Effective parent-and-child fostering

An international literature review

Nikki Luke and Judy Sebba
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Executive Summary

Parent-and-child fostering represents a small but significant proportion of the fostering landscape. This type of specialist foster care is offered to support and assess vulnerable families from the community whose custody of their children is under threat, as well as teenagers who become parents while already in care. It is an option alongside alternatives such as parent-and-child assessment units and supported housing schemes. Service providers selecting foster care for their parent-and-child provision need to know that it is effective in producing the post-fostering outcomes that are in the best interests of the child. These outcomes might include an increased likelihood of parent and child staying together, promoting skills in independent living and increased understanding of children's needs; equally, a decision to separate the child from their parent can be seen as a 'good' outcome, provided the assessment is transparent and produced in good time, allowing the child to move to a permanent living arrangement without undue delay. In addition, an understanding of the specific aspects of parent-and-child fostering arrangements that relate to successful outcomes could inform the development of these services.

This review of the international research was undertaken in order to identify the current state of knowledge about what constitutes 'good' parent-and-child fostering. The focus was on identifying the aspects of successful provision, rather than the factors related to increased risk of teen pregnancy amongst fostered young people, or sex education in foster care. The main review question was:

- What kind of provision is effective for parents and their children living together in foster homes?

Electronic databases and websites were used to identify 35 studies, reports and templates from the UK and North America (research from other countries was not excluded but was not revealed in our search). All documents that included details of effective provision in parent-and-child fostering were included. Documents were not excluded on the basis of methodology, nor on the authors' chosen measure of post-fostering 'success' (e.g. independent living, parenting skills, separation in the interests of the child).
Key Findings

The review revealed a number of key themes in the literature on the effectiveness of parent-and-child fostering. On the whole, these themes reflect the imbalance in the literature towards research on teenagers in care who become parents, as opposed to adult parents who live in foster homes with their children by arrangement, and towards mothers rather than fathers. It should be noted that here and throughout the text we refer to ‘parent-and-child placements’ for simplicity, though in England the correct terminology for an adult parent (who is not in care) living in a foster home with their child is a ‘parent-and-child arrangement’ (Adams and Dibben, 2011).

The literature showed that:

- Some of the characteristics of a ‘good’ placement identified by young parents, foster carers and social workers were those more generally associated with successful fostering of any young person – such as good ‘chemistry’ between foster carer and young person, clear ‘house rules’, engaging the young person in decisions about their placement and offering stable relationships with carers and social workers.

- Other factors contributing to positive placements were specific to parent-and-child provision, such as:
  - The importance of engaging young parents in services provided for them.
  - Consistent support from a trusted adult (usually the foster carer) exemplified through listening to the parent, making them feel able to confide in them and helping them to access services for parents.
  - A clear agreement about the foster carer’s role in assessing the parent’s capabilities, and the extent to which they can be expected to act as ‘babysitters’ for the child.
  - Being allowed to be a teenager, for example by the foster carer offering occasional babysitting in order to enable the young parent to go out with friends.

- Overall, reports on the outcomes of parent-and-child placements are very mixed. The likelihood that parents and children will be separated after the placement ends varied widely between studies, from 15% (Barth and Price, 1999) to 84% (Martin and Davies, 2007a, 2007b). This variation is likely to reflect the small numbers of placements in these studies, but might also be a result of differences in the placements, the characteristics of the population (e.g. parents with substance abuse), the purposes of the scheme (including assessment, support and therapeutic interventions) and the services offered to parents.

- Young parents living in foster homes often felt stigmatised. Because an element of assessment is often ‘built-in’ to these placements, they reported that more was expected of them than of other young parents, that they were under constant scrutiny and feared having their child taken away.

- Besides feeling ‘judged’ by social workers, parents in care also felt their relationship with social workers suffered due to intermittent contact with the social worker and a lack of support. In contrast, leaving care teams were generally viewed more positively as sources of support.

- Young parents leaving fostering often felt abandoned. Phone contact, access to counselling if needed, peer support groups, practical help with housing, education or employment were all important reasons to extend the contact with foster families. The inadequacy of available housing was identified as a particular barrier to success.

- Much of the research on the experiences of parents in foster placements has focused on young people who become pregnant in or shortly after leaving care; there is far less evidence on the views of adult parents who have entered foster homes with their children.

- The type of evidence that might help us illuminate the specific characteristics of the placement that make success more or less likely is very limited. One report (Barth, 1994) suggests that longer stays and attending substance abuse services (where this is an issue) are linked to greater success. Evidence on the links between relationships with carers and post-fostering outcomes relies on retrospective interviews or individual case studies.
Recommendations for policy and practice

Given the limited robust evidence available on specific aspects of parent-and-child foster placements that might influence outcomes, recommendations for policy, practice and further research are necessarily cautious. Recommendations for policy and practice include:

• Providing more specialist parent-and-child placements with dedicated training and support, where this is the appropriate option and does not disrupt those relationships that have potential to shape the parent’s post-fostering outcomes (e.g. with a foster carer or the child’s other parent).

• Facilitating greater peer support, both for specialist carers providing parent-and-child placements and for the parents themselves.

• Service providers and social work professionals needing to understand the reluctance of parents who live in foster homes with their children to engage with social services. Any necessary assessments should be conducted sensitively to avoid leaving parents feeling stigmatised.

• For teenage parents, seeking ways to extend support beyond statutory care age, in particular for parenting, housing and education, in order to ensure better longer-term outcomes.

• Internationally, service providers should ensure data collection on children in their care includes recording of motherhood status for young women in care, pregnancy status, and fatherhood status for young men. This will inform better planning of provision and enable comparative research.

The review has revealed a lack of studies employing prospective designs that use specific placement factors to predict post-fostering outcomes. Future studies are needed that:

• Include longitudinal studies and comparative designs in order to provide robust evidence on what works in parent-and-child placements that enable generalisations to be drawn.

• Link specific aspects of the placement to post-fostering outcomes in order to enable fostering providers to be clearer about the characteristics of effective provision.

• Differentiate between findings for participants who have left care and those that are still in placement and between the different types of placement.

• Include adult parents who have entered foster homes with the child by arrangement.

• Investigate the experiences of fathers in foster homes.

Recommendations for further research
Parent-and-child foster care involves an arrangement whereby a child or children live in a foster home along with one or both of their parents. This type of provision exists to support and assess vulnerable families whose custody of their children is under threat – for example due to concerns about parents’ child care knowledge, emotional skills, mental health, or social networks (Martin and Davies, 2007a) – as well as teenagers who become pregnant while already in care. The legal status assigned to parents and their children can vary according to individual circumstances; for example, placements can include situations where the parent(s), child(ren), or both are legally under the care of the state (Adams and Bevan, 2011).

Service providers offer specialist placements to two broad groups of parents: teenagers who are already in care and become parents while in placement, and adults living in the community who move into a fostering arrangement with their own children (Adams and Dibben, 2011). Donnelly and Wright’s (2009) report on one English local authority noted that this mixed profile for parent-and-child placements is a recent change; previously used mainly by young first time mothers, they are also now used with women in their 30s and 40s who are of particular concern to social services, for example because of dangerous social networks.

