correlation between worker/agency challenges subscale of the CFAI-A (which is composed of some of items that are part of the subscale additional tasks' competency), length of time fostering, and number of children fostered.

Furthermore, a negative correlation was found between age of foster carers and control levels of foster carers, so younger foster carers presented higher control levels, whereas older foster carers presented lower control levels. This could be related to another negative correlation that emerged between age of foster carers and reported children's hyperactivity levels, in agreement with Wilson (2006).

Quality of the relationship between foster carers and children

Foster carers in this research completed the closeness subscale of the CPRS, which allowed for the assessment of the quality of the relationship between them and children. It was hypothesised (1.3), that foster carers in the Portuguese sample have greater closeness with children than foster carers in the English sample. The findings of Phase Two did not confirm this hypothesis, since foster carers in both samples reported a high level of closeness with children. Nonetheless, given that measurement invariance was not assumed for this subscale, the level of closeness between foster carers and children in each sample is not comparable. This finding is partially aligned with Phase One, in which stakeholders across the different groups considered that good foster carers are affectionate and promote children's sense of belonging, whereas not all foster carers and social workers in the English sample directly recognised these as crucial. They focused on other elements that in their views contributed to children's sense of belonging, such as foster carers' self-regulation and communication skills, and self-reflection and willingness to learn. In previous studies conducted in England, as discussed in Chapter 7, it was found that foster carers and social workers recognised good foster carers as being warmth and promoting children's sense of belonging (Samrai et al., 2011; Schofield et al., 2012; Sinclair & Wilson, 2003). On the other hand, some young adults in the English sample of Phase One shared examples of foster placements where they did not feel loved or as if they belonged. The lived experiences of young adults in the English sample were supported by previous research, as was discussed in Chapter 7 (Schofield, 2002; Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003).

Based on this evidence, and not wanting to undervalue the lived experiences of young adults who were placed with foster carers who did not provide the care they needed, I argue that there could be a dissonance between how foster carers express their closeness and the expectations and needs of children. This is in fact supported by the views of stakeholders in the English sample on the rules and regulations set by children's services, which in their opinion lead to tensions on whether children who are in care should/could be treated as foster carers' own children, and how the role of foster carers should be classified, as a parent, a parent with additional tasks, or a member of the fostering services. This is aligned with the arguments presented by Wilson and Evetts (2006) on the professionalisation of foster care in England, and by Morris (2021), who explored care ethics in early childhood professional practice in England.

Lastly, some correlations emerged between closeness between foster carers and children, and demographic characteristics of foster carers and children (covariates). The most relevant ones, which were also significant in the final analyses with the English sample to address Research Question 4, were between child's age, length of time in this placement, and closeness. It was found that the younger the child the greater the closeness between foster carers and children, and the longer the length of the placement the greater the closeness between foster carers and children. Salas and colleagues (2015) found that the younger the child at the start of the placement the greater warmth was shown by foster carers. Dozier and Lindhiem (2006) identified a similar correlation between child's age at the placement and foster carer's commitment, which also speaks to the correlations in the current research.

Emotional, social, and behavioural difficulties of children

Foster carers in this research completed the emotional problems, peer problems, conduct problems, and hyperactivity levels subscales of the SDQ, which allowed for the assessment of foster carers' perception of difficulties of children. It was hypothesised (1.4) that children in the English and Portuguese samples have similar levels of difficulties.

Before discussing the findings related to this hypothesis, I start by examining some contextual findings. Foster carers in the English and Portuguese samples reported similar high levels of children's difficulties at the start of the placement, above the "borderline" band suggested by R. Goodman (1997). Foster carers in these samples also reported on their perception of children's difficulties at the time when the questionnaires were completed, which reflected that these had decreased significantly. This finding is supported by some previous studies (Barber & Delfabbro, 2005; Fernandez, 2008, 2009; Linares et al., 2010), however a more recent meta-analysis found, on average, no overall increases or decreases in internalising, externalising or total behaviour difficulties in longitudinal studies (Goemans et al., 2015). This evidence reinforced the decision not to use the retrospective data of children's difficulties in further analysis of Phase Two. This is also supported by the non-statistically significant correlations between length of time and children's difficulties that were found in the analyses with the English sample to address Research Question 4.

Focusing on hypothesis 1.4, foster carers in the English and the Portuguese samples reported that at the time when the questionnaires were completed, children had similar hyperactivity levels in the English and Portuguese samples, as hypothesised. However, this was not true for peer problems and conduct problems, where foster carers in the English sample considered

that children had more difficulties, compared to foster carers in the Portuguese sample. In Phase One, stakeholders across the different groups similarly paid special attention to good foster carers supporting children's emotional and social needs, and particularly their internalising and externalising behaviour difficulties, as supported by previous research and discussed in Chapter 7 (Diogo, 2018; Sinclair et al., 2001; Sinclair & Wilson, 2003).

Moreover, based on the stakeholders' views on both samples, it did not become evident that there were differences in types or levels of children's difficulties.

It is not possible to explore if these differences are in accordance with national trends in both countries, since to the best of my knowledge, there are no norms for the Portuguese population. Therefore, I present three possible justifications for these differences. The first is, that in the Portuguese sample these children actually have higher hyperactivity levels, in comparison with peer problems and conduct problems. This is based on findings presented by Linares and colleagues (2010) on positive correlations between foster carers' parental hostility and children's higher hyperactivity levels. Another possible justification draws from this same study (Linares et al., 2010), where it was postulated the influence of information bias on the reports of foster carers, that is, foster carers could have developed an attenuated picture of some of the children's difficulties. A third and final justification could be the influence of different levels of familiarity with the SDQ between samples, since in England foster carers are required to complete one questionnaire every year for every child who is in their care (aged 4-16) (Department for Education & Department of Health and Social Care, 2015), when this is not the case in Portugal.

Lastly, in both models (Research Questions 3 and 4.), older children tended to have fewer emotional problems and conduct problems, as well as lower levels of hyperactivity. One study with comparable children's age distribution presented similar evidence on externalising problems (Goemans, van Geel, & Vedder, 2016).

12.3 The relationship between fostering competencies of foster carers, quality of the relationship between foster carers and children, and the difficulties of children

In this section, I discuss the relationship between the different variables under analysis in this research, self-reported fostering competencies (i.e., additional tasks' competency and control levels) of foster carers, with stable placements; self-reported quality of the relationship (i.e., closeness) with children; and their perception of emotional, social, and behavioural difficulties (i.e., emotional problems, peer problems, conduct problems, and hyperactivity levels) of the children. Three of the research questions of this Phase Two address the relationship between these set of variables, and as the findings are interlinked, these are discussed in a holistic way, initially giving the evidence that emerged from Phase One and then relating these to relevant literature.

Associations between fostering competencies of foster carers, quality of the relationship between foster carers and children, and the difficulties of children

First and foremost, it was hypothesised that additional tasks' competency and control levels of foster carers can explain the variance in the difficulties of children, in the English sample

(hypotheses 2.1 and 3.1) but cannot explain the variance in the difficulties of children in the Portuguese sample (hypothesis 2.2), both hypotheses were confirmed. In subsequent analyses it was hypothesised, that by adding closeness between foster carers and children to the models, it would increase the explained variance in the difficulties of children in both samples (hypotheses 2.4, 2.5, and 4.1). These hypotheses were confirmed, however, for the Portuguese samples, closeness only contributed to explain the variance in children's peer problems (hypothesis 2.5).

Starting with the hypotheses for the English sample, additional tasks' competency and control levels of foster carers explained a proportion of the variance in the difficulties of children, (hypotheses 2.1 and 3.1), and closeness between foster carers and children increased the explained variance in the difficulties of children (hypotheses 2.4, and 4.1). According to evidence from Phase One, foster carers care for children by directly supporting their difficulties and setting clear rules and boundaries (control levels of foster carers), but also by promoting children's family identity and the relationship between children and their birth families, while collaborating with children's services and social workers in the fostering services (additional tasks' competency of foster carers). Moreover, children's sense of belonging was identified by stakeholders in this sample as being a crucial aim of the placement, with a higher number of references in the stakeholders' groups of children and young adults. This is aligned with studies in the field (Dubois-Comtois et al., 2015; Oosterman et al., 2010; Salas et al., 2015; Wojciak et al., 2017). Therefore, I argue that these different elements of the role of foster carers can positively contribute to children's emotional, social, and behavioural difficulties.

Nonetheless, a high proportion of variance in the difficulties of children, is not explained in the proposed models. I argue that this could be justified by these analyses only accounting for a part of the model of the determinants of fostering proposed in Phase One, as supported by empirical research on foster carers' burden (Goemans et al., 2018a; Salas et al., 2015), type of training or interventions foster carers and children have received (Goemans, van Geel, & Vedder, 2016), number of placements the child has had (Maaskant et al., 2014), number of children in the household (Rock et al., 2015; van Rooij et al., 2019), levels of support of foster carers' partner (Denuwelaere & Bracke, 2007).

Focusing now on the hypotheses for the Portuguese sample, additional tasks' competency and control levels of foster carers did not explain the variance in the difficulties of children (hypotheses 2.2), but closeness between foster carers and children contributed to explain the variance in children's peer problems (hypotheses 2.4). Evidence from Phase One suggests that foster carers identified love and promotion of children's sense of belonging to the foster carers' family to be at the centre of the fostering practice. Moreover, evidence from both studies strongly suggests that foster carers barely have training and support from children's services and social workers in the fostering services on how to perform the role with quality. These findings are supported by empirical research in the field (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012). This could justify why additional tasks' competency and control levels of foster carers could not explain the variance in the difficulties of children, while closeness between foster carers and children contributed to explain a small proportion of the variance in children's peer problems. Another possible and valid justification is the low statistical power of the proposed analyses (Tabachnick & Fidell, 2013). As discussed in Chapter 10, the

Portuguese sample did not meet the requirements for the chosen statistical approach, given the reduced number of participants, which might have limited the power to detect weaker associations among variables (Tabachnick & Fidell, 2013).

Other hypotheses related to fostering competencies of foster carers and children's difficulties in the English sample, namely that greater additional tasks' competency of foster carers is related to fewer difficulties of children (hypotheses 2.3 and 3.2), which was confirmed by findings of Phase Two. This finding was also aligned with previous research that explored the contribution of preparation and support provided by social workers in the fostering services to the decrease of foster carers' burden and children's emotional and behavioural difficulties (Salas et al., 2015). To complement this line of argument, Orme and colleagues (2006) explored the relationship between managing worker/agency challenges (which is part of foster carers' additional tasks competency), and other variables that tend to be associated with children's difficulties (Cooley et al., 2015; Goemans et al., 2020; Konijn et al., 2019; Pears et al., 2010). They evidenced that greater competency in managing worker/agency challenges was associated with greater perceived responsibility for parenting, higher foster parent satisfaction, intention to continue fostering at 6 months, and greater ability to work with children's birth parents (Orme et al., 2006). Orme and Buehler (2001) argued that the characteristics of children's services, such as shortages in services, could indirectly influence children's emotional and behavioural difficulties negatively. Furthermore, in another empirical study, foster carers shared that collaborating with children's services and social workers in the fostering services, but also with children's birth families, while managing the foster/birth family boundary, led to placements succeeding 'against the odds' (Oke et al.,

2013). Therefore, I argue that foster carers' additional tasks' competency is relevant and that good foster carers are the ones who invest and ensure great additional tasks' competency, as a way of supporting children's difficulties.

Lower control levels of foster carers were related to fewer difficulties for children, as was hypothesised (Hypotheses 2.3 and 3.3). Wilson (2006), explored responsive parenting, which also accounted for foster carers' competency of confronting difficult behaviour while showing empathic sensitivity and contributing to children feeling secure of not being rejected, and argued that these competencies are particularly necessary in the face of greater levels of children's difficulties. Complementing this, Orme and colleagues (2006) explored the relationship between potential to foster challenging children (which is part of foster carers' control levels) and other variables that tend to be associated with children's difficulties (García-Martín et al., 2015; Konijn et al., 2019; Sinclair, Wilson, et al., 2005). They evidenced that greater potential to foster challenging children was associated with greater personal dedication to fostering, greater ability to handle fostering challenges, intention to continue fostering at one year, lower number of children who had been removed from their care, greater satisfaction with their own parenting style, the behaviour of the child, and their relationship, but also greater ability to work with children's birth parents (Orme et al., 2006). I argue that foster carers' control levels of foster carers are an important competency, and that good foster carers are able to adjust this competency according to children's needs.

Lastly, it was also hypothesised that greater closeness between foster carers and children was related to fewer difficulties for children (hypotheses 2.6 and 4.4). The findings of Phase Two

confirmed these hypotheses. The quality of the relationship between foster carers and children has been widely researched as it is at the core of foster care, with its main aim of providing a family environment to children who are in alternative care. Several interventions focus on building positive relationships between foster carers and children (Schoemaker et al., 2020; Solomon et al., 2017; Uretsky & Hoffman, 2017). Sinclair and Wilson (2003) have found that when foster carers were less warm and more rejecting, children presented higher levels of behavioural difficulties. Aligned with this evidence, Schofield and Beek (2005), reported that children who were placed with foster carers who showed greater warmth and were understanding, presented greater developmental progress. This is a key area, and as evidence of this, over the past almost two decades, the quality of the relationship between foster carers and children and its positive influence on children's difficulties but also wider development, continued to be vastly researched (Denuwelaere & Bracke, 2007; Dubois-Comtois et al., 2015; Fuentes et al., 2015; Goemans et al., 2020; Linares et al., 2010; Oosterman et al., 2010; Pears et al., 2010; Salas et al., 2015; Wojciak et al., 2017).

Quality of the relationship between foster carers and children as a mediator of the relationship between fostering competencies of foster carers and difficulties of children

It was hypothesised that the association between additional tasks' competency of foster carers and difficulties of children (hypothesis 4.2) and the association between control levels of foster carers and difficulties of children (hypothesis 4.3) are mediated by closeness between foster carers and children. The findings of Phase Two confirmed hypothesis 4.2, but not hypothesis 4.3. The closeness between foster carers and children mediated the relationship between additional tasks' competency of foster carers and children's peer problems,

children's hyperactivity levels, and children's conduct problems, though only partially for the latter. This suggests that for conduct problems, the fact that there is not a complete mediation, different elements of the role of foster carers are also important.

Discussing the closeness of the relationship between foster carers and children as a mediator; this finding is supported by evidence from Phase One, given that most stakeholders across the different groups considered the quality of the relationship between foster carers and children as crucial, and even as possibly acting as a protective factor of children's permanence and development as discussed in Chapter 7 (Oliveira, 2012; Schofield, 2002; Schofield et al., 2012). Furthermore, this is also supported by a previous study conducted by Salas and colleagues (2015), where it was found that the preparation and support provided by social workers in the fostering services influenced the affective relationship between foster carers and children, which consequently influenced children's emotional and behavioural difficulties.

In this same study, it was evidenced that affective relationships and parental discipline style were important distinct predictors of children's emotional and behavioural difficulties (Salas et al., 2015), supporting therefore the fact that the association between control levels of foster carers and difficulties of children was not mediated by closeness between foster carers and children (hypothesis 4.3). Furthermore, this is aligned with evidence proposed by Baumrind (1996) and Maccoby and Martin (1983), who recognised two child-rearing dimensions, responsiveness and demandingness/control. More specifically the first dimension focused on the relational aspects of parenting (e.g., parental warmth, parental support, and parental involvement), which could be represented in the current research by the variable closeness

between foster carers and children. Whilst the second dimension focused on parental control (e.g., parental monitoring and parental discipline practices), in this research represented by control levels of foster carers. Therefore, I argue that it is crucial for foster carers to understand the influence of these different but complementary child-rearing dimensions.

Lastly, the closeness between foster carers and children did not mediate the relationship between additional tasks' competency of foster carers and children's emotional problems (hypothesis 4.2). Denuwelaere and Bracke (2007) found that the higher the level of social support provided by foster carers, the lower the levels of children's emotional difficulties, in this research they explored a wide range of types of support. Therefore, I argue that possibly the direct support that children might receive from their birth family and social workers in the fostering services might play an important role. Notably, the additional tasks' competency subscale does not focus on direct support provided by children's birth families and social workers in the fostering services to children but might act as a proxy variable.

12.4 Limitations and strengths of the research

After completing this research, it is crucial to reflect on its limitations but also strengths. Several efforts were made to secure the minimum sample size and to use the most appropriate analytic approaches. However, the data have been possibly impacted, by the high risk of selection bias, small variability of participants, and potential for different types of cognitive bias. Apart from these reasons that were explored in Section 10.6, others emerged after completing the analyses.

The CFAI-A questionnaire had a high number of misfitting items, which were eliminated in the Rasch analysis. Moreover, the final items did not cover all aspects of the role of the foster carers, a relevant being foster carers' burden, and consequently the subscales of the CFAI-A were only able to explain a small amount of the variance in the difficulties of children, compared to other studies (Denuwelaere & Bracke, 2007; Salas et al., 2015). When it came to assessing children's difficulties, I decided to select the SDQ, considering the moderate level of agreement between foster carers' SDQ scores and children's self-reported SDQ scores (r between .30 and .49) (Janssens & Deboutte, 2009). Moreover, in England, foster carers are required to complete one questionnaire every year for every child aged 4-16 who is in their care (Department for Education & Department of Health and Social Care, 2015). Given their familiarity with the questionnaire, I considered that it could limit the influence of bias. Nonetheless, foster carers who scored their competencies higher, could underestimate children's problems, and similarly score the quality of the relationship higher. This would bias the results towards more positive scores.

Another limitation relates to the Portuguese sample size, which might have limited the power to detect weaker associations among variables, but also, as already referred to, the variables under analysis explained only a small amount of the variance in the difficulties of children. Therefore, the data might not be sensitive enough to capture the relationships between foster carers' competencies and children's difficulties. The different limitations presented in this section should be borne in mind when interpreting the findings.

This research also has some strengths. Firstly, it is the first national in-depth empirical research in Portugal focusing on both the role of foster carers and children's difficulties.

Secondly, it is one of the largest empirical studies in England, by number of sites involved. Thirdly, it is the first foster care research to compare England and Portugal. Moreover, by conducting this research on a wide number of sites, I was able to engage with many stakeholders and raise awareness of better understanding of the role of foster carers. Another strength is the fact that the CFAI-A psychometric characteristics were explored and based on the findings I argue that it that might not be adequate to assess foster carers' competencies in England and Portugal. Lastly, my findings were aligned with most of the previous empirical research studies, so, despite the wide range of limitations, can still make a contribution to knowledge.

CHAPTER 13 – Conclusions

This chapter briefly summarises the main findings emerging from this mixed methods study with a sequential exploratory design, according to the research questions of Phase One and Phase Two. I also present the thesis' contribution to knowledge, as well as some directions for future research and closing remarks.

13.1 Brief summary of findings

The main aim of the thesis was to contribute to knowledge on the role of foster carers in two countries, England and Portugal, with a similar legislative definition of foster care [Decree-Law 139/2019; The Fostering Services (England) Regulations 2011]. An extensive body of literature has identified that at the centre of the foster carers' role is supporting and caring for children, considering their permanence, but also their personal characteristics and development (Dubois-Comtois et al., 2015; Oosterman et al., 2010; Rock et al., 2015; Wojciak et al., 2017). This is a regulated role, which means that foster carers, apart from having the responsibility to support and care for children, who tend to have additional difficulties compared to children from the general population (Dubois-Comtois et al., 2021; Ford et al., 2007; Goemans, van Geel, van Beem, et al., 2016; Sebba et al., 2015; Turney & Wildeman, 2016; Vasileva & Petermann, 2018), also have to perform additional tasks beyond the ones performed by parents (Berrick & Skivenes, 2012; Buehler, Rhodes, et al., 2006). Despite, research in the field being mostly in concordance on which are these additional tasks, there is no agreement on a theoretical framework that summarises the different

elements that compose the role of foster carers (Berrick & Skivenes, 2012; Buehler, Rhodes, et al., 2006; Mosek, 2004; Samrai et al., 2011).

Therefore, in this thesis I conducted a mixed methods study with a sequential exploratory design, with the aim of gaining understanding on the different elements that compose the role of foster carers and how it should be defined. In Phase One, based on the voices of children who were in foster care, young adults who had been in foster care, foster carers who had at least one child in placement, and social workers who were working with foster carers, it was possible to generate specific knowledge about what ‘good’ foster carers bring to the role that helps them perform it with quality, what constitutes the role of foster carers, which includes how foster carers perform the role to be classified as ‘good’, and what are the expected positive outcomes of children. These stakeholders considered that the role of foster carers, which was focused on the practice of fostering children, resulted from the combination of different concepts, namely foster carers’ personal characteristics (and past experiences); children’s permanence, personal characteristics and development; foster carers’ personal sources of support and stress (family life and social network); and contextual sources of support and stress (birth families of children, children’s services, and social workers in the fostering services). From these different elements, some key findings emerged across most of the groups of stakeholders, namely, foster carers need to be affectionate and show love for the child, children’s sense of belonging needs to be promoted even in short-term placements, children’s placement stability needs to be assured, and foster carers need to provide support to children by accounting for their individual needs (i.e., respecting their identity, and promoting their development, with a particular focus on their emotional and social

development). Moreover, it is important that foster carers follow a child-centred approach when they collaborate with children's birth families, children's services, and social workers in the fostering services. Lastly, children's services should consider setting rules and regulations adjusted to the needs of each child, foster carer, and placement.

Based on this evidence and considering the Belsky (1984) model of the determinants of parenting as a baseline model for the role of foster carers, the model of the determinants of fostering was developed and analysed with reference to the English and the Portuguese foster care systems. I conclude that the model of the determinants of fostering has the potential to become a framework to support analysis of different foster care systems, and possibly to be tested in tangential fields, such as kinship care and open adoption.

In Phase Two, the main evidence that emerged from Phase One was tested quantitatively. Therefore, this study explored the associations between the fostering competencies of foster carers, the quality of the relationship between foster carers and children, and difficulties of children. Based on self-report data from foster carers, it was found that foster carers in the English sample have higher levels of fostering competencies, that is, additional tasks' competency and control levels, compared to foster carers in the Portuguese sample, but similar score levels of closeness with children. By comparing the report of foster carers in both samples on children's difficulties, foster carers in the English sample reported that children had higher levels of peer problems and conduct problems.

Lastly, by exploring the associations between the different variables, in the Portuguese sample, greater closeness was associated with fewer children's peer problems. In the English

sample, greater additional tasks' competency and lower control levels of foster carers in the English sample were related to fewer difficulties of children. In a second analysis, the closeness between foster carers and children was added as a mediator, and it was found that it mediated the relationship between additional tasks' competency of foster carers and children's peer problems, children's hyperactivity levels, and children's conduct problems, even if for the latter it only partially did so. Greater closeness between foster carers and children was associated with fewer children's emotional problems, peer problems, conduct problems, as well as lower hyperactivity levels. Despite the findings of this research being aligned with findings from Phase One and with the literature in the field, this is a research that presents a wide range of limitations. Therefore, I concluded that further research needs to be conducted to explore the relationship of these variables in a wider context aligned with the different concepts that form the model of the determinants of fostering that emerged in Phase One.

13.2 Contributions to knowledge

This thesis makes several contributions to knowledge, which can be grouped under contributions to research, to policy and to practice. Starting with contributions to research, this thesis contributes to evidence on the role of foster carers in the context of England and Portugal, by collecting extensive qualitative and quantitative data across different stakeholders' groups. It is also the first study of its kind conducted in Portugal and England and comparing both foster care systems. This research also proposes a theoretical framework adapted from the model proposed by Belsky (1984) that summarises the different elements that compose the role of foster carers, that is the model of the determinants of fostering. This

model has the potential to shed light on the role of foster carers in these countries, but also in others, as well as to contribute to tangential fields, for example, the role of kinship carers and adoptive parents. Furthermore, in Phase One I conducted a narrative review that summarises relevant evidence on the role of foster carers, and in Phase Two a rapid literature review on studies that explore the association between foster carers' parenting characteristics practices, quality of the relationship and children's behavioural difficulties. Furthermore, in Phase Two, the psychometric characteristics of the CFAI-A were for the first explored in these countries, however, the subscales that emerged, based on the data collected, did not cover the different concepts that compose the role of foster carers, suggesting that this might not be a valuable questionnaire for these foster care systems.

This thesis also provides contributions to policy, in fact, has already contributed to the fostering stocktake in England, to inform MPs in the Portuguese parliament, and to the Portuguese decree-law n.º 139/2019, 16th September on foster care. Moreover, evidence of this thesis is being used in the reform of the foster care system in Portugal. It has the potential to also provide contributions in other countries, for instance, initial discussions are taking place on how it could contribute to the reform of the foster care system in a region of Brazil. Lastly, over the coming months, I intend to present the findings of this thesis to policymakers in both England and Portugal and have secured funding for this purpose.

Finally, this thesis makes contributions to practice by raising awareness of the role of foster carers, while also highlighting the central role that children's services play. Over the coming months, I will engage with the stakeholders that participated in this research, thus intending to disseminate the findings but also to contribute to knowledge exchange in this field. The

findings of this study have the potential to also contribute to the recruitment, selection, and training processes of foster carers, as a result of the added understanding of the different elements that form the role of foster carers. Lastly, the findings of the study can also lead to discussions around areas that require additional support in the English and Portuguese foster care systems, namely promotion of children's sense of belonging, contact between children and their birth families, and support provided by social workers in the fostering services to foster carers, children, and the fostering practice.

13.3 Directions for future research

Based on the evidence that emerged from both phases of this thesis, I outline some suggestions for possible future work. Starting with evidence from Phase One, I suggest conducting future research that explores the model of the determinants of fostering with different samples of stakeholders, also including children's birth families and larger samples of children and young adults who are care experienced. Would also recommend recruiting samples of participants that represent the diversity of the foster care population, across the different stakeholder' groups. Moreover, I suggest the exploration of the applicability of the model of the determinants of fostering to children's services in different countries or even to the areas of kinship care and open adoption.

Focusing now, on the evidence from Phase Two, I suggest that the model of the determinants of fostering could be further explored with the potential to serve as a basis for the development of a standardised questionnaire to assess foster carers' fostering competencies, by involving multiple informants. It would also be relevant to consider the possibility of

conducting research with longitudinal designs, following foster care applicants as they have different placements, with the aim to analyse the strength and directions of the relationships proposed in the model of the determinants of fostering.

13.4 Closing remarks

Foster carers have the enormous responsibility to support and care for children, who, in most cases, have been neglected or abused by their birth families. I wonder if we are, according to our own different roles, doing the very best we can to ensure that these children receive the best possible care. This has been my main concern since I started to do research in this field, therefore I decided to close this thesis by reflecting on this concern.

While conducting the two research phases of this thesis I had the opportunity to meet and learn from hundreds of foster carers and social workers in the fostering services, and the main lesson I took from this, was that these stakeholders are committed people, who believe they are doing everything they can to support these children. However, this is not always confirmed by the experiences of children and young adults who were in foster care, as suggested by the findings of Phase One. Furthermore, in this research it was also stressed that children's services do not always apply adequate rules and regulations and provide the needed support to children, foster carers, and fostering practice. Both findings are supported by empirical research studies in the field (Delgado et al., 2013; Diogo, 2018; Oliveira, 2012; Schofield, 2002; Schofield et al., 2012; Sinclair et al., 2001; Sinclair & Wilson, 2003). Therefore, I raise awareness for the importance of continuous investment in empirical

research studies that can give direct and clear contributions to problems we recognise in practice and policy.

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“Todavia, só se ama o que acolhe e afaga. Logo, ama-se o que nos ama. O amor é portanto um acto reflexo - e reflectido; deriva de ser amado e disso tomar consciência.”

António Coimbra de Matos in *Vária*. Existo porque fui amado.

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Appendix A – Central University Research Ethics Committee (CUREC) approval – Phase One

From: Nikki Luke <nikki.luke@education.ox.ac.uk>
Date: Thursday, 9 July 2015 at 18:11
To: Liam Gearon <liam.gearon@education.ox.ac.uk>, Education Research Office <research.office@education.ox.ac.uk>, vania.pinto@education.ox.ac.uk <vania.pinto@education.ox.ac.uk>
Cc: Judy Sebba <judy.sebba@education.ox.ac.uk>
Subject: Re: CUREC application

That's excellent news – many thanks Liam!

Best wishes,
Nikki

Nikki Luke
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From: Liam Gearon <liam.gearon@education.ox.ac.uk>
Date: Thursday, 9 July 2015 13:21
To: Nikki Luke <nikki.luke@education.ox.ac.uk>, Research Office <research.office@education.ox.ac.uk>, "vania.pinto@education.ox.ac.uk" <vania.pinto@education.ox.ac.uk>
Subject: RE: CUREC application

Dear Nikki, and Vania,

"Perspectives on assessing foster carers: A cross-country comparison of the factors that contribute to successful placements"

The above application has been considered on behalf of the Departmental Research Ethics Committee (DREC) in accordance with the procedures laid down by the University for ethical approval of all research involving human participants.

I am pleased to inform you that, on the basis of the information provided to DREC, the proposed research has been judged as meeting appropriate ethical standards, and accordingly, approval has been granted.

If your research involves participants whose ability to give free and informed consent is in question (this includes those under 18 and vulnerable adults), then it is advisable to read the following NSPCC professional reporting requirements for cases of suspected abuse
<http://www.nspcc.org.uk/globalassets/documents/information-service/factsheet-child-abuse-reporting-requirements-professionals.pdf>

Should there be any subsequent changes to the project which raise ethical issues not covered in the original application you should submit details to research.office@education.ox.ac.uk for consideration.

Good luck with your research study.

Yours sincerely,

And all good wishes

Liam

Dr Liam Francis Gearon
Associate Professor
Department of Education
and
Senior Research Fellow
Harris Manchester College
University of Oxford

Conjoint Professor, School of Humanities and Social Science, Newcastle
University, Australia

Appendix B – Focus group guide

INITIAL GUIDE

- ☐ What do you find particularly rewarding about fostering?
- ☐ What do you find particularly stressful about fostering?
- ☐ What made easy or difficult to foster?
- ☐ How can placement success be measured?
- ☐ In general, how would you describe a family that would do well in fostering?
- ☐ In general, how would you describe a family that would have a tough time with fostering?
- ☐ What special characteristics do foster parents and families need to have to do well in fostering?
- ☐ What makes a good foster carer?

- ☐ CASEY QUESTIONNAIRE analysis

- ☐ Any additional views on what makes a good foster carer or how can placement success be measured?

FINAL VERSION OF THE GUIDE

- ☐ What makes a good foster carer?
- ☐ How would you describe a successful placement?

- ☐ CASEY QUESTIONNAIRE analysis

- ☐ Any additional views on what makes a good foster carer or how can placement success be measured?

Appendix C – Central University Research Ethics Committee (CUREC) approval – Phase Two

From: Liam Gearon

Sent: 18 February 2016 17:05

To: Nikki Luke <nikki.luke@education.ox.ac.uk>; Education Research Office
<research.office@education.ox.ac.uk>

Cc: Vania Pinto <vania.pinto@lmh.ox.ac.uk>; Judy Sebba
<judy.sebba@education.ox.ac.uk>

Subject: RE: CUREC application

Dear Nikki,

Thanks for this – my view is that we can note these changes, do not think the incentive is an issue –

So, Jackie, could we put this on file?

Kind regards

Liam

From: Nikki Luke

Sent: 17 February 2016 12:05

To: Education Research Office; Liam Gearon

Cc: Vania Pinto; Judy Sebba

Subject: Re: CUREC application

Hi Liam – me again.

Apologies, but in addition to the query raised below about the extra measures we are also introducing an incentivisation for participants in England, as Vânia explains here:

Dear Liam,

After the transfer meeting of status and after reflecting with my supervisors about the selection process of the English sample of foster carers, it was decided to motivate their participation by drawing 10 high street vouchers of £50.

In Portugal that won't be needed, and in fact could be negatively misunderstood and confused with marketing studies.

Thank you so much for everything.

Best regards,

Vânia

I'm not sure if this now constitutes enough of a change to warrant a revised application form – let me know if this is needed and we can send you one asap.

Best wishes,

Nikki

Nikki Luke

From: Nikki Luke <nikki.luke@education.ox.ac.uk>

Date: Thursday, 11 February 2016 09:39

To: Research Office <research.office@education.ox.ac.uk>, Liam Gearon
<liam.gearon@education.ox.ac.uk>

Cc: Vania Pinto <vania.pinto@lmh.ox.ac.uk>, Judy Sebba
<judy.sebba@education.ox.ac.uk>

Subject: FW: CUREC application

Hi Liam,

You issued CUREC approval for our PhD student Vânia last July for her forthcoming work, but since her transfer of status meeting a decision has been taken to amend the questionnaires she will use. The sample and recruitment procedures, data storage etc all remain unchanged, it's just the measures being used that are different (see Vânia's email below for more details).

Could you please take a look at the new questionnaires and let us know if you approve the changes?

Thanks and best wishes,
Nikki

From: Vania Pinto <vania.pinto@lmh.ox.ac.uk>

Date: Monday, 4 January 2016 21:25

To: Judy Sebba <judy.sebba@education.ox.ac.uk>, Nikki Luke <nikki.luke@education.ox.ac.uk>

Subject: RE: CUREC application

Dear Liam,

After the transfer meeting and following my examiners suggestions it was decided that rather than applying the background and views about fostering questionnaire (that would be developed based on the pilot study, and would allow access to the indicators of success) it would be better to use standardised questionnaires.

In order to cover all the areas that the background and views about fostering questionnaire would cover, three questionnaires will be used, namely the Carers and Placements

Questionnaire (that will allow access to the carers and children or young people demographics, the level of belonging and adaptation of the looked after children, the placement stability and the foster carers intention to fostering), the Strengths and Difficulties Questionnaire (that will allow to screen the looked after children's behaviour) and the Child-Parent Relationship Scale (that will allow access to the quality of the relationship between the foster carer and the looked after children). These three questionnaires will be applied to the foster carers and to the supervising social workers (as well as was planned for the background and views about fostering questionnaire).

