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# Supporting each other

**An International Literature Review on Peer Contact Between Foster Carers**

by Nikki Luke and Judy Sebba





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## Acknowledgments

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We are grateful for the comments received on an earlier draft from Estella Abraham, Professor Jason Brown, Jim Cockburn, Wayne Ferguson, Professor Robbie Gilligan, Lisa Harker, Professor Ingrid Höjer, Professor Peter Pecora, Ray Shostak, Professor Ian Sinclair and Frank Ward. We are also very grateful to the foster carers who offered their comments and support including Lynne Blencowe, Crystal Coad, Alex Hamill and Jenny Harris. Responsibility for the final text remains with the authors.

The Rees Centre for Research in Fostering and Education is supported by the Core Assets, an international provider of children's services with a particular interest in fostering services in the UK and internationally. The Centre's research agenda is developed in consultation with Core Assets and other key stakeholders in the UK and internationally. These stakeholders include children and their foster carers, social workers, local authorities and managers across the public and independent sectors. The research undertaken and its publication is governed by the University ethics process, and conducted independently of any specific interest groups or funders.

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**Rees Centre for Research in Fostering and Education,  
University of Oxford**

February 2013

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# Executive Summary



Most foster carers derive great satisfaction from their role (Sinclair et al., 2004); yet the day-to-day experiences of foster carers leave them vulnerable to elevated levels of stress (Cole and Eamon, 2007; Farmer et al., 2005; Sinclair et al., 2004). Cumulative stressors (e.g. a child's challenging behaviour) can be damaging for the well-being of carers and the children they look after, as well as the stability of placements and the retention of carers within the system. If not managed appropriately, carers' responses to these stressors can be transmitted to the young people in their care (Farmer et al., 2005), potentially making them feel that their needs are secondary to those of others. Support systems that extend beyond the more formal relationship between carer and supervising social worker are necessary to alleviate carers' stress and thereby potentially improve outcomes. While most carers are satisfied with the level of support received by family and friends, fostering service providers can have little influence on the availability of this kind of informal support (Sinclair et al., 2004). The potential benefits of improving the opportunities that are offered for contact between foster carers are therefore worth exploring.

This review of the international research on peer contact between foster carers was undertaken in order to identify the ways in which foster carers come together, the forms of support and learning that this provides and the potential impact on outcomes. The main review questions were:

- What is the nature of peer contact between foster carers and what does it provide?
- How far does peer contact improve outcomes for carers, children and placements?
- What are the interventions that increase contact between carers and could thereby potentially improve outcomes?

Electronic databases and websites were used to identify 33 studies from the UK, Ireland, North America and Australasia. All studies identified published since 2000, that included details of non-kinship foster carers' ways of supporting each other were included. The studies used a range of methodologies from in-depth interviews and case studies to large-scale surveys.

Some shortcomings were noted in the capacity of the studies to address the question and less robust studies were given less weight in reporting the findings. Many studies were small-scale and relied solely upon carers to identify changes in outcomes, rather than employing any additional external measures. There were no direct intervention studies that tested outcomes before and after opportunities for contact. Finally, the review identified a gap in the literature with regards to evidence about online contact.

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## Key findings

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The review revealed a number of key themes in the literature on peer contact between foster carers:

- Peer contact between carers can fulfil a number of important support needs, above and beyond the valuable network of support sometimes provided by supervising social workers, family and friends: the need for emotional (the provision of caring and empathy), instrumental (concrete assistance), informational (assisting with problem-solving) and appraisal (positive feedback) support (Hinson Langford et al., 1997). In addition, peer contact can serve to counter the sense of isolation that foster carers can experience (Blythe et al., 2011).
- Contact between carers can also be a less positive experience when group meetings become 'gossip sessions' or a forum for putting down social workers (Murray, 2007). The importance of the role of the group facilitator (The Fostering Network, 2009), which some suggest should be a therapist (Hughes, 2004), is critical in ensuring that opportunities to offload do not degenerate into negative and demoralising discussion.
- Only four studies have examined the direct links between peer contact and benefits for carers, children and placements. Two studies showed that peer contact and the resulting carers' perceptions of being supported were associated with a greater likelihood of continuing a career as a foster carer (Rhodes et al., 2001; Sinclair et al., 2004) and a more positive attitude to fostering (Sinclair et al., 2004), and a third study indicated links between greater peer contact and a lower likelihood of depression (Cole and Eamon, 2007). A fourth suggested that increased availability of respite care might help to avoid placement disruptions (Northwest Institute for Children and Families, 2007).
- Local authorities and independent foster care providers offer a range of forms of peer contact acknowledging that a 'one-size-fits-all' approach is unlikely to be of benefit. Provisions for foster carers to meet with each other include local support and advocacy groups, social contact, training sessions, mentoring and buddying schemes.

The opportunity to meet with other carers, to learn from each other, to offload about problems in order to reduce potential social isolation and to talk to those with a shared understanding of the issues, emerged as key factors from the international literature. The need to consider differences in support needs both at specific points in the carer's career and between individual carers mean that a 'one-size-fits-all' approach is unlikely to be of benefit. Nonetheless, commonalities in carers' perceptions suggest that the findings could be of wider interest and could be used to inform policy and practice.

The review of the international literature suggests that there is room for improvement in the way studies of peer support are conducted. Intervention designs which directly relate pre- and post-test outcome measures to the experience of peer contact are rare, but could increase the validity of the findings.

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## Recommendations for policy and practice

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While limited evidence, in particular of effectiveness outcomes for children, has emerged from this review, perceptions of benefits and in a few studies evidence of improved retention, mental health and stability of placements suggest ways forward. Foster care providers could select from the following findings to develop ways of increasing peer contact and support between carers. These interventions could then be evaluated rigorously using comparison groups which might then provide evidence for larger scale rollout.

- **Identifying needs:** Provisions for peer support should be carer-led. This means that foster care providers need to consult carers in order to ensure that any schemes they offer match the needs of potential users (Clarke, 2009).
- **Mentoring and Buddying:** Pairing new carers with more experienced carers may benefit both parties, particularly where this relationship is formalised in the form of a mentoring scheme (Newstone, 2008) acknowledging that experienced carers can face new challenges that require support.