The ultimate aim of parent-and-child placements is to determine the most appropriate permanence option for the child. Placements can therefore differ in the degree to which they are designed to provide nurturing/support and assessment (Adams and Bevan, 2011). In nurturing/support placements, the goal is to support the parent(s) in developing the ability to care for their child(ren); these might arise in lower-risk situations (Adams and Dibben, 2011). In assessment placements, the foster carers’ observations of parent-and-child interactions form part of a parenting capability assessment that is used to decide the future living arrangements for the child; these placements are often more clearly structured for the purpose of assessment and are designed to last for a defined period. It is important to note that while carers can contribute to an assessment they do not lead it: this is usually the role of a social worker, sometimes as part of an established team, and sometimes working individually. In practice, many of the placements that include an element of assessment also involve parenting support from carers. A report by the South West Regional Improvement and Efficiency Partnership Project (SWRIEPP, 2011) notes that recent high-profile child protection incidents in the UK (such as the ’Baby P’ case) have led to a more risk-averse system, increasing the need for assessment placements; the authors point out that these need to be of good quality and still offer value for money.

Traditionally, fostering services have had difficulties assessing the demand for parent-and-child placements. One study in New York (Krebs and de Castro, 1995) revealed that the child welfare agency did not know how many young people in foster care were pregnant, or how many teenagers were in specialist foster or residential placements with their children. Similarly, in Corlyon and McGuire’s (1999) study of 11 English local authorities, most of those surveyed did not keep records of pregnant or parenting teens. The availability of data does not appear to have improved with time: “Less than 40% of authorities surveyed had any available data on the numbers of young people overall in their care who were pregnant or parents, far fewer had any data on young fathers” (Chase et al., 2006, p.447). This gap is reflected in the English Government’s guide to local authorities’ data collection on children in their care, which requires the recording of motherhood status for young women in care, but not pregnancy status, or fatherhood status for young men (Department for Education, 2013). Demand is likely to vary by location, but some independent providers in the UK have estimated that parent-and-child placements account for around 10% of the referrals they receive (Adams and Dibben, 2011).

Parent-and-child foster placements need to be viewed in the context of alternative types of provision. Other forms of placement for this group include residential care, mother-and-baby units, smaller group homes and supported housing schemes. Collins et al. (2000) and Vorhies et al. (2009), for example, describe two ‘Living Programs’ of group homes and individual apartments for young mothers in the US. Spending time in the schemes, which provide a range of support and training services, has been related to positive outcomes. Vorhies et al. (2009) reported decreases in mothers’ unrealistic expectations of the parenting role over time, and found a number of mothers re-enrolling in school or taking up employment, though this did not always last. Interviews with young mothers in the second scheme (Collins et al., 2000) revealed that they valued the opportunity to learn parenting and home management skills, as well as the emotional support offered by staff and other parents. Length of stay was positively related to satisfaction with the programme, but those staying in homes with larger
capacity were in general less satisfied. This lack of one-to-one attention could be seen to support the argument for individual parent-and-child fostering as a preferred placement option. Some of the literature on parent-and-child fostering suggests that a range of good practice is being provided in this area. Adams and Dibben’s (2011) discussion with English local authorities and independent providers revealed that they had already produced and were using examples of dedicated assessment questions, risk assessment forms, leaflets for parents and professionals, set-up meeting templates, placement contracts, and record-keeping forms. Many organisations offer specialist practice, for example Action for Children in the UK, who have reviewed some of the available literature to ensure that their work with parent-and-child foster carers is evidence-informed (Action for Children, 2011). Despite the growing interest in parent-and-child fostering both in practice and research, finding adequate resources (in terms of both funding and the number of trained foster carers) to provide placements for all eligible families continues to be a challenge. In 1995, Krebs and de Castro reported that the most acute shortage was for placements that could accommodate mothers with more than one child, which sometimes resulted in their having to choose which child would remain with them and being separated from the other, until a suitable placement could be found. In 2005, Gotbaum’s survey of fostering providers in New York City revealed a broader picture of inadequate funding and services for young parents, with just 25% of young mothers in specialist parent-and-child placements. A lack of specialist carers could also affect young parents in the UK, with Donnelly and Wright (2009) reporting that parent-and-child placements often had to be made outside of the local authority. Moreover, Price and Wicherman (2003) noted that a number of ‘shared family care’ programmes nationally had been discontinued due to a lack of funding.

Researchers can play an important role in the development of parent-and-child provision by evaluating what is meant by a ‘successful’ placement. Yet Chase et al. (2006, p.448) point out that: “key questions about how long young people should stay in such placements, and the relative costs involved compared to outcomes, still remain largely unanswered”. This review will reveal further unanswered questions, including a lack of knowledge on the links between particular aspects of parent-and-child placements (such as the services offered to parents, or foster carer characteristics) and post-fostering outcomes.

Who are the parents?

Before reviewing the evidence on the experience of being a parent in foster care, it is important to understand how individuals in these circumstances view their own roles as parents. Parents in this population fall into two groups: teenagers who become parents whilst in care, and adult parents who move into a fostering arrangement with their children.

Teenagers who become parents whilst in care

Although teenage pregnancy is often described as a social problem (Rolfe, 2008), for teenagers with experience of living in care, becoming a parent can offer a transformative experience. Most of the young parents interviewed in qualitative studies of teen parenting in or after care express positive feelings about their children and the experience of parenthood (Barn and Mantovani, 2007; Chase et al., 2006, 2009; Haight et al., 2009; Knight et al., 2006; Tyrer et al., 2005), with the opportunity to look after a child seen as a positive reason for moving on from care (Sinclair et al., 2005). The arrival of a child can be seen to serve a number of important functions in these young people’s lives.

First, many young parents speak of the child’s ability to fulfil emotional needs (Barn and Mantovani, 2007; Knight et al., 2006; Love et al., 2005). For many of the young women in Pryce and Samuels’ (2010) study, motherhood “served as their first experience of a relationship that positively contributed to their sense of familial belonging; a family in which their value and membership could not be questioned” (Pryce and Samuels, 2010, p.208). Young women in Maxwell et al.’s (2011) study also recognised the flipside of this, with some mothers expressing a fear of being rejected by their child.

1 The term ‘shared family care’ was used to describe “planned provision of out-of-home care to parents and children so that the parent and host caregivers simultaneously share the care of the child and work toward independent in-home care by the parents” (Barth, 1994, p.516).
Second, children can provide young people from care to develop an awareness of their own resilience. Motherhood offered a sense of control and resilience to the young mothers in Maxwell et al.’s (2011) interview study, though some felt that social exclusion (in terms of criminality, finances, employment and education) and a lack of trust in others made this difficult.

Finally, parenthood can help young people from care to develop a sense of control and resilience to the young mothers in Maxwell et al.’s (2011) interview study, though some felt an occasional need for space that was difficult to achieve. Resilience was also linked to personal development: although most of the pregnancies described by Corlyon and McGuire’s (1999) interviewees were accidental, the parents did not feel they would hold them back from education and employment ambitions. However, interviewees in Haight et al.’s (2009) study felt that one of the challenges to successful parenting was the problem of balancing family commitments with work or school.