Please find attached the questionnaires, as well as the approved CUREC-1A.

Thank you so much.

Best regards,
Vânia

De: Liam Gearon [liam.gearon@education.ox.ac.uk]

Enviado: quinta-feira, 9 de Julho de 2015 13:21

Para: Nikki Luke; Education Research Office; vania.pinto@education.ox.ac.uk

Assunto: RE: CUREC application

Dear Nikki, and Vania,

"Perspectives on assessing foster carers: A cross-country comparison of the factors that contribute to successful placements"

The above application has been considered on behalf of the Departmental Research Ethics Committee (DREC) in accordance with the procedures laid down by the University for ethical approval of all research involving human participants.

I am pleased to inform you that, on the basis of the information provided to DREC, the proposed research has been judged as meeting appropriate ethical standards, and accordingly, approval has been granted.

If your research involves participants whose ability to give free and informed consent is in question (this includes those under 18 and vulnerable adults), then it is advisable to read the following NSPCC professional reporting requirements for cases of suspected abuse <http://www.nspcc.org.uk/globalassets/documents/information-service/factsheet-child-abuse-reporting-requirements-professionals.pdf>

Should there be any subsequent changes to the project which raise ethical issues not covered in the original application you should submit details to

research.office@education.ox.ac.uk for consideration.

Good luck with your research study.

Yours sincerely,

And all good wishes

Liam

Dr Liam Francis Gearon

Associate Professor

Department of Education

and

Senior Research Fellow

Harris Manchester College

University of Oxford

Conjoint Professor, School of Humanities and Social Science, Newcastle University,
Australia

Appendix D – Placement stability

This study focusses on stable placements, using the length of the placement as a proxy variable, however the length of the placement alone is not a sufficient indicator of stability. Placement stability is typically measured in longitudinal (Leathers, 2006) and retrospective studies (Vanderfaellie, Van Holen, & Coussens, 2008) which evaluate the continuity or breakdown of the placement through interviews, surveys or placement file analysis. This study on the other hand, is a cross-sectional study aimed at evaluating foster carers and children during a placement. Therefore, it was decided to use proxy variables, with the intention of evaluating the potential for placement stability. Foster carers reported on:

- ☐ Their perception of placement stability, measured by asking them an exploratory open-ended question about their understanding of stability of the placement.
- ☐ Their intention to continue fostering this child over the next six months, the next year and the next three years (Buehler, Orme, Cuddeback, Le Prohn, & Cox, 2006) Cherry & Orme, 2011; Orme, Cuddeback, Buehler, Cox, & Le Prohn, 2006; Orme, Cuddeback, Buehler, Cox, & Prohn, 2007).
- ☐ Their perception of the children's:
 - level of adaptation to the foster carers. This was measured on a Likert scale of five points, where 1 = If he or she were placed somewhere else, he or she would have no negative reaction, 2 = If he or she were placed somewhere else, he or she would take it fairly easily, 3 = Placement somewhere else would create some reactions, but he or she would recover fairly soon, 4 = Placement somewhere else would be a painful experience for him or her, and 5 = Placement somewhere else would be extremely upsetting for a long time (Leathers, 2006).

- level of belonging to the foster carers. This was also measured on a Likert scale of five points, where 1 = Child does not appear to feel like a part of the family, 2 = Child only superficially appears to feel like a part of the family, 3 = Child generally appears to feel like a part of the family, but does not have a strong identity with the family, 4 = Child has strong identity with the family, but some tendency to hold back from total emotional involvement, and 5 = Child is deeply integrated within the family and experiences foster parents as own family (Leathers, 2006).

Findings summary: In only 14 cases across the two samples ($N = 793$) did foster carers classify the placement as unstable, reporting that there were some stress factors affecting the stability. These stress factors were related to relationship with social workers, the biological family of the child, or even with their own family. However, in none of the cases did they declare that they wanted to stop fostering the child, regardless of the child's level of adaptation and belonging (in only three cases one of these variables was rated below three on the Likert scale).

This analysis allowed me to confirm that the vast majority of foster carers classified the placement as stable.

Appendix E – Measurement quality – extracted from Confirmation of status document

In Study One, the participants from England and Portugal concluded that placement success should preferably be measured by analysing the emotional, social, and behavioural outcomes of looked after children, and the quality of the relationship between foster carers and looked after children. In this section, the reasons for choosing the Strengths and Difficulties Questionnaire (SDQ) and the Child-Parent Relationship Scale (CPRS) are explored, as well as their measurement qualities, more specifically reliability and construct validity, under the Classical Test Theory. This was considered acceptable for the measurement analysis of the SDQ and CPRS given these questionnaires had been used and tested in England and in Portugal, and as whether these questionnaires have the same properties as seen in other studies was tested (Harrington, 2009; R. B. Kline, 2016). The SDQ subscales were treated as outcome variables and the CPRS subscale as mediator.

The measurement qualities of the SDQ and CPRS were explored by testing reliability and construct validity. Reliability measures allow for the precision of scores based on a particular sample to be tested (R. B. Kline, 2016). They make it possible to test whether subscales can be interpreted consistently in different contexts (Field, 2013). There are three possible analysis approaches. The first is the test-retest method, which explores whether a measure is stable across different time points using the same sample. The second is inter-observer consistency, which assesses whether the judgments of different observers are similar. The final possible analysis approach is internal consistency, which measures whether the items that are part of a subscale are consistent, and therefore whether the score of one person for one item is related to the other items of the subscale (Bryman, 2016). For the purposes of this study, as there was only a single time point at which the data was collected, and since this data was not related to judgments of different observers, internal

consistency was the most adequate analysis approach to test for reliability, more specifically by using Cronbach's alpha (Bryman, 2016).

The analysis of the questionnaires in this sample was completed by testing for validity, which assesses whether the items are measuring the concept they are intended to measure in the context of this study (Carmines & Zeller, 1979; Newton & Shaw, 2014; Taylor, 2013). There are different types of validity, such as: face validity, which measures whether the items reflect what they intend to measure; concurrent validity, which measures whether there is an association between the questionnaire under analysis and a similar questionnaire that has already been validated; predictive validity, which measures whether there is an association between the questionnaire under analysis and a future measure; convergent validity, which measures whether there is an association between the questionnaire under analysis and a measure collected using a different method; and finally construct validity, which measures whether the questionnaire under analysis is a valid measure of the construct (Bryman, 2016).

Since the SDQ and the CPRS are questionnaires that have been tested in the past with different samples, not requiring exploration of whether the items reflect what they intend to measure or to compare these questionnaires with other validated measures, I only explored the questionnaires' construct validity for this sample. Construct validity can be measured using factor analysis, a multivariate technique which reduces the data by identifying clusters of observed items that are correlated. Each cluster forms a latent variable defined as a factor, with each factor being a continuous variable (Field, 2013). This approach works by exploring the shared variance between the items. If this shared variance is high between items in a cluster, this indicates that the cluster of items reflects an underlying factor (Harrington, 2009).

When running a factor analysis, the researcher can decide if the measurement models are unrestricted (no hypotheses are proposed regarding the number of factors), referred to as exploratory factor analysis; or the models are restricted (the researcher hypothesises whether a specific structure works with the data), referred to as confirmatory factor analysis. For unrestricted analysis the items need to be continuous, while for restricted analysis the items can be ordinal (Harrington, 2009; R. B. Kline, 2016).

For this study, I wished to test if the structures of the SDQ and the CPRS subscales hold for the data related to my sample. Confirmatory factor analysis allowed this hypothesis to be explored by looking at the shared variance between items and accounting for measurement error, and to explore similarities across the items in how they load onto the factors, assuming linear relationship between the items and a factor (latent variable) (R. B. Kline, 2016).

Dependent variable: Strengths and Difficulties Questionnaire

Literature on the development of looked after children has drawn on different assessment questionnaires, which explore internalising and externalising behaviours, and children's social and emotional outcomes (Luke et al., 2014). Some of these questionnaires can be completed by carers and some by children. This study aimed to elicit the views of foster carers, therefore it was important to choose a questionnaire that would provide valid findings when there is no self-reporting from the child (Jozefiak, 2014). The most commonly used questionnaires for looked after children between 4 and 17 years of age are the SDQ (Biehal et al., 2012; Richards, Wood, & Ruiz-Calzada, 2006; Sinclair, Wilson, & Gibbs, 2005) and the Child Behavior Checklist (CBCL) (Armsden, Pecora, Payne, & Szatkiewicz, 2000; Denuwelaere & Bracke, 2007; Salas et al., 2015). The SDQ (R. Goodman, 1997) contains 25 items, which are divided into five subscales: emotional problems, peer relationship problems, conduct problems, hyperactivity/inattention, and

prosocial behaviour. There are three versions of the SDQ available for carers to complete, which are almost identical, covering the age ranges 2-4, 4-17, and aged 18+ years. The CBCL (Achenbach, 1991) has a total of 100 items in the version for ages 1 ½ - 5 years and 113 item items in the version for ages 6-18 years, with items varying between the two versions. The items are divided into eight subscales: social withdrawal, somatic complaints, anxiety/depression, social problems, thought problems, attention problems, delinquent behaviour, and aggressive behaviour. I decided to use the SDQ (Appendix K), as, according to R. Goodman & Scott (1999) the scores of the SDQ and CBCL are highly correlated, and for the context of this study it was preferable to choose a short questionnaire.

Janssens and Deboutte (2009) in their study, found that there was a moderate level of agreement between foster carers' SDQ scores and looked after children's self-reported SDQ scores (*r* between .30 and .49), which was higher than between social workers' scores and looked after children's self-reported scores. Moreover, looked after children assessed by foster carers had higher SDQ scores, and foster carers reported a greater need for services, in comparison with looked after children's self-reporting. Similar findings were presented by Richards and colleagues (2006). A. Goodman and Goodman (2012) in their study with British local authorities, concluded that the carer (parent) SDQ version was a good measure of looked after children's mental health, regardless of the fact that they had higher prevalence of disorders in comparison with the general population. Differences in their mean SDQ score, on average, were associated with confirmed differences in their mental health.

For this study, the SDQ version for children 4-17 years of age was used. The SDQ items are ordinal and are answered according to a three point scale where: 1 = not true, 2 = somewhat true, and 3 = certainly true (R. Goodman, 1997). As described above, the 25

items in the SDQ are divided into five subscales. Four of the subscales can be further grouped into those covering internalising problems (containing the emotional and peer problems subscales), and those covering externalising problems (containing the conduct problems and hyperactivity subscales) (A. Goodman et al., 2010). The internalising problems and externalising problems groups can also be further grouped into a total difficulties group (R. Goodman, 1997). Since 2008, it is an annual requirement that each child who is looked after in England for more than one year has an SDQ completed, though practice on this varies significantly (Bazalgette, Rahilly, & Trevelyan, 2015). The SDQ has also been validated with the Portuguese general population and has been used in Portugal in different psychological evaluation settings (Major, 2011; Marzocchi et al., 2004).

In this study, all the subscales of the SDQ were used, apart from prosocial, as the objective was to focus on the subscales dealing with difficulties, given that these are related with placement stability/disruption. More specifically, my study examined whether the skills of foster carers are associated with children's difficulties. To complement the understanding of the children's difficulties, both concurrent and retrospective data was collected. Foster carers were asked to complete the subscales focussing on when the child entered the current placement and the present time. This allowed me to identify if the difficulties experienced by the child, as perceived by the foster carer, increased or decreased during the placement.

This use of retrospective SDQ data represented an exploratory aspect of this study, though existing literature offered support for this approach. It was decided to use a retrospective version of the questionnaire as it allowed for information at two time points to be collected from a single data collection point. Rockwell and Kohn (1989) found that this type of measurement is particularly useful in evaluating changes in behaviour.

Retrospective reporting may lead to recall bias and respondent bias, mainly due to social desirability and effort justification, in the sense that the respondent may not have a full recollection of the past and/or feel obliged to report improvement (Schwartz & Sprangers, 2010). Nevertheless, it is also claimed by Schwartz and Sprangers (2010) that for this type of data collection, the respondent will have further knowledge about the topic at the time of completion which will guarantee more accurate reflection on the degree of change, and therefore will reduce response shift bias and avoid questionnaire fatigue (Oppenheim, 1992). Gensthaler and colleagues (2013) presented validity evidence for this type of data collection when assessing behavioural inhibition in infants and toddlers. Moreover, Brook, Akin, Lloyd, Bhattarai, and McDonald (2016), by comparing data collected at two time points with data collected from a single time point (pre-test and post-test self-reported programme impact) concluded that there were small differences when testing for statistical significance. However, the same conclusion did not apply for effect size computations, with retrospective data effect sizes being larger for the majority of the scales under analysis. This will be taken into consideration when discussing the findings.

In this study, the findings from the SDQ were used to explore the development of children while being in the same placement, and as a measure of children's current difficulties.

Questionnaire information and usage

The version of the SDQ for children aged 4-17 years was used. Their items are ordinal, and the frequencies are described in further detail in Appendix G. Foster carers reported on the looked after children's difficulties at both the start of the placement and in the present. The past time point was only used to ascertain whether children presented fewer or more difficulties throughout this placement and the present time point was used as the main dependent variable. Descriptive statistics for the past time point SDQ are also detailed in Appendix G. The remainder of this section only describes information about the present

time SDQ reports of the foster carers, which has an average missing data percentage of 0.56% (SD = 0.23% Min = 0.30%, Max = 1.00%).

Assessing Reliability

To assess reliability, according to P. Kline (2000), a Cronbach's Alpha of $>.7$ is acceptable, though smaller scores are acceptable for questionnaires which explore abilities or psychological constructs. The scores in this study were acceptable, ranging from .63 to .81, apart from emotional problems in the Portuguese sample with .13. Furthermore, the Cronbach's Alpha scores for this sample were higher than those of R. Goodman (2001) and of Abreu-Lima et al. (2010) studies of the SDQ parent/carer version for the general population, with the exception of hyperactivity subscale on the Portuguese sample that was slightly lower than Abreu-Lima et al. (2010) study (Table 1).

By conducting an exploratory factor analysis to explore the underlying structure of the emotional problems scale of the Portuguese sample (Appendix N) it was possible to conclude that it had a low Kaiser-Meyer-Olkin (KMO) statistic (0.483). Moreover, the scree plot, the eigenvalue table, and the pattern matrix indicated multidimensionality. Consequently, this subscale is not further used for the Portuguese sample.

Table 1 - Cronbach's alpha for the SDQ subscales in the English and Portuguese samples

Scales		Cronbach's α	R. Goodman (2001)	Abreu-Lima et al. (2010)
Emotional Problems	England	.69	.67	.66
	Portugal	.13		
Peer Problems	England	.71	.57	.52
	Portugal	.63		
Conduct Problems	England	.69	.63	.61
	Portugal	.67		
Hyperactivity	England	.81	.77	.68
	Portugal	.67		

Assessing Construct Validity

The SDQ is a widely validated questionnaire, with items that are ordinal and are answered according to a three point scale where: 1 = not true, 2 = somewhat true, and 3 = certainly true (R. Goodman, 1997). Because of this, it was decided to only explore the construct validity of the questionnaire for this sample, and to use an estimator adequate for ordinal items.

Analysis was conducted using Mplus v. 8.1. and the estimator MLR (maximum likelihood estimation with robust standard errors), which is robust to non-normal distributions (Muthén & Muthén, 2017). WLSMV (robust weighted least squares estimator) is the estimator most commonly used with ordinal items; however when the sample size is small when compared to a large number of items (and therefore parameters), it is preferable to use the estimator MLR instead (Muthén, Muthén, & Asparouhov, 2015). To assess the quality of the models fit to the data, I followed standard indices as reported by Brown (2006) and R. B. Kline (2016), and which have been used in previous research conducted with the SDQ (e.g. Sharratt, Boduszek, Gallagher, & Jones, 2018):

- Comparative Fit Index (CFI) where values $> .90$ are considered acceptable and $> .95$ good
- Root Mean Squared Error of Approximation (RMSEA) and Standardized Root Mean Residuals (SRMR) where values $< .08$ are considered acceptable and $< .06$ good

Another standard index is the χ^2 test of model fit, being expected to not reject the null hypothesis, and therefore to have p -values $> .05$. However, χ^2 is sensitive to large sample sizes and since the country sub-samples, England and Portugal, have 740 and 53 participants respectively, it is expected that the p -value will be significant, at least for the English sample, indicating that the null hypothesis should be rejected with p -values $< .05$ (Byrne, 2012b). Nonetheless, the χ^2 test of model fit is reported.

I decided to explore each subscale of the SDQ separately, because of the small Portuguese sample size in comparison with the large number of parameters when the four subscales are under analysis. More specifically, the Portuguese sample had only 53 participants, and when including the four subscales in a model, 66 free parameters were under analysis, whereas including each subscale separately the number of parameters decreased to 15. This is still problematic given that a sample of 5 or 10 people per parameter is expected (Bentler & Chou, 1987), and this is discussed as a limitation of the study.

Confirmatory factor analysis for the Portuguese sample on the emotional problems subscale was not tested because of its unacceptable reliability and construct validity (exploratory factor analysis), as examined in the previous section. As shown in Table 2, after some model modifications allowing for correlated residuals, all subscales showed good fits according to the standard indices CFI, RMSEA, and SRMR, therefore indicating

good construct validity. The χ^2 test of model fit was only significant for the peer problems and conduct problems subscales in the English sample.

Similar to the SDQ model fit analysis in A. Goodman et al. (2010) the model fit of this study showed acceptable fit on some indices but not all (Table 2). Exploring this in further detail the presence of similar residual covariances in both samples was evident, and residual correlations were equally allowed to improve the model fit (Byrne, 2012b; Harrington, 2009). These item pairs were selected by examining the model modification indices, therefore accounting for sound statistical but also theoretical rationales.

Correlations were added for the emotional problems subscale between *Clingy* (item 16) and *Afraid* (item 24), for the conduct problems subscale between *Lies* (item 18) and *Steals* (item 22), for the hyperactivity subscale between *Restless* (item 2) and *Fidgety* (item 10) and between *Reflect* (item 21) with *Attends* (item 25). The correlations between the pair items 16 and 24, 21 and 25, and 2 and 10 were also reported by A. Goodman et al. (2010). The model fit were improved by these minor modifications, which increased the proportion of variance explained, but did not impact on the suitability of the hypothesised factor structure (Bollen, 1989).

Table 2 – Model fit for the SDQ subscales in the English and Portuguese samples

Scales		χ^2 (df)	CFI	RMSEA	SRMR
Emotional Problems	England (added correlation items 16 with 24)	1.667 (4), $p = .7968$	1.000	.000	.008
	Portugal	UNACCEPTABLE RELIABILITY AND CONSTRUCT VALIDITY			
Peer Problems	England	21.311 (5), $p < .001^{***}$	0.965	.066	.029
	Portugal	4.801 (5), $p = .4407$	1.000	.000	.046
Conduct Problems	England (added correlation items 18 with 22)	13.005 (4), $p = .0113^*$	0.981	.055	.023
	Portugal (added correlation items 18 with 22)	5.033 (4), $p = .2839$	0.981	.070	.046
Hyperactivity	England (added correlations items 2 with 10 and 21 with 25)	3.140 (3), $p = .3706$	1.000	.008	.010
	Portugal (added correlations items 2 with 10 and 21 with 25)	1.730 (3), $p = .6303$	1.000	.000	.023

Note: * = $p < .05$, ** = $p < .01$, *** = $p < .001$

Measurement invariance

The SDQ has been widely used in England and Portugal; however, no study was found that compared the SDQ scores between these countries. Measurement invariance is used to test if sample membership, English or Portuguese, are or not confounding variables and moderate the relations in the model (Millsap & Olivera-Aguilar, 2014). Therefore, if the items that are part of the SDQ latent variables (factors) have the same meaning for these different groups, this means that the findings from these groups can be compared and meaningfully interpreted (Millsap & Olivera-Aguilar, 2014).

The measurement invariance was tested for the three subscales that had good fit on the baseline model for both samples: peer problems, conduct problems, and hyperactivity. Emotional problems had to be dropped for analyses that included the Portuguese sample because of its unacceptable reliability and construct validity, as examined in a previous section. Three progressively stricter tests were conducted: configural invariance, where the factors and the correspondence between factors and items are the same; weak invariance, which requires equality of the item loadings on the factors; and lastly strong invariance,

which requires restraining the unstandardised intercepts to be equal (R. B. Kline, 2016).

An additional test of invariance, common residual covariances, was conducted before the strong invariance test for the conduct problems and hyperactivity subscales, given the added residual correlations. This was conducted by constraining the residual covariances to be equal (Byrne, 2012b).

Following the confirmatory factor analysis approach, given the small Portuguese sample size, the measurement invariance tests were conducted by SDQ subscale. Table 3 presents the model fit indices for the measurement invariance tests of the SDQ subscales. The Mplus syntax for measurement invariance for the first subscale is presented in Appendix P.

The three subscales presented good model fit for almost all measurement invariance test, according to the standard indices CFI, RMSEA, and SRMR (i.e. good fit: CFI > .95; RMSEA and SRMR < .06; acceptable fit: CFI > .90; RMSEA and SRMR < .08). This could be stated even if for all the tests on the peer problems and conduct problems the χ^2 *p*-values were significant (Bollen, 1989; Brown, 2006; R. B. Kline, 2016; Yu, 2002).

The analysis of the nested model comparisons allows for the determination of whether the model fit of the configural invariance is significantly better than a more restricted invariance. For this purpose, the indices χ^2 model of fit (Santorra-Bentler Scaled Chi Square), RMSEA ($\Delta < .015$), and CFI ($\Delta < .01$) were used. Only the RMSEA for the strong test of the peer problems subscale ($\Delta = .02$) was slightly above the cut-off point (Chen, 2007; Cheung & Rensvold, 2002). Measurement invariance for the three subscales under analysis for the English and Portuguese samples was not assumed (Byrne, 2012b).

Table 3 – Measurement invariance model fit for the SDQ subscales in the English and Portuguese samples

		χ^2 (df)	CFI	RMSEA	SRMR
Peer Problems	Configural	28.192 (10), $p = .0017^{**}$	0.963	.068	.030
	Weak	30.412 (14), $p = .0067^{**}$	0.967	.054	.032
	Strong	34.308 (18), $p = .0115^*$	0.967	.048	.035
Conduct Problems	Configural	18.627 (8), $p = .0170^*$	0.981	.058	.026
	Weak	25.398 (12), $p = .0130^*$	0.976	.053	.035
		27.860 (13), $p = .0095^{**}$	0.973	.054	.038
	Strong	31.994 (17), $p = .0151^*$	0.973	.047	.039
Hyperactivity	Configural	4.990 (6), $p = .5451$	1.000	.000	.011
	Weak	7.769 (10), $p = .6514$	1.000	.000	.021
		8.281 (12), $p = .7628$	1.000	.000	.021
	Strong	12.884 (16), $p = .6812$	1.000	.000	.023

Note: * = $p < .05$, ** = $p < .01$, *** = $p < .001$

In summary, reliability (Cronbach's Alpha), construct validity (confirmatory factor analysis), and measurement invariance (configural, weak, common residual covariances, and strong) with 793 participants, 740 from England and 53 from Portugal, were conducted to assess the measurement qualities of 20 items of the SDQ questionnaire. These 20 items belonged to four subscales: emotional, problems, peer problems, conduct problems, and hyperactivity. The subscales were tested separately because of the reduce size of the Portuguese sample.

All subscales for both country sub-samples presented acceptable Cronbach's Alpha scores, (apart from emotional problems in the Portuguese sample which was removed of the subsequent analyses), good construct validity (after accounting for residual covariances), and measurement invariance.

Mediator variable: Child-Parent Relationship Scale

The SDQ provides a well-validated measure of emotional and behavioural difficulties of children, as well as of difficulties they experience in social relationships with peers; however, their relationships in the fostering household are also important. More specifically, a warm and close relationship between foster carers and looked after children is crucial for the success of the placement (Sinclair & Wilson, 2003). This was also stressed by the participants of Study One, therefore, I decided to analyse it in further detail.

The quality of the relationship between foster carers and looked after children can be measured using different methods, such as home visits [e.g. HOME Inventory (Caldwell & Bradley, 1984; Gaudin & Sutphen, 1993)], interviews [e.g. the Adult Attachment Interview (George et al., 1985; Stovall-McClough & Dozier, 2004)], or questionnaires [e.g. Parent-child affective quality (Linares et al., 2010; Spoth et al., 1998)]. Given the design of this study, it was decided to look at the questionnaires available in the field that: could be answered by foster carers about their relationship with looked after children who were placed with them and were between 4-17 years old, had been previously used and tested in England and in Portugal, and contained a relatively small number of questions. By screening the literature it was possible to identify a wide range of questionnaires that could assess parents and children's relationships (Pritchett et al., 2011), but only a small subset of these questionnaires had been applied to foster carers and looked after children, and even fewer took into consideration the initial requirements. In fact, the CPRS (Pianta, 1992; Whenan et al., 2009) was the only questionnaire that fit the requirements, with some limitations, given that only the teacher version had been adapted to the Portuguese context and not the parent version (Patrício et al., 2015).

This questionnaire evaluates the quality of the relationship between the parent/carer and the child. The CPRS is answered using a Likert scale of five points, where: 1 = definitely

does not apply, 2 = not really, 3 = neutral/not sure, 4 = applies somewhat, and 5 = definitely applies (Pianta, 1992). The full version has a total of 30 items divided in three subscales: conflict, closeness, and dependence in the relationship, which measure patterns of negative and positive emotions, and explore if the parent/carer shows warmth and affection, has open communication with the child, and if they are able to recognise and respond to the needs of the child (Driscoll & Pianta, 2011; Pianta, 1992). It is also available a shorter version that has a total of 15 items divided in two subscales, eight items belonging to the subscale conflict and seven items to the subscale closeness.

In this study, I decided to use the short version of the CPRS because it has been previously used with foster carers (Whenan et al., 2009) (Appendix L). Moreover, only the subscale closeness was included in the analyses (not the subscale conflict), given the literature (Sinclair & Wilson, 2003) and the views of the participants of Study One, which identified warmth and affectionate relationships as extremely important for the success of the placement. For the purpose of this study, the item wording ‘parent’ was changed to ‘carer’ and the item wording ‘child’ was changed to ‘looked after child’.

Questionnaire information and usage

Similarly to the SDQ items, the CPRS items are ordinal, and the frequencies are described in further detail in Appendix H. Foster carers reported on the quality of relationship they had at the moment with the looked after child. The percentage of missing data was small (Mean = 0.47%, SD = 0.13% Min = 0.30%, Max = 0.60%).

Assessing Reliability

To assess reliability, the internal consistency of the closeness subscale was analysed using Cronbach’s alpha, as data was only collected at a single point in time and did not result from judgments of different observers (Bryman, 2016).

Following the standard indices previously, scores of Cronbach's Alpha of < 0.7 , even if not good, are acceptable for questionnaires that explore abilities or psychological constructs (R. B. Kline, 2016). In this study, the closeness subscale in the English and Portuguese samples presented scores of .78 and .87 respectively, which are classified as good, even more so since these scores are higher than the ones from Pianta (1992) (no comparable data for the Portuguese version given that only the teacher version was adapted to the Portuguese context), see Table 4.

Table 4 - Cronbach's alpha for the CPRS subscale in the English and Portuguese samples

Scales		Cronbach's α	Pianta (1992)
Closeness	England	.78	.72
	Portugal	.87	

Assessing Construct Validity

The closeness subscale, parent/carer version has been validated in the English context, and their items are answered using a Likert scale of five points, where: 1 = definitely does not apply, 2 = not really, 3 = neutral/not sure, 4 = applies somewhat, and 5 = definitely applies (Pianta, 1992). The construct validity of the closeness subscale was measured using confirmatory factor analysis with the estimator MLR, to test if its structure holds for this dataset, similar to what was done with the SDQ subscales (Field, 2013).

As can be seen in Table 5, the subscale showed good fit in the English and Portuguese samples after model modification. This was attested by exploring the standard indices CFI, RMSEA, and SRMR (i.e. good fit: $CFI > .95$; $RMSEA$ and $SRMR < .60$), which demonstrated good construct validity in both samples. The χ^2 test of model fit was only significant for the English sample, which can be justified by the large sample size (Brown, 2006; R. B. Kline, 2016). The main modification was to allow for correlated residuals

between the following item pairs: *Spontaneously Shares Information* (item 7) and *Openly Shares Feelings and Experiences* (item 15) in both samples, and *Values his/her relationship with me* (item 5) with the item *Praise, beams with pride* (item 6) and with the item *With an affectionate relationship* (item 1), in the Portuguese sample. These residual correlations were selected by examining the model modification indices, therefore accounting for sound statistical but also theoretical rationales (Bollen, 1989; Byrne, 2012b; Harrington, 2009).

Table 5 – Model fit for the CPRS subscale in the English and Portuguese samples

Scales		χ^2 (df)	CFI	RMSEA	SRMR
Closeness	England (added correlation items 7 with 15)	37.329 (13), $p < .001^{***}$	0.967	.050	.035
	Portugal (added correlations items 7 with 15, 5 with 6, and 1 with 5)	11.425 (11), $p = .4083$	0.997	.027	.038

Note: * = $p < .05$, ** = $p < .01$, *** = $p < .001$

Measurement invariance

In the English context the closeness subscale, parent/carer version has been validated; however, this is not the case for the Portuguese context. Therefore, it was important to test for measurement invariance and explore if the items that are part of the closeness subscale have the same meaning for English and Portuguese participants, and if the data is comparable (Millsap & Olivera-Aguilar, 2014). Similarly, to the analyses of the SDQ subscales, progressively stricter tests were conducted.

As presented in Table 6, the closeness subscale presented good model fit for the configural invariance test according to the standard indices CFI, RMSEA, and SRMR (i.e. good fit: $CFI > .95$; $RMSEA$ and $SRMR < .06$; acceptable fit: $CFI > .90$; $RMSEA$ and $SRMR < .08$). On the other hand, the subscale presented poor model fit for the weak invariance test, and by exploring the nested model, it was concluded that the model fit of the configural

invariance was significantly better than the more restricted invariance, given the indices χ^2 model of fit (Santorra-Bentler Scaled Chi Square), RMSEA ($\Delta < .015$), and CIF ($\Delta < .01$) (Chen, 2007; Cheung & Rensvold, 2002; R. B. Kline, 2016). Measurement invariance for the closeness subscales for the English and Portuguese samples was not assumed (Byrne, 2012b).

Table 6 – Measurement invariance model fit for the CPRS subscale in the English and Portuguese samples

		χ^2 (df)	CFI	RMSEA	SRMR
Closeness	Configural	34.300 (22), $p = .0458^*$	0.988	.038	.026
	Weak	63.444 (28), $p < .001^{***}$	0.965	.057	.207

Note: * = $p < .05$, ** = $p < .01$, *** = $p < .001$

In summary, reliability (Cronbach's Alpha), construct validity (confirmatory factor analysis), and measurement invariance (configural, weak, common residual covariances, and strong) with 793 participants, 740 from England and 53 from Portugal, were conducted to assess the measurement qualities of seven items of the CPRS questionnaire. These seven questionnaires belonged to the closeness subscale.

The subscale closeness presented for both country sub-samples an acceptable Cronbach's Alpha scores and good construct validity (after accounting for residual covariances, in the Portuguese sample there was a need for additional residual correlations), however measurement invariance was not assumed, therefore the country sub-samples are not comparable.