- **Building opportunities into existing provision:** Regular training sessions for foster carers should include the opportunity for carers to share experiences and problem-solving approaches, which studies have shown to bolster (under certain circumstances) their sense of efficacy and reduce feelings of isolation (e.g. Golding and Picken, 2004).
- **Offering local carer groups:** Offer local groups where possible and online alternatives where carers are more geographically spread (e.g. in rural areas). Geographical distances can put some carers off attending meetings (Heath and Newstone, 2010).
- **Effective facilitation of on-line support:** Schemes which offer carers computer provision and internet access (e.g. Finn and Kerman, 2004) need to make clear the opportunities that these provide for peer support. Although online peer contact does not appeal to some carers, its uptake can be supported where service providers allocate time and resources to Internet services, including ongoing training and support (Dodsworth et al., 2012).
- **Effective facilitation of groups:** Carers in some studies (e.g. Maclay et al., 2006) have expressed a preference for support groups to remain independent of social workers though the need to ensure effective facilitation of groups by an experienced carer, therapist or social worker is acknowledged (The Fostering Network, 2009).
- **Developing conditional confidentiality:** There is a potential tension between carers feeling able to 'open up' in group sessions and the need to maintain confidentiality (Murray, 2007). Hardwick (2005) illustrates that sometimes a license to conditional confidentiality may be beneficial in allowing support.
- **Developing respite schemes:** Providers could explore the possibilities of developing 'hub' and 'constellation' communities in which one carer is approved for respite that is provided for that community of carers (drawing on the Mockingbird family model).



## Recommendations for research

The review has revealed a lack of studies reporting and evaluating interventions specifically designed to improve peer support by offering increased opportunities for contact between foster carers. There has been a similar lack of research into the effects of including carers in more general efforts directed at improving foster care such as induction, mentoring, training and supervision. Evaluative research in these areas is limited mainly to feedback from carers and carer take-up of activities offered. This evidence is not sufficient to justify expenditure or guarantee outcomes. Research is needed that:

- examines the direct links between peer contact and relevant outcomes including carer motivation, satisfaction, retention, children's behaviour, development and well-being and placement stability;
- uses rigorous assessment methods such as before and after measures, randomised control trials, own control designs or control or comparison groups;
- looks systematically at the effectiveness of involving carers in the support, induction, mentoring, training and on-going professional development of carers;
- examines promising interventions such as a replication in other countries of the Mockingbird Family Model for providing respite and support or the use of new technologies to support carers and children.

## Background

Foster carers occupy a unique role in society; looking after other people's children, sometimes for extended periods of time, brings its own range of rewards and costs. Benefits such as the opportunity to see positive changes in a child's health or behaviour mean that most carers find this task to be a rewarding one (e.g. Centre for Excellence in Child and Family Welfare, 2007), and the majority of carers report getting a lot of satisfaction from fostering (Sinclair et al., 2004). Yet the role and responsibilities of foster carers make them subject to a number of potential stressors that are both quantitatively and qualitatively different to those faced by biological parents. Moreover, the cycle of foster placements means that the level of stress can vary at different stages in the carer's career, making their needs distinct from other types of carer such as those caring for a relative with a physical impairment.

Foster carers experience the daily challenge of looking after children and young people whose needs are often extremely complex. Evidence indicates that children in foster care are at greater-than-normal risk of difficulties with mental health and socialisation skills (Tarren-Sweeney and Hazell, 2006), as well as behavioural problems such as conduct disorder and ADHD (Garland et al., 2001). The latest UK Government statistics also show that 'looked after' children (including those in foster care) continue to lag significantly behind their peers in terms of educational achievements (Department for Education, 2012). Moreover, foster carers can face allegations of physical and sexual abuse by the young people in their care, as well as the strain of placement disruption.

Foster carers can experience a lifestyle change once they begin fostering. Carers may need to make changes to their houses to accommodate children with particular physical needs; in addition, the levels of commitment required can have a profound impact on their work and social lives (Nutt, 2006). Foster carers face the risk of social isolation, not only due to the nature of their work but also because of the characteristics of the children they look after. Interviews with carers have shown that existing friends sometimes abandon them because they feel awkward socialising with children and young people displaying inappropriate

social behaviours (e.g. Blythe et al., 2011). Children's behaviour can mean that neighbours, friends, and even family level criticism and hostility at carers, perhaps due to ignorance or a lack of sympathy (e.g. Sinclair et al., 2004).

Foster carer stress can have negative implications for outcomes relating to the carers, the children they look after, and their placements. Carers are less likely to be satisfied with their role and are more likely to decide to cease fostering where perceived stress is high (Sinclair et al., 2004). Farmer and colleagues (2005) concluded that the experience of cumulative stressors can mean that children receive less sensitive parenting from carers, and increases the risk of placement disruption. Given the current international shortfall in foster carers (Colton et al., 2008) and the difficulties providers have found in meeting for example, the English Governmental targets on placement stability (Rostill-Brookes et al., 2011), the reduction of foster carer stress as a factor in the retention of carers and placements should represent a key aim for fostering service providers.

The evidence on stress in fostering suggests that foster carers are particularly in need of support. Top-down support from foster care providers is regularly identified as a crucial factor in foster carers' satisfaction (Murray et al., 2011), and those who have ceased to foster are more likely to say they were poorly supported (Triseliotis et al., 2000). Whereas many carers are satisfied with the level of support they receive from their agencies, some also report difficulties in contacting social workers or in receiving timely replies (Farmer et al., 2005; Selwyn and Quinton, 2004). These issues can further impact on foster carers' levels of strain; however, more accessible support can buffer this sense of strain (Farmer et al., 2005). Contact with other carers is not the source of support chosen by all carers, with around a third reporting that they do not attend local foster care group meetings or receive support from other carers (Dodsworth et al., 2012; Sinclair et al., 2004). However, many studies (e.g. Warman et al., 2006) note the importance reported by foster carers of support from other foster carers. Hence, examining the role of peer-to-peer contact amongst foster carers might identify opportunities for peer support that might improve carers' satisfaction and thus potentially impact on outcomes for carers, children and foster care placements.

Peer contact might be expected to provide different kinds of support, according to carers' needs. Hinson Langford et al. (1997) identified emotional (the provision of caring and empathy), instrumental (concrete assistance), informational (assisting with problem-solving) and appraisal (positive feedback) aspects of support. In this review of the literature on contact between foster carers it was anticipated that evidence of each of these would be identified. In addition, in line with research on other potentially socially isolated groups such as elderly people (e.g. Cohen et al., 2006), it was expected that companionship support would be seen as an important benefit of contact between peers.

## Aims and scope

This review of the international research addresses the ways in which foster carers come into contact with each other and the perceived benefits that might arise from this contact. It was undertaken in order to identify strategies that might improve peer support between carers, potentially leading to greater satisfaction and retention of carers, the ways in which they relate to the young people in their care and the chance of successful placements. The main review questions were:

- What is the nature of peer contact between foster carers and what does it provide?
- How far does peer contact improve outcomes for carers, children and placements?
- What are the interventions that increase contact between carers and could thereby potentially improve outcomes?

The review does not address the topic of support received from supervising social workers or other agency staff, or from foster carers' family and friends.