Adult parents moving into a fostering arrangement with their children

There is a paucity of research on the experiences of adult parents who have moved into foster homes with their children. We found no studies examining their attitudes towards parenthood, and this review will reveal that research including this group examines some aspects of the placement, but not the parents’ views of what made a difference.

Who are the carers?

Parent-and-child placements bring with them a range of challenges that mean specialist carers are needed. This is highlighted by young parents’ experience: one mother interviewed by Chase et al. (2009) felt she needed a specialist placement when she became pregnant while in foster care, because the foster carer she was living with didn’t have the skills and knowledge she needed.

Some agencies have specific assessment procedures, and Adams and Dibben (2011) recommend assessing fostering applicants for additional qualities: the ability to accept ‘good enough’ parenting in their charges, child protection awareness, working with birth parents, keeping written records and contributing to assessments, and practical considerations (such as living space).

The literature suggests a mixed picture of provision in this regard. In 1994, the Children’s Home and Aid Society in Illinois provided specialist training for foster carers (‘resource parents’) in its shared family care scheme (Barth, 1994); this provision is ongoing. Elsewhere, Price and Wichterman (2003) have outlined the role of the ‘mentors’ used in a number of shared family care schemes in the US. Mentors provide family accommodation and give parenting advice, but are not primarily responsible for the children: the parents retain responsibility for their children’s care. The matching process tends to be prolonged, with families typically meeting mentors several times before the placement begins. Mentors are paid (somewhere between regular and specialist foster care payments), receive specialist training and have access to individual and group support. Similarly, specialist training has been provided in one UK local authority’s scheme (SWREPP, 2011), covering the topics of confident communication and observation and recording skills. The authority has developed a specific assessment tool to run alongside ‘Form F’ (British Association for Adoption and Fostering, 2008) – the form used to record details of applicants during foster care recruitment and assessment.

In contrast, the three London fostering agencies in Adams and Bevan’s (2011) study acknowledged they did not have assessment, approval, supervision or training policies and procedures that were specific to parent-and-child carers. Similarly, over half the agencies in New York City questioned by Gotbaum (2005) said they had no specific training for foster carers to work with young parents.

Interviews with parent-and-child foster carers themselves revealed that they felt the work was “valuable, worthwhile and rewarding” (Adams and Bevan, 2011, p.34). Carers in Adams and Bevan’s study saw their role as supporting the different needs of both the parent and the child – this often came with the challenge of parenting a teenager as well as accepting when parents did things they would have done differently or with which they disagreed. Only one of the eight specialist carers in the study had started their foster care career with a desire for this type of placement; this was the only one who felt they had been assessed as a parent-and-child carer.
This review of the international research addresses the topic of parent-and-child foster care. It was undertaken in order to identify the factors that make for effective placements. The main review question was:

• What kind of provision is effective for parents and their children living together in foster homes?

The review does not extend to an exploration of the factors that predict a greater risk of teen pregnancy in care (for which see previous reviews, e.g. Svoboda et al., 2012), or the topic of sex education in foster care.

From the searching process, and from the references in studies identified, 35 journal articles, reports and templates were identified. Of the 35 publications included in this review, 16 focused largely on the experiences reported retrospectively by parents in and from care (e.g. Chase et al., 2009; Love et al., 2005), six focused more on the views of carers and practitioners (e.g. Adams and Bevan, 2011; Rutman et al., 2002), six provided an analysis of existing administrative data (e.g. Donnelly and Wright, 2009; Price and Wichterman, 2003), four reported case studies of a particular scheme (Nelson, 1992; Sisto and Maker, 1989) or individual parents (Kretchmar et al., 2005; Worsham et al., 2009), and three were literature reviews (Barth, 1994; Barth and Price, 1999; Connolly et al., 2012).

The publications in this review were produced in the following countries:

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<thead>
<tr>
<th>Country</th>
<th>Total</th>
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<tbody>
<tr>
<td>USA</td>
<td>17</td>
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<tr>
<td>UK</td>
<td>15</td>
</tr>
<tr>
<td>Canada</td>
<td>3</td>
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Details of the publications can be found in Table 1 in Appendix A.
It should be noted that throughout the text we refer to ‘parent-and-child placements’ for simplicity, though in England the correct terminology for an adult parent (who is not in care) living in a foster home with their child is a ‘parent-and-child arrangement’ (Adams and Dibben, 2011).

• What kind of provision is effective for parents and their children living together in foster homes?

This section identifies the factors that emerged from the studies reviewed that might contribute to a ‘good’ parent-and-child placement, along with the barriers to success.

What makes a ‘good’ parent-and-child placement?

The literature reveals a number of factors that young parents, parent-and-child carers, social workers and service providers have identified as contributing to a ‘good’ or ‘successful’ placement. We present these factors here, highlighting which apply to foster care in general and which appear to be more specifically about parent-and-child placements; later we will explore studies that have tried to link them to successful post-fostering outcomes. The methods on which these studies base their findings are shown in Table 1 in Appendix A.

Preparation

Whereas having some prior knowledge about a particular placement is generally preferable in foster care, this is especially so in the case of parent-and-child placements. Some specialist carers feel that successful placements include the chance to meet and get to know parents before they move into the foster home (Adams and Bevan, 2011; Donnelly and Wright, 2009), and some parents appear to agree. Krebs and de Castro (1995) interviewed pregnant and parenting teenagers in foster and group care in New York. Parents’ responses revealed a great deal of uncertainty about placements, with no voice in decisions being made to move them and their children (who were sometimes accommodated separately due to a lack of suitable parent-and-child provision). Mothers who were destined for parent-and-child placements did not find out where they were going until they left hospital with their baby; a ‘first available placement’ system meant this was not always the foster home placement they had anticipated, and some placements might be at geographical distances that imposed restrictions on contact with family, friends and school. Social workers felt that prenatal visits to potential foster homes could lead to mothers being discriminated against on the basis of race or religion.

Clearly outlined roles

Placement plans require clear agreement on a number of factors including house rules, smoking, contact and visitors (Adams and Dibben, 2011) – all of which are important considerations in establishing any placement, but which are magnified if the person moving into the foster home is an adult. Parent-and-child provision brings an additional set of factors that must also be clearly defined in order for all parties to understand the boundaries of the care arrangement, particularly as the legal status of parent and child can differ from case to case. Parents and carers alike have expressed the opinion that knowing whether the carer is looking after the parent and/or the child, their relationship with social services and their role in assessing parenting skills can all be sources of confusion for young parents, particularly when pregnancies arise while teenagers are already in care (Adams and Bevan, 2011; Chase et al., 2006, 2009; Corlyon and McGuire, 1999; Donnelly and Wright, 2009; Knight et al., 2006).