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Appendix F – Rasch model analyses – extracted from Confirmation of status document

All items

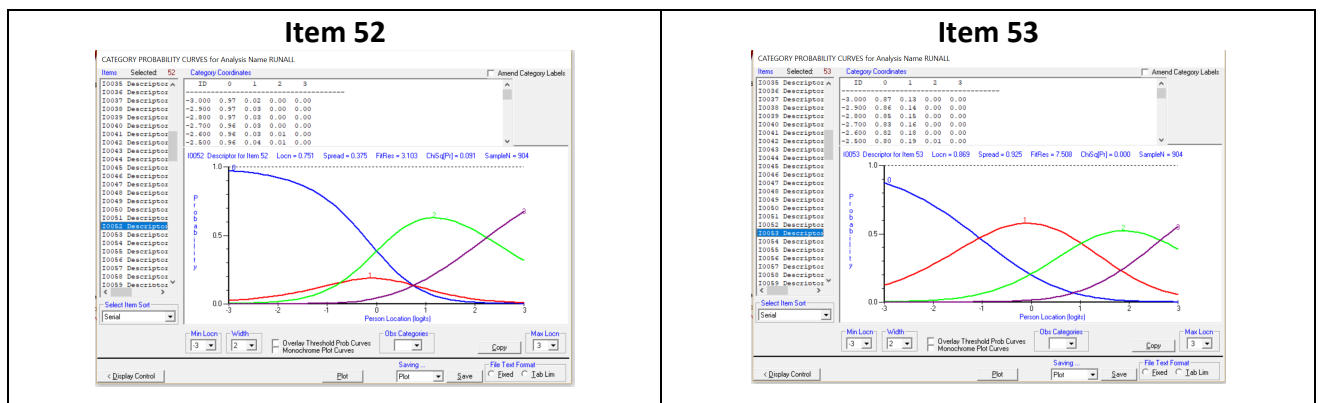
Table 1. Item difficulties, fit statistics, thresholds, and the frequencies of all the items

Green highlights fit residuals of < -2.5 standardised fit residuals while yellow highlights fit residuals of > 2.5								Frequencies Categories with less than 10 observations are highlighted in yellow				Missing Data
Ite m	Item δ	SE	Fit Residual	Chi sq	Probability	PSI	Disorder thresholds	0	1	2	3	
I0001	-0.608	0.096	-2.87	35.025	0	0.961	X	3	2	94	804	2
I0002	-0.934	0.08	-2.064	19.733	0.000194		X	1	4	194	702	4
I0003	-0.766	0.071	2.088	5.656	0.129608		X	1	13	235	651	5
I0004	-0.885	0.084	-1.801	18.292	0.000383		X	1	2	176	722	4
I0005	-0.019	0.062	-0.911	6.144	0.104808		X	5	18	454	415	13
I0006	0.26	0.052	3.896	13.143	0.004339		X	19	28	242	605	11
I0007	-0.018	0.063	0.318	3.021	0.388406		X	5	9	449	434	8
I0008	0.298	0.051	4.026	41.563	0		X	14	51	371	464	5
I0009	-0.55	0.073	-1.788	13.453	0.003753		X	2	4	246	649	4
I0010	-0.342	0.065	-0.883	4.088	0.252132		X	3	11	359	528	4
I0011	-0.706	0.087	-0.635	7.579	0.055573		X	2	6	119	772	6
I0012	1.25	0.045	5.833	80.136	0			60	182	399	184	80
I0013	0.032	0.058	0.058	7.048	0.070384		X	10	20	300	569	6
I0014	-0.15	0.062	1.955	18.849	0.000295		X	3	30	471	392	9
I0015	-0.666	0.065	-2.49	21.617	0.000079		X	1	19	412	460	13
I0016	0.323	0.057	-1.019	15.741	0.001283			9	78	522	285	11
I0017	0.756	0.046	4.186	23.461	0.000034		X	30	123	444	304	4
I0018	-0.009	0.061	-0.365	2.409	0.491872		X	4	40	516	340	5
I0019	0.481	0.046	3.638	5.828	0.120311		X	34	53	277	539	2
I0020	-0.228	0.066	-0.421	1.161	0.762375		X	3	4	413	480	5
I0021	-0.876	0.091	-1.529	17.848	0.000474		X	1	4	129	770	1
I0022	-0.336	0.07	-3.067	53.105	0		X	4	3	252	644	2
I0023	0.58	0.048	3.421	21.288	0.000093		X	27	74	404	392	8
I0024	0.273	0.062	0.581	0.941	0.815513			6	69	584	235	11
I0025	0.633	0.051	1.046	1.635	0.651411			19	117	498	264	7
I0026	1.035	0.052	2.081	11.536	0.009156			28	179	528	154	16
I0027	0.869	0.052	1.883	6.159	0.104123		X	31	79	561	229	5
I0028	1.109	0.062	2.23	21.742	0.000075		X	20	93	677	105	10
I0029	0.983	0.041	7.398	67.021	0		X	61	141	389	308	6
I0030	-0.052	0.061	-1.708	29.794	0.000002		X	8	14	303	573	7
I0031	-0.434	0.06	1.289	6.924	0.074355			2	37	378	485	3
I0032	0.057	0.059	-1.649	22.293	0.000058			5	70	497	317	16
I0033	0.196	0.062	-1.871	46.021	0			6	61	554	272	12
I0034	-0.218	0.063	1.899	10.974	0.01187		X	4	19	284	591	7
I0035	-2.14	0.078	-1.842	50.742	0			0	7	221	675	2
I0036	-0.175	0.065	0.199	10.389	0.015538		X	5	7	281	604	8
I0037	0.62	0.057	1.85	9.805	0.020295			10	149	570	170	6
I0038	0.671	0.05	1.889	13.988	0.002923		X	24	74	489	310	8
I0039	0.421	0.051	3.142	12.389	0.006163			13	110	442	334	6
I0040	-0.5	0.067	-1.362	13.304	0.004024		X	1	23	543	333	5
I0041	-3.595	0.078	-3.69	72.775	0		X	0	0	254	649	2
I0042	-0.602	0.067	-2.553	33.036	0		X	1	13	450	433	8
I0043	-0.829	0.083	-1.451	19.148	0.000256		X	1	3	173	725	3
I0044	2.366	0.043	8.767	138.929	0			232	338	281	43	11
I0045	-2.318	0.101	-2.243	48.489	0			0	2	123	778	2
I0046	1.912	0.045	5.893	86.053	0			128	252	439	66	20
I0047	2.091	0.047	5.628	81.58	0			112	316	422	43	12
I0048	1.942	0.043	9.118	219.188	0			155	345	321	74	10
I0049	1.975	0.042	7.917	147.92	0			173	293	350	77	12
I0050	0.289	0.052	5.253	42.366	0			9	91	441	355	9

I0051	0.177	0.059	-1.705	28.089	0.000003		X	8	39	486	362	10
I0052	0.751	0.049	3.103	6.102	0.106763		X	31	65	482	310	17
I0053	0.869	0.048	7.508	103.304	0			21	271	421	180	12
I0054	-0.22	0.065	-3.361	42.052	0		X	5	8	326	560	6
I0055	-0.013	0.056	1.013	6.22	0.101384		X	8	41	316	535	5
I0056	-1.823	0.068	-4.319	50.458	0			0	15	489	396	5
I0057	0.467	0.05	1.586	11.557	0.009068		X	19	44	417	421	4
I0058	-0.674	0.065	-3.206	35.353	0		X	1	19	371	510	4
I0059	-2.033	0.073	-3.66	50.24	0			0	5	299	594	7
I0060	-0.442	0.065	3.092	14.392	0.002418		X	2	22	229	647	5
I0061	-0.076	0.059	1.307	5.897	0.116723		X	5	34	384	478	4
I0062	0.353	0.05	4.728	24.943	0.000018		X	14	78	387	422	4
I0063	1.009	0.048	4.413	52.16	0			30	210	479	180	6
I0064	-0.365	0.068	-3.859	65.826	0		X	3	3	311	585	3
I0065	-0.413	0.066	-0.273	3.216	0.359492		X	3	18	254	625	5
I0066	0.549	0.057	0.025	12.217	0.006677			12	83	570	234	6
I0067	0.758	0.052	2.122	14.456	0.002347		X	22	112	528	236	7
I0068	-0.1	0.061	3.83	3.656	0.301095		X	6	17	294	585	3
I0069	-1.998	0.073	0.895	4.056	0.255506			0	6	275	618	6
I0070	0.435	0.049	2.001	6.779	0.079276		X	26	35	335	504	5
I0071	0.398	0.053	0.179	6.635	0.084473		X	18	29	430	426	2
I0072	-0.271	0.069	0.048	10.344	0.015862		X	5	11	184	700	5
I0073	-2.255	0.083	-1.741	42.76	0			0	8	177	719	1
I0074	0.935	0.044	7.921	131.936	0			35	241	388	233	8
I0075	1.286	0.053	3.851	29.479	0.000002			32	210	552	104	7
I0076	0.584	0.055	2.577	11.801	0.008096			13	99	548	237	8
I0077	0.695	0.046	5.452	42.371	0		X	31	81	417	370	6
I0078	-0.116	0.062	-2.398	40.376	0		X	5	14	377	505	4
I0079	-2.25	0.078	-2.966	30.198	0.000001		X	0	1	246	657	1
I0080	-0.828	0.073	-4.919	97.583	0		X	1	4	272	626	2
I0081	0.111	0.054	1.451	2.614	0.454985		X	8	58	387	445	7
I0082	0.459	0.054	-0.519	13.44	0.003778		X	16	35	484	366	4
I0083	0.519	0.061	0.813	8.23	0.041488			6	148	584	156	11
I0084	0.865	0.048	3.027	13.646	0.003431		X	36	104	485	273	7
I0085	0.672	0.055	1.641	5.166	0.160035			15	123	541	213	13
I0086	0.788	0.05	3.373	39.417	0			23	130	500	243	9
I0087	-0.088	0.064	-2.789	60.874	0		X	5	4	404	491	1
I0088	-2.043	0.073	0.145	7.719	0.052192			0	5	296	598	6
I0089	0.316	0.052	2.427	7.241	0.064596			11	94	419	368	13
I0090	-0.204	0.062	-3.237	47.736	0		X	5	19	341	533	7
I0091	0.396	0.052	0.958	7.269	0.063805		X	22	16	363	498	6
I0092	-0.763	0.069	-4.939	87.662	0		X	1	9	336	553	6
I0093	0.358	0.052	9.011	28.297	0.000003			11	81	449	357	7
I0094	0.155	0.057	0.33	0.712	0.870395		X	9	28	397	455	16
I0095	-0.473	0.069	-2.299	24.682	0.000019		X	1	14	538	344	8
I0096	-0.77	0.075	-4.214	64.514	0		X	1	1	260	637	6
I0097	-3.65	0.081	-3.994	103.943	0		X	0	0	236	664	5
I0098	0.158	0.056	2.543	5.518	0.137547		X	10	29	373	487	6
I0099	-0.052	0.061	2.196	1.742	0.627579		X	8	19	200	670	8
I0100	-0.033	0.06	-0.223	7.795	0.050435		X	7	20	311	558	9
I0101	-0.398	0.086	-1.36	28.637	0.000003		X	4	1	102	793	5
I0102	-0.345	0.074	1.359	39.818	0		X	4	7	164	726	4
I0103	-0.512	0.092	-0.297	16.15	0.001057		X	3	2	92	803	5
I0104	-1.961	0.071	-0.45	30.394	0.000001			0	6	324	567	8
I0105	-0.144	0.063	-3.834	60.65	0		X	4	25	477	390	9
I0106	-0.16	0.066	-1.235	30.27	0.000001			2	46	571	275	11
I0107	0.061	0.056	-0.116	6.705	0.081925		X	7	50	403	434	11
I0108	1.095	0.049	6.102	75.906	0			33	234	459	155	24
I0109	-0.084	0.064	-1.655	20.517	0.000133		X	3	39	537	315	11
I0110	0.501	0.046	5.392	40.619	0		X	24	87	331	453	10
I0111	0.597	0.055	0.651	9.292	0.025648		X	17	63	538	278	9
I0112	0.71	0.045	3.988	11.556	0.00907		X	42	56	395	403	9
I0113	0.209	0.061	-1.229	43.795	0		X	7	33	530	330	5
I0114	1.213	0.049	4.268	37.529	0			44	178	510	155	18
I0115	-0.146	0.061	0.022	14.587	0.002208		X	5	23	329	542	6

I0116	0.391	0.05	1.936	1.45	0.693966		X	25	13	292	567	8
I0117	0.543	0.054	0.315	12.044	0.007234			15	92	510	278	10
I0118	-0.227	0.067	-4.315	66.712	0		X	4	2	313	577	9
I0119	0.169	0.054	1.053	6.406	0.093447		X	11	47	373	466	8
I0120	-0.128	0.068	1.434	3.144	0.369913		X	10	10	113	765	7
I0121	-0.579	0.068	-4.617	62.347	0		X	1	7	474	419	4
I0122	-0.634	0.071	-2.678	28.703	0.000003		X	1	0	338	561	5
I0123	-0.378	0.063	0.618	2.81	0.421869		X	2	21	384	490	8
I0124	1.263	0.047	11.148	171.597	0			39	307	429	118	12
I0125	0.13	0.058	-1.164	19.336	0.000233		X	12	7	309	574	3
I0126	0.472	0.052	1.286	1.614	0.656154		X	19	41	444	394	7
I0127	0.467	0.05	1.751	14.352	0.002465		X	26	29	373	471	6
I0128	1	0.056	2.012	33.153	0			24	149	563	158	11
I0129	0.619	0.044	5.867	11.136	0.011012		X	46	57	304	490	8
I0130	-0.235	0.067	-0.61	43.885	0		X	5	8	241	646	5
I0131	0.097	0.057	-0.537	12.731	0.005256		X	12	20	304	565	4
I0132	0.378	0.053	0.528	2.447	0.484925		X	15	56	436	393	5
I0133	-0.226	0.059	0.382	3.796	0.284369		X	4	37	343	513	8
I0134	0.458	0.057	-0.752	23.845	0.000029		X	14	57	520	308	6
I0135	-0.516	0.067	-3.429	37.103	0		X	1	14	498	386	6
I0136	-2.267	0.084	-2.569	37.551	0			0	3	192	708	2
I0137	1.39	0.048	5.92	110.539	0			47	267	472	107	12
I0138	0.843	0.053	3.517	17.986	0.000444			21	143	534	184	23
I0139	0.481	0.046	6.099	6.91	0.074809		X	41	23	238	598	5
I0140	0.888	0.051	3.66	31.865	0.000001			19	237	478	159	12
I0141	0.613	0.056	0.546	10.501	0.014753		X	17	63	540	266	19
I0142	0.32	0.061	-2.334	67.109	0		X	10	30	529	329	7
I0143	-3.456	0.072	-7.776	110.58	0		X	0	0	363	536	6
I0144	0.398	0.058	-1.34	31.043	0.000001		X	11	65	529	289	11
I0145	0.471	0.066	0.399	29.122	0.000002			5	124	613	149	14
I0146	0.593	0.05	2.881	16.165	0.00105			18	120	424	289	54
I0147	-0.049	0.068	-3.347	104.659	0		X	3	28	572	294	8
I0148	-0.508	0.069	-5.229	93.344	0		X	2	4	319	571	9
I0149	0.578	0.049	1.49	2.17	0.53787			23	113	420	339	10
I0150	0.677	0.062	0.097	36.686	0			12	102	597	177	17
I0151	-0.246	0.06	0.456	6.898	0.075229		X	3	34	393	465	10

Figure 1. Category Probability Curves - examples of 4 items



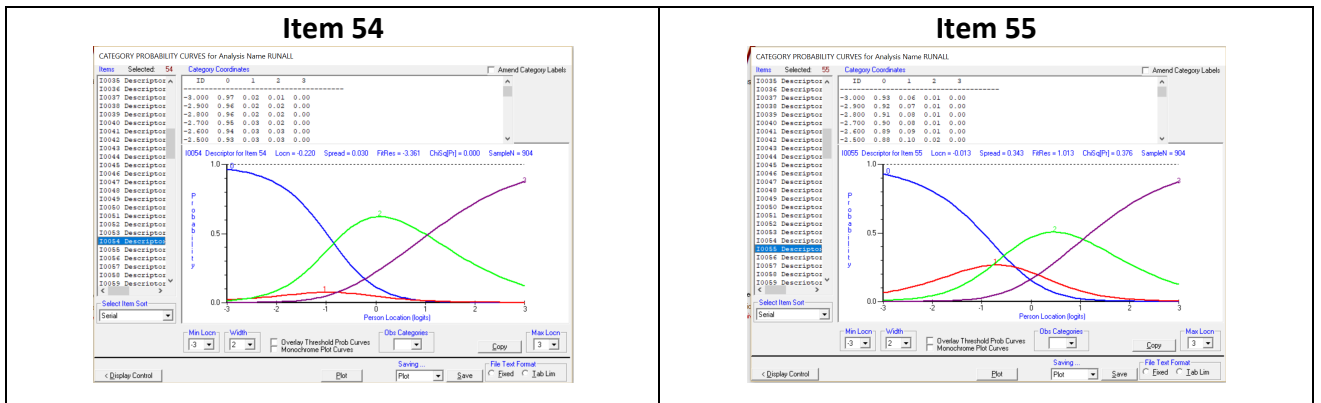


Table 2. Item difficulties, fit statistics, theoretical domain membership, and frequencies of all of the items, after combining the first two categories

Green highlights fit residuals of < -2.5 standardised fit residuals while yellow highlights fit residuals of > 2.5						PSI		Theoretical domain membership		Frequencies		
Item	Item δ	SE	Fit Residual	Chi sq	Probability					Categories with less than 10 observations are highlighted in yellow		
										0	1	2
						Parenting	Professional					
I0001	-1.736	0.106	-2.9	33.398	0	0.966		X	5	94	804	
I0002	-1.534	0.082	-1.8	10.189	0.017029			X	5	194	702	
I0003	-0.81	0.072	2.35	10.952	0.011988			X	14	235	651	
I0004	-1.806	0.086	-1.917	10.153	0.017308			X	3	176	722	
I0005	-0.239	0.066	-0.897	8.837	0.031544			X	23	454	415	
I0006	-0.151	0.061	2.883	12.402	0.006126			X	47	242	605	
I0007	-0.505	0.068	0.92	5.648	0.130039			X	14	449	434	
I0008	0.253	0.057	5.292	60.878	0			X	65	371	464	
I0009	-1.319	0.076	-1.966	8.739	0.032965			X	6	246	649	
I0010	-0.694	0.068	-0.315	1.171	0.759941			X	14	359	528	
I0011	-1.363	0.092	-0.295	4.923	0.177524			X	8	119	772	
I0012	1.559	0.054	5.893	82.179	0			X	242	399	184	
I0013	-0.396	0.065	-0.939	5.602	0.132676			X	30	300	569	
I0014	0.013	0.064	2.761	27.868	0.000004			X	33	471	392	
I0015	-0.438	0.067	-2.526	12.621	0.005532			X	20	412	460	
I0016	0.718	0.061	-1.359	18.177	0.000405			X	87	522	285	
I0017	0.961	0.054	3.192	27.157	0.000005			X	153	444	304	
I0018	0.238	0.064	-0.539	1.135	0.768524			X	44	516	340	
I0019	0.214	0.056	2.843	4.247	0.235963			X	87	277	539	
I0020	-0.924	0.07	0.375	2.798	0.42387			X	7	413	480	
I0021	-1.59	0.093	-1.831	12.241	0.006604			X	5	129	770	
I0022	-1.285	0.076	-3.706	51.264	0			X	7	252	644	
I0023	0.574	0.055	3.469	30.585	0.000001			X	101	404	392	
I0024	0.77	0.065	0.213	1.329	0.722154			X	75	584	235	
I0025	1.008	0.057	0.794	6.975	0.072684			X	136	498	264	
I0026	1.603	0.059	1.948	16.242	0.001012			X	207	528	154	
I0027	0.995	0.061	1.074	4.732	0.192468			X	110	561	229	
I0028	1.552	0.073	1.346	17.434	0.000576			X	113	677	105	
I0029	1.095	0.051	6.382	55.963	0			X	202	389	308	
I0030	-0.566	0.068	-2.651	29.34	0.000002			X	22	303	573	
I0031	-0.084	0.062	1.856	10.658	0.013728			X	39	378	485	
I0032	0.562	0.061	-2.247	15.139	0.001702			X	75	497	317	
I0033	0.615	0.065	-2.834	37.929	0			X	67	554	272	
I0034	-0.513	0.067	1.598	4.926	0.177312			X	23	284	591	
I0035	-1.3	0.078	-2.04	30.355	0.000001			X	7	221	675	
I0036	-0.868	0.071	0.417	7.853	0.049156			X	12	281	604	
I0037	1.383	0.06	2.472	20.343	0.000145			X	159	570	170	

I0038	0.737	0.058	2.698	22.312	0.000057		X		98	489	310
I0039	0.792	0.055	3.31	27.228	0.000005		X		123	442	334
I0040	-0.046	0.069	-1.77	5.204	0.157439			X	24	543	333
I0041	-3.771	0.079	-3.984	44.621	0			X	0	254	649
I0042	-0.528	0.068	-3.106	21.538	0.000082		X		14	450	433
I0043	-1.593	0.085	-1.41	10.165	0.017213		X		4	173	725
I0044	2.99	0.063	4.127	60.24	0		X		570	281	43
I0045	-2.053	0.1	-2.812	28.061	0.000004			X	2	123	778
I0046	2.431	0.06	4.565	55.508	0		X		380	439	66
I0047	2.813	0.063	5.302	56.166	0		X		428	422	43
I0048	2.499	0.057	5.663	112.568	0		X		500	321	74
I0049	2.481	0.057	4.167	70.351	0		X		466	350	77
I0050	0.657	0.056	6.478	65.551	0			X	100	441	355
I0051	0.212	0.063	-3.027	25.784	0.000012			X	47	486	362
I0052	0.719	0.058	0.728	3.521	0.318062			X	96	482	310
I0053	1.634	0.052	8.771	118.163	0		X		292	421	180
I0054	-0.841	0.07	-4.542	39.715	0		X		13	326	560
I0055	-0.05	0.06	1.632	5.802	0.121639			X	49	316	535
I0056	-0.434	0.069	-4.46	38.612	0			X	15	489	396
I0057	0.287	0.059	1.868	15.286	0.001589		X		63	417	421
I0058	-0.506	0.067	-3.606	25.543	0.000013		X		20	371	510
I0059	-1.355	0.074	-3.733	32.487	0			X	5	299	594
I0060	-0.498	0.067	3.244	18.403	0.000364			X	24	229	647
I0061	-0.063	0.062	1.843	11.328	0.010078			X	39	384	478
I0062	0.471	0.055	4.551	23.8	0.000029			X	92	387	422
I0063	1.559	0.055	4.963	59.611	0		X		240	479	180
I0064	-1.248	0.073	-5.242	62.422	0		X		6	311	585
I0065	-0.644	0.069	-0.32	0.917	0.821422		X		21	254	625
I0066	0.913	0.062	-0.009	19.69	0.000198		X		95	570	234
I0067	1.089	0.058	1.051	6.689	0.082484		X		134	528	236
I0068	-0.523	0.067	1.795	3.068	0.38133		X		23	294	585
I0069	-1.197	0.074	1.082	2.256	0.520984			X	6	275	618
I0070	0.086	0.059	0.215	6.831	0.077493			X	61	335	504
I0071	0.09	0.062	-1.974	7.438	0.059166			X	47	430	426
I0072	-0.892	0.076	-0.752	9.791	0.020433			X	16	184	700
I0073	-1.337	0.083	-1.861	26.623	0.000007			X	8	177	719
I0074	1.448	0.05	8.675	124.393	0			X	276	388	233
I0075	1.972	0.062	3.46	26.255	0.000008		X		242	552	104
I0076	0.993	0.06	2.991	17.611	0.00053		X		112	548	237
I0077	0.676	0.054	4.747	42.162	0		X		112	417	370
I0078	-0.542	0.067	-4.251	38.279	0			X	19	377	505
I0079	-2.274	0.079	-3.145	15.96	0.001156			X	1	246	657
I0080	-1.468	0.075	-5.573	81.941	0		X		5	272	626
I0081	0.248	0.058	1.908	3.886	0.274009		X		66	387	445
I0082	0.273	0.062	-1.572	10.99	0.011783		X		51	484	366
I0083	1.497	0.064	0.526	15.789	0.001254		X		154	584	156
I0084	1.01	0.056	0.491	7.554	0.056182		X		140	485	273
I0085	1.183	0.06	1.112	5.204	0.157485		X		138	541	213
I0086	1.133	0.056	3.472	41.511	0		X		153	500	243
I0087	-0.877	0.069	-5.473	64.271	0		X		9	404	491
I0088	-1.313	0.073	0.351	3.249	0.354798			X	5	296	598
I0089	0.643	0.055	2.971	19.244	0.000244			X	105	419	368
I0090	-0.494	0.067	-4.332	42.095	0			X	24	341	533
I0091	-0.153	0.063	-1.169	7.267	0.06385			X	38	363	498
I0092	-0.985	0.071	-5.659	75.57	0		X		10	336	553
I0093	0.605	0.056	8.132	42.911	0			X	92	449	357
I0094	-0.057	0.063	0.18	0.718	0.868889		X		37	397	455
I0095	-0.329	0.07	-2.839	19.792	0.000188		X		15	538	344
I0096	-1.874	0.078	-4.89	56.959	0			X	2	260	637
I0097	-3.831	0.081	-4.538	77.298	0			X	0	236	664
I0098	-0.081	0.062	2.049	3.396	0.334455			X	39	373	487
I0099	-0.573	0.07	1.059	4.008	0.260604			X	27	200	670
I0100	-0.402	0.066	-0.957	4.976	0.17353		X		27	311	558
I0101	-1.646	0.102	-1.813	37.08	0		X		5	102	793
I0102	-1.147	0.082	0.471	42.338	0		X		11	164	726

I0103	-1.659	0.105	-0.968	23.46	0.000034		X		5	92	803
I0104	-1.156	0.072	-0.297	23.262	0.000037			X	6	324	567
I0105	-0.123	0.066	-4.855	49.994	0			X	29	477	390
I0106	0.443	0.067	-1.763	20.54	0.000132		X		48	571	275
I0107	0.182	0.06	-0.062	1.641	0.650143		X		57	403	434
I0108	1.712	0.055	6.039	63.333	0			X	267	459	155
I0109	0.28	0.066	-2.294	14.245	0.002591		X		42	537	315
I0110	0.512	0.053	6.074	39.893	0		X		111	331	453
I0111	0.712	0.062	-0.702	11.371	0.009882			X	80	538	278
I0112	0.519	0.056	0.932	1.624	0.653891			X	98	395	403
I0113	0.217	0.066	-3.248	44.941	0		X		40	530	330
I0114	1.657	0.058	2.945	28.059	0.000004		X		222	510	155
I0115	-0.37	0.065	-0.883	7.985	0.046324		X		28	329	542
I0116	-0.263	0.063	-0.171	8.738	0.032991			X	38	292	567
I0117	0.857	0.059	-1.037	10.893	0.012318			X	107	510	278
I0118	-1.231	0.073	-5.908	77.841	0			X	6	313	577
I0119	0.128	0.06	0.209	3.493	0.321624		X		58	373	466
I0120	-0.871	0.081	1.226	5.411	0.14409			X	20	113	765
I0121	-0.832	0.07	-5.574	62.972	0			X	8	474	419
I0122	-2.031	0.073	-3.335	28.993	0.000002			X	1	338	561
I0123	-0.354	0.065	0.596	2.078	0.5564			X	23	384	490
I0124	1.965	0.054	11.335	169.918	0			X	346	429	118
I0125	-0.624	0.068	-2.126	24.521	0.000021			X	19	309	574
I0126	0.291	0.06	0.219	0.534	0.911316		X		60	444	394
I0127	0.081	0.06	-1.585	17.28	0.00062		X		55	373	471
I0128	1.565	0.062	0.13	36.584	0			X	173	563	158
I0129	0.362	0.054	2.258	0.942	0.815198			X	103	304	490
I0130	-0.963	0.074	-2.366	51.891	0			X	13	241	646
I0131	-0.359	0.065	-1.214	14.594	0.0022			X	32	304	565
I0132	0.365	0.059	-0.404	1.011	0.798697		X		71	436	393
I0133	-0.13	0.062	0.445	0.969	0.808861		X		41	343	513
I0134	0.564	0.062	-2.869	25.74	0.000012			X	71	520	308
I0135	-0.401	0.069	-4.259	32.508	0			X	15	498	386
I0136	-1.851	0.084	-2.838	26.719	0.000007			X	3	192	708
I0137	2.026	0.057	5.978	100.722	0		X		314	472	107
I0138	1.354	0.059	3.187	18.697	0.000317		X		164	534	184
I0139	-0.063	0.059	2.895	1.787	0.617764			X	64	238	598
I0140	1.682	0.055	3.97	39.745	0			X	256	478	159
I0141	0.743	0.063	-1.124	10.714	0.013376			X	80	540	266
I0142	0.215	0.066	-5.329	76.807	0			X	40	529	329
I0143	-3.579	0.073	-7.947	91.148	0		X		0	363	536
I0144	0.651	0.063	-2.902	30.187	0.000001			X	76	529	289
I0145	1.434	0.068	-0.22	29.026	0.000002			X	129	613	149
I0146	0.935	0.056	3.074	22.197	0.00006		X		138	424	289
I0147	0.169	0.07	-4.877	89.623	0			X	31	572	294
I0148	-1.251	0.073	-6.414	82.175	0			X	6	319	571
I0149	0.821	0.054	1.241	3.393	0.334959		X		136	420	339
I0150	1.248	0.066	-0.832	29.003	0.000002		X		114	597	177
I0151	-0.085	0.063	0.139	2.986	0.393757			X	37	393	465

Figure 2. Category Probability Curves – the same 4 items shown in Figure 1, after combining the first two categories

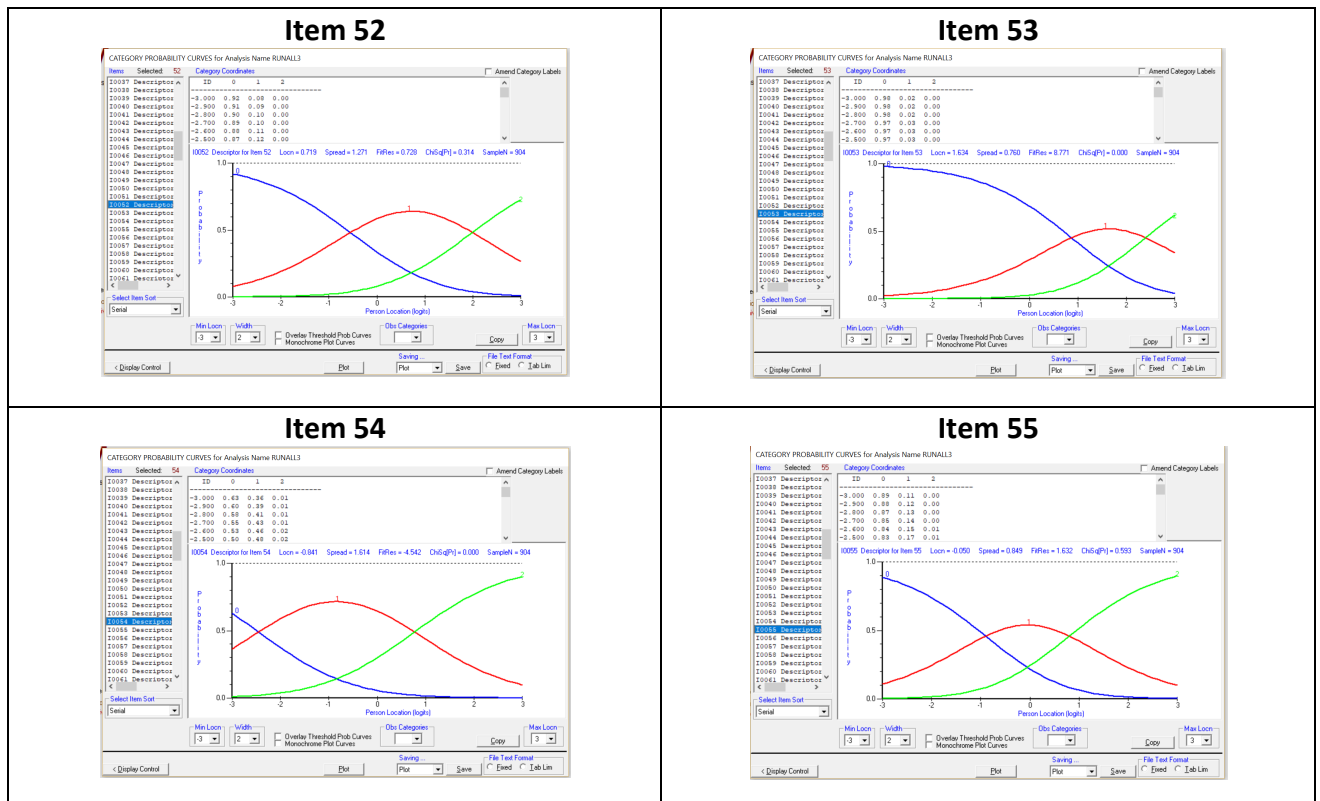


Figure 3. Principal Component Summary of all of the items

Principal Component Summary				
		PC Normalised Vectors		PC Loadings
PC	Eigen	Percent	CPercent	StdErr
PC001	7.734	5.12%	5.12%	1.092
PC002	5.315	3.52%	8.64%	0.749
PC003	3.768	2.50%	11.14%	0.531
PC004	3.306	2.19%	13.33%	0.466
PC005	2.657	1.76%	15.09%	0.373
PC006	2.543	1.68%	16.77%	0.358
PC007	2.452	1.62%	18.39%	0.345
PC008	2.386	1.58%	19.97%	0.336
PC009	2.344	1.55%	21.53%	0.330
PC010	2.181	1.44%	22.97%	0.307
PC011	1.944	1.29%	24.26%	0.273
PC012	1.916	1.27%	25.53%	0.269
PC013	1.878	1.24%	26.77%	0.264
PC014	1.770	1.17%	27.94%	0.248
PC015	1.741	1.15%	29.10%	0.244
PC016	1.683	1.11%	30.21%	0.236
PC017	1.637	1.08%	31.29%	0.230
PC018	1.616	1.07%	32.36%	0.227
PC019	1.596	1.06%	33.42%	0.224
PC020	1.556	1.03%	34.45%	0.218
PC021	1.521	1.01%	35.46%	0.214
PC022	1.506	1.00%	36.46%	0.211
PC023	1.487	0.99%	37.44%	0.209
PC024	1.439	0.95%	38.39%	0.202
PC025	1.424	0.94%	39.34%	0.199

Figure 4 - Comparison of the items that belong to the Professional and Parenting subscales based on t-test values