## Methodology

This review synthesises the findings from the international literature on the ways in which foster carers come into contact with each other and the perceived benefits of that contact. It includes research that has taken place in the UK, Ireland, North America and Australasia. A number of electronic databases were searched, including Medline, PsycInfo, ASSIA, SCOPUS, Social Policy and Practice, Social Services Abstracts and the Social Sciences Citation Index. In addition, the websites of key childhood research institutions including British Association for Adoption and Fostering, National Foundation for Educational Research, The Fostering Network, Social Care Institute for Excellence, What Works Clearing House and Casey Family Programs were searched for relevant publications. Our search incorporated varied international terminology for foster care including 'foster care', 'foster parent', 'substitute care' and 'out-of-home care', as well as the key terms 'carer-to-carer', 'peer support/learning/contact/mentor/buddy', 'contact with other carers', 'carer training/support', 'support group', 'social support', 'interact' and 'network'. We restricted our search to publications from 2000 onwards (though included any very highly cited studies from the previous 10 years) and references were screened for relevance. All studies that focused on non-kinship foster carers' experiences of peer contact and which used the full range of methodologies, from in-depth interviews to large-scale surveys, were included.

From this searching process, and from the references in studies identified, 33 journal articles, booklets and reports were identified which reported empirical data on the role of peer contact in foster care. Less robust studies were not excluded but are given less weight in the findings and implications. Thirteen of the studies were wholly or partly focused on evaluating specific forms of peer support such as foster carer support group meetings and buddy schemes (e.g. Clarke, 2009; Heath and Newstone, 2010). A further eleven studies included a discussion of the value of peer contact in the context of more general questions about carers' experiences of fostering (e.g. Maclay et al., 2006). Two studies specifically asked carers to identify the types of support they felt were necessary in fostering

(Hudson and Levasseur, 2002; Ivanova and Brown, 2010). Further evidence came from one study (The Fostering Network, 2009) that focused upon the barriers to learning faced by 'hard to reach' foster carers and six studies designed to evaluate carer training programmes, in which attendees spontaneously mentioned the value of peer contact (e.g. Golding and Picken, 2004; Warman et al., 2006).

Of the 33 studies included in this review, only four examined the links between peer support and relevant outcomes; these focused on carers' levels of depression (Cole and Eamon, 2007) their decisions to continue or to cease fostering (Rhodes et al., 2001; Sinclair et al., 2004), attitudes towards fostering and sense of strain (Sinclair et al., 2004), and placement stability (Northwest Institute for Children and Families, 2007). The rest provided evidence from foster carers about the perceived support that they gained from one another but did not report on the impact on outcomes of this support.

## Status of the studies

The research on foster carer peer contact is largely qualitative in nature, incorporating interviews with carers and service providers about the perceived benefits of peer contact. A smaller number of studies also included quantitative measures of the benefits that enable generalisations to be made. The studies reviewed included 15 using interviews, 13 focus groups or workshops, 6 face-to-face questionnaires and a further 18 by post, online or by telephone, one set of observational data and one set of case studies. The studies were undertaken in the following countries and different contextual systems should be acknowledged which may limit transferability of some of the findings:

<b>UK</b>	<b>19</b>
<b>USA</b>	<b>5</b>
<b>Australia</b>	<b>3</b>
<b>Canada</b>	<b>3</b>
<b>New Zealand</b>	<b>2</b>
<b>Ireland</b>	<b>1</b>

Details of the studies can be found in Table 1 in the Appendix.

# Key Findings

## What is the nature of peer contact between foster carers?

Agencies differ in the provisions they make for peer contact amongst foster carers; Newstone (2008) identified a number of schemes including telephone helplines staffed by foster carers, support group meetings, fostering 'clinics' led by carers, online chat rooms for carers, and programmes of social events. Not all of these have been investigated in the literature. Over half of the studies in our review (19/33) involved peer contact that happens at local support groups (e.g. Metcalfe, 2010) through advocacy groups such as the English 'foster care associations' (e.g. Heath and Newstone, 2010), or in a formalised support scheme such as the Mockingbird Family Model (Northwest Institute for Children and Families, 2007). Around a third (12/33) discussed contact in the training setting, where sessions were either led by practitioners (e.g. Allen and Vostanis, 2005) or by other foster carers (e.g. Sinclair et al., 2004). Another third (13/33) mentioned individual contact between carers, whether this was part of a formal mentoring scheme (e.g. McInerney, 2009), a less formal 'buddy' partnership (e.g. Rhodes et al., 2001), or the friendships which arose after carers had met in group settings (e.g. Ogilvie et al., 2006). Only one study (Cavazzi et al., 2010) did not specify any particular type of peer contact.

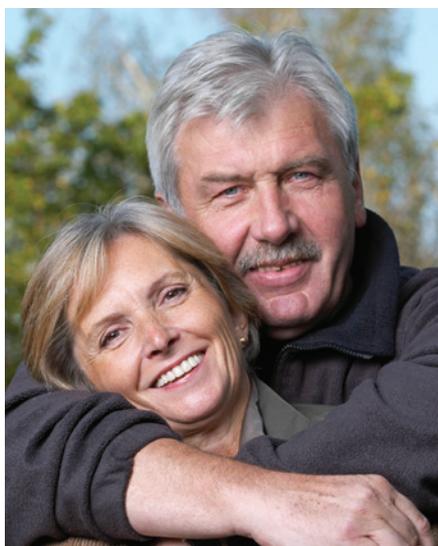
It is important to acknowledge the limitations of peer contact. Some studies (e.g. Murray, 2007) noted that peer contact is not always positive and identified the important role of effective facilitation in ensuring that contact is beneficial. Furthermore, there are many examples of informal contact such as social or sports events for families which bring carers together but which have not been subjected to evaluation and are therefore not reflected in the literature.

## Evaluations of formal contact

Seven studies asked carers to rate their use of particular kinds of formalised contact methods. Two of these studies

showed that carers who attended sessions of a group training programme (Ogilvie et al., 2006) or a local support group (Sinclair et al., 2004) reported feeling more supported by other carers than by other sources of support.

When carers were asked to indicate their satisfaction with avenues of peer contact, this produced mixed feelings. Cole and Eamon's (2007) study of foster carers in the USA showed that 58.7% of those questioned had attended a foster carer support group and found it 'somewhat helpful', 'helpful', or 'very helpful'. Using a different measure of satisfaction, Clarke's (2009) UK survey showed that only 44% of carers suggested that support groups organised by fostering services were 'excellent' or 'good'. One respondent said that their experience of local 'support' groups was that they had a training rather than support agenda and so did not really offer the kind of support they were looking for.