In line with this, providers in the discussion led by Adams and Dibben (2011) felt that placement planning required clear agreement on a number of factors: the roles and responsibilities of each person involved, child care and babysitting arrangements, finance and equipment, and arrangements for assessment – preferably in a written contract agreed by parent, carer and social worker. This practice appears to have been followed in some shared family care schemes in the US. The Children’s Home and Aid Society in Illinois sets up a placement agreement between the mother, her family, the carers and social worker to make expectations clear (Barth, 1994).
Parental engagement

In common with other types of fostering provision, parent-and-child placements include an element of support; however, the focus is often on supporting the development of parenting skills. Carers in Adams and Bevan’s (2011) study felt that placements were more successful when the mother saw the benefits of this type of placement. Similarly, service providers in Max and Paluzzi’s (2005) study felt that success was more likely when young people were informed and engaged in programmes, but that a challenge was presented by the complex and often chaotic individual circumstances of teenagers in care. Dworsky and DeCoursey (2009) interviewed parent-and-child programme directors and caseworkers. The interviewees all talked about the difficulties of trying to engage teen parents in available services. “However, they also emphasized that these foster youth are adolescents and that any efforts to engage them in services must recognize the desire to be independent yet dependent that is associated with this developmental stage.” (Dworsky and DeCoursey, 2009, p.36). Interviewees also believed that engagement was higher for those who generally interacted more with adult caregivers, in other words, those in residential homes or non-kinship foster homes. Fostering agencies surveyed by Stockman and Budd (1997) felt that providing snacks, transportation and babysitting at training sessions were the best ways of engaging young people, though only around two-thirds of agencies did this. They felt that young people who had spent longer in care or who were more emotionally immature were less likely to engage.

Chemistry

As with other types of fostering, Adams and Bevan’s (2011) interviewees felt placements were more successful when there was good ‘chemistry’ between the parent and the foster family. This is not always easy: social workers in Donnolly and Wright’s (2009) study were concerned about opportunities to get a good match, while remaining within the local authority or at a reasonable distance. This is problematic, given the importance of keeping assessment placements as close as possible to the child’s previous geographical area, to maintain family and community links (SWRIEPP, 2011).

Feeling supported – emotionally and practically

Current and former foster youth have commented on the importance of support from their foster carers, and many parents in and from care feel this is something they have received (Knight et al., 2006). The distinctive aspects of support for this population include foster carers’ reactions to pregnancies, the need to feel supported as parents and practical support in developing parenting skills.

Young people interviewed by Knight et al. (2006) reported a range of reactions to the news of their pregnancies, from supportive carers who talked through their options to feeling unable to talk to a carer who was still a relative stranger. The interviews revealed links between the young person having a trusting relationship with their carers and their ability to ask for and access help. Trusting relationships were those with a sense of “having a say, being listened to and confidentiality” (Knight et al., 2006, p.63).

Emotional support of this kind appears to be particularly valued, and Connolly et al.’s (2012) review of the qualitative literature revealed that most young parents when interviewed expressed the importance of having someone to confide in and to help them access needed services. Similarly, interviewees in Dominelli et al.’s (2005) study said that more positive placements involved carers who would listen to them, talk through their options and make the young person feel valued. In the SWRIEPP study (2011), a psychological report on one placement for a mother with a specific learning disability noted that the carer’s practice provided a positive environment, boosting the mother’s self-esteem and sense of empowerment. Offering local authority foster placements to parents with similar difficulties was seen as providing the benefit of staying in the local community when compared with moves to specialist residential facilities, as well as saving money for the local authority. However, developing a trusting relationship between parent and carer might be difficult where the legal status of the placement presents the arrangement as the only alternative to the removal of the child.

Practical support is also important. All three participants in Haight et al.’s (2009) study had experienced at least one foster mother who provided love and support. One said:

“…she basically taught me how to be a mother…I think motherhood needs to be taught, nothing that people automatically knows. [sic] I mean anybody can learn how to change a diaper, but what about the discipline aspect?”

(Haight et al., 2009, p.59)

Two studies by Budd and colleagues (Budd et al., 2000, 2006) show why support might be important. Their analysis of adolescent mothers in care showed that lower satisfaction with social support predicted higher child abuse potential scores; in turn, child abuse potential – along with unrealistic beliefs about parenting – predicted higher parenting stress at a follow-up around two years later. The authors considered parenting stress to be a good ‘marker’ for more general parenting difficulties. However, participants were not asked to state the source of the social support, making it unclear whether foster carers formed part of this. Nonetheless, service providers interviewed by Max and Paluzzi (2005) felt that consistent support from a trusted adult was beneficial, but recognised this was not always available.

Time to be a teenager

Specific to parents in foster homes – particularly those in their teens – is the value placed on arrangements that give them some opportunity to have ‘time off’. Service providers in Dworsky and DeCoursey’s (2009) study felt that young parents needed respite, and interviewees in Dominelli et al.’s (2005) study highlighted the need for occasional respite to allow mothers to go off and be a young person for a few hours, before coming back to the parenting role. The young parents interviewed by Knight et al. (2006) said they felt supported when carers allowed them to retain some youthful enjoyments, for example by babysitting so that they could go out.
Stability

Parents who have previously spent time in care have generally experienced instability in their living arrangements and relationships with caregivers. The opportunity for stability in these areas is therefore valued at the time of parenthood, but is not always forthcoming. Service access and use for the young parents in Knight et al.'s (2006) study were linked to the sense that there was a trusted and supportive individual who was there for the young person consistently; instability therefore acted as a barrier. Instability in relationships with carers and/or social workers – sometimes due to abusive carers – was also seen as problematic by the young Canadian women in Dominelli et al.'s (2005) study, and further added to their sense of not being in control. Stability might be linked with ethnicity, as First Nations participants seemed to be particularly vulnerable in this regard. Interviewees’ accounts of more positive placements highlighted the importance of carers who offered both stability and cultural sensitivity. Similarly, general foster placement disruption for some young women in Barn and Mantovani’s (2007) study was tied up with issues of ethnicity (particularly for those with mixed parentage) and identity.

Social worker support

As with other types of placement, foster carers have identified the importance of consistent and supportive social workers for parents in care (Adams and Bevan, 2011; Donnelly and Wright, 2009). Yet the parents do not always experience this type of relationship. Mantovani and Thomas (2013) interviewed 15 pregnant or parenting young women from black minority groups (predominantly Black African, with nine having arrived as unaccompanied asylum seekers), currently or previously in local authority care. Most of the interviewees reported changes of social worker or intermittent contact with them, which affected their sense of security and stability. Some felt this reflected a lack of care for themselves and their children. In contrast, social workers who were a consistent presence and were emotionally and practically supportive were seen as helpful. Many young mothers interviewed by Corlylon and McGuire (1999) found social workers unavailable and unsupportive; although this produced a sense of rejection, it also gave them relief from social work involvement with their child. Although there was a general lack of trust in social workers from young parents in Chase et al.'s (2006, 2009) study, both young people and professionals felt that leaving care teams offered a different kind of relationship that was generally supportive. This supports earlier findings from Corlylon and McGuire’s (1999) interviews where after-care workers were viewed more positively, as sources of emotional and practical support. The authors argue that this may be attributable to the clearer role of after-care workers in providing support for the parent, as well as their introduction in terms of future planning rather than present crisis.