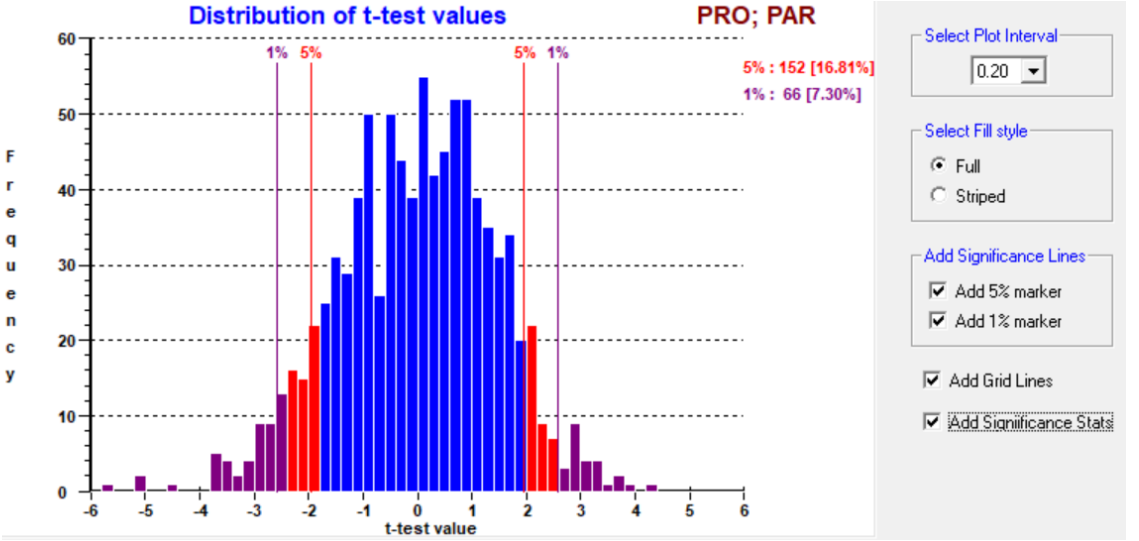
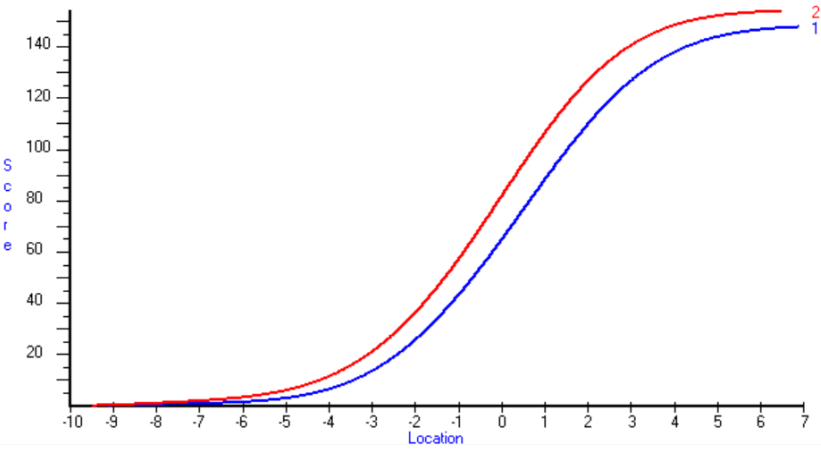
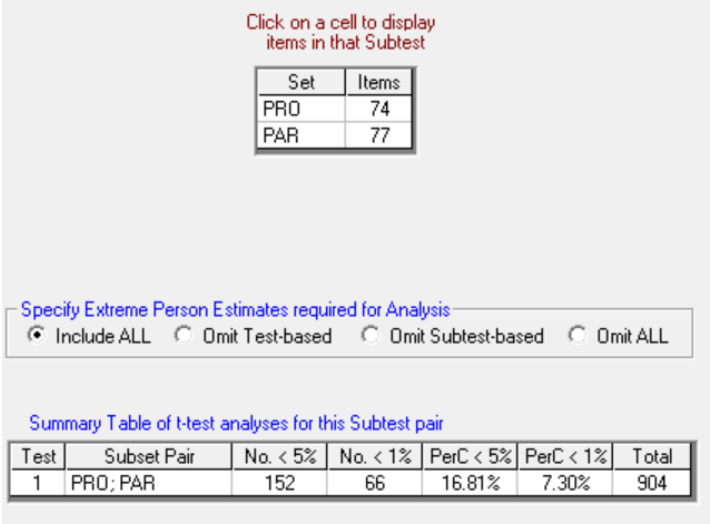


Figure 5. Equating Tests / Paired t-tests distribution characteristics



Professional (1) and Parenting (2)

Professional domain (additional tasks' competency)

Table 3. Item difficulties, fit statistics, and frequencies of the professional domain items

Green highlights fit residuals of < -2.5 standardised fit residuals while yellow highlights fit residuals of > 2.5						PSI	Frequencies Categories with less than 10 observations are highlighted in yellow		
Item	Item δ	SE	Fit Residual	Chi sq	Probability		0	1	2
I0004	-2.099	0.085	-1.767	9.537	0.022946	0.928	3	176	720
I0005	-0.565	0.066	-0.79	3.052	0.383653		23	454	413
I0006	-0.471	0.061	2.061	4.205	0.24021		47	242	603
I0007	-0.826	0.067	0.602	1.386	0.708899		14	449	432
I0009	-1.621	0.076	-1.95	9.871	0.019699		6	246	647
I0010	-1.019	0.068	-0.878	3.21	0.360331		14	359	526
I0011	-1.658	0.091	-0.172	8.378	0.038816		8	119	770
I0012	1.228	0.054	3.51	38.272	0		242	399	182
I0018	-0.093	0.064	-0.592	2.734	0.434551		44	516	338
I0022	-1.572	0.075	-3.392	45.058	0		7	252	642
I0023	0.248	0.055	2.731	21.996	0.000066		101	404	390
I0024	0.433	0.064	0.32	1.136	0.768341		75	584	233
I0025	0.666	0.056	-0.238	3.393	0.334961		136	498	262
I0026	1.261	0.058	0.535	4.013	0.260035		207	528	152
I0027	0.648	0.06	0.159	0.308	0.958433		110	561	227
I0028	1.212	0.073	0.847	8.118	0.043628		113	677	103
I0029	0.761	0.05	3.713	14.967	0.001845		202	389	306
I0030	-0.883	0.067	-3.244	42.437	0		22	303	571
I0037	1.045	0.06	2.129	7.447	0.058939		159	570	168
I0038	0.406	0.057	2.443	15.874	0.001204		98	489	308
I0039	0.462	0.054	3.084	14.927	0.00188		123	442	332
I0042	-0.855	0.068	-2.517	24.477	0.000021		14	450	431
I0043	-1.904	0.085	-1.765	15.362	0.001533		4	173	723
I0044	2.648	0.063	2.703	33.718	0		570	281	41
I0046	2.098	0.06	3.145	35.462	0		380	439	64
I0047	2.474	0.063	3.614	26.203	0.000009		428	422	41
I0048	2.184	0.057	3.565	59.15	0		500	321	72
I0049	2.154	0.058	2.191	32.958	0		466	350	75
I0053	1.294	0.051	8.256	121.053	0		292	421	178
I0054	-1.151	0.069	-4.287	41.317	0		13	326	558
I0057	-0.038	0.058	1.532	11.176	0.010814		63	417	419
I0058	-0.823	0.066	-3.432	24.504	0.000021		20	371	508
I0063	1.218	0.054	3.543	34.8	0		240	479	178
I0064	-1.542	0.072	-4.701	59.262	0		6	311	583
I0065	-0.942	0.068	-0.169	2.947	0.399854		21	254	623
I0066	0.569	0.062	-0.991	7.26	0.064063		95	570	232
I0067	0.745	0.058	-0.027	1.717	0.633261		134	528	234
I0068	-0.829	0.066	1.293	8.129	0.04343		23	294	583
I0075	1.62	0.061	2.399	11.369	0.00989		242	552	102
I0076	0.655	0.059	2.901	21.393	0.000089		112	548	235
I0077	0.347	0.054	3.636	23.753	0.00003		112	417	368
I0080	-1.763	0.075	-4.919	62.844	0		5	272	624
I0081	-0.071	0.058	1.521	2.74	0.433393		66	387	443
I0082	-0.067	0.062	-1.704	7.393	0.060384		51	484	364
I0083	1.129	0.063	0.131	10.234	0.01668		154	584	154
I0084	0.666	0.056	-0.509	6.943	0.073736		140	485	271
I0085	0.837	0.059	0.509	2.194	0.533072		138	541	211
I0086	0.796	0.055	2.236	20.338	0.000145		153	500	241
I0087	-1.198	0.069	-5.204	70.984	0		9	404	489

I0092	-1.295	0.07	-5.208	71.243	0	10	336	551
I0094	-0.385	0.062	-0.195	2.5	0.47524	37	397	453
I0095	-0.665	0.07	-2.632	21.253	0.000095	15	538	342
I0100	-0.711	0.065	-0.903	11.361	0.009927	27	311	556
I0101	-1.92	0.101	-1.98	36.538	0	5	102	791
I0102	-1.417	0.081	1.086	39.863	0	11	164	724
I0103	-1.931	0.104	-1.226	19.149	0.000256	5	92	801
I0106	0.104	0.067	-1.579	10.795	0.012886	48	571	273
I0107	-0.144	0.059	-0.334	3.014	0.389463	57	403	432
I0109	-0.068	0.065	-2.311	12.697	0.005341	42	537	313
I0110	0.187	0.053	4.121	15.578	0.001385	111	331	451
I0113	-0.117	0.065	-3.007	35.698	0	40	530	328
I0114	1.311	0.058	0.996	22.683	0.000049	222	510	153
I0115	-0.667	0.064	0.384	9.879	0.019623	28	329	540
I0119	-0.197	0.059	-0.415	4.002	0.26123	58	373	464
I0126	-0.052	0.06	-1.382	7.783	0.050705	60	444	392
I0127	-0.249	0.06	-2.308	27.857	0.000004	55	373	469
I0132	0.022	0.058	-2.062	12.987	0.004666	71	436	391
I0133	-0.447	0.062	0.58	3.234	0.35689	41	343	511
I0137	1.687	0.057	4.742	64.056	0	314	472	105
I0138	1.012	0.058	2.638	11.692	0.008518	164	534	182
I0143	-3.836	0.073	-6.99	75.928	0	0	363	534
I0146	0.599	0.055	2.48	9.491	0.023432	138	424	287
I0149	0.488	0.054	0.323	3.863	0.276687	136	420	337
I0150	0.879	0.065	-0.785	12.712	0.005303	114	597	175

Figure 6. Item Characteristic Curves of the items that were removed based on their class interval distribution

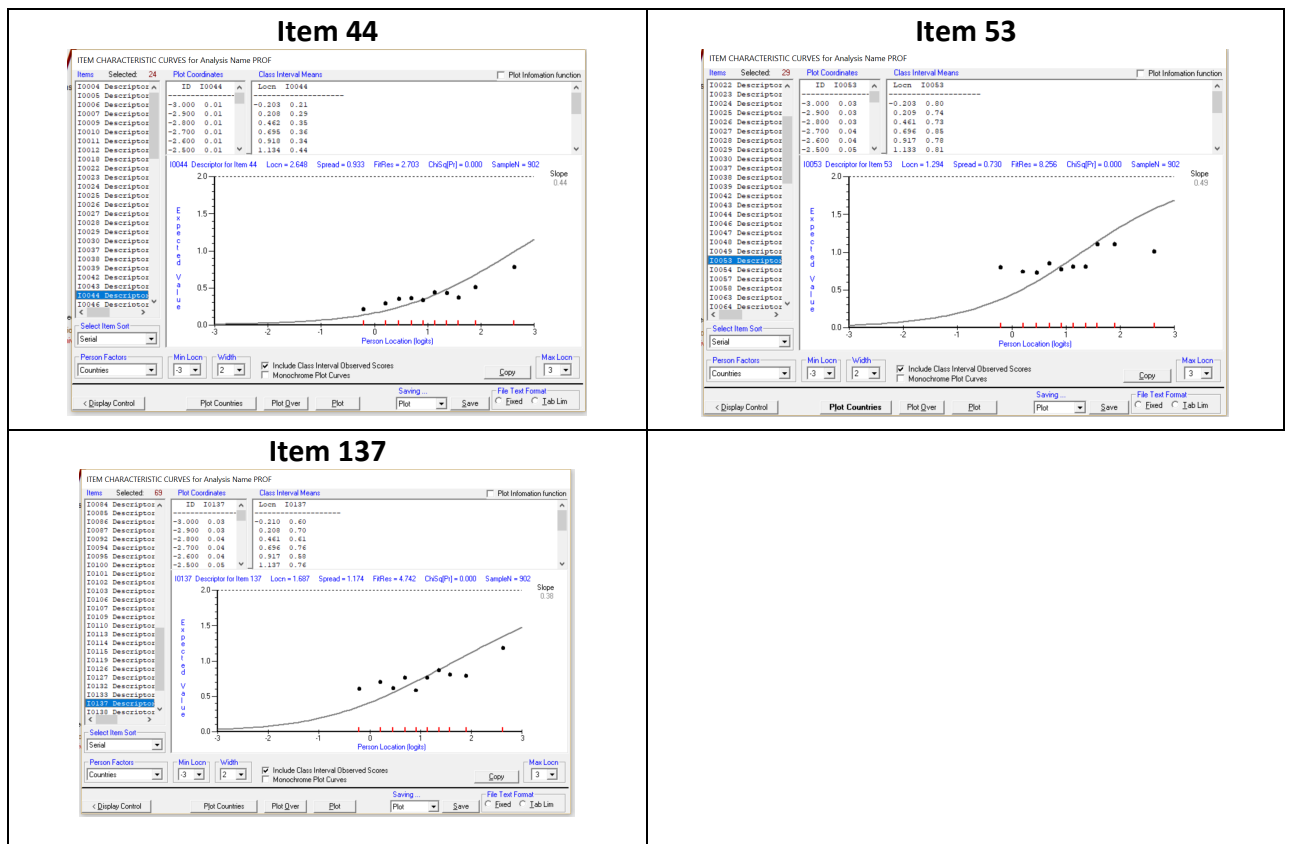


Table 4. Item difficulties, fit statistics, and frequencies of the items in the professional domain, after removing items 44, 53, and 137

Green highlights fit residuals of < -2.5 standardised fit residuals while yellow highlights fit residuals of > 2.5						PSI	Frequencies Categories with less than 10 observations are highlighted in yellow		
Item	Item δ	SE	Fit Residual	Chi sq	Probability		0	1	2
I0004	-2.029	0.086	-1.679	9.289	0.025683	0.929	3	176	720
I0005	-0.485	0.066	-0.59	2.114	0.549144		23	454	413
I0006	-0.398	0.061	2.329	5.135	0.162147		47	242	603
I0007	-0.747	0.068	0.938	2.281	0.516163		14	449	432
I0009	-1.542	0.076	-1.701	5.378	0.146126		6	246	647
I0010	-0.946	0.068	-0.645	2.639	0.450609		14	359	526
I0011	-1.59	0.091	-0.117	8.139	0.043217		8	119	770
I0012	1.314	0.054	3.987	44.762	0		242	399	182
I0018	-0.012	0.064	-0.344	2.286	0.515165		44	516	338
I0022	-1.504	0.075	-3.252	41.508	0		7	252	642
I0023	0.325	0.055	2.873	23.202	0.000037		101	404	390
I0024	0.516	0.064	0.51	2.696	0.440842		75	584	233
I0025	0.75	0.056	0.034	4.045	0.256611		136	498	262
I0026	1.35	0.059	0.732	6.262	0.099535		207	528	152
I0027	0.733	0.061	0.351	1.693	0.638581		110	561	227
I0028	1.303	0.073	0.973	9.052	0.028604		113	677	103
I0029	0.842	0.05	4.41	21.945	0.000068		202	389	306
I0030	-0.809	0.067	-2.986	39.699	0		22	303	571
I0037	1.131	0.06	2.228	10.535	0.014526		159	570	168
I0038	0.486	0.057	2.762	18.346	0.000374		98	489	308
I0039	0.542	0.055	3.572	16.706	0.000813		123	442	332
I0042	-0.777	0.068	-2.368	18.445	0.000357		14	450	431
I0043	-1.833	0.085	-1.717	13.38	0.003884		4	173	723
I0046	2.19	0.06	3.475	38.742	0		380	439	64
I0047	2.569	0.063	3.958	32.576	0		428	422	41
I0048	2.271	0.057	4.076	64.761	0		500	321	72
I0049	2.245	0.058	2.574	38.557	0		466	350	75
I0054	-1.074	0.069	-4.117	36.551	0		13	326	558
I0057	0.039	0.058	1.717	12.44	0.00602		63	417	419
I0058	-0.75	0.066	-3.365	25.086	0.000017		20	371	508
I0063	1.304	0.055	4.165	43.946	0		240	479	178
I0064	-1.468	0.072	-4.442	52.841	0		6	311	583
I0065	-0.872	0.069	-0.124	3.112	0.374614		21	254	623
I0066	0.653	0.062	-0.889	5.492	0.139138		95	570	232
I0067	0.83	0.058	0.189	2.78	0.426764		134	528	234
I0068	-0.759	0.067	1.086	6.641	0.084251		23	294	583
I0075	1.712	0.061	2.679	13.657	0.003412		242	552	102
I0076	0.737	0.059	2.988	18.685	0.000319		112	548	235
I0077	0.426	0.054	4.059	22.16	0.000062		112	417	368
I0080	-1.696	0.075	-4.831	60.978	0		5	272	624
I0081	0.003	0.058	1.57	1.759	0.623949		66	387	443
I0082	0.014	0.062	-1.682	6.102	0.106752		51	484	364
I0083	1.219	0.063	0.318	15.116	0.001721		154	584	154
I0084	0.75	0.056	-0.213	4.986	0.172825		140	485	271
I0085	0.922	0.059	0.8	3.16	0.367553		138	541	211
I0086	0.88	0.056	2.396	21.722	0.000075		153	500	241
I0087	-1.122	0.069	-5.229	64.28	0		9	404	489
I0092	-1.217	0.07	-5.057	66.125	0		10	336	551
I0094	-0.308	0.063	0.122	1.348	0.717675		37	397	453
I0095	-0.584	0.07	-2.594	16.953	0.000723		15	538	342

I0100	-0.64	0.065	-0.756	8.655	0.034245		27	311	556
I0101	-1.855	0.101	-1.856	35.488	0		5	102	791
I0102	-1.347	0.081	1.299	35.025	0		11	164	724
I0103	-1.865	0.104	-1.088	17.309	0.000611		5	92	801
I0106	0.187	0.067	-1.432	8.547	0.035962		48	571	273
I0107	-0.066	0.06	-0.095	2.163	0.539339		57	403	432
I0109	0.016	0.066	-2.145	9.989	0.018663		42	537	313
I0110	0.264	0.053	4.52	22.85	0.000044		111	331	451
I0113	-0.035	0.065	-3.06	35.37	0		40	530	328
I0114	1.4	0.058	1.578	20.215	0.000155		222	510	153
I0115	-0.596	0.064	0.577	6.785	0.079067		28	329	540
I0119	-0.121	0.059	-0.231	3.683	0.297768		58	373	464
I0126	0.028	0.06	-1.173	3.738	0.291179		60	444	392
I0127	-0.173	0.06	-2.049	20.377	0.000142		55	373	469
I0132	0.101	0.059	-1.91	14.226	0.002614		71	436	391
I0133	-0.372	0.062	0.713	2.722	0.436517		41	343	511
I0138	1.097	0.059	3.357	15.901	0.001189		164	534	182
I0143	-3.778	0.073	-6.746	69.432	0		0	363	534
I0146	0.68	0.055	2.856	15.46	0.001464		138	424	287
I0149	0.568	0.054	0.567	3.326	0.343989		136	420	337
I0150	0.969	0.066	-0.704	15.028	0.001794		114	597	175

Table 5. Principal Component Summary of the professional domain

PC	Eigen	Percentage	Cumulative Percentage	Standard Error
PC001	4.92	6.93%	6.93%	0.692
PC002	2.54	3.58%	10.51%	0.355
PC003	2.357	3.32%	13.83%	0.329
PC004	2.111	2.97%	16.80%	0.294
PC005	1.857	2.62%	19.42%	0.259
PC006	1.821	2.56%	21.98%	0.253
PC007	1.717	2.42%	24.40%	0.239
PC008	1.588	2.24%	26.63%	0.221
PC009	1.524	2.15%	28.78%	0.212
PC010	1.445	2.03%	30.82%	0.201
PC011	1.426	2.01%	32.82%	0.199
PC012	1.397	1.97%	34.79%	0.193
PC013	1.306	1.84%	36.63%	0.18
PC014	1.267	1.78%	38.41%	0.175
PC015	1.261	1.78%	40.19%	0.175
PC016	1.237	1.74%	41.93%	0.172
PC017	1.212	1.71%	43.64%	0.168
PC018	1.173	1.65%	45.29%	0.162
PC019	1.142	1.61%	46.90%	0.158
PC020	1.125	1.58%	48.48%	0.156
PC021	1.09	1.53%	50.02%	0.151
PC022	1.07	1.51%	51.52%	0.148
PC023	1.035	1.46%	52.98%	0.144
PC024	1.02	1.44%	54.42%	0.141
PC025	0.996	1.40%	55.82%	0.138
PC026	0.983	1.38%	57.21%	0.137
PC027	0.978	1.38%	58.58%	0.135
PC028	0.959	1.35%	59.93%	0.133
PC029	0.947	1.33%	61.27%	0.132
PC030	0.939	1.32%	62.59%	0.13
PC031	0.928	1.31%	63.90%	0.128
PC032	0.907	1.28%	65.18%	0.126
PC033	0.889	1.25%	66.43%	0.124
PC034	0.884	1.25%	67.67%	0.122

PC035	0.856	1.21%	68.88%	0.119
PC036	0.851	1.20%	70.08%	0.119
PC037	0.827	1.17%	71.24%	0.115
PC038	0.816	1.15%	72.39%	0.114
PC039	0.805	1.13%	73.52%	0.113
PC040	0.787	1.11%	74.63%	0.109
PC041	0.768	1.08%	75.71%	0.107
PC042	0.756	1.06%	76.78%	0.106
PC043	0.744	1.05%	77.83%	0.104
PC044	0.738	1.04%	78.87%	0.103
PC045	0.715	1.01%	79.87%	0.1
PC046	0.709	1.00%	80.87%	0.099
PC047	0.689	0.97%	81.84%	0.097
PC048	0.687	0.97%	82.81%	0.096
PC049	0.678	0.95%	83.76%	0.095
PC050	0.667	0.94%	84.70%	0.094
PC051	0.653	0.92%	85.62%	0.092
PC052	0.647	0.91%	86.53%	0.091
PC053	0.625	0.88%	87.41%	0.088
PC054	0.619	0.87%	88.29%	0.086
PC055	0.608	0.86%	89.14%	0.086
PC056	0.598	0.84%	89.98%	0.085
PC057	0.595	0.84%	90.82%	0.084
PC058	0.574	0.81%	91.63%	0.081
PC059	0.568	0.80%	92.43%	0.081
PC060	0.554	0.78%	93.21%	0.079
PC061	0.55	0.77%	93.98%	0.078
PC062	0.533	0.75%	94.74%	0.076
PC063	0.516	0.73%	95.46%	0.074
PC064	0.505	0.71%	96.17%	0.073
PC065	0.484	0.68%	96.85%	0.07
PC066	0.474	0.67%	97.52%	0.069
PC067	0.473	0.67%	98.19%	0.069
PC068	0.44	0.62%	98.81%	0.067
PC069	0.428	0.60%	99.41%	0.064
PC070	0.407	0.57%	99.99%	0.061
PC071	0.011	0.01%	100.00%	0.021

Table 6. PC loadings of the professional domain items

Item	1 st PC loading	2 nd PC loading	3 rd PC loading	Another relevant PC loading
I0049	0.59	0.187	0.079	
I0048	0.538	0.073	0.135	
I0029	0.499	0.29	0.106	
I0012	0.478	0.259	0.039	
I0114	0.476	0.337	-0.05	
I0026	0.415	-0.126	-0.135	
I0047	0.375	-0.144	-0.179	
I0046	0.367	-0.21	-0.101	PC8 0.377
I0132	0.335	0.475	-0.081	
I0126	0.293	0.383	-0.102	
I0025	0.28	0.01	-0.236	
I0037	0.266	-0.22	-0.194	
I0063	0.199	0.177	0.356	
I0075	0.188	-0.185	-0.093	
I0066	0.188	-0.214	-0.178	
I0027	0.165	-0.235	-0.317	
I0028	0.146	-0.196	-0.185	
I0110	0.144	-0.008	0.23	
I0086	0.144	-0.399	-0.03	
I0067	0.134	0.185	0.168	
I0084	0.124	0.211	0.132	

I0006	0.1	-0.197	0.192	
I0077	0.097	-0.169	0.029	
I0146	0.07	0.001	-0.095	
I0083	0.046	0.112	-0.069	
I0149	0.038	-0.132	-0.31	
I0150	0.033	0.133	-0.207	
I0023	0.03	-0.412	-0.105	
I0119	0.019	0.018	0.091	
I0085	-0.034	-0.108	-0.221	
I0082	-0.041	0.163	0.025	
I0057	-0.05	-0.164	0.493	
I0138	-0.055	-0.119	-0.245	
I0127	-0.061	0.232	-0.17	
I0038	-0.067	-0.334	0.485	
I0076	-0.076	-0.371	0.094	
I0005	-0.09	0.031	0.074	
I0011	-0.109	-0.114	-0.134	
I0107	-0.111	0.187	0.187	
I0007	-0.116	0.054	0.381	
I0018	-0.124	-0.098	0.112	
I0081	-0.125	-0.23	0.05	
I0100	-0.127	0.04	0.009	
I0109	-0.129	0.093	-0.062	
I0039	-0.155	-0.249	0.277	
I0010	-0.167	-0.218	-0.129	
I0024	-0.168	0.065	0.18	
I0068	-0.187	0.011	-0.071	
I0133	-0.203	-0.036	-0.32	
I0043	-0.212	-0.165	0.134	
I0094	-0.214	-0.004	0.249	
I0065	-0.217	0.089	0.265	
I0106	-0.217	-0.004	0.038	
I0009	-0.244	0.125	0.155	
I0113	-0.254	0.242	-0.164	
I0103	-0.26	0.005	-0.139	
I0101	-0.265	0.147	0.004	
I0004	-0.266	-0.073	0.053	
I0030	-0.281	0.008	-0.12	
I0102	-0.293	0.125	-0.099	
I0115	-0.306	-0.088	-0.144	PC24 0.329
I0058	-0.31	-0.001	0.161	PC10 0.347
I0042	-0.312	0.053	0.046	
I0054	-0.329	0.047	0.041	PC10 0.438
I0095	-0.343	0.071	0.076	PC54 0.385
I0092	-0.365	0.198	-0.086	
I0022	-0.375	-0.038	-0.194	
I0087	-0.402	0.243	-0.131	
I0080	-0.432	0.173	-0.229	
I0064	-0.443	0.164	-0.063	
I0143	-0.466	0.237	-0.176	

Figure 7. Person-Item Residual Correlation Matrix

Principal Component Summary PC Normalised Vectors PC Loadings Varimax Rotation Loadings Residual Correlation Matrix Person-Item Resid														
Item	I0012	I0022	I0026	I0029	I0042	I0047	I0048	I0049	I0064	I0080	I0087	I0092	I0114	I0143
I0012	1.000													
I0022	-0.242	1.000												
I0026	-0.092	-0.127	1.000											
I0029	0.188	-0.234	-0.058	1.000										
I0042	-0.225	0.134	-0.123	-0.211	1.000									
I0047	-0.081	-0.120	0.114	-0.096	-0.124	1.000								
I0048	0.043	-0.263	-0.026	0.067	-0.199	0.042	1.000							
I0049	0.104	-0.312	0.031	0.122	-0.239	0.007	0.190	1.000						
I0064	-0.253	0.160	-0.155	-0.237	0.141	-0.211	-0.239	-0.317	1.000					
I0080	-0.259	0.233	-0.215	-0.260	0.095	-0.160	-0.280	-0.293	0.237	1.000				
I0087	-0.196	0.136	-0.203	-0.238	0.149	-0.193	-0.265	-0.309	0.201	0.235	1.000			
I0092	-0.231	0.095	-0.153	-0.218	0.078	-0.129	-0.198	-0.272	0.155	0.166	0.132	1.000		
I0114	0.052	-0.192	0.007	0.057	-0.267	-0.071	-0.016	0.212	-0.240	-0.189	-0.192	-0.190	1.000	
I0143	-0.258	0.193	-0.201	-0.251	0.117	-0.182	-0.293	-0.317	0.276	0.222	0.236	0.156	-0.169	1.000

Table 7. Item difficulties, fit statistics, and analysis of the variance of the PC1 items

Item	Item δ	SE	Fit Residual <i>In green < -2.5 standardised fit residuals and in yellow > 2.5</i>	Chi sq	Probability	PSI	Item functioning and DIF Summary Statistics*		
							C.I.	Country	C.I. by C.
I0012	1.293	0.057	1.451	13.024	0.004586	0.773			
I0022	-1.578	0.076	-1.03	11.543	0.009124				
I0026	1.31	0.061	0.884	6.202	0.102165				
I0029	0.782	0.053	0.074	13.241	0.004144			10.500	
I0042	-0.844	0.07	0.953	10.767	0.013057				
I0047	2.64	0.066	3.871	19.647	0.000202*		6.169		
I0048	2.346	0.06	2.998	25.378	0.000014*		8.171	87.007	
I0049	2.347	0.061	-0.273	7.905	0.048024				
I0064	-1.523	0.073	-1.462	13.633	0.003451				
I0080	-1.83	0.077	-2.233	32.202	0*		14.496	21.194	
I0087	-1.202	0.071	-2.167	29.531	0.000002*		11.481		
I0092	-1.3	0.072	-0.504	14.094	0.002781				
I0114	1.379	0.061	-0.062	15.138	0.001703		5.724	11.711	
I0143	-3.82	0.075	-1.226	19.46	0.00022*		7.369		

* Significant level below Bonferroni probability adjustment <.001

Table 8. Item difficulties, fit statistics, and analysis of the variance of the items after splitting I0048

Item	Item δ	SE	Fit Residual <i>In green < -2.5 standardised fit residuals and in yellow > 2.5</i>	Chi sq	Probability	PSI	Item functioning and DIF Summary Statistics*		
							C.I.	Country	C.I. by C.
I0012	1.253	0.057	1.617	13.51	0.003655	0.779			
I0022	-1.639	0.076	-0.973	12.01	0.007349				
I0026	1.259	0.061	1.011	6.934	0.074029				
I0029	0.725	0.053	0.411	14.067	0.002816			18.184	
I0042	-0.902	0.07	1.272	9.98	0.018737				
I0047	2.597	0.066	3.9	18.745	0.00031*		5.830		
I0049	2.302	0.062	-0.15	7.163	0.066882				
I0064	-1.582	0.074	-1.219	11.156	0.010911			10.625	
I0080	-1.892	0.077	-2.277	30.641	0.000001*		13.784	14.122	
I0087	-1.261	0.071	-2.074	26.737	0.000007*		10.200		
I0092	-1.36	0.072	-0.478	13.24	0.004146				
I0114	1.328	0.061	-0.084	15.716	0.001298		5.910		
I0143	-3.884	0.075	-1.11	18.879	0.000291*		7.072		
E0048	2.541	0.065	1.623	10.192	0.017				
P0048	0.515	0.188	1.356	0.957	0.811704				

* Significant level below Bonferroni probability adjustment <.001

Table 9. Item difficulties, fit statistics, and analysis of the variance of the items after splitting I0029

Item	Item δ	SE	Fit Residual <i>In green < -2.5 standardised fit residuals and in yellow > 2.5</i>	Chi sq	Probability	PSI	Item functioning and DIF Summary Statistics*		
							C.I.	Country	C.I. by C.
I0012	1.269	0.057	1.635	13.678	0.003379	0.782			
I0022	-1.635	0.076	-0.959	12.049	0.007219				
I0026	1.27	0.061	1.081	7.077	0.069497				
I0042	-0.894	0.07	1.395	10.41	0.015385			11.574	
I0047	2.61	0.066	3.891	20.098	0.000163*		6.170		
I0049	2.314	0.062	-0.079	8.389	0.038616				
I0064	-1.576	0.074	-1.097	10.388	0.015539			13.889	
I0080	-1.888	0.077	-2.297	29.967	0.000001*		13.394		
I0087	-1.255	0.071	-2.037	27.172	0.000005*		10.417		
I0092	-1.355	0.072	-0.473	13.399	0.003849				
I0114	1.337	0.061	-0.071	19.791	0.000188*		7.396		
I0143	-3.88	0.075	-1.072	18.565	0.000337*		6.902		
E0048	2.559	0.065	1.634	10.32	0.016032				
P0048	0.42	0.187	1.405	0.867	0.833456				
E0029	0.803	0.056	-0.546	8.171	0.042603				
P0029	-0.1	0.184	1.265	3.542	0.315314				

* Significant level below Bonferroni probability adjustment <.001

Table 10. Item difficulties, fit statistics, and analysis of the variance of the items after splitting I0064

Item	Item δ	SE	Fit Residual <i>In green < -2.5 standardised fit residuals and in yellow > 2.5</i>	Chi sq	Probability	PSI	Item functioning and DIF Summary Statistics*		
							C.I.	Country	C.I. by C.
I0012	1.573	0.057	1.63	13.668	0.003395	0.784			
I0022	-1.351	0.076	-0.912	10.644	0.013814				
I0026	1.567	0.061	1.168	7.106	0.068599				
I0042	-0.603	0.07	1.506	9.336	0.025146			14.626	
I0047	2.909	0.066	3.87	20.313	0.000148*		6.050		
I0049	2.613	0.062	-0.005	7.988	0.046261				
I0080	-1.601	0.077	-2.288	27.996	0.000004*		12.459		
I0087	-0.971	0.071	-1.984	25.345	0.000014*		9.621		
I0092	-1.069	0.072	-0.441	11.793	0.008126				
I0114	1.634	0.061	-0.03	20.677	0.000124*		7.639		
I0143	-3.593	0.075	-1.01	17.405	0.000584*		6.411		
E0048	2.862	0.065	1.632	10.283	0.016306				
P0048	0.611	0.189	1.547	1.104	0.776158				
E0029	1.107	0.056	-0.552	8.183	0.042376				
P0029	0.088	0.185	1.371	4.119	0.248867				
E0064	-1.165	0.076	-1.388	12.886	0.00489				
P0064	-4.612	0.281	-0.951	3.11	0.375006				