Schemes that were more explicitly focused on carer-to-carer support seemed to be more appreciated. The 'Mockingbird Family Model' in the US, involves setting up a 'constellation' of six to ten foster family homes and one hub home which is licensed to provide respite (planned and crisis), information and social activities, to form a 'micro-community' offering social support (Northwest Institute for Children and Families, 2007). Carers

who attended the monthly meetings and other activities offered said they had made 'positive connections' with other carers, and even those who did not attend welcomed the community support that was available. The large majority of carers in this scheme (73-93%) said they received support by meeting other carers, talking to them on the telephone, or attending training, compared to just 17-36% of carers outside of the scheme.

In the UK, 75% of carers said their local foster care association (an advocacy group) was okay or better, while 56% said that peer mentoring was okay or better (Clarke, 2009). Four of the six Irish carers interviewed by McInerney (2009) attended local support groups; two were positive, but more so about the links they afforded with individual carers; one felt that while they were a valuable source of support they could also feed some of the negative emotions carers had towards others; one felt the group lacked an official support system. Similarly, Murray's (2007) interviewees in New Zealand felt that while helpful, the negative aspects of support groups were the tendency to become 'gossip sessions' or a forum for putting down social workers.

## What does peer contact provide?

### Learning from each other

The most frequently cited benefit in our review was the chance to learn from the experience of other carers. When researchers asked foster carers what kind of support would be helpful to maintain a successful placement, they identified a need for 'education through sharing' (Ivanova and Brown, 2010; The Fostering Network, 2009), and this was also a common theme when carers were asked to evaluate group-based training programmes. A number of papers covered the use of group discussions and joint problem-solving in training sessions on attachment theory and trauma (Allen and Vostanis, 2005; Golding and Picken, 2004; Laybourne et al., 2008), parenting skills (Golding and Picken, 2004; Pallett et al., 2002), and fostering children with sexualised behaviour (Hardwick, 2005).



An example of this process in action is given by Pallett et al. (2002): carers in the 'Fostering Changes' training programme were given weekly practical skills to try out as 'homework' in dealing with children's issues. The next session would begin with a discussion on how well these skills had worked; where they had been less successful, other group members were encouraged to help problem-solve, with the aim of developing creative and flexible approaches that all attendees could use. A further report on the same training programme (Warman et al., 2006) again emphasised the value of learning from others, painting the role of the trainer as a facilitator for group learning, someone who draws out the strengths of each member in group discussions so that others might benefit from their experience. Carers in this study and in The Fostering Network (2009) survey noted that this kind of discussion opportunity could leave them inspired by the success of other group members, as well as being able to learn from each other's mistakes.

In fact, the message that 'everyone gets it wrong sometimes' was seen as an important part of the learning process in training programmes. Carers valued hearing their peers' experiences of what had gone wrong (Golding and Picken, 2004; The Fostering Network,

2009), and were greatly relieved to learn that other carers were experiencing similar frustrations (Pallett et al., 2002). To encourage discussions of this kind, it was important for trainers or facilitators to establish an atmosphere where there was no sense of blame or personal failure (Warman et al., 2006).

The opportunity to learn from each other was not perceived to be restricted to formal training programmes, however. Carers felt they could also use opportunities to seek advice and ideas from their peers at local support groups (Brown et al., 2005; Hudson and Levasseur, 2002; McInerney, 2009; Metcalfe, 2010; The Fostering Network, 2009; Triseliotis et al., 2000) or during regular telephone (Maclay et al., 2006) or Internet (Dodsworth et al., 2012) contact with other carers. Indeed, most carers felt that they could contact their peers informally for practical advice: almost 70% of those questioned in Sinclair et al. (2004) study said they could do so, and this figure leapt to 90% amongst those who regularly attended support group meetings. Some carers, however, felt their opportunities to reach others were restricted because fostering service providers had rules which prevented access to contact details (Heath and Newstone, 2010). Others felt that their ability to attend training

and support groups was impeded due to a lack of childcare facilities, though some service providers covered the cost of childminders during these events (The Fostering Network, 2009).

As well as being used to gather ideas for dealing with children's behaviour, individual contact with other carers was seen as useful in providing advice about dealing with social workers (Murray, 2007) and for answering some of the questions carers have when first starting out (Newstone, 2008). Peer mentoring schemes were seen as a particularly useful way of sharing this broad range of practical advice, with carers noting that the mentoring relationship could help them to develop the confidence and skills needed to progress in their career (Newstone, 2008).

Mentoring schemes hold a range of potential benefits for mentors as well as mentees. A case study of Bedfordshire County Council showed that foster carers there appreciated the opportunity to work towards an accredited qualification in their mentor training scheme (Newstone, 2008). In addition, The Fostering Network (2006) noted that mentoring could also offer an opportunity for carers wishing to retire to continue contributing knowledge and expertise. The authors recommended that training should be given to mentors to clarify their role, highlight issues of confidentiality and promote knowledge of all avenues of support. Similarly, respondents in Newstone's (2008) study cautioned against setting up schemes where the purpose was unclear, and one local authority warned that sometimes more experienced carers could undermine the confidence of new carers.

Besides mentoring schemes, advocacy groups such as the foster care associations operated by groups of local authority carers in England were also seen as a valuable source of learning from others which had benefits for both parties. Heath and Newstone (2010) interviewed foster care association officers, who named a number of benefits including greater carer motivation and reputations, improved status within the fostering team, increased professional networks, ability to influence local policy and practice, and developing new skills; the most cited benefit by far was providing better support to their members. Associations achieved these aims via a range of formal and informal support systems for carers, many of which revolved around social

## Key Findings continued...

events. Challenges to running a successful local association included low interest from carers, geographical distances and low levels of activity amongst members; some local authorities also refused to provide full lists of foster carers, making member recruitment difficult. Despite these issues, it is evident that such peer contact can, under the conditions identified in some of these studies, fulfil foster carers' need for informational support (Hinson Langford et al., 1997).

### Shared understanding

Closely related to the opportunity to learn from others is the benefit of shared understanding; consequently, foster carers showed particular appreciation for training events and support groups that were led by other carers (Sinclair et al., 2004; The Fostering Network, 2009; Triseliotis et al., 2000). Given the uniqueness of the fostering role, it is understandable that carers felt the benefit of contact with others who had undergone similar experiences. Although foster carers relied on family and friends for support, they were aware of the difficulty that non-carers could have in understanding the challenges of the role (McInerney, 2009). For example, one carer in Nutt's (2006, p.42) study commented that family and friends don't

understand that carers often choose to tolerate abusive behaviour from children if this means they can avoid having them moved on to another placement:

***I find [their critical comments] very hurtful and it's easier to get on with people now who do foster, I prefer to go out with people who foster... They've been in that position, they're understanding, they know what it's like.***

Other carers were seen as being able to offer empathy (Golding and Picken, 2004; The Fostering Network, 2009), through their understanding of the stresses involved in looking after difficult children (Blythe et al., 2011), and were sometimes viewed as being more supportive than agencies because they had lived with the same day-to-day experiences (Cavazzi et al., 2010). This shared understanding was also noted by Clarke (2009).