Social work support is also important for the foster carers. One carer interviewed by Knight et al. (2006) complained that she had received no extra financial support when a fostered teen became a parent, and that the role of the social services team appeared to be intrusive and heavy-handed, not supportive.

In a positive example from practice in the UK, some carers in the SWRIEPP (2011) report provided post-placement community support, including home visits, telephone contact and support in accessing community services. In addition, the social work team worked with the housing department to ensure that those leaving parent-and-child placements were automatically given a high priority for future housing.

What are the barriers to achieving a ‘good’ placement?

As well as identifying the factors that contribute to a ‘good’ placement, the literature reveals a number of ways in which individuals or systems can create barriers to success. The focus here on teenage issues reflects the bias in the research towards interviews with young people who became pregnant while already in care. The term ‘from/in care’ is retained here as most of the studies did not differentiate the views of those who had been parents in foster homes from those in other types of placement.

Stigmatising parents from care

One of the challenges noted by Barth (1994) is professionals’ doubts about parents’ capabilities. In the ongoing debate about the ‘intergenerational cycle’ of child maltreatment, it is worth noting that although parents who have experienced maltreatment are at greater risk of maltreating their own children, this is by no means inevitable (Berzenski et al., 2014). Given that many parent-and-child placements require the production of a Court report on parenting capability, some degree of judgement is likely to be present in most cases; however, the literature reveals that in some cases the assessment procedure can leave parents feeling unfairly judged. Young men in Tyer et al.’s (2005) study felt that they were being negatively stereotyped and disadvantaged by the system, and comments from some staff in Krebs and de Castro’s (1995) study made parents feel devalued and stigmatised.

Stigmatisation left many parents feeling that they had to work harder than other parents to show that they were capable of parenting. Participants in Rolfe’s (2008) study who had been in care felt that others made assumptions about their parenting ability and that consequently they had had to ‘prove themselves.’ Similarly, interviewees in Dominelli et al.’s (2005) study felt that they had to ‘look promising’ as parents in order to ‘deserve’ resources. They viewed the pregnancy itself as a positive event, but the state’s failure to support them in overcoming previous challenges as more problematic. One of the key themes in this study was how “Parenting as a private
activity becomes parenting under the public gaze" (Dominelli et al., 2005, p.1131). There was a sense that practitioners assumed these women would make poor parents, pathologising the parents rather than addressing the structural inequalities that might contribute to difficulties in parenting. One interviewee said: “It doesn’t matter how supportive my social worker was. I still have to prove to her that I was doing a good job.” (Dominelli et al., 2005, p.1133). But this was difficult given that they were often living in poverty and felt judged when they had to ask for extra money for their children. Maxwell et al.’s (2011) interviewees saw social work staff as intrusive, overly monitoring their parenting skills – the negative stereotypes seemed to have been internalised by some young women, who felt they were ‘inadequate’ mothers.

For some parents, others’ views of their parenting capabilities were based not only on their care experience, but also their ethnicity. The three women interviewed by Haight et al. (2009) all felt that they had been stigmatised as young black mothers in care. This was evident in their interactions with staff from children’s services, in which they felt devalued and scrutinised. A number of the interviewees currently in foster care in Mantovani and Thomas’s (2013) study told stories of racism and stigmatisation from carers as single black mothers, which left them feeling devalued and excluded.

**Fear of social services**

Previous experiences in care and excessive monitoring of their parenting capabilities left many parents with a fear of social services’ involvement with their children. Young mothers interviewed by Chase and colleagues (Chase et al., 2006, 2009) generally avoided asking for help, sometimes for fear of having their children removed: “Becoming a parent added a further dimension to the perceived role of the social worker, characterized as one of scrutiny, assessment, and the power to remove their child.” (Chase et al., 2006, p.445). Both young people and professionals felt that young parents who had been in care were more closely observed than their parenting peers, and some young people felt that professionals had only started paying them attention after they had a child. A number of the young people had had their children taken into care, temporarily removed or placed on a child protection register. Lack of trust in social workers therefore strongly emerged as a key issue for these interviewees.

The three women interviewed by Haight et al. (2009) experienced a pervasive fear of having their children removed, with which they had all been threatened. There is also evidence that some young mothers in care feel pressurised into placing their children for adoption (Dominelli et al., 2005). One young woman interviewed by Corlyon and McGuire (1999) had given up her child for adoption on the advice of social workers, although her foster carers said they thought she could cope if in the right place; she had later come to regret the decision.

There is evidently a need for service providers and social work professionals to understand the reluctance of parents in and from care to engage with social services. Young parents can feel that assessments are an indication of interference (Corlyon and McGuire, 1999; Maxwell et al., 2011), whereas social workers can see them as a source of help (Corlyon and McGuire, 1999). Defensive attitudes might therefore result from a fear of having their children taken away. Similarly, parent-and-child programme directors and caseworkers interviewed by Dworsky and DeCoursey (2009) felt that parents only engaged in some services such as child immunisation because they feared that rejecting these services would lead to their child being removed.

**Unrealistic expectations**

The stigmatisation of parents from care could be viewed as arising from unrealistic expectations on the part of individuals and the system they represent. In many cases, their parenting is judged against standards that apply to ‘normative’ child care that has arisen in a very different context. One young woman interviewed by Knight et al. (2006) said: “She [social worker] claims she [foster carer] helps me so much they want to move me to a mother and baby unit to monitor me. I say, if I’m there who’s going to help me? When she had her children she had her family around helping… I haven’t got the family so my foster carer is helping me.” (Knight et al., 2006, p.65). In contrast to this case, some of the professionals interviewed expressed similar beliefs about the need to think about ‘normative’ models of parenting, with family members providing more support and until an older age.

Rutman et al. (2002) held focus groups with Canadian child welfare workers who had worked with young mothers in and from care. The interviews revealed that both the social workers and the systems in which they were working were based on middle class values of parenthood. The authors argued that social workers’ responses embodied the assumption that teenagers were destined to continue ‘the cycle’ of poor parenting, and equated teenage pregnancy with inadequate mothering. This attitude discounted the role of socio-economic factors while assigning ‘blame’ to the individual for what was invariably seen as a negative event. Workers made great efforts to direct women to community-based parenting support services, and saw refusal to engage as signalling a child protection risk. The focus on parenting skills support contrasted with the mothers’ expressed priorities for material resources.

The factors identified that might contribute to a ‘good’ parent-and-child placement are summarised in Figure 1, along with the barriers to success.

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**Figure 1: Factors contributing to ‘good’ parent-and-child placements and barriers to success**

<table>
<thead>
<tr>
<th>What makes a ‘good’ parent-and-child placement?</th>
<th>What are the barriers to achieving a ‘good’ placement?</th>
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<tr>
<td>• Preparation</td>
<td>• Stigmatising parents</td>
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<td>• Clearly outlined roles</td>
<td>• Fear of social services</td>
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<td>• Parental engagement</td>
<td>• Unrealistic expectations</td>
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<td>• Chemistry</td>
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<td>• Feeling supported – emotionally and practically</td>
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<td>• Time to be a teenager</td>
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<td>• Stability</td>
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<td>• Social worker support</td>
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<td>• Education</td>
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<td>• Support after placement</td>
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</table>
What is the evidence on the success of parent-and-child foster care after the placement has ended?