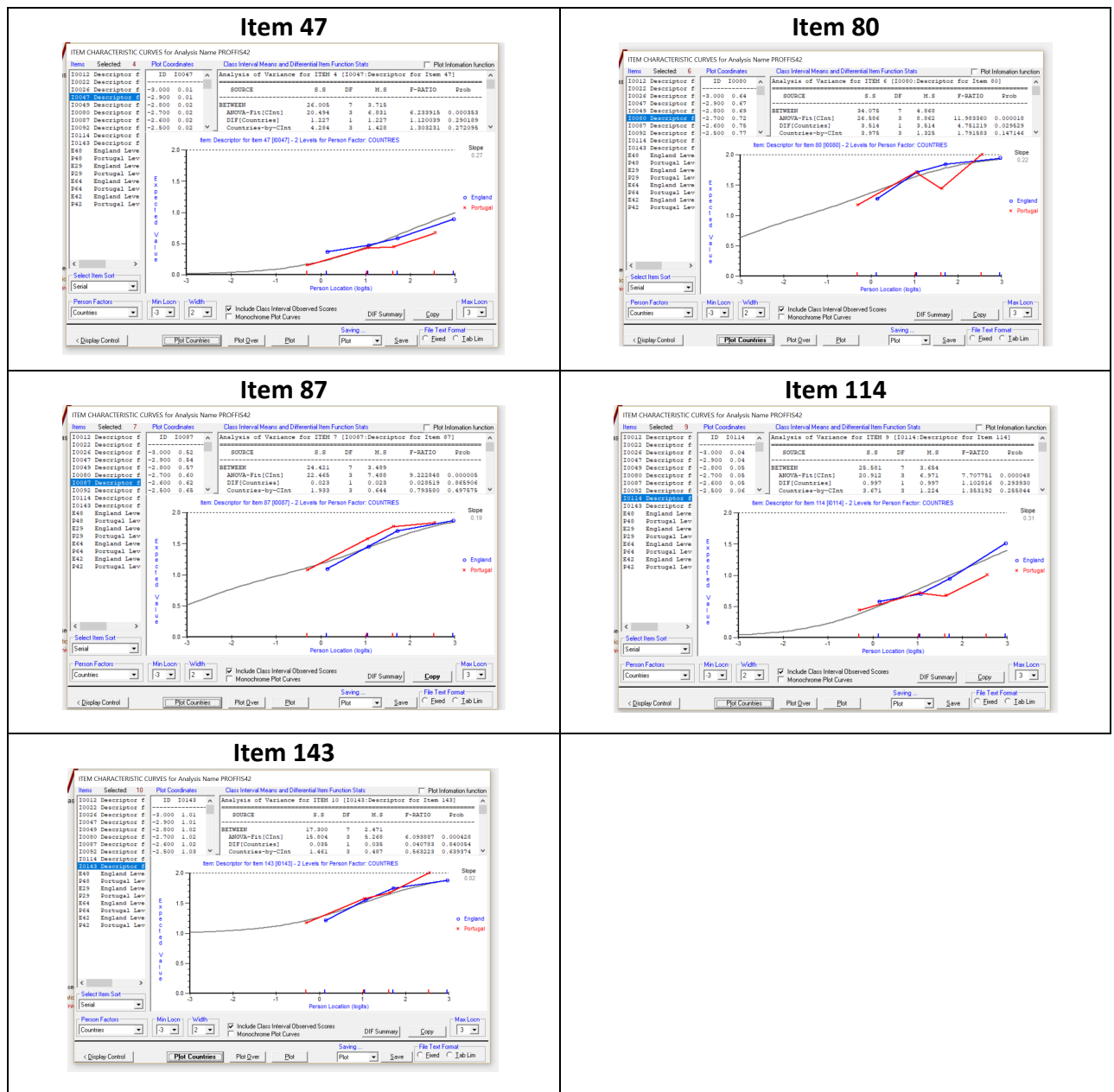
* Significant level below Bonferroni probability adjustment <.001

Table 11. Item difficulties, fit statistics, and analysis of the variance of the items after splitting I0042

Item	Item δ	SE	Fit Residual <i>In green < -2.5 standardised fit residuals and in yellow > 2.5</i>	Chi sq	Probability	PSI	Item functioning and DIF Summary Statistics*		
							C.I.	Country	C.I. by C.
I0012	1.675	0.057	1.647	13.781	0.00322	0.787			
I0022	-1.267	0.076	-0.864	10.077	0.017923				
I0026	1.661	0.061	1.276	7.671	0.053331				
I0047	3.006	0.066	3.879	21.141	0.0001		6.234		
I0049	2.71	0.062	0.104	8.261	0.040923				
I0080	-1.518	0.077	-2.28	26.991	0.000006		11.983		
I0087	-0.885	0.071	-1.917	24.531	0.000021		9.223		
I0092	-0.985	0.072	-0.399	11.187	0.010756				
I0114	1.728	0.061	0.015	20.958	0.000108		7.708		
I0143	-3.508	0.075	-0.939	16.762	0.000792		6.094		
E0048	2.965	0.065	1.649	10.319	0.01604				
P0048	0.589	0.189	1.627	1.077	0.782675				
E0029	1.209	0.056	-0.538	8.188	0.04228				
P0029	0.071	0.185	1.397	4.075	0.253444				
E0064	-1.066	0.076	-1.376	12.78	0.005138				
P0064	-4.616	0.28	-0.994	3.01	0.390081				
E0042	-0.44	0.073	1.141	9.455	0.023812				
P0042	-1.327	0.241	-1.183	4.022	0.259116				

* Significant level below Bonferroni probability adjustment $<.001$

Figure 8. Item Characteristic Curves for the items that showed lack of invariance for different class intervals of people along the continuum



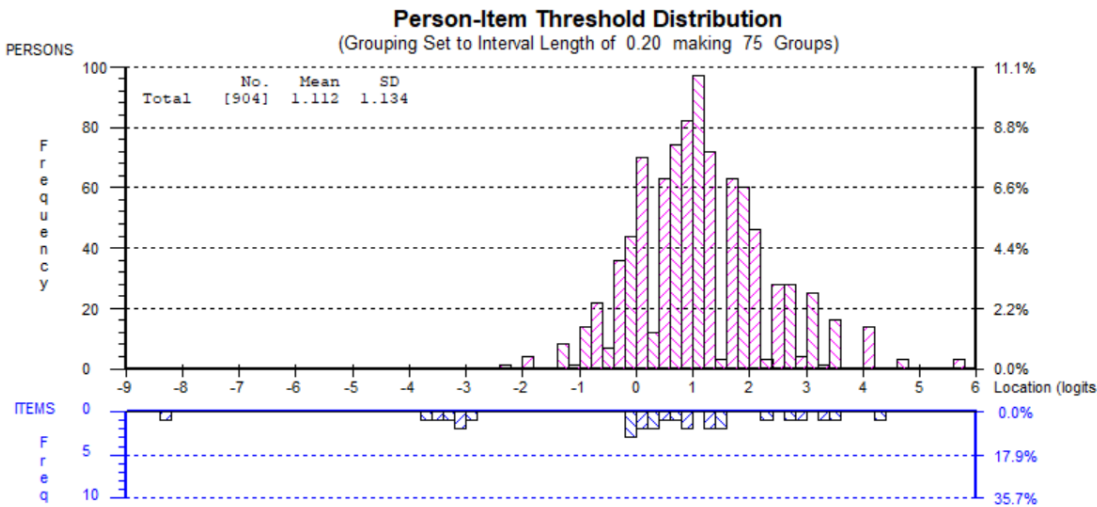
The professional domain had a PSI of .93, indicating excellent targeting; however, the person-item threshold distribution still showed mistargeting between the persons and the items, with no persons distributed at the lower skill levels, with a person location mean of 1.07 logits (SD = 0.85). Of the 74 items, some were misfitting (M = 0.08, SD = 2.74), 27 had standardised item fit residuals outside of the range ± 2.5 , and after inspecting the ICCs, it was decided to delete three items (44, 53, 137) because the observed data did not fit the model expectations.

The new analysis yielded the same PSI and a similar mistargeting between persons and items. The standardised item fit residuals did not improve (M = 0.09, SD = 2.62), and 27 items still had standardised item fit residuals outside of the range ± 2.5 . Therefore, it was

decided to explore the Principal Component Summary and the Principal Component loadings to test for unidimensionality. When exploring the Principal Component Summary for unidimensionality, only one principal component was extracted, accounting for 6.93% of the total variance. Based on this, it was decided to reduce the subset to the items with loadings $> .3$, and that had higher loading in this principal component.

The resulting subset had a total of 14 items, with a PSI of 0.77, showing good targeting. Moreover, the person-item threshold distribution improved, though with most of the items with lower skills being removed, the person location was still substantially to the right of 0, with a mean of 1.12 logits (SD = 1.13).

Figure 9. Person-item threshold distribution for the Professional domain



The standardised item fit residuals improved ($M = 0.09$, $SD = 1.81$), given that only two items were outside of the range ± 2.5 (47 with $res. = 3.87$ and 48 with $res. = 3.00$), and by exploring the ICCs for these items, most of the class intervals fitted the model expectation. On the other hand, Chi-square tests of item fit were statistically significant after Bonferroni adjustment for multiple comparisons for items 47 ($\chi^2_{[3]} = 19.65$, $p < .001$), 48 ($\chi^2_{[3]} = 25.38$, $p < .001$), 80 ($\chi^2_{[3]} = 32.20$, $p < .001$), 87 ($\chi^2_{[3]} = 29.53$, $p < .001$), and 143 ($\chi^2_{[3]} = 19.46$, $p < .001$). Examining the standardised person fit residuals ($M = -0.18$, $SD = 0.95$) only 1.7% were outside of the range ± 2.5 . The residual correlations were all $< .32$, which is acceptable.

Next, the DIF was explored, where item 48 ($F(1) = 87.01$, $p < .001$) presented the largest significant uniform DIF. After resolving item 48, item 29 ($F(1) = 18.18$, $p < .001$) presented the next greatest significant uniform DIF, so it was resolved. The next item with this effect was item 64 ($F(1) = 13.89$, $p < .001$), and after following the same procedure as for items 48 and 29, item 42 also needed to be resolved ($F(1) = 14.63$, $p < .001$). No other uniform DIF effect was observed for this subset of items.

Finally, after re-examining all of the new item and person estimates, the overall Chi-square was significant ($\chi^2_{[54]} = 214.29$, $p < .001$); however, given the large sample and the previously described indicators, it was assumed that this is an acceptable model. In the following table, the summary of the item location estimates, the standardised item fit residuals, and the Chi-square tests of item are presented.

The different theoretical domains that represented a successful foster carer (Buehler, Rhodes, et al., 2006) and were associated with the professional domain (based on findings from Study One, the review of the literature, and the supplementary piece of qualitative research - Appendix J), were represented in the items that formed this final professional domain. Nonetheless, it can be acknowledged that the final items had a bigger focus on the theoretical domain “*working as a member of a professional team – working in partnership*” than on other five domains (*connecting children to safe, nurturing relationships intended to last a life time; managing ambiguity and loss for the foster child and family; growing as a foster parent – skill development and role clarification; managing the demands of fostering on personal and familial wellbeing; and supporting relationships between children and their families – birth family work*).

Table 12. Professional domain - Item location estimates, standardised item fit residuals (SFR) and Chi-square tests of item

Items	δ (SE)	SFR	χ^2 (p) (df = 3)
12 - I can't foster if my social worker and the child's social worker don't talk to each other about my looked after child	1.68 (.06)	1.65	13.78 (.003)
22 - I would help a child get ready for living with another foster carer, if needed	-1.27 (.08)	-0.86	10.08 (.018)
26 - I wouldn't be able to manage being blamed for a looked after child's problems	1.66 (.06)	1.28	7.67 (.053)
47 - I wouldn't be able to manage it if a child went home and the family hadn't changed	3.01 (.07)	3.88	21.14 (< .001)*
49 - I can't foster if a social worker doesn't trust me	2.71 (.06)	0.10	8.26 (.041)
80 - I'm able to help a looked after child prepare for where they're going to live next	-1.52 (.08)	-2.28	26.99 (< .001)*
87 - I can help a child manage feelings related to visits with birth parent(s)	-0.89 (.07)	-1.92	24.53 (< .001)*
92 - I have enough flexibility in my life to deal with a looked after child's needs	-0.99 (.07)	-0.40	11.19 (.011)
114 - I can't foster if a social worker doesn't respect me	1.73 (.06)	0.02	20.96 (< .001)*
143 - I'm able to help a child who is trying to be loyal to both me and birth parent(s)	-3.51 (.08)	-0.94	16.76 (< .001)
48 - (England) I'm not able to foster well unless the service provider includes me in planning a looked after child's future	2.97 (.07)	1.65	10.32 (.016)
48 - (Portugal) I'm not able to foster well unless the service provider includes me in planning a looked after child's future	0.59 (.19)	1.63	1.08 (.783)
29 - (England) I can't be a good foster carer if a social worker is too busy to help me	1.21 (.06)	-0.54	8.19 (.042)
29 - (Portugal) I can't be a good foster carer if a social worker is too busy to help me	0.07 (.19)	1.40	4.08 (.253)
64 - (England) I'm able to give affection to a child who might return to birth parent(s)	-1.07 (.08)	-1.38	12.78 (.005)
64 - (Portugal) I'm able to give affection to a child who might return to birth parent(s)	-4.62 (.28)	-0.99	3.01 (.390)
42 - (England) I would ease a child's fears about going back home to live with birth parent(s)	-0.44 (.07)	1.14	9.46 (.024)
42 - (Portugal) I would ease a child's fears about going back home to live with birth parent(s)	-1.33 (.24)	-1.18	4.02 (.259)

* Significant level below Bonferroni probability adjustment <.001

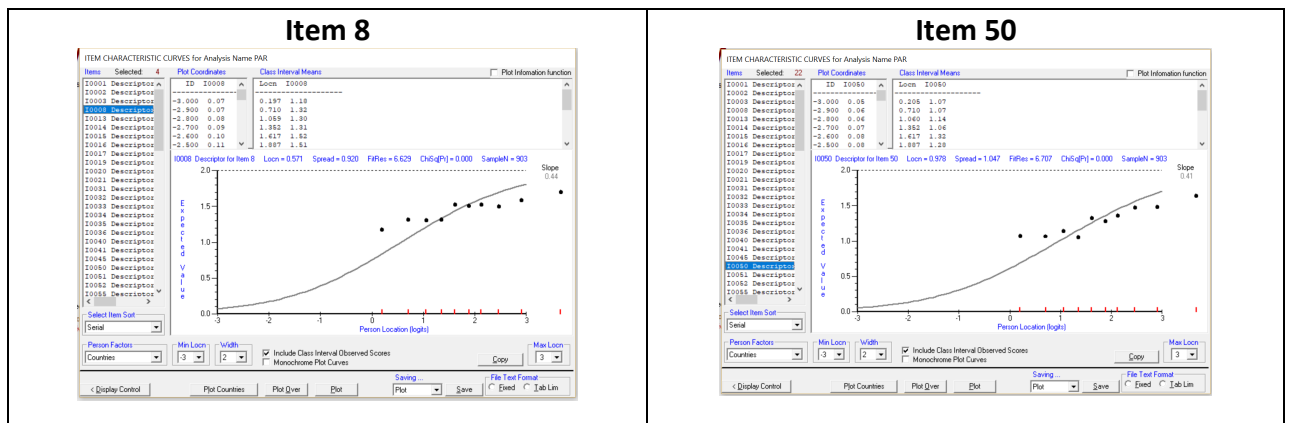
Parenting domain (control levels)

Table 13. Item difficulties, fit statistics, and frequencies of the parenting domain items

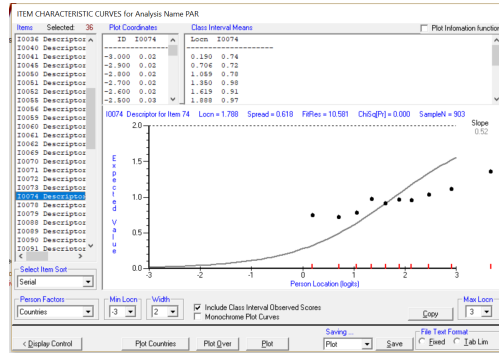
Green highlights fit residuals of < -2.5 standardised fit residuals while yellow highlights fit residuals of > 2.5						PSI	Frequencies - Categories with less than 10 observations are highlighted in yellow		
Item	Item δ	SE	Fit Residual	Chi sq	Probability		0	1	2
I0001	-1.479	0.106	-2.538	24.359	0.000022	0.941	5	94	803
I0002	-1.251	0.083	-1.47	2.15	0.541934		5	194	701
I0003	-0.517	0.073	3.371	17.524	0.000552		14	235	650
I0008	0.571	0.059	6.629	82.824	0		65	371	463
I0013	-0.091	0.066	-0.38	0.776	0.855156		30	300	568
I0014	0.337	0.065	4.037	46.435	0		33	471	391
I0015	-0.121	0.068	-2.073	4.552	0.207741		20	412	459
I0016	1.062	0.062	-0.779	14.241	0.002596		87	522	284
I0017	1.296	0.055	5.313	41.116	0		153	444	303
I0019	0.529	0.057	5.178	19.393	0.000227		87	277	538
I0020	-0.609	0.071	1.201	11.327	0.010084		7	413	479
I0021	-1.334	0.094	-2.059	11.179	0.010796		5	129	769
I0031	0.222	0.063	2.853	12.221	0.006663		39	378	484
I0032	0.906	0.063	-1.758	12.084	0.007101		75	497	316
I0033	0.966	0.066	-2.513	21.697	0.000076		67	554	271
I0034	-0.218	0.068	2.551	8.724	0.033198		23	284	590
I0035	-1.011	0.079	-1.326	22.404	0.000055		7	221	674
I0036	-0.59	0.072	0.203	1.649	0.648249		12	281	603
I0040	0.283	0.07	-1.21	2.472	0.480425		24	543	332
I0041	-3.524	0.08	-3.448	35.869	0		0	254	648
I0045	-1.794	0.101	-2.91	32.55	0		2	123	777
I0050	0.978	0.057	6.707	69.885	0		100	441	354
I0051	0.546	0.065	-2.532	14.988	0.001827		47	486	361
I0052	1.062	0.06	2.381	8.301	0.040186		96	482	309
I0055	0.267	0.061	2.982	18.406	0.000363		49	316	534
I0056	-0.096	0.07	-3.191	14.422	0.002385		15	489	395
I0059	-1.052	0.075	-3.355	20.936	0.00011		5	299	593
I0060	-0.214	0.068	3.746	24.301	0.000023		24	229	646
I0061	0.254	0.063	3.124	17.086	0.000679		39	384	477
I0062	0.789	0.057	5.376	33.777	0		92	387	421
I0069	-0.907	0.075	1.325	2.595	0.45828		6	275	617
I0070	0.395	0.06	1.605	4.622	0.201683		61	335	503
I0071	0.419	0.063	-0.853	1.637	0.65102		47	430	425
I0072	-0.609	0.077	-0.44	3.914	0.270885		16	184	699
I0073	-1.053	0.083	-1.34	17.394	0.000587		8	177	718
I0074	1.788	0.051	10.581	165.558	0		276	388	232
I0078	-0.234	0.068	-4.343	33.015	0		19	377	504
I0079	-1.967	0.08	-3.209	13.231	0.004164		1	246	656
I0088	-1.021	0.075	1.035	6.326	0.096796		5	296	597
I0089	0.973	0.057	4.253	30.095	0.000001		105	419	367
I0090	-0.191	0.068	-4.808	31.229	0.000001		24	341	532
I0091	0.163	0.064	-0.642	1.628	0.653102		38	363	497
I0093	0.938	0.057	7.645	80.548	0		92	449	356
I0096	-1.587	0.079	-5.189	50.391	0		2	260	636
I0097	-3.589	0.082	-4.209	59.223	0		0	236	663
I0098	0.23	0.063	2.613	5.299	0.151159		39	373	486
I0099	-0.295	0.071	0.899	2.424	0.489177		27	200	669
I0104	-0.885	0.073	-0.488	16.205	0.00103		6	324	566

I0105	0.203	0.067	-4.628	35.161	0	29	477	389
I0108	2.083	0.057	6.734	74.574	0	267	459	154
I0111	1.058	0.063	0.158	14.108	0.002763	80	538	277
I0112	0.846	0.057	2.037	3.778	0.286428	98	395	402
I0116	0.035	0.064	-0.175	9.162	0.027209	38	292	566
I0117	1.206	0.06	-0.566	14.398	0.002412	107	510	277
I0118	-0.948	0.074	-6.798	80.92	0	6	313	576
I0120	-0.582	0.081	1.794	0.51	0.916743	20	113	764
I0121	-0.512	0.071	-4.427	38.233	0	8	474	418
I0122	-1.758	0.075	-2.818	18.173	0.000406	1	338	560
I0123	-0.047	0.067	1.026	2.671	0.445225	23	384	489
I0124	2.318	0.055	10.831	189.747	0	346	429	117
I0125	-0.316	0.069	-1.286	13.088	0.004451	19	309	573
I0128	1.951	0.064	0.851	23.016	0.000041	173	563	157
I0129	0.673	0.056	3.863	4.094	0.251514	103	304	489
I0130	-0.683	0.075	-2.795	48.267	0	13	241	645
I0131	-0.054	0.066	-1.285	7.643	0.054007	32	304	564
I0134	0.909	0.063	-2.177	16.01	0.001129	71	520	307
I0135	-0.076	0.07	-3.907	19.037	0.00027	15	498	385
I0136	-1.555	0.085	-2.612	17.365	0.000595	3	192	707
I0139	0.226	0.061	3.832	3.461	0.32584	64	238	597
I0140	2.033	0.057	5.839	70.552	0	256	478	158
I0141	1.096	0.064	-0.867	6.829	0.07755	80	540	265
I0142	0.553	0.068	-5.23	57.723	0	40	529	328
I0144	0.994	0.064	-3.121	26.031	0.000009	76	529	288
I0145	1.823	0.069	0.347	31.247	0.000001	129	613	148
I0147	0.524	0.072	-4.913	63.12	0	31	572	293
I0148	-0.956	0.074	-6.693	75.27	0	6	319	570
I0151	0.22	0.064	0.307	3.337	0.342513	37	393	464

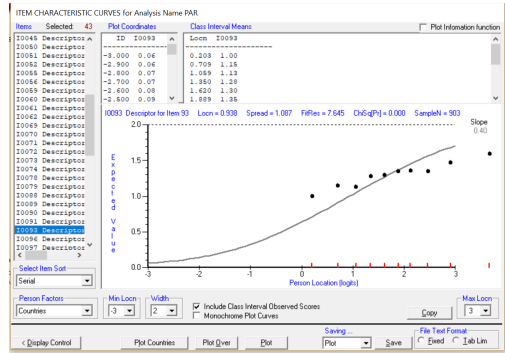
Figure 10. Item Characteristic Curves for the items that were removed based on their class interval distribution



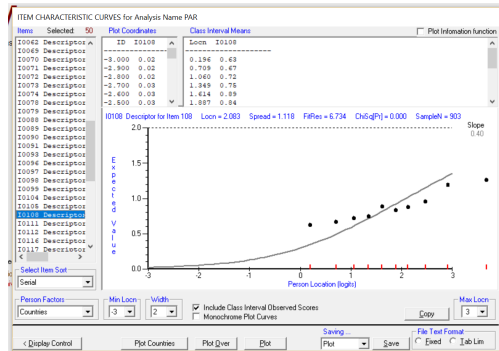
Item 74



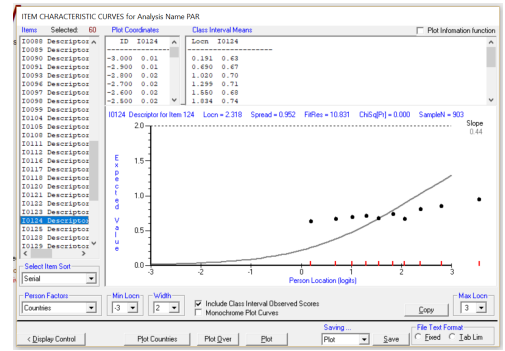
Item 93



Item 108



Item 124



Item 140

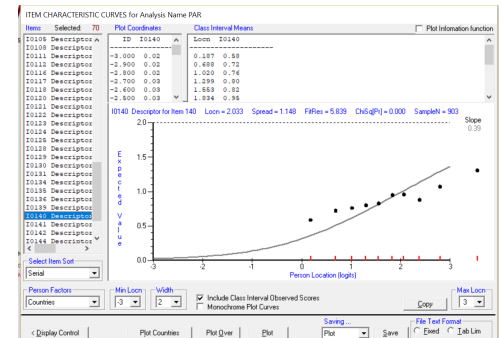


Table 14. Item difficulties, fit statistics, and frequencies of the parenting domain items after removing the items 8, 50, 74, 93, 108, 124, and 140

Green highlights fit residuals of < -2.5 standardised fit residuals while yellow highlights fit residuals of > 2.5						PSI	Frequencies - Categories with less than 10 observations are highlighted in yellow		
Item	Item δ	SE	Fit Residual	Chi sq	Probability		0	1	2
I0001	-1.365	0.107	-2.413	20.036	0.000168	0.940	5	94	798
I0002	-1.12	0.084	-0.954	1.631	0.652385		5	194	696
I0003	-0.37	0.073	5.27	32.418	0		14	235	645
I0013	0.055	0.067	0.585	1.18	0.757764		30	300	563
I0014	0.5	0.066	6.02	69.786	0		33	471	386
I0015	0.029	0.069	-1.451	2.361	0.500997		20	412	454
I0016	1.238	0.063	-0.161	11.016	0.01164		87	522	279
I0017	1.468	0.056	7.143	70.481	0		153	444	298
I0019	0.678	0.057	6.572	35.88	0		87	277	533
I0020	-0.457	0.072	2.192	21.451	0.000086		7	413	474
I0021	-1.209	0.095	-1.546	7.587	0.055355		5	129	764
I0031	0.38	0.064	4.515	20.281	0.00015		39	378	479
I0032	1.081	0.064	-1.009	3.741	0.290818		75	497	311
I0033	1.147	0.067	-2.238	11.317	0.010131		67	554	266
I0034	-0.074	0.069	4.079	15.383	0.001518		23	284	585
I0035	-0.874	0.08	-0.745	11.633	0.008752		7	221	669
I0036	-0.449	0.073	1.554	1.33	0.721999		12	281	598
I0040	0.453	0.071	-0.494	1.588	0.662127		24	543	327
I0041	-3.424	0.082	-2.798	26.676	0.000007		0	254	643
I0045	-1.669	0.102	-2.477	28.481	0.000003		2	123	772
I0051	0.714	0.066	-1.671	6.69	0.082459		47	486	356
I0052	1.238	0.061	4.128	18.268	0.000388		96	482	304
I0055	0.421	0.062	4.788	36.527	0		49	316	529
I0056	0.062	0.071	-2.554	9.968	0.018844		15	489	390
I0059	-0.909	0.076	-2.347	13.189	0.004246		5	299	588
I0060	-0.07	0.069	5.28	34.734	0		24	229	641
I0061	0.411	0.064	4.942	32.016	0.000001		39	384	472
I0062	0.952	0.058	7.049	58.254	0		92	387	416
I0069	-0.764	0.076	2.564	6.692	0.082385		6	275	612
I0070	0.547	0.061	2.061	3.532	0.316603		61	335	498
I0071	0.579	0.064	0.046	0.617	0.892544		47	430	420
I0072	-0.476	0.077	0.487	1.786	0.618077		16	184	694
I0073	-0.925	0.084	0.091	13.415	0.003821		8	177	713
I0078	-0.081	0.069	-3.374	18.716	0.000314		19	377	499
I0079	-1.84	0.082	-2.425	10.211	0.016854		1	246	651
I0088	-0.882	0.076	2.325	8.617	0.034842		5	296	592
I0089	1.141	0.058	5.721	43.822	0		105	419	362
I0090	-0.044	0.069	-4.14	27.733	0.000004		24	341	527
I0091	0.316	0.065	0.041	0.166	0.982903		38	363	492
I0096	-1.456	0.08	-4.318	41.245	0		2	260	631
I0097	-3.49	0.084	-3.535	48.941	0		0	236	658
I0098	0.39	0.064	4.357	13.493	0.003685		39	373	481
I0099	-0.165	0.071	1.181	0.629	0.889739		27	200	664
I0104	-0.732	0.074	0.806	19.254	0.000243		6	324	561
I0105	0.366	0.069	-3.901	19.945	0.000175		29	477	384
I0111	1.239	0.064	1.106	20.924	0.00011		80	538	272
I0112	1.011	0.058	3.755	10.995	0.011752		98	395	397
I0116	0.179	0.065	0.365	6.375	0.09474		38	292	561

I0117	1.388	0.061	0.275	5.661	0.129309		107	510	272
I0118	-0.809	0.075	-6.199	65.943	0		6	313	571
I0120	-0.449	0.081	2.814	2.538	0.468432		20	113	759
I0121	-0.351	0.073	-2.796	25.738	0.000012		8	474	413
I0122	-1.612	0.076	-2.019	12.175	0.006808		1	338	555
I0123	0.109	0.068	2.387	9.226	0.026428		23	384	484
I0125	-0.169	0.07	-0.012	4.677	0.197039		19	309	568
I0128	2.17	0.065	1.354	15.109	0.001727		173	563	152
I0129	0.823	0.057	4.729	8.107	0.043843		103	304	484
I0130	-0.549	0.076	-2.297	33.635	0		13	241	640
I0131	0.091	0.067	-0.489	1.59	0.661573		32	304	559
I0134	1.088	0.065	-1.756	10.071	0.01797		71	520	302
I0135	0.091	0.072	-3.235	12.748	0.005215		15	498	380
I0136	-1.436	0.086	-2.129	8.629	0.034658		3	192	702
I0139	0.365	0.061	4.864	6.227	0.101053		64	238	592
I0141	1.281	0.065	-0.084	5.431	0.14285		80	540	260
I0142	0.732	0.069	-5.057	38.63	0		40	529	323
I0144	1.175	0.065	-2.721	16.459	0.000914		76	529	283
I0145	2.041	0.07	0.813	20.469	0.000136		129	613	143
I0147	0.709	0.073	-4.756	41.808	0		31	572	288
I0148	-0.816	0.075	-5.822	60.835	0		6	319	565
I0151	0.376	0.065	1.606	4.024	0.258915		37	393	459

Table 15. Principal component summary of the parenting domain

PC	Eigen	Percentage	Cumulative Percentage	Standard Error
PC001	3.842	5.49%	5.49%	0.539
PC002	2.787	3.98%	9.47%	0.39
PC003	2.472	3.53%	13.00%	0.346
PC004	1.929	2.76%	15.76%	0.269
PC005	1.788	2.55%	18.31%	0.249
PC006	1.77	2.53%	20.84%	0.246
PC007	1.638	2.34%	23.18%	0.228
PC008	1.578	2.25%	25.43%	0.218
PC009	1.52	2.17%	27.61%	0.211
PC010	1.413	2.02%	29.63%	0.195
PC011	1.396	1.99%	31.62%	0.194
PC012	1.364	1.95%	33.57%	0.19
PC013	1.33	1.90%	35.47%	0.185
PC014	1.324	1.89%	37.36%	0.182
PC015	1.247	1.78%	39.14%	0.172
PC016	1.245	1.78%	40.92%	0.174
PC017	1.217	1.74%	42.66%	0.167
PC018	1.195	1.71%	44.37%	0.166
PC019	1.166	1.67%	46.03%	0.161
PC020	1.126	1.61%	47.64%	0.156
PC021	1.109	1.58%	49.22%	0.153
PC022	1.093	1.56%	50.79%	0.152
PC023	1.054	1.51%	52.29%	0.145
PC024	1.048	1.50%	53.79%	0.145
PC025	1.041	1.49%	55.28%	0.144
PC026	1.031	1.47%	56.75%	0.141
PC027	1.008	1.44%	58.19%	0.139
PC028	0.996	1.42%	59.61%	0.138
PC029	0.969	1.38%	61.00%	0.134
PC030	0.96	1.37%	62.37%	0.133
PC031	0.937	1.34%	63.71%	0.131
PC032	0.905	1.29%	65.00%	0.126
PC033	0.901	1.29%	66.28%	0.125

PC034	0.872	1.25%	67.53%	0.121
PC035	0.867	1.24%	68.77%	0.12
PC036	0.845	1.21%	69.98%	0.116
PC037	0.837	1.20%	71.17%	0.116
PC038	0.824	1.18%	72.35%	0.114
PC039	0.819	1.17%	73.52%	0.114
PC040	0.801	1.14%	74.66%	0.111
PC041	0.784	1.12%	75.78%	0.109
PC042	0.76	1.09%	76.87%	0.106
PC043	0.758	1.08%	77.95%	0.105
PC044	0.744	1.06%	79.01%	0.104
PC045	0.731	1.04%	80.06%	0.102
PC046	0.723	1.03%	81.09%	0.101
PC047	0.715	1.02%	82.11%	0.1
PC048	0.697	1.00%	83.11%	0.098
PC049	0.693	0.99%	84.10%	0.097
PC050	0.676	0.97%	85.06%	0.095
PC051	0.666	0.95%	86.02%	0.093
PC052	0.654	0.93%	86.95%	0.091
PC053	0.634	0.91%	87.85%	0.089
PC054	0.619	0.88%	88.74%	0.087
PC055	0.615	0.88%	89.62%	0.086
PC056	0.598	0.85%	90.47%	0.084
PC057	0.588	0.84%	91.31%	0.083
PC058	0.571	0.82%	92.13%	0.081
PC059	0.564	0.81%	92.93%	0.08
PC060	0.553	0.79%	93.72%	0.079
PC061	0.546	0.78%	94.50%	0.077
PC062	0.532	0.76%	95.26%	0.076
PC063	0.519	0.74%	96.00%	0.074
PC064	0.513	0.73%	96.74%	0.074
PC065	0.493	0.70%	97.44%	0.071
PC066	0.468	0.67%	98.11%	0.068
PC067	0.448	0.64%	98.75%	0.066
PC068	0.436	0.62%	99.37%	0.064
PC069	0.415	0.59%	99.97%	0.065
PC070	0.023	0.03%	100.00%	0.021