The benefit of shared understanding was evident regardless of the context in which peer contact was made. In one of

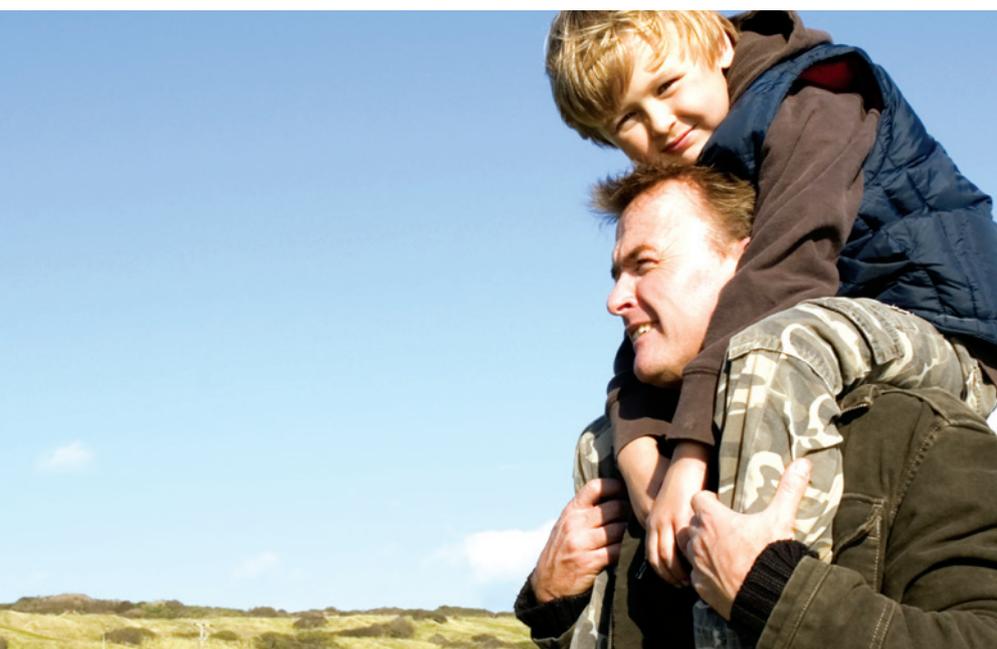
the training programmes that encouraged group discussions, participants reported a sense of commonality with their fellow group members (Allen and Vostanis, 2005). Local foster carer groups were also seen as valuable sources of this kind of support (Metcalf, 2010; Murray, 2007) which might develop a group identity, though the perceived value of these groups could to some extent depend on the sense of shared identity; minorities in the fostering community such as male carers may benefit more from dedicated groups such as the all-male meetings described by The Fostering Network (2010) and by Henry (2003). In addition, peer mentoring schemes were said to offer carers an empathic relationship built on shared experiences that may make carer-mentors more 'credible' than social workers (Newstone, 2008), though the first point of contact for foster carers seeking instrumental support would be their supervising social worker. Importantly, carers also felt that mentors would listen to them and recognise the challenges they were facing without being judgemental (McInerney, 2009). This kind of 'blame-free' interaction can be seen as satisfying the need for appraisal support (Hinson Langford et al., 1997).

### Offloading

A shared understanding of what it is like to be a foster carer also means that carers can encounter a sympathetic ear when they want to talk about their experiences. A number of those interviewed in the studies reviewed here identified the opportunity to offload their problems as a valued aspect of peer contact. One interviewee (Blythe et al., 2011, pp.246-247) stated:

***Our friends [who are also carers] know when we just need someone to talk to, and they also know how to listen.***

Local carer support groups were seen as a valued context for carers to get problems off their chest (Clarke, 2009; Murray, 2007), as were carer training programmes (Pallett et al., 2002; The Fostering Network, 2009; Warman et al., 2006), though some



carers voiced concerns that without focus these group events could become less constructive. Contact made between individual carers was also seen as useful for talking through issues (Dodsworth et al., 2012; McInerney, 2009; Murray, 2007).

A note of caution should be introduced, however, about the need for carers to maintain confidentiality about their placements when discussing problems. Some of the carers sharing their experiences in training programmes and on service providers' secure Internet sites felt they benefitted from the opportunity to talk more openly than confidentiality guidelines would usually allow (Dodsworth et al., 2012; Hardwick, 2005). In contrast, others noted that a lack of confidentiality about specific children was a problematic aspect of support groups, mentoring schemes and individual contact with other carers (Murray, 2007; The Fostering Network, 2006, 2010). Establishing an agreed balance on confidentiality will enhance the potential benefits of carer support groups (The Fostering Network, 2009). Notwithstanding this issue, the benefit of offloading problems within a context of shared understanding may satisfy some foster carers' need for emotional support.

## Instrumental support

The benefits of contact with peers discussed so far relate to the informational, appraisal and emotional aspects of support; yet there is some evidence that instrumental support is equally valued by carers (Hudson and Levasseur, 2002). Besides the benefit of advice based on their experiences, carers can also offer each other practical support in the form of respite care (Murray, 2007). Respite is a central feature in the Mockingbird Family Model (Northwest Institute for Children and Families, 2007), and the 'hub' home is licensed to keep two or three beds available to provide respite for the foster families in their 'constellation'. The popularity of this model amongst carers is reflected in the uptake of respite opportunities: 60% of Mockingbird carers had used respite care during the eight months covered by the evaluation, compared to 31% of carers in the general community. The difference lay in high-frequency respite use: 45% of Mockingbird carers made use of the available respite care twice or more per month, compared to just 20% of non-Mockingbird carers. Carers felt that the process of requesting and accessing respite was more positive



than they had experienced outside of the Mockingbird scheme, and that the availability and accessibility of respite care in the model had prevented placement disruptions. Moreover, foster carers stated that they were more willing to access respite provision because the hub home offered a consistent respite provider.

As we have outlined above, each of the four forms of support identified by Hinson Langford et al. (1997) can be found in a number of peer contact settings including training programmes, local support groups, mentoring and buddying relationships, and individual contact with other carers. In addition, the review uncovered one further aspect of support that arose from contact between foster carers that might be seen to reflect the specifically isolating circumstances of the role (Blythe et al., 2011).