A number of the studies in the review discussed the ‘success’ of parent-and-child placements in terms of what happened to parents after the placement had ended. We did not restrict the review to a particular measure of ‘success’; consequently, this section presents the evidence in relation to factors as diverse as the resolution of social workers’ concerns about parents, parents’ transition to independent living with their children versus separation of parent and child or re-entry into care, parents’ educational achievements and financial income, improvements in parenting skills and the development of parent-child ‘bonding’, and children’s involvement with child protection services. This diversity of focus in reported outcomes reflects a discrepancy in the relative importance placed on ‘success’ for parents, children, or the relationship as a whole; it also makes comparisons between different schemes difficult, particularly where sample sizes are small. To address this difficulty, although several studies reported more than one measure of ‘success’, results are grouped here by outcome type.

Reports on outcomes without specific links to characteristics of the placement

Nine of the studies in this review give details of the success or otherwise of parent-and-child placements by describing a range of these post-fostering outcomes – but without reference to the particular aspects of the placement (such as the foster carer’s level of support with parenting skills) that have made success more or less likely. Only three of these nine studies identified general factors (as opposed to characteristics of a specific placement) that were related to a particular outcome.

Two reports included outcomes that were poorly defined. Carers in Adams and Bevan’s (2011) study identified ‘positive’ outcomes for eight of the 16 dyads they had worked with when the placement ended (though the authors do not define what is meant by ‘positive’ in this context). In addition, a report of shared family care schemes in two US states (Price and Wichterman, 2003) showed that 49 out of 84 families ‘graduated successfully’, but this definition included both transitions to living independently with child and voluntary separation.

The most commonly reported outcome – appearing in seven studies – related to the proportion of placements that ended with parents moving on to live independently with their children, compared to separation from the child (who usually returned to care). Rates of separation varied widely across studies. For example, 21 out of 25 placements in one English local authority resulted in separation (84%; Martin and Davies, 2007a, 2007b), whereas in a different authority the proportion was 26 out of 59 (44%; Donnelly and Wright, 2009). This variation is likely to reflect the small numbers of placements reviewed in these studies. It is also likely that differences in the characteristics of the placements offered contribute to the variation in results; for example, only 15% of families involved in a therapeutic parent-and-child foster programme in the US were separated at the end of the placement (Barth and Price, 1999). Comparing these rates against each other directly, however, is problematic: separation does not necessarily constitute ‘failure’, and in some cases the decision to find alternative permanent provision for the child will be the best outcome. Moreover, the role of specific placement characteristics in predicting outcomes is not reported in these studies.

A number of the reports do, however, present some more general factors that contribute to a greater likelihood of separation, and these include: mothers having previously lived in care (Martin and Davies, 2007a, 2007b), with risks increasing with the number of previous placements (Dworsky and DeCoursey, 2009; Martin and Davies, 2007a, 2007b) and being older at original entry to care (Dworsky and DeCoursey, 2009); the child being under seven weeks old at the time of entry to the parent-and-child placement (Martin and Davies, 2007a, 2007b); parents having more children (Dworsky and DeCoursey, 2009), particularly if older children had also been separated (Martin and Davies, 2007a, 2007b); parents experiencing prior substance abuse (Donnelly and Wright, 2009), learning difficulties (Martin and Davies, 2007a, 2007b), disabilities or mental health needs (Dworsky and DeCoursey, 2009); those with unresolved attachment issues, or other unresolved issues highlighted by social workers (Martin and Davies, 2007a, 2007b); and those whose living arrangements had included some residential care (Donnelly and Wright, 2011 – though it is difficult to judge from the report whether the key predictive factors in this case relate to the placement type, individual differences in parents, or an interaction of the two). Finally, age is reported as a risk factor, though with mixed findings: both Donnelly and Wright (2011) and Dworsky and DeCoursey (2009) report greater risks for younger mothers, but Martin and Davies (2007a, 2007b) state that the risk was higher when mothers were aged 18 or over.

Two studies investigated educational or financial outcomes for parents. Dworsky and DeCoursey (2009) report on the Teen Parenting Service Network (TPSN) in Illinois, USA, a scheme which helps young people to develop their parenting skills and to prepare for independent living. Number of children was related to parents’ likelihood of having a high school diploma or GED (the General Educational Development test, which indicates high school-level academic skills) on exit from TPSN; the odds of gaining one of these reduced by 45% for each additional child. For mothers, having more placements also meant a lower likelihood of having these qualifications. In addition, ‘graduating’ families in Price and Wichterman’s (2003) study on average doubled their income from before to after the placement (through employment or access to welfare payments), though the authors note that there was no control group for comparison.
The final set of outcomes reported relate to the subject of parenting capacity. Early reports of outcomes from the Children’s Home and Aid Society in Illinois were positive (Barth, 1994), with few referrals received for child protection. Similarly, a six-month follow-up of the 53 families who had transitioned to independence from the Human Service Associates of Minnesota’s scheme (similar to intensive foster care) showed no subsequent involvement with child protection services (Barth and Price, 1999). More generally, the majority of social workers surveyed by Martin and Davies (2007a, 2007b) rated parent-and-child placements as high quality, and having met or largely met the stated aims and objectives; however, in most cases they felt that the primary concerns they had identified at the beginning of the placement remained unresolved.

In the same study, social workers generally rated young mothers’ parenting skills as having improved from before the placement started. Improvements were attributed to the placement in 43% of cases, though a more detailed examination of relevant placement characteristics is not provided. The most commonly reported improvement was in the mother’s understanding of her child’s needs. Social workers often felt that where parenting skills had not developed, this was attributable either to the mother’s learning difficulties or to a lack of engagement from the mother, and were less likely to say that this lack of progress was due to a problem with the placement.

Finally, in the US, Sisto and Maker (1989) reported on one agency’s programme of specially trained therapeutic foster carers for young mothers under 22 years of age with social or emotional difficulties. Day care, counselling and other support services including peer support groups were available for up to 5 years, even after the mother had left the placement. Foster carers were trained to model parenting and home management, as well as contributing to assessments of the mothers. Early findings were reported on four cases: two in which mothers appeared to have bonded with their infants, and two in which the mothers were judged to be “preoccupied with being adolescents at the expense of their infants.” (Sisto and Maker, 1989, p.202). However, the authors did not attempt to account for the differences in outcomes in terms of placement factors.

Links between specific placement factors and outcomes
The review revealed a very limited evidence base on the specific aspects of the parent-and-child placement associated with post-fostering success. Only a small number of studies provided longitudinal data, and most of the results reported here are based on parents’ recollections of their placements through qualitative interview studies, rather than any statistical analyses of quantitative data. The findings should therefore be treated with caution.