Table 16. PC loadings of the parenting domain items

Item	1 st PC loading	2 nd PC loading	3 rd PC loading	Another relevant PC loading
I0144	0.498	0.123	0.061	
I0145	0.486	-0.033	0.206	
I0128	0.467	-0.062	0.295	
I0147	0.453	0.281	0.071	
I0105	0.401	0.075	0.108	
I0016	0.373	-0.24	0.366	
I0117	0.34	-0.108	0.296	
I0017	0.336	-0.411	0.062	
I0033	0.309	-0.014	0.291	
I0142	0.301	0.346	-0.017	
I0134	0.258	0.134	0.217	
I0071	0.246	-0.175	-0.231	
I0051	0.244	0.054	0.337	
I0091	0.206	-0.032	-0.227	
I0056	0.189	0.068	0.031	
I0032	0.167	-0.053	0.185	
I0116	0.142	0.025	-0.322	
I0070	0.125	-0.114	-0.284	
I0129	0.123	-0.193	-0.188	
I0118	0.123	0.357	-0.294	
I0052	0.114	-0.236	-0.108	

I0090	0.104	0.193	-0.219	
I0148	0.083	0.444	-0.229	
I0121	0.083	0.252	-0.008	
I0078	0.069	0.245	-0.272	
I0112	0.035	-0.173	-0.252	
I0001	0.034	0.126	0.008	
I0139	0.03	-0.09	-0.184	
I0131	0.027	0.057	-0.247	
I0089	0.026	-0.281	-0.032	
I0015	0.018	-0.024	0.289	
I0019	0.01	-0.184	-0.162	
I0125	0.009	0.011	-0.298	
I0111	0.002	-0.135	-0.14	
I0130	-0.016	0.3	-0.201	
I0120	-0.02	-0.118	-0.311	
I0013	-0.022	0.026	0.012	
I0099	-0.044	0.081	-0.093	
I0055	-0.072	-0.245	-0.245	
I0141	-0.078	0.11	0.092	
I0072	-0.084	0.082	-0.051	
I0073	-0.102	0.189	0.022	
I0059	-0.107	0.199	-0.021	
I0136	-0.113	0.285	-0.03	
I0151	-0.136	0.096	0.12	
I0035	-0.144	0.164	0.073	
I0045	-0.149	0.227	0.09	
I0098	-0.156	-0.059	-0.242	
I0122	-0.16	0.243	0.034	
I0002	-0.169	0.008	0.064	
I0003	-0.169	-0.193	0.057	
I0079	-0.178	0.21	-0.019	
I0020	-0.183	-0.086	0.148	
I0097	-0.184	0.463	-0.034	
I0123	-0.195	0.048	0.022	
I0034	-0.202	-0.083	-0.042	
I0021	-0.207	0.158	0.167	
I0135	-0.22	0.284	0.358	
I0062	-0.24	-0.234	-0.174	
I0060	-0.253	-0.177	0.039	
I0041	-0.265	0.295	0.197	
I0096	-0.27	0.426	-0.02	
I0040	-0.278	0.096	0.36	
I0061	-0.281	-0.194	-0.097	
I0036	-0.297	0.002	0.192	
I0104	-0.333	-0.021	0.063	
I0014	-0.356	-0.248	0.208	
I0069	-0.421	-0.164	0.104	
I0088	-0.427	-0.111	0.06	
I0031	-0.461	-0.255	0.196	

Figure 11. Person-Item Residual Correlation Matrix

Principal Component Summary PC Normalised Vectors PC Loadings Varimax Rotation Loadings Residual Correlation Matrix Person-Item Residuals															
Item	I0014	I0016	I0031	I0033	I0036	I0069	I0088	I0104	I0105	I0117	I0128	I0144	I0145	I0147	
I0014	1.000														
I0016	-0.171	1.000													
I0031	0.209	-0.188	1.000												
I0033	-0.168	0.097	-0.163	1.000											
I0036	0.007	-0.144	0.137	-0.183	1.000										
I0069	0.048	-0.202	0.175	-0.193	0.074	1.000									
I0088	0.039	-0.196	0.213	-0.158	0.051	0.329	1.000								
I0104	0.042	-0.224	0.129	-0.127	0.226	0.093	0.088	1.000							
I0105	-0.232	0.006	-0.247	0.023	-0.120	-0.188	-0.224	-0.037	1.000						
I0117	-0.158	-0.036	-0.224	-0.069	-0.143	-0.209	-0.213	-0.159	0.059	1.000					
I0128	-0.217	0.075	-0.303	0.042	-0.196	-0.294	-0.267	-0.247	0.012	0.105	1.000				
I0144	-0.232	-0.029	-0.310	-0.066	-0.212	-0.209	-0.220	-0.181	0.070	0.020	0.062	1.000			
I0145	-0.250	0.057	-0.299	0.007	-0.232	-0.201	-0.218	-0.288	-0.012	0.039	0.122	0.244	1.000		
I0147	-0.211	-0.055	-0.281	0.029	-0.129	-0.170	-0.192	-0.229	0.142	-0.014	0.051	0.198	0.079	1.000	

Table 17. Item difficulties, fit statistics, and analysis of the variance of the PC1 items

Item	Item δ	SE	Fit Residual <i>In green < -2.5 standardised fit residuals and in yellow > 2.5</i>	Chi sq	Probability	PSI	Item functioning and DIF Summary Statistics*		
							C.I.	Country	C.I. by C.
I0014	-0.026	0.067	6.385	50.27	0*	0.802	17.430	19.886	
I0016	0.659	0.064	-1.043	2.588	0.459648				
I0031	-0.179	0.065	2.791	27.181	0.000005*		9.021	11.513	
I0033	0.544	0.068	-2.663	3.826	0.280907				
I0036	-1.039	0.074	1.252	10.32	0.016034				
I0069	-1.357	0.077	2.309	4.954	0.175166				
I0088	-1.46	0.076	1.234	9.964	0.018877				
I0104	-1.268	0.075	1.203	6.932	0.074103				
I0105	-0.293	0.07	-4.375	28.415	0.000003*		14.464	35.311	
I0117	0.788	0.062	-2.427	7.33	0.062083				
I0128	1.59	0.065	-1.342	6.501	0.08961				
I0144	0.543	0.065	-3.196	7.125	0.068021			10.676	
I0145	1.46	0.07	-1.812	5.277	0.152599				
I0147	0.037	0.073	-4.184	34.854	0*		18.857		

* Significant level below Bonferroni probability adjustment <.001

Table 18. Item difficulties, fit statistics, and analysis of the variance of the items after splitting I0105

Item	Item δ	SE	Fit Residual <i>In green < -2.5 standardised fit residuals and in yellow > 2.5</i>	Chi sq	Probability	PSI	Item functioning and DIF Summary Statistics*		
							C.I.	Country	C.I. by C.
I0014	-0.083	0.067	6.324	46.024	0*	0.802	16.254	16.965	
I0016	0.602	0.064	-1.004	2.257	0.520797				
I0031	-0.237	0.065	2.745	24.777	0.000019*		8.358		
I0033	0.487	0.068	-2.669	4.035	0.257725				
I0036	-1.092	0.074	1.286	10.535	0.014524				
I0069	-1.407	0.076	2.295	4.637	0.200425				
I0088	-1.511	0.076	1.215	9.149	0.027377				
I0104	-1.314	0.075	1.2	5.989	0.112132				
I0117	0.732	0.062	-2.423	6.822	0.077784				
I0128	1.534	0.065	-1.323	6.153	0.10438				
I0144	0.486	0.065	-3.127	5.941	0.114499			13.665	
I0145	1.403	0.07	-1.779	4.345	0.226567				
I0147	-0.019	0.073	-4.149	31.612	0.000001*		15.348		
E0105	-0.564	0.075	-4.159	27.173	0.000005*		13.413		
P0105	0.982	0.245	-1.328	3.779	0.286301				

* Significant level below Bonferroni probability adjustment <.001

Table 19. Item difficulties, fit statistics, and analysis of the variance of the items after splitting I0014

Item	Item δ	SE	Fit Residual <i>In green < -2.5 standardised fit residuals and in yellow > 2.5</i>	Chi sq	Probability	PSI	Item functioning and DIF Summary Statistics*		
							C.I.	Country	C.I. by C.
I0016	0.869	0.064	-0.977	2.337	0.5055	0.803			
I0031	0.03	0.065	2.845	23.837	0.000029*		8.084	11.574	
I0033	0.754	0.068	-2.617	3.865	0.276423				
I0036	-0.832	0.074	1.309	9.944	0.01905				
I0069	-1.141	0.077	2.341	3.928	0.269332				
I0088	-1.258	0.077	1.274	9.056	0.028558				
I0104	-1.068	0.075	1.262	6.419	0.092919				
I0117	0.999	0.062	-2.377	7.098	0.068825				
I0128	1.803	0.065	-1.299	5.621	0.1316				
I0144	0.751	0.065	-3.123	5.635	0.130803			10.536	
I0145	1.671	0.07	-1.761	4.115	0.249329				
I0147	0.244	0.073	-4.155	31.479	0.000001*		15.302		
E0105	-0.29	0.075	-4.144	27.076	0.000006*		13.360		
P0105	1.16	0.245	-1.307	3.65	0.301838				
E0014	0.291	0.069	5.937	44.744	0*		15.612		
P0014	-3.984	0.281	0.724	0.195	0.978383				

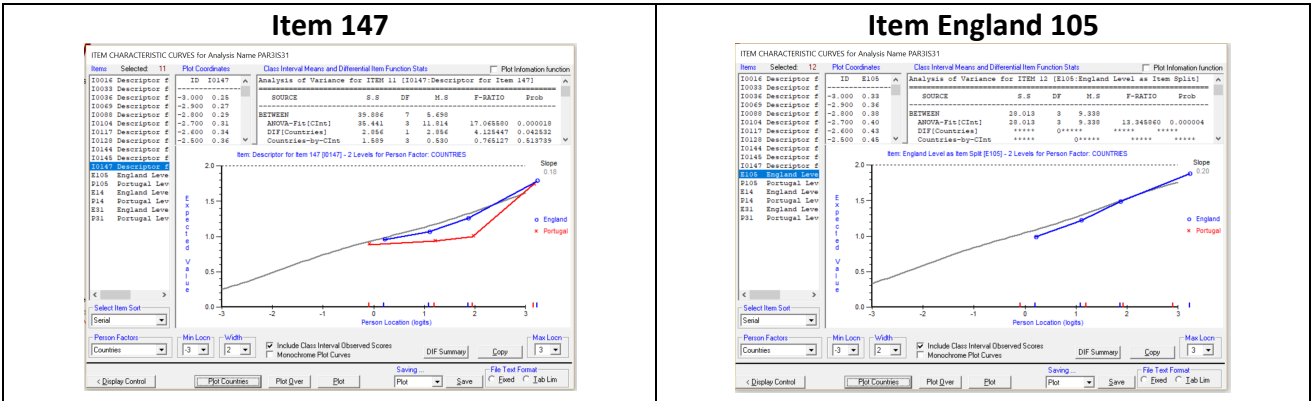
* Significant level below Bonferroni probability adjustment <.001

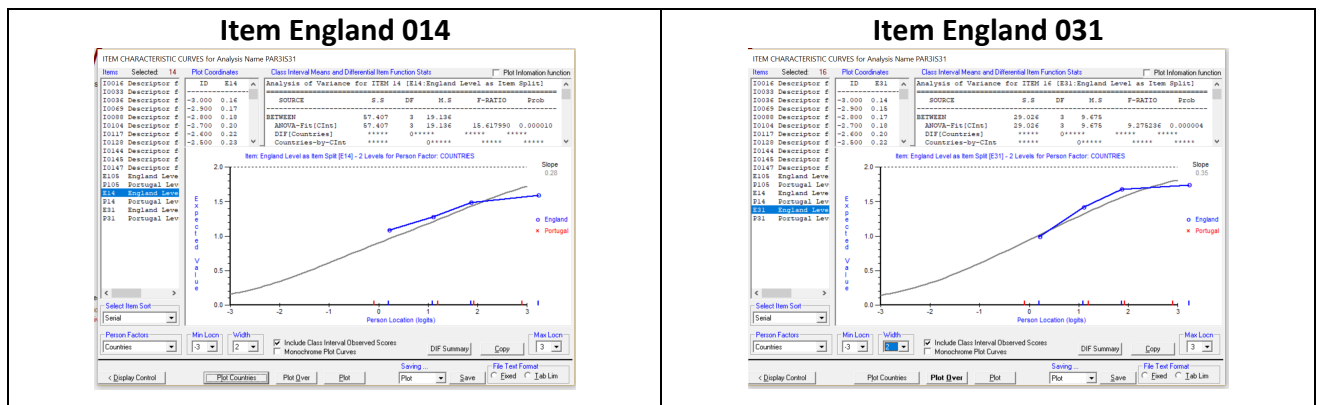
Table 20. Item difficulties, fit statistics, and analysis of the variance of the items after splitting I0031

Item	Item δ	SE	Fit Residual <i>In green < -2.5 standardised fit residuals and in yellow > 2.5</i>	Chi sq	Probability	PSI	Item functioning and DIF Summary Statistics*		
							C.I.	Country	C.I. by C.
I0016	0.928	0.064	-0.94	2.696	0.440829	0.805			
I0033	0.814	0.068	-2.566	3.007	0.390587				
I0036	-0.776	0.074	1.334	9.765	0.020676				
I0069	-1.084	0.077	2.39	5.042	0.168754				
I0088	-1.202	0.077	1.326	11.04	0.011512				
I0104	-1.013	0.075	1.297	7.046	0.070432				
I0117	1.059	0.062	-2.311	7.812	0.050054				
I0128	1.863	0.065	-1.253	6.007	0.111294				
I0144	0.81	0.065	-3.114	7.77	0.051019				
I0145	1.732	0.07	-1.735	5.418	0.143658				
I0147	0.302	0.073	-4.162	35.262	0*		17.066		
E0105	-0.223	0.075	-4.132	27.057	0.000006*		13.346		
P0105	1.135	0.246	-1.32	3.502	0.320462				
E0014	0.358	0.069	5.944	44.791	0*		15.618		
P0014	-3.994	0.282	0.759	0.183	0.980259				
E0031	0.162	0.068	2.326	27.817	0.000004*		9.275		
P0031	-0.869	0.243	0.96	2.131	0.545612				

* Significant level below Bonferroni probability adjustment <.001

Figure 12. Item Characteristic Curves for the items that presented lack of invariance for different class intervals of people along the continuum



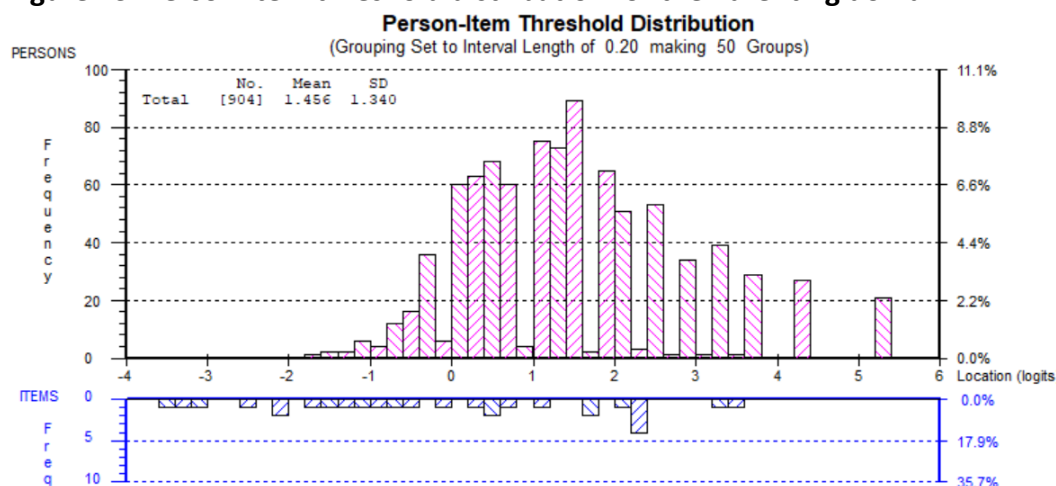


The parenting subset, with 77 items, similar to the initial inspection of the professional subset, showed excellent targeting, with a PSI of .94. However, once again the person-item threshold distribution presented mistargeting between the persons and the items, with no persons distributed in the lower skill levels, with a person location mean of 1.78 logits (SD = 1.01), substantially to the right of 0. The standardised item fit residuals showed items misfitting ($M = 0.15$, $SD = 3.82$), and upon closer inspection, 44 items were outside of the range ± 2.5 . After inspecting the ICCs it was decided to delete seven items (8, 50, 74, 93, 108, 124, 140) because the observed data did not fit the model expectations.

After deleting the items and running a new analysis, the PSI and the person-item threshold distribution gave the same results, and showed some items continuing to misfit ($M = 0.34$, $SD = 3.56$). More specifically, 32 items had standardised item fit residuals outside of the range ± 2.5 , so it was decided to also explore the Principal Component Summary and the Principal Component loadings to test for unidimensionality. Only one principal component was extracted, accounting for 5.49% of the total variance, so the subset was reduced to only items with loadings $> .3$, and that had higher loadings in this principal component.

The resulting subset of 14 items showed good targeting with a PSI of 0.80, and furthermore the person-item threshold distribution improved. Similar to the professional subset, with most of the items with lower skill being removed, the person location was still substantially to the right of 0, with a mean of 1.46 logits ($SD = 1.34$).

Figure 13. Person-item threshold distribution for the Parenting domain



The standardised item fit residuals for these 14 items once again revealed some misfitting items ($M = -0.42$, $SD = 3.06$), specifically six had standardised item fit residuals outside of the range ± 2.5 (14 with $res. = 6.39$, 31 with $res. = 2.79$, 33 with $res. = -2.66$, 105 with $res. = -4.38$, 144 with $res. = -3.20$, and 147 $res. = -4.18$); however by exploring the ICCs for these items most of the class intervals fitted the model expectation. Chi-square tests of item fit were statistically significant after Bonferroni adjustment for multiple comparisons for most of the referred items 14 ($\chi^2_{[3]} = 50.27$, $p < .001$), 31 ($\chi^2_{[3]} = 27.18$, $p < .001$), 105 ($\chi^2_{[3]} = 28.42$, $p < .001$), and 147 ($\chi^2_{[3]} = 34.85$, $p < .001$). Regarding the person fit residuals ($M = -.44$, $SD = 1.35$), 11.06% were outside of the range ± 2.5 which indicates misfit; however less than 1% were positive residuals. The residual correlations were all below $< .33$, which is acceptable.

Exploring the DIF, item 105 ($F(1) = 35.31$, $p < .001$) had the greatest significant uniform DIF, therefore it was resolved. Item 14 ($F(1) = 16.97$, $p < .001$) presented the next largest significant uniform DIF, and was also resolved, followed by item 31 ($F(1) = 11.57$, $p < .001$). No other uniform DIF effect was observed for this subset of items.

Finally, after re-examining all the new item and person estimates, the overall Chi-square value was significant ($\chi^2_{[51]} = 206.347$, $p < .001$), but, similar to the case of the professional domain, this can be classified as an acceptable model. In the following table, the summary of the item location estimates, the standardised item fit residuals and the Chi-square tests of item are presented.

The different theoretical domains, which represented a successful foster carer (Buehler, Rhodes, et al., 2006) and were associated with the parenting domain (based on findings from Study One, the review of the literature, and the supplementary piece of qualitative research - Appendix J), were poorly represented in the items that formed the final parenting domain. The items that were part of the final domain, were more focused on the demanding part of the role, setting clear rules and boundaries, however not capturing the responsiveness part of the role, which is crucial for the development of any child. This domain was mainly composed by items that reflected the theoretical domain *meeting physical and mental health care needs*, and in some way the domains *providing a safe and secure environment – protecting children*, and *promoting social and emotional development*. No items that predominantly reflected the theoretical domains: *providing a nurturing environment – nurturing children*, *promoting educational attainment and success*, *valuing diversity and supporting children's cultural needs*, were included in this final domain.

Table 21. Parenting domain - Item location estimates, standardised item fit residuals (SFR) and Chi-square tests of item

Items	δ (SE)	SFR	χ^2 (p) (df = 3)
16 - I can foster a child who lies about everything	0.93 (.06)	-0.94	2.70 (.441)
33 - I can foster a child whose problems don't get better	0.81 (.07)	-2.57	3.01 (.391)
36 - I set rules and guidelines for a looked after child	-0.78 (.07)	1.33	9.77 (.021)
69 - Children need a regular bedtime	-1.08 (.08)	2.39	5.04 (.169)
88 - Children need regular mealtimes	-1.20 (.08)	1.33	11.04 (.012)
104 - I make our household rules clear to looked after children	-1.01 (.08)	1.30	7.05 (.070)
117 - I can foster a child who has a really bad temper	1.06 (.06)	-2.31	7.81 (.050)
128 - I can foster a child who is mean or cruel to a lot of people	1.86 (.07)	-1.25	6.01 (.111)
144 - I can foster a child who uses bad language, such as dirty words for body parts and sex	0.81 (.07)	-3.11	7.77 (.051)
145 - I can foster a child who doesn't respect people's privacy	1.73 (.07)	-1.74	5.42 (.144)
147 - I can foster a child who has lots of bad habits	0.30 (.07)	-4.16	35.26 (< .001)*
105 - (England) I can foster a child who says mean and hurtful things to me	-0.22 (.08)	-4.13	27.06 (< .001)*
105 - (Portugal) I can foster a child who says mean and hurtful things to me	1.14 (.25)	-1.32	3.50 (.320)
14 - (England) My life is organised	0.36 (.07)	5.94	44.79 (< .001)*
14 - (Portugal) My life is organised	-3.99 (.28)	0.76	0.18 (.980)
31 - (England) My household has regular routines and times to do things during the week	0.162 (.07)	2.33	27.82 (< .001)*
31 - (Portugal) My household has regular routines and times to do things during the week	-0.87 (.24)	0.96	2.13 (.546)

* Significant level below Bonferroni probability adjustment <.001

Appendix G – Descriptive analysis - Strengths and Difficulties Questionnaire

Descriptive analysis – SDQ subscales present

Items Emotional Problems		Not true	Somewhat true	Certainly true	Missing data
3 - Often complains of headaches, stomach-aches or sickness	England	538	157	41	4
	Portugal	44	4	4	1
8 - Many worries, often seems worried	England	337	331	66	6
	Portugal	33	15	3	2
13 - Often unhappy, down-hearted or tearful	England	521	188	30	1
	Portugal	42	7	3	1
16 - Nervous or clingy in new situations, easily loses confidence	England	366	279	94	1
	Portugal	11	27	14	1
24 - Many fears, easily scared	England	397	273	69	1
	Portugal	29	18	4	2
Items Peer Problems					
6 - Rather solitary, tends to play alone	England	428	244	64	4
	Portugal	39	12	1	1
11 - Recoded - Has at least one good friend	England	400	243	93	4
	Portugal	36	13	2	2
14 - Recoded - Generally liked by other children	England	363	318	57	2
	Portugal	39	11	2	1
19 - Picked on or bullied by other children	England	457	233	45	5
	Portugal	35	16	0	2
23 - Gets on better with adults than with other children	England	284	302	149	5
	Portugal	26	16	10	1
Items Conduct Problems					
5 - Often has temper tantrums or hot tempers	England	339	295	100	6
	Portugal	26	22	4	1
7 - Recoded - Generally obedient, usually does what adults request	England	325	374	39	2
	Portugal	31	21		1
12 - Often fights with other children or bullies them	England	485	208	46	1
	Portugal	41	8	3	1
18 - Often lies or cheats	England	270	325	143	2
	Portugal	22	21	8	2
22 - Steals from home, school or elsewhere	England	552	140	46	2
	Portugal	42	7	3	1
Items Hyperactivity					
2 - Restless, overactive, cannot stay still for long	England	335	270	130	5
	Portugal	18	25	9	1
10 - Constantly fidgeting or squirming	England	398	239	101	2
	Portugal	30	11	11	1
15 - Easily distracted, concentration wanders	England	166	332	239	3
	Portugal	9	23	19	2
21 - Recoded - Thinks things out before acting	England	107	375	257	1
	Portugal	4	33	15	1
25 - Recoded - Sees tasks through to the end, good attention span	England	134	367	237	2
	Portugal	14	22	15	2

Descriptive analysis – SDQ subscales past

		Somewhat		Certainly	Missing
Items	Emotional Problems	Not true	true	true	data
3 - Often complains of headaches, stomach-aches or sickness	England	408	169	153	10
	Portugal	36	7	9	1
8 - Many worries, often seems worried	England	162	195	372	11
	Portugal	27	11	14	1
13 - Often unhappy, down-hearted or tearful	England	298	248	186	8
	Portugal	22	17	13	1
16 - Nervous or clingy in new situations, easily loses confidence	England	217	209	308	6
	Portugal	7	17	26	3
24 - Many fears, easily scared	England	236	223	274	7
	Portugal	21	10	18	4
Items Peer Problems					
6 - Rather solitary, tends to play alone	England	286	212	234	8
	Portugal	22	16	13	2
11 - Recoded - Has at least one good friend	England	167	168	394	11
	Portugal	14	9	27	3
14 - Recoded - Generally liked by other children	England	189	362	182	7
	Portugal	23	18	10	2
19 - Picked on or bullied by other children	England	347	245	137	11
	Portugal	27	13	10	3
23 - Gets on better with adults than with other children	England	231	269	229	11
	Portugal	17	22	12	2
Items Conduct Problems					
5 - Often has temper tantrums or hot tempers	England	237	152	343	8
	Portugal	19	7	26	1
7 - Recoded - Generally obedient, usually does what adults request	England	204	316	213	7
	Portugal	17	19	16	1
12 - Often fights with other children or bullies them	England	387	155	191	7
	Portugal	28	7	17	1
18 - Often lies or cheats	England	164	234	284	58*
	Portugal	16	7	20	10*
22 - Steals from home, school or elsewhere	England	435	120	125	60*
	Portugal	28	7	8	10*
Items Hyperactivity					
2 - Restless, overactive, cannot stay still for long	England	194	167	369	10
	Portugal	17	14	21	1
10 - Constantly fidgeting or squirming	England	246	191	297	6
	Portugal	20	12	18	3
15 - Easily distracted, concentration wanders	England	86	200	446	8
	Portugal	5	10	35	3
21 - Recoded - Thinks things out before acting	England	43	190	496	11
	Portugal	3	16	32	2
25 - Recoded - Sees tasks through to the end, good attention span	England	56	196	480	8
	Portugal	8	14	28	3

* 58 cases were not applicable (50 in the English sample and 8 in the Portuguese sample) since the children were older than 2 but younger than 4 years old at the start of the placement. The items 18 and 22 are different between the SDQ version 4-17 years old and 2-4 years old version

Appendix H – Descriptive analysis - Child and Parent Relationship Scale

Items Closeness		Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies	Missing data
1 - I share an affectionate, warm relationship with the looked after child	England	3	9	18	196	513	1
	Portugal	0	0	1	11	40	1
3 - If upset, the looked after child will seek comfort from me	England	12	32	21	219	454	2
	Portugal	1	3	4	17	26	2
5 - The looked after child values his/her relationship with me	England	4	11	40	194	490	1
	Portugal	0	1	6	12	33	1
6 - When I praise the looked after child, he/she beams with pride	England	6	26	11	190	504	3
	Portugal	0	0	1	3	48	1
7 - The looked after child spontaneously shares information about himself/herself	England	29	64	39	292	312	4
	Portugal	2	1	6	23	20	1
9 - It is easy to be in tune with what the looked after child is feeling	England	10	76	52	347	252	3
	Portugal	2	1	5	31	12	2
15 - The looked after child openly shares his/her feelings and experiences with me	England	24	62	49	310	292	3
	Portugal	2	1	5	31	12	2

Appendix I – Casey Foster Applicant Inventory - Applicant Version

Casey Foster Applicant Inventory – Applicant Version (CFAI-A) © 2013 Casey Family Programs

This questionnaire asks about qualities that might be needed to foster. No foster carer will have all of these qualities, but most will have some. Please reflect on each of the hypothetical scenarios.

If you have more than one looked after child please answer taking into account the one that that has been fostered by you the longest, for at least one year, as long as the looked after child is between 4 and 16 years old. Please answer taking into account your service provider, local authority or independent fostering agency.

Please try to answer all items. If an item does not completely apply to your situation, try to select the closest or best answer from the alternatives given. Please be aware of the words in bold in each of the items, since they define if the sentence is positive or negative. Using the scale below, circle the appropriate number for each item.

Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4
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Examples of how to use this questionnaire:

Negative item:

I can't foster a child who argues with everything I say (If it is completely impossible for you to foster a child who argues with everything you say, you <u>strongly agree</u> with the item, so, you may answer 4)	1	2	3	(4)
I can't foster a child who argues with everything I say (If it is difficult for you to foster a child who argues with everything you say, and you wouldn't be able to do it you <u>agree</u> with the item, so, you may answer 3)	1	2	(3)	4
I can't foster a child who argues with everything I say (If it is difficult for you to foster a child who argues with everything you say, but you would be able to do it you <u>disagree</u> with the item, so, you may answer 2)	1	(2)	3	4
I can't foster a child who argues with everything I say (If you can foster a child who argues with everything you say, you <u>strongly disagree</u> with the item, so, you may answer 1)	(1)	2	3	4

Positive item:

I can foster a child who has been neglected (If it is completely impossible for you to foster a child who has been neglected, you <u>strongly disagree</u> with the item, so, you may answer 1)	(1)	2	3	4
I can foster a child who has been neglected (If it is difficult for you to foster a child who has been neglected, and you wouldn't be able to do it, you <u>disagree</u> with the item, so, you may answer 2)	1	(2)	3	4
I can foster a child who has been neglected (If it is difficult for you to foster a child who has been neglected, but you would be able to do it, you <u>agree</u> with the item, so, you may answer 3)	1	2	(3)	4
I can foster a child who has been neglected (If you can foster a child who has been neglected, you <u>strongly agree</u> with the item, so, you may answer 4)	1	2	3	(4)

Notes:

Black - Because of storage IT problems the Casey Family Programs Foundation could not provide the initial version of the CFAI-A, so I couldn't include these items. In other cases, some items were adapted based on the CFAI-W version that were different from the original CFAI-A.

Yellow - Foster carers or social workers, who took part in the pilot study, advised me to delete the item.

Track changes - when the foster carers, social workers, looked after children, or care leavers, who took part in the pilot study, advised me to change some of the wording of the item.

Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4
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1.	I can foster a child who has been neglected	1	2	3	4
2.	I have time to help a child with homework school work	1	2	3	4
3.	I'm worried about not having enough energy to foster a child	1	2	3	4
4.	Children's good behaviour ur should be rewarded	1	2	3	4
5.	I like trying to understand figure out why children do things	1	2	3	4
6.	I would be able to can adjust if fostering isn't wasn't what I expected	1	2	3	4
7.	I don't have anyone to talk to about parenting worries	1	2	3	4
8.	Others believe I'm good with people	1	2	3	4
9.	I enjoy reading	1	2	3	4
10.	I'm able to handle manage being a substitute parent for the looked after child	1	2	3	4
11.	I can handle manage a foster looked after child going home if I believe the child will be well cared for	1	2	3	4
12.	I'm It's ok with me the fact that the service provider agency doesn't allow smackings spanking	1	2	3	4
13.	I can't foster if my social worker and the child's social worker don't talk to each other about my foster looked after child	1	2	3	4
14.	I know how to work respectfully with birth parent(s) of a different race ethnicity than mine	1	2	3	4
15.	My life is organis ed	1	2	3	4
16.	I can provide emotional support to a child who has been sexually abused	1	2	3	4
17.	I can foster a child who lies about everything	1	2	3	4
18.	I can't foster a child who argues with everything I say	1	2	3	4
19.	I'm willing to change in order to meet a foster looked after child's needs	1	2	3	4
20.	I'm worried about being able to work well with a foster looked after child's teachers	1	2	3	4
21.	I think it's good for children to speak their minds	1	2	3	4
22.	I work hard to help a foster looked after child do the best they can in school	1	2	3	4
23.	I will would help a child get ready for living with another foster family carer , if needed ed be	1	2	3	4
24.	I don't think I we need to go through any more service provider agency training	1	2	3	4
25.	I'm good at solving problems, even when I don't know the cause	1	2	3	4
26.	I will would have a hard time caring for a child who does not didn't appreciate my the care	1	2	3	4
27.	I wouldn't be able to manage can't handle being blamed for a foster looked after child's problems	1	2	3	4
28.	I wouldn't won't be able to handle it manage if a foster looked after child I love hads to leave my home	1	2	3	4
29.	I can live with it if the service provider agency overrules one of my decisions	1	2	3	4
30.	I can't be a good foster parent carer if a social worker is too busy to help me	1	2	3	4
31.	I can help my looked after foster child continue a relationship with birth parent(s)	1	2	3	4

Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4
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64 61.	I think it's important for a child to keep a journal or memory book	1	2	3	4
65 62.	I wouldn't ask for advice about fostering a child of a different social classbackground	1	2	3	4
66 63.	I'm able to parent effectively without much information about the child's previous life	1	2	3	4
67 64.	I'm able to give affection to a child who might return to their birth parent(s)	1	2	3	4
68 65.	My life won't be complete without raising a child	1	2	3	4
69 66.	I plan to foster for a long time	1	2	3	4
70 66.	I can't handlemanage the foster care system telling me how to be a parentcarer	1	2	3	4
71 67.	I wouldn't be able to adjust to frequent changes in social workers	1	2	3	4
72 68.	I wouldn't won't put down a fosterlooked after child's birth parent(s)	1	2	3	4
73 69.	Children need a regular bedtime	1	2	3	4
74 70.	It wouldn't be hard for me to care for a child whose religious beliefs differed from my own	1	2	3	4
75 71.	I can't foster a child who doesn't try at all in school	1	2	3	4
76 72.	I'm committed to keeping a looked after foster child for as long as the child needs	1	2	3	4
77 73.	I have enough time to take a fosterlooked after child to lots of doctor appointments, if needed	1	2	3	4
78 74.	I know that rewards can be used rewards to help change almost any child's bad behaviour	1	2	3	4
79 75.	I don't like to change my plans once I've started to do something	1	2	3	4
80 76.	I plan to get advice from other foster parentscarers	1	2	3	4
81 77.	I'm impatient	1	2	3	4
82 78.	I'm willing to go to cultural activities with a fosterlooked after child of a different racial-or ethnic background	1	2	3	4
83 79.	I encourage a fosterlooked after child to do after-school activities	1	2	3	4
84 80.	I'm able to help a fosterlooked after child prepare for where they're going to live next	1	2	3	4
85 81.	I plan to attend classes on how to care for children with special problems or needs	1	2	3	4
86 82.	My strong attachment to a fosterlooked after child might make it hard to foster well	1	2	3	4
87 83.	I'm able to foster a child who rejects me	1	2	3	4
88 84.	I'm worried about handling several demanding roles at one time	1	2	3	4
89 85.	I wouldn't support the judge's decisions about a fosterlooked after child's life, even if I don't-didn't agree	1	2	3	4
90 86.	I don't want too much contact with the social worker	1	2	3	4
91 87.	I can help a child handlemanage feelings related to visits with birth parent(s)	1	2	3	4
92 88.	Children need regular mealtimes	1	2	3	4
93 89.	I can foster a child who is affected by a physically handicapped-disability	1	2	3	4
94 90.	I can be a good foster parent-carer to a child who is gay or lesbian	1	2	3	4

Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4
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95 91.	I would if give up fostering if a foster-looked after child's problems don't didn't get better	1	2	3	4
96 92.	I have enough flexibility in my life to deal with a looked after foster child's needs	1	2	3	4
97 93.	Almost all of looked after foster children's behaviour problems can be solved through strict discipline	1	2	3	4
98.	I like it when things are predictable	1	2	3	4
99 94.	My neighbours will accept a foster looked after child in my home	1	2	3	4
100 95.	I'm respectful to people I'm upset with	1	2	3	4
101 96.	I like teaching children how to do new things	1	2	3	4
102 97.	I can think of a couple of things to do to help a looked after foster child feel comfortable when they first come to my home	1	2	3	4
103 98.	I would if ask for advice about fostering a child of a different face or ethnicity	1	2	3	4
104 99.	I would if foster a child long-term if adoption is not wasn't possible	1	2	3	4
105 100.	I have a hard time showing affection	1	2	3	4
106 101.	I'm very committed to being a foster parent carer	1	2	3	4
107 102.	I can work just fine with a social worker of a different face or ethnic group than my own	1	2	3	4
108 103.	I would if let a foster-looked after child keep gifts and pictures from birth family	1	2	3	4
109 104.	I if make our household rules clear to foster-looked after children	1	2	3	4
110 105.	I can foster a child who says mean and hurtful things to me	1	2	3	4
111 106.	My family would will change what s was needed to care for a foster-looked after child	1	2	3	4
112 107.	I can afford some out-of-pocket expenses to care for a looked after foster child	1	2	3	4
113 108.	I if consistently stick to limits set for children	1	2	3	4
114 109.	I can change my schedule on short notice	1	2	3	4
115 110.	My relatives are concerned about my decision to foster me fostering	1	2	3	4
116 111.	I don't overreact to problems	1	2	3	4
117 112.	I'm not comfortable talking to children about sex with children	1	2	3	4
118 113.	I'm able to foster a child who isn't attached to me	1	2	3	4
119 114.	I can't foster if a social worker doesn't respect me	1	2	3	4
120 115.	I understand if it can be confusing for a foster-looked after child to love both their birth family and foster family carer(s)	1	2	3	4
121 116.	I can't foster a child who has been physically abused	1	2	3	4
122 117.	I can foster a child who has a really bad temper	1	2	3	4
123 118.	I can care respectfully for a child with a different ethnic racial or cultural background	1	2	3	4
124 119.	I might be mean to a looked after foster child when I'm stressed out	1	2	3	4
125 120.	I believe that so some children need to be spanked smacked to get them to behave	1	2	3	4

Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4
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126 121.	I can handle-manage the extra stresses of fostering	1	2	3	4
127 122.	I'm easy to talk to	1	2	3	4
128 123.	I want children to be independent	1	2	3	4
129 124.	I believe that M most foster-looked after children will-would adjust to a new home within a month or so	1	2	3	4
130 125.	When a looked after foster -child refuses to tell what's bothering them there is no point in trying to help them	1	2	3	4
131 126.	I can't foster if a social worker doesn't return my phone calls within 2-3 days	1	2	3	4
132 127.	The way I feel about the birth parent(s) might get in the way of visits with birth family	1	2	3	4
133 128.	I can foster a child who is mean or cruel to a lot of people	1	2	3	4
134 129.	I can't foster a child who wets the bed every night	1	2	3	4
135 130.	I'm able to work with the NHS state medical care system	1	2	3	4
136 131.	I don't know a lot about the age when children begin to do certain things, like use a toilet alone and do their homework by themselves	1	2	3	4
137 132.	I can't be a good foster parent-carer if I'm not satisfied with my social worker	1	2	3	4
138 133.	I understand that it's very important for a looked after foster -child to stay in touch with birth family	1	2	3	4
139 134.	I can foster a young child who cries all the time	1	2	3	4
140 135.	I'm able to teach looked after foster -children to get along with other children	1	2	3	4
141 136.	We have a lot of love in our home	1	2	3	4
142 137.	I ll need a lot of agency -support from the service provider to foster well	1	2	3	4
143 138.	I understand that visits with birth family might be a good idea, even if my-a foster-looked after child is upset afterwards	1	2	3	4
144 139.	I can't foster a child who has a really low IQ	1	2	3	4
145 140.	I expect a looked after foster -child to share my values, especially after some time has passed	1	2	3	4
146 141.	I can promote a child's spirituality	1	2	3	4
147 142.	I'm able to foster a child who isn't affectionate with me	1	2	3	4
148 143.	I'm able to help a child who is trying to be loyal to both me and birth parent(s)	1	2	3	4
149 144.	I can foster a child who uses bad language, such as dirty words for body parts and sex	1	2	3	4
150 145.	I can foster a child who doesn't respect people's privacy	1	2	3	4
151.	Raising a foster child is pretty much the same as raising a birth child	1	2	3	4
152 146.	My desire to adopt a looked after foster -child might interfere with visits with birth family	1	2	3	4
153 147.	I can foster a child who has lots of bad habits	1	2	3	4
154 148.	I'm ready to care for a foster-looked after child who might not be as smart as the rest of my family	1	2	3	4
155 149.	I d would rather foster a child who doesn't-didn't have contact with birth parent(s)	1	2	3	4
156 150.	I can foster a child who steals	1	2	3	4
157 151.	I ll teach foster-looked after children to live on their own when they grow up	1	2	3	4
158.	I'm not prepared to begin fostering	1	2	3	4

Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4
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Please answer this set of questions if you currently are married or living with an adult in a committed, intimate relationship. If you are not currently in an intimate relationship, please go on to Question 163.

159 <u>152</u> .	My partner spouse strongly supports my fostering efforts	1	2	3	4
160 <u>153</u> .	My partner spouse and I have similar beliefs about how to parent foster-looked after children	1	2	3	4
161 <u>154</u> .	My partner spouse and I have differing views on how to discipline young children	1	2	3	4
162 <u>155</u> .	My partner spouse and I are used to talking things over every-day	1	2	3	4
163 <u>156</u> .	Our relationship marriage has been stormy because of the different ways we were raised	1	2	3	4
164 <u>157</u> .	My spouse-partner and I are willing to spend less time together as a couple	1	2	3	4
165 <u>158</u> .	My spouse-partner and I share household responsibilities	1	2	3	4
166 <u>159</u> .	My spouse-partner and I agree on how to discipline teenagers	1	2	3	4
167 <u>160</u> .	My spouse-partner and I are used to solving problems together	1	2	3	4
168 <u>161</u> .	I have a strong marriage-relationship with my partner	1	2	3	4
169 <u>162</u> .	My spouse-partner and I will back each other up in parenting	1	2	3	4

Please answer this set of questions if you have birth, step, or adopted children living in or outside the home. If you do not have birth, step, or adopted children, please go on to Question 172.

170 <u>163</u> .	My children want to have a foster brother or sister	1	2	3	4
171 <u>164</u> .	My children are able to deal with a foster-looked after child with serious problems	1	2	3	4
172 <u>165</u> .	My children are able to handle-manage foster <u>looked after</u> children coming and going	1	2	3	4
173 <u>166</u> .	I can foster a child who fights with my children	1	2	3	4
174 <u>167</u> .	I plan my daily life around my children's needs and activities.	1	2	3	4
175 <u>168</u> .	I smack spank-my <u>children</u> .	1	2	3	4
176 <u>169</u> .	I treat my birth/ <u>step</u> /adopted children and foster-looked after children as equals	1	2	3	4
177 <u>170</u> .	My children are worried about getting enough attention when looked after foster children move in	1	2	3	4
178 <u>171</u> .	I wouldn't won't <u>be</u> able to foster a child who is inappropriate sexually with other children in my home	1	2	3	4

Please answer this set of questions if you are planning to provide or are providing kin care. If you do not plan to provide or are providing kin care, go to the next page.

179 <u>172</u> .	I can be a foster carer parent to this child, as well as be a relative	1	2	3	4
180 <u>173</u> .	I can protect this child from birth parent(s), if needed	1	2	3	4
181 <u>174</u> .	I do would keep information from the agency-service provider to protect the birth parent(s)	1	2	3	4
182 <u>175</u> .	I m ashamed of my family member who might be an unfit parent	1	2	3	4
183 <u>176</u> .	I m worried about being sued by the birth parent(s)	1	2	3	4
184 <u>177</u> .	There is too much conflict with the birth parent(s) for the placement to work	1	2	3	4
185 <u>178</u> .	I will-would encourage the child to take back any statements of abuse about birth parent(s)	1	2	3	4

Appendix J – Supplementary piece of qualitative research for Phase Two

In order to explore the structure of the latent variables, professional and parenting subscales of the Casey Foster Applicant Inventory - Applicant Version, and to collect rich and in-depth information about the items from the perspective of the participants, it was decided to conduct a supplementary piece of qualitative research (W. H. Chen et al., 2014).

This supplementary piece of qualitative research took the form of user engagement in informing the subsequent research design. This engagement was integrated into three training sessions on the topic of placement success. These sessions took place at fostering services, two in England and one in Portugal. In these sessions, foster carers were invited to reflect on their key skills by doing an activity in small groups.

Consent forms were used with all participants and their right to withdraw at any time was made explicit. All data was securely and safely stored and was only used for research purposes.

A total of nine small groups, with between 3 and 6 participants in each group, took part in this activity, five groups in England and four in Portugal.

This exploratory procedure was conducted with the aim of testing whether it would be possible to match the 151 items with 12 theoretical domains; since the original items were developed to reflect these 12 theoretical domains, however they were not matched (Orme, Cuddeback, Buehler, Cox, & Le Prohn, 2006). These 12 theoretical domains can also be grouped, reflecting two types of skill, parenting and professional.

Foster carers were asked, in small groups, to match each item of the 151 items (or 150 in the Portuguese version) of the Casey Foster Applicant Inventory - Applicant Version to one of the 12 theoretical domains. The theoretical domains were as follows:

- six domains that were classified as describing parenting skills:
 - providing a safe and secure environment – protecting children,

- providing a nurturing environment – nurturing children,
 - promoting educational attainment and success,
 - meeting physical and mental health care needs,
 - promoting social and emotional development,
 - valuing diversity and supporting children’s cultural needs.
- six domains that were classified as describing parenting skills:
- connecting children to safe,
 - nurturing relationships intended to last a life time,
 - managing ambiguity and loss for the foster child and family,
 - growing as a foster parent – skill development and role clarification,
 - managing the demands of fostering on personal and familial wellbeing,
 - supporting relationships between children and their families – birth family work.

The answers were collated and transformed into percentages based on how many groups out of all those who were able to, placed each item in a given category. This was necessary as not all of the groups finished the activity. Items were defined as representing professional or parenting skills if the majority of the groups who matched the item matched it with one of the theoretical domains attributed to that skill type.

In some cases 50% of the groups identified an item as representing professional skills and 50% of the groups identified the same item as representing parenting skills. Because of this uncertainty, I decided to ask to the author of the Casey Foster Applicant Inventory - Applicant Version Professor Orme, to perform the same task that was asked of the foster carers, to match the items with the theoretical domains. His views were collected to break these ties. Please see the detailed analysis in the following table.

Table 1 – Matching items and domains according to foster carers and Professor Orme

Items/Domains	Providing a safe and secure environment – protecting children	Providing a nurturing environment – nurturing children	Promoting educational attainment and success	Meeting physical and mental health care needs	Promoting social and emotional development	Valuing diversity and supporting children's cultural needs	SUM	Connecting children to safe, nurturing relationships – providing a life time foundation to help a child flourish	Managing ambiguity and loss for the foster child and family	Growing as a foster parent – skill development and role clarification	Managing the demands of fostering on personal and family well-being	Supporting relationships between children and their families – birth family, work, professional team – working in partnership	SUM	MAJORITY	Agreement with the author regarding the domain	Author of the questionnaire	
1 - I can foster a child who has been neglected	37.5%			37.5%			75.0%	12.5%					12.5%	25.0%	Parenting	Yes	Parenting – Meeting physical and mental health care needs
2 - I have time to help a child with homework			100.0%				100.0%							0.0%	Parenting	Yes	Parenting – Promoting educational attainment and success
3 - Children's good behaviour should be rewarded	12.5%	25.0%		12.5%	50.0%		100.0%							0.0%	Parenting	Yes	Parenting – Promoting educational attainment and success
4 - I like trying to understand why children do things		12.5%		12.5%	12.5%		37.5%			50.0%	12.5%			62.5%	Professional	Yes	Professional – Growing as a foster parent – skill development and role clarification
5 - I would be able to adjust if fostering wasn't what I expected							0.0%			50.0%	50.0%			100.0%	Professional	Yes	Professional – Managing the demands of fostering on personal and family well-being
6 - I don't have anyone to talk to about parenting worries							0.0%		12.5%	12.5%	12.5%			62.5%	Professional	Yes	Professional – Managing the demands of fostering on personal and family well-being
7 - Others believe I'm good with people		14.3%					14.3%	14.3%	14.3%	28.6%	14.3%		14.3%	85.8%	Professional	Yes	Professional – Managing the demands of fostering on personal and family well-being
8 - I enjoy reading			50.0%				50.0%			12.5%	37.5%			50.0%	Parenting Professional	Parenting	Parenting – Promoting educational attainment and success
9 - I'm able to manage being a substitute parent for the looked after child	25.0%			12.5%			37.5%		25.0%	12.5%	12.5%			62.5%	Professional	Yes	Professional – Managing ambiguity and loss for the foster child and family
10 - I can manage a looked after child going home if I believe the child will be well cared for	37.5%						37.5%		12.5%			50.0%		62.5%	Professional	Yes	Professional – Managing ambiguity and loss for the foster child and family
11 - I'm ok with the fact that the service provider doesn't allow smacking	12.5%	25.0%		12.5%			50.0%	12.5%					37.5%	50.0%	Parenting Professional	Professional	Professional – Working as a member of a professional team – working in partnership
12 - I can't foster if my social worker and the child's social worker don't talk to each other							0.0%						100.0%	100.0%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
13 - I know how to work respectfully with birth parents of a different ethnicity than mine						50.0%	50.0%					50.0%		50.0%	Parenting Professional	Parenting	Parenting – Valuing diversity and supporting children's cultural needs
14 - My life is organised	37.5%	12.5%					50.0%				50.0%			50.0%	Parenting Professional	Parenting	Parenting – Providing a safe and secure environment – protecting children
15 - I can provide emotional support to a child who has been sexually abused	50.0%			12.5%	25.0%		87.5%	12.5%						12.5%	Parenting	Yes	Parenting – Meeting physical and mental health care needs
16 - I can foster a child who lies about everything	12.5%			0.0%	50.0%		62.5%	25.0%	12.5%					37.5%	Parenting	No	Professional – Managing the demands of fostering on personal and family well-being
17 - I can't foster a child who argues with everything I say	12.5%			0.0%	50.0%	12.5%	75.0%			25.0%				25.0%	Parenting	No	Professional – Managing the demands of fostering on personal and family well-being
18 - I'm willing to change in order to meet a looked after child's needs		12.5%	12.5%				25.0%			50.0%	25.0%			75.0%	Professional	Yes	Professional – Growing as a foster parent – skill development and role clarification
19 - I'm worried about being able to work well with a looked after child's teachers				62.5%			62.5%						37.5%	37.5%	Parenting	Yes	Parenting – Promoting educational attainment and success
20 - I think it's good for children to speak their minds	12.5%			12.5%	62.5%		87.5%	12.5%						12.5%	Parenting	Yes	Parenting – Promoting social and emotional development
21 - I work hard to help a looked after child do the best they can in school				87.5%			87.5%			12.5%				12.5%	Parenting	Yes	Parenting – Promoting educational attainment and success
22 - I would help a child get ready for living with another foster carer, if needed	12.5%			12.5%	12.5%		37.5%	37.5%	12.5%	12.5%				62.5%	Professional	Yes	Professional – Managing ambiguity and loss for the foster child and family
23 - I don't think we need to go through any more service provider training							0.0%	12.5%	75.0%				12.5%	100.0%	Professional	Yes	Professional – Growing as a foster parent – skill development and role clarification
24 - I'm good at solving problems, even when I don't know the cause		12.5%		12.5%	12.5%		37.5%			12.5%	50.0%			62.5%	Professional	Yes	Professional – Managing the demands of fostering on personal and family well-being
25 - I would have a hard time caring for a child who didn't appreciate the care	12.5%	25.0%					37.5%		12.5%	50.0%				62.5%	Professional	Yes	Professional – Managing the demands of fostering on personal and family well-being
26 - I wouldn't be able to manage being blamed for a looked after child's problems							0.0%	25.0%	37.5%	25.0%			12.5%	100.0%	Professional	Yes	Professional – Managing the demands of fostering on personal and family well-being
27 - I wouldn't be able to manage it if a looked after child I love had to leave my home					12.5%		12.5%		50.0%	12.5%	25.0%			87.5%	Professional	Yes	Professional – Managing ambiguity and loss for the foster child and family
28 - I can live with it if the service provider overrules one of my decisions							0.0%		12.5%	12.5%			75.0%	100.0%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
29 - I can't be a good foster carer if a social worker is too busy to help me							0.0%						100.0%	100.0%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
30 - I can help my looked after child continue a relationship with birth parent(s)	12.5%				12.5%		25.0%					75.0%		75.0%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
31 - My household has regular routines and times to do things during the week	25.0%	12.5%	25.0%	12.5%			75.0%				25.0%			25.0%	Parenting	Yes	Parenting – Providing a safe and secure environment – protecting children
32 - I can be a good foster carer to a young teen who is sexually active	12.5%			12.5%	25.0%		50.0%	25.0%	12.5%					50.0%	Parenting Professional	Parenting	Parenting – Promoting social and emotional development
33 - I can foster a child whose problems don't get better	12.5%			50.0%	37.5%		100.0%							0.0%	Parenting	Yes	Parenting – Meeting physical and mental health care needs
34 - The progress a child makes (even if it's slow) keeps me going as a foster carer		25.0%		12.5%	37.5%		75.0%			12.5%	12.5%			25.0%	Parenting	No	Professional – Managing the demands of fostering on personal and family well-being
35 - I have time to take looked after children to counselling	12.5%			62.5%			75.0%				25.0%			25.0%	Parenting	Yes	Parenting – Meeting physical and mental health care needs
36 - I set rules and guidelines for a looked after child	37.5%	25.0%	12.5%				75.0%			12.5%	12.5%			25.0%	Parenting	Yes	Parenting – Providing a safe and secure environment – protecting children
37 - I need things to go my way most of the time			25.0%				25.0%			37.5%	12.5%		25.0%	75.0%	Professional	Yes	Professional – Managing the demands of fostering on personal and family well-being
38 - I have friends who can help when I'm having trouble parenting	12.5%		12.5%				25.0%				75.0%			75.0%	Professional	Yes	Professional – Managing the demands of fostering on personal and family well-being
39 - I'm used to dealing with lots of people to solve problems				12.5%			12.5%			12.5%	12.5%		62.5%	87.5%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership

Items/Domains	Providing a safe and secure environment – protecting children	Providing a nurturing environment – meeting children's needs	Promoting educational attainment and success	Meeting physical and mental health care needs	Promoting social and emotional development	Valuing diversity and supporting children's cultural needs	SUM	Connecting children to safe, nurturing relationships intended to last a lifetime	Managing ambiguity and loss for the foster child and family	Growing as a foster parent – skill development and role clarification	Managing the demands of fostering on personal and familial well-being	Supporting relationships between children and their families – birth family work	Working as a member of a professional team – working in partnership	SUM	MAJORITY	Agreement with the author regarding the domain	Author of the questionnaire
40 - I can teach looked after children to get along with adults		12.5%		62.5%		75.0%		25.0%						25.0%	Parenting	Yes	Parenting – Promoting social and emotional development
41 - I help a looked after child feel good about him/herself				25.0%	75.0%		100.0%							0.0%	Parenting	Yes	Parenting – Promoting social and emotional development
42 - I would ease a child's fears about going back home to live with birth parents			12.5%				12.5%	12.5%	37.5%			37.5%		87.5%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
43 - I'm willing to ask for help when I need it							0.0%			25.0%		75.0%	100.0%		Professional	Yes	Professional – Working as a member of a professional team – working in partnership
44 - I would need to know several weeks in advance when a child would be removed from a looked after child	12.5%						12.5%		25.0%	12.5%			50.0%	87.5%	Professional	Yes	Professional – Managing ambiguity and loss for the foster child and family
45 - I am very involved in raising a looked after child	12.5%	12.5%	37.5%	12.5%			75.0%	25.0%			0.0%			25.0%	Parenting	Yes	Parenting – Providing a nurturing environment – nurturing children
46 - I wouldn't be able to manage it if a looked after child accused me of sexual abuse		12.5%					12.5%			25.0%	50.0%		12.5%	87.5%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
47 - I wouldn't be able to manage it if a child went home and the family hadn't changed	12.5%			12.5%			25.0%		12.5%	12.5%		50.0%		75.0%	Professional	Yes	Professional – Managing ambiguity and loss for the foster child and family
48 - I'm not able to foster well unless the service provider includes me in planning a looked after child							0.0%			25.0%		75.0%	100.0%		Professional	Yes	Professional – Working as a member of a professional team – working in partnership
49 - I can't foster if a social worker doesn't trust me							0.0%	12.5%			12.5%	75.0%	100.0%		Professional	Yes	Professional – Working as a member of a professional team – working in partnership
50 - Everyone in my household has chores and responsibilities	25.0%	12.5%	12.5%	25.0%			75.0%				25.0%			25.0%	Parenting	Yes	Parenting – Providing a safe and secure environment – protecting children
51 - I can foster a child who is always sad and unhappy				25.0%	50.0%		75.0%	12.5%			12.5%			25.0%	Parenting	No	Professional – Managing the demands of fostering on personal and familial well-being
52 - I can't foster a child who masturbates				50.0%	25.0%		75.0%			25.0%				25.0%	Parenting	Yes	Parenting – Meeting physical and mental health care needs
53 - When a looked after child first comes to live with me, I place the child's needs above most		37.5%		12.5%			50.0%			50.0%				50.0%	Parenting Professional	Professional	Professional – Managing the demands of fostering on personal and familial well-being
54 - I have time and energy to work with "the System" to get services for a looked after child	12.5%						12.5%		12.5%			75.0%	87.5%		Professional	Yes	Professional – Working as a member of a professional team – working in partnership
55 - Threatening a looked after child with having to leave my home might be the only way to	50.0%	12.5%	12.5%		12.5%		87.5%			12.5%				12.5%	Parenting	Yes	Parenting – Providing a safe and secure environment – protecting children
56 - I can easily live with differences in other people					25.0%	62.5%	87.5%	12.5%						12.5%	Parenting	Yes	Parenting – Valuing diversity and supporting children's cultural needs
57 - I have family or friends to care for a looked after child if I'm sick	25.0%						25.0%			12.5%	62.5%			75.0%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
58 - I would be good at getting services a looked after child might need				25.0%	12.5%		37.5%					62.5%	62.5%		Professional	Yes	Professional – Working as a member of a professional team – working in partnership
59 - I support looked after children's friendships					62.5%		62.5%	37.5%						37.5%	Parenting	No	Professional – Connecting children to safe, nurturing relationships intended to last a lifetime
60 - Looked after children should be encouraged to continue schooling after			100.0%				100.0%							0.0%	Parenting	Yes	Parenting – Promoting educational attainment and success
61 - I think it's important for a child to keep a journal or memory book		12.5%		25.0%	37.5%		75.0%	12.5%			12.5%			25.0%	Parenting	No	Professional – Supporting relationships between children and their families – birth family work
62 - I would ask for advice about fostering a child of a different social background						50.0%	50.0%	12.5%				37.5%	50.0%		Parenting Professional	Parenting	Parenting – Valuing diversity and supporting children's cultural needs
63 - I am able to parent effectively without much information about the child's	12.5%	25.0%					37.5%			50.0%	12.5%			62.5%	Professional	Yes	Professional – Managing ambiguity and loss for the foster child and family
64 - I'm able to give affection to a child who might return to birth parent(s)	25.0%	12.5%					37.5%	12.5%	25.0%			25.0%		62.5%	Professional	Yes	Professional – Managing ambiguity and loss for the foster child and family
65 - I plan to foster for a long time	12.5%	12.5%					25.0%	12.5%		12.5%	37.5%	12.5%		75.0%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
66 - I can't manage the foster care system telling me how to be a carer					12.5%		12.5%			25.0%		62.5%	87.5%		Professional	Yes	Professional – Working as a member of a professional team – working in partnership
67 - I would be able to adjust to frequent changes in social workers						12.5%	12.5%					87.5%	87.5%		Professional	Yes	Professional – Working as a member of a professional team – working in partnership
68 - I wouldn't put down a looked after child's birth parent(s)							0.0%	12.5%			75.0%	12.5%	100.0%		Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
69 - Children need a regular bedtime	12.5%	12.5%		50.0%	25.0%		100.0%							0.0%	Parenting	Yes	Parenting – Providing a safe and secure environment – protecting children
70 - It would be hard for me to care for a child whose religious beliefs differed from my own			12.5%			62.5%	75.0%	12.5%	12.5%					25.0%	Parenting	Yes	Parenting – Valuing diversity and supporting children's cultural needs
71 - I can't foster a child who doesn't try at all in school			71.5%				71.5%		28.6%					28.6%	Parenting	No	Professional – Managing the demands of fostering on personal and familial well-being
72 - I'm committed to keeping a looked after child for as long as the child needs	14.3%	14.3%			28.6%		57.2%	28.6%				14.3%	42.9%		Parenting	Yes	Parenting – Promoting social and emotional development
73 - I have enough time to take a looked after child to lots of doctor appointments, if needed				71.5%			71.5%		14.3%	14.3%				28.6%	Parenting	Yes	Parenting – Meeting physical and mental health care needs
74 - I know that rewards can be used to help change almost any child's bad behaviour		14.3%			42.9%	14.3%	71.5%		28.6%					28.6%	Parenting	Yes	Parenting – Promoting social and emotional development
75 - I don't like to change plans once starting to do something					14.3%		14.3%		42.9%	42.9%				85.8%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
76 - I plan to get advice from other foster carers					14.3%		14.3%			57.2%		28.6%	85.8%		Professional	Yes	Professional – Growing as a foster parent – skill development and role clarification
77 - I'm impatient							0.0%			57.2%	42.9%			100.1%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
78 - I'm willing to go to cultural activities with a looked after child of a different ethnic background			16.7%			83.5%	100.2%							0.0%	Parenting	Yes	Parenting – Valuing diversity and supporting children's cultural needs

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79 – I encourage a looked after child to do after-school activities			57.2%	14.3%	14.3%	14.3%	100.1%							8.0%	Parenting	Yes	Parenting – Promoting educational attainment and success
80 – I'm able to help a looked after child prepare for where they're going to live next		14.3%				14.3%	28.6%	57.2%	14.3%					71.5%	Professional	Yes	Professional – Managing ambiguity and loss for the foster child and family
81 – I plan to attend classes on how to care for children with special problems or needs						14.3%	14.3%			85.8%				85.8%	Professional	Yes	Professional – Growing as a foster parent – skill development and role clarification
82 – My strong attachment to a looked after child might make it hard to foster well	14.3%					14.3%	28.6%		14.3%	28.6%	28.6%			71.5%	Professional	Yes	Professional – Managing ambiguity and loss for the foster child and family
83 – I'm able to foster a child who rejects me		14.3%				14.3%	14.3%	42.3%		14.3%	14.3%	28.6%		57.2%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
84 – I'm worried about handling several demanding roles at one time						14.3%	14.3%			42.3%	42.3%			85.8%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
85 – I would support the judge's decisions about a looked after child's life, even if I didn't agree						14.3%	14.3%		14.3%				71.5%	85.8%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
86 – I don't want too much contact with the social worker							0.0%			28.6%			71.5%	100.1%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
87 – I can help a child manage feelings related to visits with birth parent(s)						14.3%	14.3%		28.6%			57.2%		85.8%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
88 – Children need regular mealtimes	0.0%	28.6%		42.3%	14.3%		85.8%				14.3%			14.3%	Parenting	Yes	Parenting – Providing a safe and secure environment – protecting children
89 – I can foster a child who is affected by a physical disability				85.8%		14.3%	100.1%							0.0%	Parenting	Yes	Parenting – Meeting physical and mental health care needs
90 – I can be a good foster carer to a child who is gay or lesbian			14.3%		28.6%	42.3%	85.8%	14.3%						14.3%	Parenting	Yes	Parenting – Valuing diversity and supporting children's cultural needs
91 – I would give up fostering if a child's problems didn't get better	14.3%			28.6%		14.3%	57.2%			28.6%	14.3%			42.3%	Parenting	No	Professional – Growing as a foster parent – skill development and role clarification
92 – I have enough flexibility in my life to deal with a looked after child's needs	14.3%				14.3%		28.6%	14.3%		57.2%				71.5%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
93 – Almost all of looked after children's behaviour problems can be solved through strict	14.3%	14.3%		14.3%	14.3%		57.2%	14.3%		28.6%				42.3%	Parenting	Yes	Parenting – Providing a nurturing environment – nurturing children
94 – My neighbours accept a looked after child in my home	14.3%	14.3%			14.3%		42.3%	14.3%		28.6%		14.3%		57.2%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
95 – I'm respectful to people I'm upset with			16.7%		16.7%		33.4%			16.7%	16.7%	33.4%		66.8%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
96 – I like teaching children how to do new things	14.3%		57.2%		28.6%		100.1%							0.0%	Parenting	Yes	Parenting – Promoting social and emotional development
97 – I can think of a couple of things to do to help a looked after child feel comfortable when	40.0%	60.0%					100.0%							0.0%	Parenting	Yes	Parenting – Providing a nurturing environment – nurturing children
98 – I would ask for advice about fostering a child of a different ethnicity			16.7%			66.8%	83.5%						16.7%	16.7%	Parenting	Yes	Parenting – Valuing diversity and supporting children's cultural needs
99 – I would foster a child long-term if adoption wasn't possible	50.1%				16.7%		66.8%	33.4%						33.4%	Parenting	No	Professional – Connecting children to safe, nurturing relationships intended to last a life time
100 – I have a hard time showing affection	16.7%	0.0%					16.7%	16.7%	16.7%	33.4%	16.7%			83.5%	Professional	No	Parenting – Providing a nurturing environment – nurturing children
101 – I'm very committed to being a foster carer	16.7%	16.7%					33.4%	16.7%		33.4%		16.7%		66.8%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
102 – I can work just fine with a social worker of a different ethnic group than my own						33.4%	33.4%						66.8%	66.8%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
103 – I would let a looked after child keep gifts and pictures from birth family	33.4%						33.4%					66.8%		66.8%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
104 – I make our household rules clear to looked after children	16.7%	33.4%					50.1%		16.7%	33.4%				50.1%	Parenting Professional	Parenting	Parenting – Providing a safe and secure environment – protecting children
105 – I can foster a child who says mean and hurtful things to me	16.7%			16.7%	33.4%		66.8%	16.7%		16.7%				33.4%	Parenting	No	Professional – Managing the demands of fostering on personal and familial well-being
106 – My family would change what was needed to care for a looked after child		20.0%					20.0%			80.0%				80.0%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
107 – I can afford some out-of-pocket expenses to care for a looked after child		16.7%					16.7%			83.5%				83.5%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
108 – I consistently stick to limits set for children	16.7%	33.4%	16.7%		16.7%		83.5%		16.7%					16.7%	Parenting	Yes	Parenting – Providing a safe and secure environment – protecting children
109 – I can change my schedule on short notice		16.7%					16.7%			50.1%		33.4%		83.5%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
110 – My relatives are concerned about my decision to foster					16.7%		16.7%		16.7%	66.8%				83.5%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
111 – I don't overreact to problems	16.7%	16.7%			16.7%	16.7%	66.8%		16.7%	16.7%				33.4%	Parenting	No	Professional – Managing the demands of fostering on personal and familial well-being
112 – I'm not comfortable talking with children about sex				50.1%	16.7%		66.8%		33.4%					33.4%	Parenting	Yes	Parenting – Promoting social and emotional development
113 – I'm able to foster a child who isn't attached to me		33.4%			16.7%		50.1%	33.4%		16.7%				50.1%	Parenting Professional	Professional	Professional – Managing the demands of fostering on personal and familial well-being
114 – I can't foster if a social worker doesn't respect me	16.7%						16.7%		16.7%			66.8%	83.5%	83.5%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
115 – I understand it can be confusing for a looked after child to love both their birth family and					16.7%		16.7%	16.7%	33.4%		33.4%			83.5%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
116 – I can't foster a child who has been physically abused				60.0%			60.0%	20.0%	20.0%					40.0%	Parenting	Yes	Parenting – Meeting physical and mental health care needs
117 – I can foster a child who has a really bad temper				20.0%	60.0%		80.0%	20.0%						20.0%	Parenting	Yes	Parenting – Meeting physical and mental health care needs