## Countering isolation

Nutt's (2006) study suggests that when people become foster carers they begin to 'redraw the boundaries' of friendship. Existing friends may lack sympathy or be critical about foster children's behaviour (Sinclair et al., 2004). A lack of understanding from non-carers is hurtful because the caring role is now part of the individual's identity, so that when family and friends make critical remarks about being too tolerant of children's behaviour, they are rejecting the person's full identity (Nutt, 2006). Although the majority of carers feel they receive a lot of support from family and friends (e.g. Sinclair et al., 2004), Nutt (2006) argues that those who identify themselves as 'carers' can only feel completely understood by others who share that identity. In support of this argument, Blythe et al. (2011) found that

female carers who were unable to build connections with their fostering peers were left feeling socially isolated, largely because they perceived themselves as mothers but were not regarded as such by other mothers in society.

Carers in the studies in this review often reported starting or wishing to start new friendships with other carers to buffer this potential sense of professional isolation (e.g. Cavazzi et al., 2010). There was a sense that this could be achieved using the opportunities for peer contact afforded by attending training (Hudson and Levasseur, 2002; Laybourne et al., 2008; Ogilvie et al., 2006) or support groups (Blythe et al., 2011; Brown et al., 2005; Murray, 2007), which were sometimes valued as social occasions (Golding and Picken, 2004; The Fostering Network, 2009). Moreover, the respondents in three studies highlighted the importance of letting prospective carers meet existing carers who could show that carers support each other and talk to each other, in order to show that they are not doing the job alone (Centre for Excellence in Child and Family Welfare, 2007; The Fostering Network, 2009; Wilson et al., 2004).

A relatively recent potential avenue for reducing social isolation amongst carers is the use of email and dedicated online forums, yet we identified only two studies to date that have examined the use of technology with foster carers. Finn and Kerman (2004) surveyed carers taking part in the Building Skills-Building Futures IT pilot programme, who were provided with home computers and Internet access. Carers were more likely to say they talked to other foster families online after a year of Internet access, but there

## Key Findings continued...

were no changes in other social support items (e.g. 'I turn to people for help/ receive helpful information from others through the Internet') and use remained low, with only a third contacting other carers online at the end of the trial and most answers given as 'seldom' or 'never'.

Similarly limited use of technology was reported in Dodsworth et al.'s (2012) evaluation of a dedicated fostering Internet service provided by three local authorities in England. Just 27% of those questioned said they used the service occasionally to contact peers; however, this figure was comparable to the 34% who used alternative social networking sites such as Facebook. In general, carers said they preferred to meet face to face or to speak on the telephone as this was more 'personal', but the authors note that Internet sites could still provide a valuable source of support, especially for carers living in isolated areas. There was also some discussion about the need for technology in the future of fostering: some carers in this study felt that the focus in their role should be on working with children and any requirement to be IT literate might put some people off becoming carers, whereas others felt that the development of IT skills was a necessary part of the professionalisation of foster carers.

The authors of these two studies have identified a number of factors that might impact on foster carers' uptake of Internet support services. Finn and Kerman (2004) noted that carers in their trial had not been given any instructions on how to locate or use supportive online resources, which are likely to be key factors in promoting their engagement with the use of technology for this purpose. Similarly, the majority of respondents in Dodsworth et al.'s (2012) study said they had received no training at the start of the service or that the training they had received had not been useful; 79% said ongoing support had been minimal or non-existent. Dodsworth et al. (2012) also highlighted differences in the way local authorities implemented the Internet service with carers (e.g. one provided the computers while another did not), and these differences reflected their motivations in adopting the scheme, which ranged



from the desire to improve effective communications to a way of cutting costs. The authors described examples of 'good practice', where providers expressed their promotion of the Internet service by designating key members of staff to take responsibility for the site, allocating resources and encouraging some foster carers to become 'champions' to provide online peer support.

### How far does peer contact improve outcomes for carers, children and placements?

#### Outcome measures

Surprisingly few of the studies included in this review directly examined the links between peer contact and relevant outcomes relating to carers, children or placements, though a number of studies included carers' reflections on the improvements associated with peer contact. Three outcomes emerged from the studies reviewed: carer retention, carers' mental health and stability of placements.

Two studies (Rhodes et al., 2001; Sinclair et al., 2004) examined the association between peer contact and carer retention. Rhodes et al. (2001) interviewed carers in

the USA, and compared retention rates for those who were in buddying schemes with those who were not. They found a significant difference between groups, with continuing carers more likely to have a buddy than those who were planning to quit or had already done so. The authors argued that this result might be linked to the opportunity to learn from each other, as fewer of those who quit as carers said they had received information about fostering from other carers than did those who continued as foster carers.

In a UK study, Sinclair et al. (2004) examined the role of attending local support groups in carers' decisions to continue or to cease fostering. The authors found that 85% of those questioned had locally available support groups, though only a third attended regularly, and a third did not attend at all. More regular attendance was related to lower levels of education and employment in carers, and was positively related to feeling supported by peers, with 90% of those attending groups regularly reporting that they felt they could turn to other carers, compared to just half of those who chose not to attend.

Crucially, those who never attended groups – either through choice or due to a lack of options – were more likely to cease fostering than those who attended occasionally or regularly. In addition, those who felt they lacked support

from other carers were also more likely to cease fostering than those who felt they received 'some' or 'a lot' of support; peer support was also related to other aspects of 'professional' support such as the amount of training received and the perceived financial benefits of fostering. Finally, there was a small but significant positive association between feeling supported by other foster carers and holding a positive attitude towards fostering. The authors pointed out that the associations shown here were not strong, and could indicate a relationship in either direction: the decision to attend support groups not only enhances carers' commitment to foster care, it is also a reflection of their existing levels of commitment. It is possible that those who choose not to attend support groups are already socially isolated, or in contrast that they feel they have sufficient support from other sources such as friends and family; but none of the studies in the review included a specific examination of these options.

Evidence on the value of peer support for carer and placement outcomes was supported by carers' reflections in three studies. Carers in a training programme on sexualised behaviour (Hardwick, 2005) expressed the belief that they had managed to maintain some difficult placements with the advice and support of the group. Similarly, a number of carers in the Mockingbird scheme (Northwest Institute for Children and Families, 2007) voiced the belief that placement disruptions which might otherwise have occurred due to children's problematic behaviour had been avoided thanks to the availability of respite care. One interviewee in Blythe et al.'s (2011, p.246) study illustrated the importance of relationships with fellow carers in stating:

***One of the good things about being a carer is the new friends I have made with a regional support group. I don't believe we would still be carers without this group of friends.***

The second outcome that was directly measured in five studies related to carers' mental health. Cole and Eamon's (2007) study of foster carers in the USA focused on attendance at local support groups and carers' levels of depressive

symptoms. They found that 58.7% of those questioned had attended a foster carer support group. Compared to carers who did not attend a support group or who had attended but found it unhelpful, these carers were less likely to be high in depressive symptoms. Carers were not asked, however, what it was about the support groups that was helpful, making it difficult to evaluate the relative importance of the factors we have outlined above, such as learning from each other and countering isolation. Equally, it is possible that the effect lies in the opposite direction, with more depressed individuals feeling less inclined to attend support groups.