Relationships with carers
Parents’ relationships with their carers are perhaps the least quantifiable aspect of a parent-and-child placement, but have received the most coverage in the literature. A number of young people with foster care experience interviewed by Chase et al. (2009) had maintained their relationships with foster carers after they had moved to independent living, and still drew on them as a source of practical and emotional support. They linked this to carers having earlier made them feel that they were ‘part of the family’, as well as a current trust that they were not going to report back negatively on the parents to social workers. Similarly, although some young parents in Corlyon and McGuire’s (1999) study had experienced very poor foster placements, others had developed lasting bonds with carers that meant they were the adults the parents turned to in times of crisis. One young mother interviewed by Mantovani and Thomas (2013) valued her specialist parent-and-child foster placement because it had taught her life skills and made her feel part of the family; she had developed a relationship with the foster carer which continued beyond the move to independent living.

One 18-year-old mother and child in the Children’s Ark, a specialist foster care programme run by experienced foster carers, benefitted from regular visits from an occupational therapist and public health nurse to develop parenting skills, particularly those encouraging secure attachments (Kretchmar et al., 2005). The foster carer supplemented this therapeutic work with positive comments on the mother’s parenting, reviewing videotaped interactions between mother and child and encouraging mothers to develop the skills needed to run a household and pursue careers while parenting. Self-report scales taken at intake and discharge suggested reductions in the mother’s anxiety levels, depression and social support. A study of a second mother in this scheme (Worsham et al., 2009) also showed an increased ability to reflect on her own experiences. The authors attribute this to the therapeutic work of the carers and staff, helping young mothers to learn from their relationships with others and prompting them to reflect regularly on the links between their own thoughts and actions.

Length of placement
Philadelphia’s ‘A New Life’ programme placed substance-abusing pregnant women and those with children in a family home with a mentor for an average of three months, to maintain ties with their community (Barth, 1994). Evaluations suggest the greatest benefit comes when parents stay in the placement longer. However, this is not always possible: one young mother interviewed by Knight et al. (2006) had to leave her foster home after three months because the funding ran out, though she would have valued a longer period of support. Barth (1994) reports that evaluations of the Philadelphia ‘A New Life’ programme suggest the greatest benefit comes when parents also attend day treatment programmes for their substance abuse.

Barriers to successful outcomes
One factor was cited in several studies as creating a substantial barrier to successful independence post-fostering: the availability of suitable housing. Most of the interviews covered in Connolly et al.’s (2012) review revealed that: “Living in secure, stable, and safe housing was fundamental to these young mothers’ ability to cope and manage as parents.” (Connolly et al., 2012, p.624). Yet affordable and permanent housing was seen as the biggest barrier to successful outcomes in the Human Service Associates of Minnesota ‘host families’ programme (Barth, 1994). Young men in Tyrer et al.’s (2005) study noted problems with excessive and irrelevant bureaucracy and difficulties accessing appropriate housing, which created barriers to contact with their children.

Social workers in Donnelly and Wright’s (2009) study highlighted the need for more semi-independent housing to support parents with the transition to independence, but in Corlyon and McGuire’s (1999) study of 11 English authorities, accommodation for young parents was acknowledged to be inadequate and variable by authority. Some young people had moved into very unsuitable housing. Poor quality, unstable housing continued to be cited as a barrier to success by young parents in Chase’s studies (Chase et al., 2006, 2009) – though the professionals interviewed felt this was outside of their control: “the young person is either homeless or they live there.” (Chase et al., 2006, p.444).
What would improve parent-and-child foster care provision?

Several of the studies reviewed here include suggestions for ways to improve the provision of parent-and-child placements. Chase et al. (2009) call for five issues to be addressed in the development of services for young parents in and leaving care:

- transparency of service provision
- continuity of care
- adequate resourcing
- listening to what young people say
- promoting and building on young people's strengths

Max and Paluzzi (2005) report that a panel of experts in the US (number and roles not specified) felt that young mothers needed healthy relationships with adults and peers, more practical support including training in parenting and life skills and affordable housing, and opportunities to learn from their mistakes without being penalised. They also felt that transition programmes should be extended to support young mothers until age 21 or 24.

Besides the specific lists of recommendations shown above, further suggestions can be drawn from the individual studies in the review. First, there is a call for the more widespread availability of specialist foster homes, supported by training. Carers in Adams and Bevan’s (2011) study expressed a need for more dedicated training. Further, Knight et al. (2006) report on one placement disruption in which the young mother absconded, leaving her child in care. They suggest that this might have turned out differently had the foster carers not also had responsibility for a number of other short-term placements.

The second set of recommendations surround the call for greater peer support, both for specialist carers and for the parents themselves. Carers in Adams and Bevan’s (2011) study expressed a need for support networks of other carers with similar experience, and the service providers in Adams and Dibben’s (2011) discussions agreed. This provision is already in place in some agencies: Nelson (1992) describes the Family Unification Program offered by one private fostering agency in Minnesota. Alongside parenting skills support from foster carers, the programme includes the provision of separate peer support groups for carers and for parents living in foster homes, and therapeutic play groups for the children. Similarly, the parent-and-child fostering scheme described by SWRIEPP (2011) included a regular support group for carers, with invited speakers, updates on developments and ‘carer-only’ time in which they could share experiences and offer peer support.

Service providers in Dworsky and DeCoursey’s (2009) study felt that peer and adult mentoring would be beneficial for young parents. Similarly, private agencies in the US ranked peer support groups and mentoring programmes as being very highly valued overall, but these were only used by a minority of agencies (Stockman and Budd, 1997). Young mothers interviewed by Haight et al. (2009) also pointed out the importance of peer support, with one suggesting the introduction of a mentoring scheme for parenting teens in care to talk about options and experiences. Participants in this study attended a writers’ group for adolescents in care. They valued group meetings because they offered the chance to talk to other young mothers who had been through similarly hard times and could understand what they were experiencing and offer advice; something that they felt caseworkers who might have just ‘read a book’ on the topic could not do. Workers interviewed by Corlyon and McGuire (1999) discussed the challenges of getting young parents to attend peer support groups, but the parents themselves valued the opportunities these provided for sharing experiences and mutual support.
Limitations of the current evidence base

We have identified a number of limitations with the evidence discussed in this review. First, in light of our main research question on the effectiveness of parent-and-child foster care, there is a lack of evidence on the links between specific aspects of the placement and post-fostering outcomes. Indeed, as Adams and Dibben (2011) have noted, there is a more general absence of longitudinal and comparative designs in the literature, with the few exceptions (e.g. Martin and Davies, 2007a, 2007b; Dworsky and de Coursey, 2009) focusing on broader factors such as number and type of placements as predictors.

A number of the studies in the review reported qualitative data gathered from a small number of participants (e.g. Maxwell et al., 2011). The use of qualitative data in itself is not problematic, and some of the aspects of foster placements discussed in this review (such as chemistry between parents and carers) are not easily quantifiable. As Connolly et al. (2012) point out, the prevalence of qualitative methodologies could be due to a need for a personal approach with a vulnerable population, as well as a need to explore the issue in depth since it is an emerging topic for research. However, caution needs to be taken in generalising from the results of smaller-scale studies to parent-and-child placements as a whole. Further difficulties with generalisation arise from the fact that a number of studies don’t differentiate between findings for participants who have left the foster home or are still in placement, or between the different types of placement (such as foster care or residential homes, e.g. Barn and Mantovani, 2007).