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T18 – I can care respectfully for a child with a different ethnic or cultural background			16.7%			50.1%	66.6%		16.7%	16.7%			33.4%	Parenting	Yes	Parenting – Valuing diversity and supporting children's cultural needs
T19 – I might be mean to a looked after child when I'm stressed out	16.7%				16.7%		33.4%		33.4%	33.4%			66.8%	Professional	Yes	Professional – Managing the demands of fostering on personal and familial well-being
T20 – I believe that some children need to be smacked to get them to behave	33.4%			16.7%	16.7%		66.6%	16.7%	16.7%				33.4%	Parenting	No	Professional – Growing as a foster parent – skill development and role clarification
T21 – I can manage the extra stresses of fostering	14.3%			28.6%	14.3%		57.2%			42.9%			42.9%	Parenting	No	Professional – Managing the demands of fostering on personal and familial well-being
T22 – I'm easy to talk to	16.7%	33.4%				16.7%	66.6%	16.7%		16.7%			33.4%	Parenting	Yes	Parenting – Providing a nurturing environment – nurturing children
T23 – I want children to be independent		14.3%	28.6%		42.9%		85.8%	14.3%					14.3%	Parenting	Yes	Parenting – Promoting social and emotional development
T24 – I believe that most looked after children would adjust to a new home within a month or so	28.6%	28.6%					57.2%		14.3%	14.3%	14.3%		42.9%	Parenting	Yes	Parenting – Providing a nurturing environment – nurturing children
T25 – When a looked after child refuses to tell what's bothering them there is no point in trying to	14.3%	14.3%		28.6%	28.6%		85.8%	14.3%					14.3%	Parenting	Yes	Parenting – Providing a nurturing environment – nurturing children
T26 – I can't foster if a social worker doesn't return my phone calls within 2-3 days						16.7%	16.7%					83.5%	83.5%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
T27 – The way I feel about the birth parent(s) might get in the way of visits with birth family							0.0%	16.7%	33.4%		50.1%		100.2%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
T28 – I can foster a child who is mean or cruel to a lot of people	33.4%			16.7%	16.7%		66.6%		16.7%	16.7%			33.4%	Parenting	No	Professional – Managing the demands of fostering on personal and familial well-being
T29 – I can't foster a child who wets the bed every night	16.7%			33.4%			50.1%	16.7%	33.4%				50.1%	Parenting Professional	Parenting	Parenting – Meeting physical and mental health care needs
T30 – I'm able to work with the NHS				50.1%			50.1%			16.7%		33.4%	50.1%	Parenting Professional	Parenting	Parenting – Meeting physical and mental health care needs
T31 – I don't know a lot about the age when children begin to do certain things, like use a toilet		16.7%	16.7%	16.7%			50.1%		50.1%				50.1%	Parenting Professional	Parenting	Parenting – Promoting social and emotional development
T32 – I can't be a good foster parent if I'm not satisfied with my social worker							0.0%		16.7%			83.5%	100.2%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
T33 – I understand that it's very important for a looked after child to stay in touch with birth family							0.0%				100.0%		100.0%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
T34 – I can foster a young child who cries all the time				33.4%	16.7%		50.1%		33.4%	16.7%			50.1%	Parenting Professional	Parenting	Parenting – Meeting physical and mental health care needs
T35 – I'm able to teach looked after children to get along with other children		16.7%			50.1%		66.6%	16.7%		16.7%			33.4%	Parenting	Yes	Parenting – Promoting social and emotional development
T36 – We have a lot of love in our home	16.7%	16.7%			33.4%		66.6%	33.4%					33.4%	Parenting	Yes	Parenting – Providing a nurturing environment – nurturing children
T37 – I need a lot of support from the service provider to foster well							0.0%					100.0%	100.0%	Professional	Yes	Professional – Working as a member of a professional team – working in partnership
T38 – I understand that visits with birth family might be a good idea, even if a looked after child is				16.7%			16.7%				83.7%		83.7%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
T39 – I can't foster a child who has a really low IQ		16.7%	33.4%	16.7%			66.6%		33.4%				33.4%	Parenting	Yes	Parenting – Meeting physical and mental health care needs
T40 – I expect a looked after child to share my values, especially after some time has passed	20.0%		20.0%			40.0%	80.0%		20.0%				20.0%	Parenting	Yes	Parenting – Valuing diversity and supporting children's cultural needs
T41 – I can promote a child's spirituality				33.4%	16.7%	33.4%	83.5%		16.7%				16.7%	Parenting	Yes	Parenting – Valuing diversity and supporting children's cultural needs
T42 – I'm able to foster a child who isn't affectionate with me (T13)					57.2%		57.2%	28.6%		14.3%			42.9%	Parenting	No	Professional – Managing the demands of fostering on personal and familial well-being
T43 – I'm able to help a child who is trying to be loyal to both me and birth parent(s)							0.0%		28.6%		71.5%		100.1%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
T44 – I can foster a child who uses bad language, such as dirty words for body parts and			33.4%	16.7%	16.7%	16.7%	83.5%			16.7%			16.7%	Parenting	No	Professional – Managing the demands of fostering on personal and familial well-being
T45 – I can foster a child who doesn't respect people's privacy				50.1%	33.4%		83.5%			16.7%			16.7%	Parenting	No	Professional – Managing the demands of fostering on personal and familial well-being
T46 – My desire to adopt a looked after child might interfere with visits with birth family		20.0%				20.0%		40.0%		40.0%			80.0%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
T47 – I can foster a child who has lots of bad habits	16.7%		16.7%	16.7%	16.7%		66.6%		16.7%	16.7%			33.4%	Parenting	Yes	Parenting – Meeting physical and mental health care needs
T48 – I'm ready to care for a looked after child who might not be as smart as the rest of my			50.1%	16.7%	33.4%		100.2%						0.0%	Parenting	Yes	Parenting – Promoting educational attainment and success
T49 – I would rather foster a child who didn't have contact with birth parent(s)							0.0%	33.4%	16.7%		50.1%		100.2%	Professional	Yes	Professional – Supporting relationships between children and their families – birth family work
T50 – I can foster a child who steals				16.7%	33.4%		50.1%	16.7%	16.7%	16.7%			50.1%	Parenting Professional	Professional	Professional – Managing the demands of fostering on personal and familial well-being
T51 – I teach looked after children to live on their own when they grow up		16.7%	33.4%		33.4%		83.5%	16.7%					16.7%	Parenting	Yes	Parenting – Promoting social and emotional development

Appendix K – Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour when the placement started and presently (last months).

	When the looked after child started this placement			Presently		
	Not True	Somewhat True	Certainly True	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐	☐	☐	☐
Many worries, often seems worried	☐	☐	☐	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐	☐	☐	☐
Has at least one good friend	☐	☐	☐	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐	☐	☐	☐
Generally liked by other children	☐	☐	☐	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐	☐	☐	☐
Kind to younger children	☐	☐	☐	☐	☐	☐
Often lies or cheats	☐	☐	☐	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐	☐	☐	☐
Thinks things out before acting	☐	☐	☐	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐	☐	☐	☐
Many fears, easily scared	☐	☐	☐	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐	☐	☐	☐

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Appendix L – Child-Parent Relationship Scale

Please reflect on the degree to which each of the following statements currently applies to your relationship with the looked after child. Using the scale below, circle the appropriate number for each item.

Definitely does not apply 1	Not really 2	Neutral, not sure 3	Applies somewhat 4	Definitely applies 5
-----------------------------------	--------------------	---------------------------	--------------------------	----------------------------

1. I share an affectionate, warm relationship with the looked after child	1	2	3	4	5
2. The looked after child and I always seem to be struggling with each other	1	2	3	4	5
3. If upset, the looked after child will seek comfort from me	1	2	3	4	5
4. The looked after child is uncomfortable with physical affection or touch from me	1	2	3	4	5
5. The looked after child values his/her relationship with me	1	2	3	4	5
6. When I praise the looked after child, he/she beams with pride	1	2	3	4	5
7. The looked after child spontaneously shares information about himself/herself	1	2	3	4	5
8. The looked after child easily becomes angry at me	1	2	3	4	5
9. It is easy to be in tune with what the looked after child is feeling	1	2	3	4	5
10. The looked after child remains angry or is resistant after being disciplined	1	2	3	4	5
11. Dealing with the looked after child drains my energy	1	2	3	4	5
12. When the looked after child is in a bad mood, I know we're in for a long and difficult day	1	2	3	4	5
13. The looked after child's feelings toward me can be unpredictable or can change suddenly	1	2	3	4	5
14. The looked after child is sneaky or manipulative with me	1	2	3	4	5
15. The looked after child openly shares his/her feelings and experiences with me	1	2	3	4	5

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Appendix M – Support material for statistical approach – extracted from Confirmation of status document

Research Question 1

This question was addressed using mainly descriptive statistics and bivariate analysis, using the software SPSS v.23. Missing data was reported in the descriptive analysis and for bivariate correlation analyses, pairwise deletion was used (Field, 2013).

Descriptive statistics included frequency counts and percentages, medians, means, standard deviations, skewness and kurtosis, and standard errors. For the bivariate analyses I predominantly used difference of means tests (independent and paired samples), as well as correlations. To inform whether parametric or non-parametric tests were used for the bivariate analysis, I explored the distribution of the variables (Tabachnick & Fidell, 2013). The normality of the distribution of the variables was analysed using Graphical Inspection (via histograms) and by inspecting the skewness and kurtosis statistics and their standard errors. For normally distributed variables, it is expected that both the skewness and kurtosis divided by their respective standard errors would be in the range [-1.96,1.96] (Field, 2013).

Research Question 2

Hierarchical multiple regression analysis was conducted to address this research question, using the software SPSS v.23. Multiple regression analysis enables the exploration of the relationship between more than one independent variable and one dependent variable, allowing for the independent variables to be correlated. Moreover, by follow a hierarchical framework it is possible to test how much each independent variable (or block of independent variables) explain of variance of the dependent variable (Field, 2013). Multiple regression can be mathematically expressed as:

$$Y' = A + B_k X_k$$

Where Y' is the predicted value on the dependent variable, A is the intercept of Y (the value of Y value when all of the X values are zero), X_k represents the value of K independent variables, and B_k is the coefficient of each the K independent variables during regression (Tabachnick & Fidell, 2013).

The following assumptions were tested before conducting the multiple regression analysis, as suggested by Field (2013) and Tabachnick and Fidell (2013):

- ☐ a linear relationship exists between the independent and dependent variables - I tested this by exploring their scatterplot.
- ☐ absence of multicollinearity and singularity - I tested these by examining the correlations between the independent variables (required to be $< .80$), checking variance inflation factor (VIF not significantly $>$ than 1), and tolerance indicator (preferable > 0.2).
- ☐ independent errors – I confirmed this through analysing the *Durbin-Watson* test statistic (approximately 2).
- ☐ normality, linearity, and homoscedasticity of residuals - I tested these by exploring the variance of the residuals for the model, the plot of standardised predicted values against the standardised residuals (where it is expected for the cloud of points to be evenly spread around 0), and by exploring the histogram and normal P-P plot for the normality of the distributed residuals.
- ☐ an absence of outliers the independent variables and on the dependent variables – I confirmed this by checking Cook's distance (required to be < 1).

Moreover, it is important to stress the sample size limitations in this analysis. Tabachnick and Fidell (2013) recommend that, as a rule of thumb, in order to ensure statistical power for regression models, the sample size needs to be $> 50 + 8m$ (where m is the number of predictors) for tests of the overall model, and $> 104 + m$ for testing if a specific predictor

has an influence on the dependent variable. In this study, the Portuguese sample clearly does not meet any of these requirements.

Also, as a result of the Portuguese sample size it was decided not to include covariates in the analysis. However, based on the literature, it would have been relevant to include covariates such as: length of time fostering, child's age, and length of time in this placement (Dubois-Comtois et al., 2015; Goemans et al., 2016; Jiménez-Morago et al., 2015; Maaskant et al., 2014). Given that the literature stresses relationships between these covariates and the difficulties of the children, this is another limitation of the analysis. Several significant limitations have been acknowledged regarding including the Portuguese sample in these analyses. Nonetheless, it was still decided to continue because the hypotheses are based on a sound theoretical rationale.

Research Question 3

Structural equation models (SEM) was chosen to analyse Research Questions 3 and 4, using the software Mplus v. 8.1. SEM allows one to estimate and model the relationships between items / observed variables (indicators) and latent variables (factors)¹. SEM consists of two parts: measurement and structural. The first part of developing an SEM is to test the quality of the measured latent variables as per the following equation:

$$x = \Lambda\xi + \delta$$

where x is a given item, Λ is the factor loadings (regressed weights of the item) on ξ , the latent variable, and δ the uniqueness (Jöreskog & Sörbom, 1993).

This measurement step of SEM (also known as confirmatory factor analysis) tests whether a specific structure works with the data (Harrington, 2009; R. B. Kline, 2016). The quality

¹ With the purpose of simplify the terminology used in the thesis, I chose to keep using the terms items / observed variables and latent variables, rather than indicators and factors. However, I acknowledge that the latter is the correct terminology in SEM

of the measured variable is assessed by standard indices as reported by Brown (2006) and R. B. Kline (2016):

- χ^2 test of model fit assesses the proposed model validity. It tests the assumption that there is no difference between the observed and implied covariance matrices, i.e. the estimated model completely accounts for the observed data. A good model is indicated by not being able to reject the null hypothesis; by having p -values $> .05$. However, it is important to point out that the value of χ^2 can be affected by multivariate non-normality, correlation size, unique variance, and sample size.
- Comparative Fit Index (CFI) is an incremental index of fit, as well as a goodness-of-fit statistics. Values $> .90$ are considered acceptable and $> .95$ good. The CFI compares the size of χ^2 and the respective degrees of freedom of the baseline model and hypothesised model.
- Root Mean Squared Error of Approximation (RMSEA) and Standardized Root Mean Residuals (SRMR) are both absolute fit indices. Values $< .08$ are considered acceptable, and $< .06$ good (following the opposite logic of the CFI where higher values are better). The RMSEA provides a value of model quality and a confidence interval, which is sensitive to the number of degrees of freedom in the model and sample size. The SRMR is the average discrepancy among correlation matrices of the observed sample and the hypothesised model.

In cases where the model fit is not good or acceptable in a confirmatory factor analysis, different solutions can be explored, such as: investigating for the presence of factor cross loadings, allowing for the same item to load on more than one latent variable, and residual covariances, allowing for correlated residuals between pairs of items (Byrne, 2012b).

Byrne (2012b) adds that re-specification of the model needs to be supported by substantive and empirical rationale, therefore it is important to investigate whether the context of a pair

of items or item/latent variable overlap, identify the largest modification index, and identify the value of the expected parameter change. This author also adds that it is important to keep in mind that this can be seen as exploratory analysis, rather than purely confirmatory analysis. To improve the measurement quality of the SDQ subscales (when each subscale was analysed separately), and for the subscale of the CPRS, residual correlations were added.

Alternatively, to improve the model fit other solutions can be used such as: method factor analysis, where items that share a common method (for instance reversed items) are added to an extra latent variable that is not correlated with the latent variables already in the model (Kenny, 1992), or Exploratory Structural Equation Modeling (ESEM) models, which incorporate cross-loadings between all items and latent variables (Asparouhov & Muthén, 2009). To improve the measurement quality of the four SDQ subscales in a single model these solutions were used, as an alternative to residual correlations.

In the second part of the SEM, the structural part, a hypothesised model of the relationship between latent variables (regression) is tested as per the following equation:

$$\eta_1 = \gamma_{11}\xi_1 + \zeta_1$$

where η_1 is a given dependent variable, γ_{11} a given regression path from ξ_1 the independent variable to η_1 , and ζ_1 the respective disturbance term (Jöreskog & Sörbom, 1993).

This type of model can be classified as an extension, generalisation and integration of the principal component analysis (latent variables that account for underlying covariation between items), multiple regression analysis (relationship between several independent variables and one dependent variable) and path analyses (model with several independent and dependent variables, however including only observed variables, and not latent) (Hoyle, 2014).

SEM are regarded as more developed than those techniques for several reasons, such as allowing the testing of hypotheses about latent variables, taking a confirmatory rather than an exploratory approach, including more than one dependent variable, and including observed and latent variables in the same model. Moreover, they enable the testing of hypotheses about the entire model, and therefore about the entire system of variables with its diverse relationships, direct and indirect effects. Lastly SEM provides estimates of the error variance parameters, while other multivariate analysis do not assess or correct for measurement error (Byrne, 2012a).

The model fit of the structural part of the model is evaluated in the same manner as the measurement part of the model, by using the standard indices as reported by Brown (2006) and R. B. Kline (2016): the χ^2 test of model fit, the RMSEA, the CFI, and the SRMR. Moreover, whether or not the estimated model explains an acceptable amount of the data, characterised by the R^2 , can also be explored as suggested by R. B. Kline (2016).

The following added assumptions were considered and explored, as suggested by Graham (2009), Muthén and Muthén (2017), B. Muthén et al. (2015) and Tabachnick and Fidell (2013):

- ☐ a random sample – as described, it was not possible to obtain a random sample, which is a limitation in this study.
- ☐ large sample size compared with number of variables – I confirmed through power calculation the ideal size of the sample given the planned analyses. Furthermore, I also decided to use the MLR estimator (maximum likelihood estimation with robust standard errors, as an alternative to WLSMV, robust weighted least squares estimator), which can deal with large number of variables (and subsequently parameters), in comparison with the sample size.

- reduce proportion of missing data and missing at random – I confirmed that the sample had a low percentage of missing data ($< 1\%$), therefore no specific adjustment was conducted.
- normality of the data – I used the MLR estimator (as an alternative to WLSMV), which is robust to non-normal distributions.
- a linear relationship exists between the independent and dependent variables – I tested this by exploring their scatterplot.
- absence of multicollinearity and singularity – I tested this by examining the correlations between the independent variables (as was also required on the statistical approach of Research Question 2).
- small residuals and centred around zero, with a symmetrical frequency distribution of the residual covariances – I explored this by confirming the diagnostics of residuals on the SEM output.

The biggest limitation in this analysis is the fact that the sample was not randomly selected, which is discussed in further detailed in the next section.

Appendix N – Exploratory factor analysis (EFA) for SDQ emotional problems items – Portuguese sample (subscales present)

KMO and Bartlett's Test^a

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.483
Bartlett's Test of Sphericity	Approx. Chi-Square	11.540
	df	10
	Sig.	.317

a. Countries = Portugal

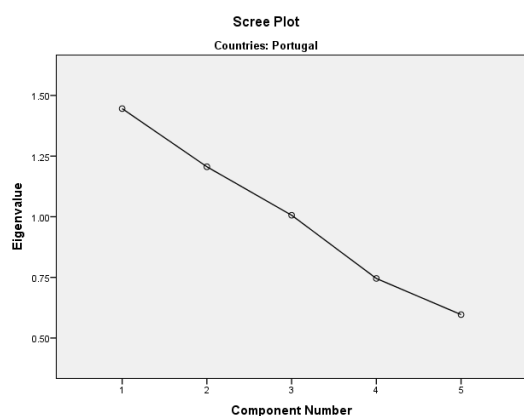
Total Variance Explained^a

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings ^b
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	
1	1.446	28.914	28.914	1.446	28.914	28.914	1.326
2	1.206	24.121	53.035	1.206	24.121	53.035	1.248
3	1.006	20.125	73.159	1.006	20.125	73.159	1.143
4	.746	14.910	88.070				
5	.597	11.930	100.000				

Extraction Method: Principal Component Analysis.

a. Countries = Portugal

b. When components are correlated, sums of squared loadings cannot be added to obtain a total variance.



Pattern Matrix^{a,b}

	Component		
	1	2	3
SDQ28	.852	-.046	.303
SDQ213	.724	.024	-.386
SDQ224	.135	.821	-.111
SDQ216	-.154	.741	.138
SDQ23	-.059	-.013	-.926

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

a. Countries = Portugal

b. Rotation converged in 10 iterations.

Appendix O – Research questions, hypotheses and statistical approach for Phase Two – extracted from Confirmation of status document

Research questions	Hypotheses	Statistical approach
1- Are the skills of the foster carers, the quality of the relationship, and the difficulties of the looked after children different in the English and Portuguese samples?	1.1 English foster carers have higher levels of professional and parenting skills in comparison with the Portuguese foster carers 1.2 English foster carers are less close to the children in comparison with the Portuguese foster carers 1.3 Children's in the English sample have more difficulties than children's in the Portuguese sample	Descriptive statistics (frequency counts and percentages, medians, means, standard deviations, skewness and kurtosis, and standard errors) and bivariate analysis (difference of means tests, independent and paired samples, and correlations)
2- Are higher levels of professional and parenting skills of the foster carers, as well as greater closeness, associated with fewer peer problems, conduct problems, and hyperactivity of the looked after children, similarly in the English and Portuguese samples?	2.1 Professional and parenting skills of the foster carers can explain the variance in the difficulties of the children as reported, for the English sample 2.2 Professional and parenting skills of the foster carers cannot explain the variance in the difficulties of the children as reported, for the Portuguese sample 2.3 Higher levels of professional and parenting skills of the foster carers are related to less difficulties of the children, for the English sample 2.4 Building on the previous hypotheses, closeness between foster carers and children increase the explained variance in the difficulties of the children as reported, for the English sample 2.5 Building on the previous hypotheses, closeness between foster carers and children increase the explained variance in the difficulties of the children as reported, for the Portuguese sample 2.6 Building on the previous hypotheses, greater closeness between foster carers and children is related to less difficulties of the children, for the English and Portuguese samples	Multivariate analysis - multiple regressions analysis
3- In the English sample, are higher levels of professional and parenting skills associated with fewer emotional problems, peer problems, conduct problems, and hyperactivity of the looked after children?	3.1 The skills of the English foster carers can explain the variance in the difficulties of the children 3.2 A higher level of professional skills of the English foster carers are related to less difficulties of the children, even after including the length of time the foster carer had been fostering, child's age, and the length of time in this placement as covariates 3.3 A higher level of parenting skills of the English foster carers are related to less difficulties of the children, even after including the length of time the foster carer had been fostering, age of the child, and the length of time in this placement as covariates	Multivariate analysis - structural equation models
4- In the English sample, is the association between the professional and parenting skills of the foster carers and the emotional problems, peer problems, conduct problems, and hyperactivity of the looked after children, mediated by the closeness between foster carers and looked after children?	4.1 By adding the closeness between foster carers and children in the model as a mediator of the relationship between the skills of foster carers and the difficulties of children, the amount of explained variance in the difficulties of the children increases 4.2 The association between the professional skills of foster carers and the difficulties of children is mediated by closeness between foster carers and children 4.3 The association between the parenting skills of foster carers and the difficulties of children is mediated by closeness between foster carers and children 4.4 Greater closeness between foster carers and children is related with fewer difficulties of the children	Multivariate analysis - structural equation models

Appendix P – Mplus Syntaxes

SDQ subscales – measurement invariance

Emotional Problems - SDQEP2 BY SDQ23 SDQ28 SDQ213 SDQ216 SDQ224
Conduct Problems - SDQCP2 BY SDQ25 SDQ27R SDQ212 SDQ218 SDQ222
Hyperactivity - SDQH2 BY SDQ22 SDQ210 SDQ215 SDQ221R SDQ225R
Peer Problems - SDQPP2 BY SDQ26 SDQ211R SDQ214R SDQ219 SDQ223
SDQ216 WITH SDQ224 (emotional problems England and Portugal)
SDQ218 WITH SDQ222 (conduct problems England and Portugal)
SDQ22 WITH SDQ210 (hyperactivity England and Portugal)
SDQ221R WITH SDQ225R (hyperactivity England and Portugal)

The Syntax was provided by Professor Malmberg (2018) at the Oxford Summer School, Introduction to Structural Equation Models (SEM), this was complemented by Byrne (2012) regarding the Syntax for common residual covariances.

VARIABLE: NAMES ARE

ID Country L_YFC C_Age_Y C_LNG_Y
PAR PRO
SDQ22 SDQ23 SDQ25 SDQ26 SDQ27R SDQ28
SDQ210 SDQ211R SDQ212 SDQ213 SDQ214R
SDQ215 SDQ216 SDQ218 SDQ219 SDQ221R
SDQ222 SDQ223 SDQ224 SDQ225R
CCRS1 CCRS3 CCRS5 CCRS6 CCRS7
CCRS9 CCRS15
SDQ27 SDQ211 SDQ214 SDQ221 SDQ225;

IDVARIABLE IS id;

MISSING ARE ALL (-99);

GROUPING IS Country (1=ENG 2=PRT);

!ENG = England PRT=Portugal

USEVARIABLES ARE

SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;

ANALYSIS: ESTIMATOR = MLR;

H.1 Outcome Conduct Problems: Configural Measurement Invariance Test

MODEL:

! factor loadings (lambda)

SDQCP2 BY SDQ25@1 SDQ27R SDQ212 SDQ218 SDQ222;

! intercepts (tau/nu)

[SDQ25 SDQ27R SDQ212 SDQ218 SDQ222];

! residuals / uniquenesses

SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;

SDQ218 WITH SDQ222;

! latent variances

SDQCP2;

! latent means fixed at zero / not estimated

[SDQCP2@0];

MODEL PRT:

! factor loadings (lambda)

SDQCP2 BY SDQ25@1 SDQ27R SDQ212 SDQ218 SDQ222;

! intercepts (tau/nu)

[SDQ25 SDQ27R SDQ212 SDQ218 SDQ222];

! residuals / uniquenesses

SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;

SDQ218 WITH SDQ222;

! latent variances

SDQCP2;

! latent means fixed at zero / not estimated

[SDQCP2@0];

OUTPUT: SAMPSTAT STANDARDIZED TECH1;

H.2 Outcome Conduct Problems: Weak / Metric Measurement Invariance Test

MODEL:

! factor loadings (lambda)

SDQCP2 BY SDQ25@1 SDQ27R SDQ212 SDQ218 SDQ222 (lam1-lam5);

! intercepts (tau/nu)

[SDQ25 SDQ27R SDQ212 SDQ218 SDQ222];

! residuals / uniquenesses

SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;

SDQ218 WITH SDQ222;

! latent variances

SDQCP2;

! latent means fixed at zero / not estimated

[SDQCP2@0];

MODEL PRT:

! factor loadings (lambda)

SDQCP2 BY SDQ25@1 SDQ27R SDQ212 SDQ218 SDQ222 (lam1-lam5);

! intercepts (tau/nu)

[SDQ25 SDQ27R SDQ212 SDQ218 SDQ222];

! residuals / uniquenesses

SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;

SDQ218 WITH SDQ222;

! latent variances

SDQCP2;

! latent means fixed at zero / not estimated

[SDQCP2@0];

OUTPUT: SAMPSTAT STANDARDIZED;

H.2.1 Outcome Conduct Problems: Measurement Invariance Test for common residual covariance

MODEL:

! factor loadings (lambda)

SDQCP2 BY SDQ25@1 SDQ27R SDQ212 SDQ218 SDQ222 (lam1-lam5);

! intercepts (tau/nu)

[SDQ25 SDQ27R SDQ212 SDQ218 SDQ222];

! residuals / uniquenesses

SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;

SDQ218 WITH SDQ222 (1);

! latent variances

SDQCP2;

! latent means fixed at zero / not estimated

[SDQCP2@0];

MODEL PRT:

! factor loadings (lambda)

SDQCP2 BY SDQ25@1 SDQ27R SDQ212 SDQ218 SDQ222 (lam1-lam5);

! intercepts (tau/nu)

[SDQ25 SDQ27R SDQ212 SDQ218 SDQ222];

! residuals / uniquenesses

SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;

SDQ218 WITH SDQ222 (1);

! latent variances

SDQCP2;

! latent means fixed at zero / not estimated

[SDQCP2@0];

OUTPUT: SAMPSTAT STANDARDIZED;

H.3 Outcome Conduct Problems: Scalar Measurement Invariance Test

MODEL:

! factor loadings (lambda)

SDQCP2 BY SDQ25@1 SDQ27R SDQ212 SDQ218 SDQ222 (lam1-lam5);

! intercepts (tau/nu)

[SDQ25 SDQ27R SDQ212 SDQ218 SDQ222] (tau1-tau5);

! residuals / uniquenesses

SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;

SDQ218 WITH SDQ222 (1);

! latent variances

SDQCP2;

! latent means fixed at zero / not estimated

[SDQCP2@0];

MODEL PRT:

! factor loadings (lambda)

SDQCP2 BY SDQ25@1 SDQ27R SDQ212 SDQ218 SDQ222 (lam1-lam5);

! intercepts (tau/nu)

[SDQ25 SDQ27R SDQ212 SDQ218 SDQ222] (tau1-tau5);

! residuals / uniquenesses

SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;

SDQ218 WITH SDQ222 (1);

! latent variances

SDQCP2;

! latent means estimated

[SDQCP2];

OUTPUT: SAMPSTAT STANDARDIZED;

SEM – Research Questions 3 and 4

Research question 3

VARIABLE: NAMES ARE

ID Country L_YFC C_Age_Y C_LNG_Y
PAR PRO
SDQ22 SDQ23 SDQ25 SDQ26 SDQ27R SDQ28
SDQ210 SDQ211R SDQ212 SDQ213 SDQ214R
SDQ215 SDQ216 SDQ218 SDQ219 SDQ221R
SDQ222 SDQ223 SDQ224 SDQ225R
CCRS1 CCRS3 CCRS5 CCRS6 CCRS7
CCRS9 CCRS15
SDQ27 SDQ211 SDQ214 SDQ221 SDQ225;

IDVARIABLE IS id;

MISSING ARE ALL (-99);

USEVARIABLES ARE

SDQ22 SDQ23 SDQ25 SDQ26 SDQ27R SDQ28
SDQ210 SDQ211R SDQ212 SDQ213 SDQ214R
SDQ215 SDQ216 SDQ218 SDQ219 SDQ221R
SDQ222 SDQ223 SDQ224 SDQ225R
PAR PRO L_YFC C_Age_Y C_LNG_Y;

ANALYSIS:

ESTIMATOR IS MLR;

MODEL:

SDQEP2 BY SDQ23 SDQ28 SDQ213 SDQ216 SDQ224;
SDQPP2 BY SDQ26 SDQ211R SDQ214R SDQ219 SDQ223;
SDQCP2 BY SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;
SDQH2 BY SDQ22 SDQ210 SDQ215 SDQ221R SDQ225R;
SDQ210 WITH SDQ22;
SDQ222 WITH SDQ218;
SDQ28 WITH SDQ213;
SDQ212 WITH SDQ219;
SDQ225R WITH SDQ221R SDQ215;
SDQEP2 ON PAR PRO;
SDQCP2 ON PAR PRO;
SDQH2 ON PAR PRO;
SDQPP2 ON PAR PRO;

OUTPUT: STAND SAMPSTAT TECH1 TECH2 MODINDICES (3.29);

Research question 4

VARIABLE: NAMES ARE

ID Country L_YFC C_Age_Y C_LNG_Y
PAR PRO
SDQ22 SDQ23 SDQ25 SDQ26 SDQ27R SDQ28
SDQ210 SDQ211R SDQ212 SDQ213 SDQ214R
SDQ215 SDQ216 SDQ218 SDQ219 SDQ221R
SDQ222 SDQ223 SDQ224 SDQ225R
CCRS1 CCRS3 CCRS5 CCRS6 CCRS7
CCRS9 CCRS15
SDQ27 SDQ211 SDQ214 SDQ221 SDQ225;

IDVARIABLE IS id;

MISSING ARE ALL (-99);

USEVARIABLES ARE
SDQ22 SDQ23 SDQ25 SDQ26 SDQ27R SDQ28
SDQ210 SDQ211R SDQ212 SDQ213 SDQ214R
SDQ215 SDQ216 SDQ218 SDQ219 SDQ221R
SDQ222 SDQ223 SDQ224 SDQ225R
PAR PRO L_YFC C_Age_Y C_LNG_Y
CCRS1 CCRS3 CCRS5 CCRS6 CCRS7
CCRS9 CCRS15;

ANALYSIS:

ESTIMATOR IS MLR;

MODEL:

CLN BY CCRS1 CCRS3 CCRS5 CCRS6 CCRS7 CCRS9 CCRS15;
CCRS7 WITH CCRS15;
CLN ON PAR PRO L_YFC C_Age_Y C_LNG_Y;
SDQEP2 BY SDQ23 SDQ28 SDQ213 SDQ216 SDQ224;
SDQPP2 BY SDQ26 SDQ211R SDQ214R SDQ219 SDQ223;
SDQCP2 BY SDQ25 SDQ27R SDQ212 SDQ218 SDQ222;
SDQH2 BY SDQ22 SDQ210 SDQ215 SDQ221R SDQ225R;
SDQ210 WITH SDQ22;
SDQ222 WITH SDQ218;
SDQ28 WITH SDQ213;
SDQ219 WITH SDQ212;
SDQ225R WITH SDQ221R SDQ215;
SDQEP2 ON L_YFC C_Age_Y C_LNG_Y PAR PRO CLN;
SDQPP2 ON L_YFC C_Age_Y C_LNG_Y PAR PRO CLN;
SDQCP2 ON L_YFC C_Age_Y C_LNG_Y PAR PRO CLN;
SDQH2 ON L_YFC C_Age_Y C_LNG_Y PAR PRO CLN;

MODEL INDIRECT:

SDQEP2 IND PAR;
SDQPP2 IND PAR;
SDQCP2 IND PAR;
SDQH2 IND PAR;
SDQEP2 IND PRO;
SDQPP2 IND PRO;
SDQCP2 IND PRO;
SDQH2 IND PRO;

OUTPUT: STAND SAMPSTAT TECH1 TECH2 MODINDICES (3.29);