Sinclair et al.'s (2004) study included a short General Health Questionnaire as a measure of carer strain. The authors found no relationship between low levels of support from other carers and higher strain, when other factors were considered. Their results suggest that strain can arise where there is a lack of support from families and social workers, a higher number of unpleasant events (such as placement disruptions and allegations made against the carers), and where the carer has limited experience. Feeling unsupported by peers therefore would not add to any of these factors in predicting greater carer strain.

Carers' reflections in the studies reviewed, however, suggested that peer support was 'essential' for their mental health (e.g. Murray et al., 2011), whether accessed via support groups or individual



contact. Their comments suggest that the opportunity to discuss issues with a sympathetic peer was particularly important in this respect. There was a sense that 'offloading' about experiences in fostering could reduce the stress associated with being a carer (Golding and Picken, 2004), with the opportunity to speak openly about problems during training sessions viewed as having a therapeutic effect (Hardwick, 2005). Similarly, the experience of voicing issues in a storytelling workshop for male carers was seen as a 'cathartic process' (The Fostering Network, 2010, p.9).

The third outcome was the stability of placements, measured by the Northwest Institute for Children and Families (2007) in their evaluation of the Mockingbird Family Model. The authors stated that of the 44 children with available data, 84% had remained in one placement for the eight months of the evaluation period, and where siblings were placed together (which happened significantly more often than in non-Mockingbird foster families), they remained together throughout the eight months; however, comparative data on placement stability within the general care population was not provided. Even where placements disrupt, the Mockingbird model may offer children a sense of stability as it is set up to allow placement moves within the 'constellation', letting children stay in the same school and maintain community links.

None of the studies in the review reported child outcomes in direct relation to carer peer contact though contact between young people sometimes increased as a result of contact between carers, often in the context of informal social events. A number of papers reporting on training programmes presented significant reductions in children's carer-reported behavioural problems (e.g. Golding and Picken, 2004; Pallett et al., 2002); but it was not possible to determine whether these improvements were owing to the advice of other carers, the materials presented by the trainers, or to some other aspect of the training experience such as increased carer confidence (which was also reported).

## **Stage in carer's career**

It is likely that the specific type of peer contact needed might differ according to the stage in the carer's career. New carers in particular could benefit from

## Key Findings continued...

the opportunity to speak to someone with similar experiences for practical advice and a sense of mutual support (Wilson et al., 2004). Similar needs might arise in experienced carers who are faced with a new or unusual situation for the first time. As they progress with placements, carers' desire to access peer support can be prompted by particular needs; this might involve attending training on salient topics such as sexualised behaviour (Hardwick, 2005) or contacting a foster carers' association to resolve urgent employment issues (Heath and Newstone, 2010).

Times of increased stress might prompt carers to seek both emotional and practical support from their peers. One of the carers in Hudson and Levasseur's (2002) study stated that emotional support was particularly valued when stress levels were high and they needed to talk things through with another carer without fear of being judged as 'not coping'. Other carers in this study also highlighted the importance of practical support in the form of respite care. Getting the right kind of support at the right time may have a significant impact on fostering outcomes, with Sinclair et al. (2004) arguing that perceived support interacts with stresses and life events to influence carers' decisions to continue or cease fostering.

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### **What are the interventions that increase contact between carers and could thereby potentially improve outcomes?**

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Given the small number of studies that reported child or carer outcomes from contact between carers, any generalisations drawn must necessarily be cautious. However, from these studies the benefits of local support groups and mentoring and buddying systems emerge as potentially effective in providing support and increasing retention. In addition, while few if any comparative outcomes have been reported on foster carers' involvement in

the training, support and development of other foster carers this emerges from many studies. As one local authority provider is quoted as stating in The Fostering Network's (2009, p.83) survey:

***Effective training, support and development MUST be informed by the views of foster carers and wherever possible delivered by foster carers. Peer education is mutually beneficial to foster carers and the service...***

This review has identified many forms of peer contact such as local support groups, networks, specific interest groups, buddying, mentoring, helplines and carer-led training that are reported by carers to provide support and learning. However, the hard evidence of how they do so and the specific outcomes for carers or children and young people are limited to a small number of studies.

## Limitations of the current evidence base

Only four studies focused specifically on peer contact and support between carers and reported outcomes for children (none reported outcomes for children). Most of the studies were exclusively qualitative thereby providing some interesting insights into carers' perceptions of the benefits of peer contact but no robust evaluations of interventions with comparison or control groups. This suggests that an intervention study is needed in which foster care providers develop contact and support between carers and outcomes are evaluated using comparison groups.



# Conclusions

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## **The review revealed a number of key themes in the literature on peer contact between foster carers:**

- Peer contact between carers can fulfil a number of important support needs, above and beyond the valuable network of support sometimes provided by supervising social workers, family and friends: the need for emotional (the provision of caring and empathy), instrumental (concrete assistance), informational (assisting with problem-solving) and appraisal (positive feedback) support (Hinson Langford et al., 1997). In addition, peer contact can serve to counter the sense of isolation that foster carers can experience (Blythe et al., 2011).
- Contact between carers can also be a less positive experience when group meetings become 'gossip sessions' or a forum for putting down social workers (Murray, 2007). The importance of the role of the group facilitator (The Fostering Network, 2009), which some suggest should be a therapist (Hughes, 2004), is critical in ensuring that opportunities to offload do not degenerate into negative and demoralising discussion.

- Only four studies have examined the direct links between peer contact and benefits for carers, children and placements. Two studies showed that peer contact and the resulting carers' perceptions of being supported were associated with a greater likelihood of continuing a career as a foster carer (Rhodes et al., 2001; Sinclair et al., 2004) and a more positive attitude to fostering (Sinclair et al., 2004), and a third study indicated links between greater peer contact and a lower likelihood of depression (Cole and Eamon, 2007). A fourth suggested that increased availability of respite care might help to avoid placement disruptions (Northwest Institute for Children and Families, 2007).
- Local authorities and independent foster care providers offer a range of forms of peer contact acknowledging that a 'one-size-fits-all' approach is unlikely to be of benefit. Provisions for foster carers to meet with each other include local support and advocacy groups, social contact, training sessions, mentoring and buddying schemes.

The opportunity to meet with other carers, to learn from each other, to offload about problems in order to reduce potential social isolation and to talk to those with a shared understanding of the issues, emerged as key factors from the international literature. The need to consider differences in support needs both at specific points in the carer's career and between individual carers mean that a 'one-size-fits-all' approach is unlikely to be of benefit. Nonetheless, commonalities in carers' perceptions suggest that the findings could be of wider interest and could be used to inform policy and practice.

## Recommendations for policy and practice

While limited evidence, in particular of effectiveness outcomes for children, has emerged from this review, perceptions of benefits and in a few studies evidence of improved retention, mental health and stability of placements suggest ways forward. Foster care providers could select from the following findings to develop ways of increasing peer contact and support between carers. These interventions could then be evaluated rigorously using comparison groups which might then provide evidence for larger scale rollout.

- **Identifying needs:** Provisions for peer support should be carer-led. This means that foster care providers need to consult carers in order to ensure that any schemes they offer match the needs of potential users (Clarke, 2009).
- **Mentoring and Buddying:** Pairing new carers with more experienced carers may benefit both parties, particularly where this relationship is formalised in the form of a mentoring scheme (Newstone, 2008) acknowledging that experienced carers can face new challenges that require support.
- **Building opportunities into existing provision:** Regular training sessions for foster carers should include the opportunity for carers to share experiences and problem-solving approaches, which studies have shown to bolster (under certain circumstances) their sense of efficacy and reduce feelings of isolation (e.g. Golding and Picken, 2004).
- **Offering local carer groups:** Offer local groups where possible and online alternatives where carers are more geographically spread (e.g. in rural areas). Geographical distances can put some carers off attending meetings (Heath and Newstone, 2010).

- **Effective facilitation of on-line support:** Schemes which offer carers computer provision and internet access (e.g. Finn and Kerman, 2004) need to make clear the opportunities that these provide for peer support. Although online peer contact does not appeal to some carers, its uptake can be supported where service providers allocate time and resources to Internet services, including ongoing training and support (Dodsworth et al., 2012).
- **Effective facilitation of groups:** Carers in some studies (e.g. Maclay et al., 2006) have expressed a preference for support groups to remain independent of social workers though the need to ensure effective facilitation of groups by an experienced carer, therapist or social worker is acknowledged (The Fostering Network, 2009).
- **Developing conditional confidentiality:** There is a potential tension between carers feeling able to 'open up' in group sessions and the need to maintain confidentiality (Murray, 2007). Hardwick (2005) illustrates that sometimes a license to conditional confidentiality may be beneficial in allowing support.
- **Developing respite schemes:** Providers could explore the possibilities of developing 'hub' and 'constellation' communities in which one carer is approved for respite that is provided for that community of carers (drawing on the Mockingbird family model).

## Recommendations for research

The review has revealed a lack of studies reporting and evaluating interventions specifically designed to improve peer support by offering increased opportunities for contact between foster carers. There has been a similar lack of research into the effects of including carers in more general efforts directed at improving foster care such as induction, mentoring, training and supervision. Evaluative research in these areas is limited mainly to feedback from carers and carer take-up of activities offered. This evidence is not sufficient to justify expenditure or guarantee outcomes. Research is needed that:

- examines the direct links between peer contact and relevant outcomes including carer motivation, satisfaction, retention, children's behaviour, development and well-being and placement stability;
- uses rigorous assessment methods such as before and after measures, randomised control trials, own control designs or control or comparison groups;
- looks systematically at the effectiveness of involving carers in the support, induction, mentoring, training and on-going professional development of carers;
- examines promising interventions such as a replication in other countries of the Mockingbird Family Model for providing respite and support or the use of new technologies to support carers and children.

**The Rees Centre is committed to providing robust, useful and timely research and will be consulting a wide range of stakeholders on the findings from this review and considering how to take these recommendations forward. We look forward to your comments.**

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# Appendix - Table 1

## Details of studies included in the review

Reference	Country	Number of participants	Methodology
Allen and Vostanis, 2005	UK	17	Focus group
Blythe et al., 2011	Australia	20	Interview
Brown et al., 2005	Canada	63	Telephone interview
Cavazzi et al., 2010	Australia	7	Interview
Centre for Excellence in Child and Family Welfare, 2007	Australia	73	Interview and focus group
Clarke, 2009	UK	442	Online questionnaire
Cole and Eamon, 2007	USA	204	Telephone interview
Dodsworth et al., 2012	UK	205 (questionnaire). 27 (focus group)	Online/postal questionnaire and focus group
Finn and Kerman, 2004	USA	64	Postal questionnaire and telephone interview
Golding and Picken, 2004	UK	38	Questionnaire and focus group
Hardwick, 2005	UK	11	Interview and focus group
Heath and Newstone, 2010	UK	68 (questionnaire). 6 (interview). 4 x focus groups	Postal questionnaire, interview and focus group
Hudson and Levasseur, 2002	Canada	66	Postal questionnaire
Ivanova and Brown, 2010	Canada	83	Telephone interview
Laybourne et al., 2008	UK	8	Interview and questionnaire
Maclay et al., 2006	UK	9	Interview
McInerney, 2009	Ireland	6	Interview
Metcalfe, 2010	USA	37	Interview
Murray, 2007	New Zealand	17	Interview and questionnaire
Murray et al., 2011	New Zealand	17	Interview and questionnaire
Newstone, 2008	UK	'About half' of English local authorities. 'Some' independent providers, foster carer associations and foster carers	Online questionnaire, focus group, case study
Northwest Institute for Children and Families, 2007	USA	22 foster families	Questionnaire and observation of social activities
Nutt, 2006	UK	46	Interview
Ogilvie et al., 2006	UK	139 carers and 124 supervising social workers (focus group). 1181 carers (questionnaire)	Focus group and postal questionnaire
Pallett et al., 2002	UK	55	Questionnaire
Rhodes et al., 2001	USA	252	Postal questionnaire and telephone interview
Sinclair et al., 2004	UK	1528 (local authority census). 944 (carers answering questionnaire)	Postal questionnaire
The Fostering Network, 2006	UK	18 local authorities	Telephone interview and focus group
The Fostering Network, 2009	UK	28 carers and 38 service providers (online questionnaire). 15 carers and 11 service providers (postal questionnaire). 8 carers and 6 service providers (focus group or interview)	Online questionnaire, postal questionnaire, focus group or interview
The Fostering Network, 2010	UK	12	Workshop
Triseliotis et al., 2000	UK	822 (postal questionnaire). 67 (focus group or interview). Postal questionnaire and focus group or interview	
Warman et al., 2006	UK	39	Questionnaire
Wilson et al., 2004	UK	2 consultation groups of carers	Focus groups

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The Rees Centre is funded by Core Assets, a global independent provider of children's services.