Findings gathered from a very diverse population are not presented in a way that acknowledges the wider context within which the participants have become parents. Moreover, none of the studies in the review included a control group of parents against whom to compare those in foster placements. This presents further difficulties in determining whether specialist placements are of greater benefit to parents than non-specialist placements or remaining in the community, and in deciding which types of intervention might work best for which types of parents and children. Whereas a lack of control groups might be expected in the qualitative studies identified, their absence in the field as a whole is problematic.

Finally, large sections of the parenting community have been underserved by the research to date. Given that the population of service users in parent-and-child placements consists of two broad groups, it was surprising to discover that the majority of reports in this review focused solely on those who became parents while still in care or shortly after leaving care. There were relatively few studies that included adults who had specifically entered care with their children from the community (exceptions included Donnelly and Wright, 2009; Price and Wichterman, 2003). Moreover, with the exception of Tyrer et al. (2005), scant attention has been paid to the experiences of fathers who live in foster homes.
The review revealed a number of key themes in the literature on the effectiveness of parent-and-child fostering. On the whole, these themes reflect the imbalance in the literature towards research on teenagers in care who become parents, as opposed to adult parents who live in foster homes with their children by arrangement, and towards mothers rather than fathers. The literature showed that:

- Some of the characteristics of a ‘good’ placement identified by young parents, foster carers and social workers were those more generally associated with successful fostering of any young person – such as good ‘chemistry’ between foster carer and young person, clear ‘house rules’, engaging the young person in decisions about their placement and offering stable relationships with carers and social workers.

- Other factors contributing to positive placements were specific to parent-and-child provision, such as:
  - The importance of engaging young parents in services provided for them.
  - Consistent support from a trusted adult (usually the foster carer) exemplified through listening to the parent, making them feel able to confide in them and helping them to access services for parents.
  - A clear agreement about the foster carer’s role in assessing the parent’s capabilities, and the extent to which they can be expected to act as ‘babysitters’ for the child.
  - Being allowed to be a teenager, for example by the foster carer offering occasional babysitting in order to enable the young parent to go out with friends.

- Overall, reports on the outcomes of parent-and-child placements are very mixed. The likelihood that parents and children will be separated after the placement ends varied widely between studies, from 15% (Barth and Price, 1999) to 84% (Martin and Davies, 2007a, 2007b). This variation is likely to reflect the small numbers of placements in these studies, but might also be a result of differences in the placements, the characteristics of the population (e.g. parents with substance abuse), the purposes of the scheme (including assessment, support and therapeutic interventions) and the services offered to parents.

- Young parents living in foster homes often felt stigmatised. Because an element of assessment is often ‘built-in’ to these placements, they reported that more was expected of them than of other young parents, that they were under constant scrutiny and feared having their child taken away.

- Besides feeling ‘judged’ by social workers, parents in care also felt their relationship with social workers suffered due to intermittent contact with the social worker and a lack of support. In contrast, leaving care teams were generally viewed more positively as sources of support.

- Young parents leaving fostering often felt abandoned. Phone contact, access to counselling if needed, peer support groups, practical help with housing, education or employment were all important reasons to extend the contact with foster families. The inadequacy of available housing was identified as a particular barrier to success.

- Much of the research on the experiences of parents in foster placements has focused on young people who become pregnant in or shortly after leaving care; there is far less evidence on the views of adult parents who have entered foster homes with their children.

- The type of evidence that might help us illuminate the specific characteristics of the placement that make success more or less likely is very limited. One report (Barth, 1994) suggests that longer stays and attending substance abuse services (where this is an issue) are linked to greater success. Evidence on the links between relationships with carers and post-fostering outcomes relies on retrospective interviews or individual case studies.
Recommendations for policy and practice

Given the limited robust evidence available on specific aspects of parent-and-child foster placements that might influence outcomes, recommendations for policy, practice and further research are necessarily cautious. Recommendations for policy and practice include:

• Providing more specialist parent-and-child placements with dedicated training and support, where this is the appropriate option and does not disrupt those relationships that have potential to shape the parent’s post-fostering outcomes (e.g. with a foster carer or the child’s other parent).
• Facilitating greater peer support, both for specialist carers providing parent-and-child placements and for the parents themselves.
• Service providers and social work professionals needing to understand the reluctance of parents who live in foster homes with their children to engage with social services. Any necessary assessments should be conducted sensitively to avoid leaving parents feeling stigmatised.
• For teenage parents, seeking ways to extend support beyond statutory care age, in particular for parenting, housing and education, in order to ensure better longer-term outcomes.
• Internationally, service providers should ensure data collection on children in their care includes recording of motherhood status for young women in care, pregnancy status, and fatherhood status for young men. This will inform better planning of provision and enable comparative research.

Recommendations for further research

The review has revealed a lack of studies employing prospective designs that use specific placement factors to predict post-fostering outcomes. Future studies are needed that:

• Include longitudinal studies and comparative designs in order to provide robust evidence on what works in parent-and-child placements that enable generalisations to be drawn.
• Link specific aspects of the placement to post-fostering outcomes in order to enable fostering providers to be clearer about the characteristics of effective provision.
• Differentiate between findings for participants who have left care and those that are still in placement and between the different types of placement.
• Include adult parents who have entered foster homes with the child by arrangement.
• Investigate the experiences of fathers in foster homes.

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.

Nikki Luke, Research Officer
Judy Sebba, Director

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### Table 1 - Details of studies included in the review

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<th>Country</th>
<th>Participant details (if applicable)</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams and Bevan (2011)</td>
<td>UK</td>
<td>8 parent-and-child foster carers and their agencies</td>
<td>Interview with carers, questionnaire to agencies</td>
</tr>
<tr>
<td>Adams and Dibben (2011)</td>
<td>UK</td>
<td>Local authorities and independent fostering agencies</td>
<td>Discussion groups held to produce a guide to good practice</td>
</tr>
<tr>
<td>Barn and Mantovani (2007)</td>
<td>UK</td>
<td>55 young mothers, ex-care, who gave birth while in care or within two years of leaving</td>
<td>Interview, questionnaire</td>
</tr>
<tr>
<td>Barth (1994)</td>
<td>USA (review includes USA and Europe)</td>
<td></td>
<td>Review</td>
</tr>
<tr>
<td>Barth and Price (1999)</td>
<td>USA</td>
<td></td>
<td>Review</td>
</tr>
<tr>
<td>Budd et al. (2000)</td>
<td>USA</td>
<td>75 mothers (aged 14-18) in care: 17 of these in foster care</td>
<td>Clinical interview, home observation, questionnaires</td>
</tr>
<tr>
<td>Budd et al. (2006)</td>
<td>USA</td>
<td>49 mothers from Budd et al. (2000) sample followed up after an average 22.5 months: 12 of these in foster care</td>
<td>As in Budd et al. (2000), plus follow-up telephone interview and questionnaires</td>
</tr>
<tr>
<td>Chase et al. (2006, 2009); Knight et al. (2006); Tyrer et al. (2005)</td>
<td>UK</td>
<td>63 pregnant or parenting young people in or ex-care (aged 15-23, 47 female; Tyrer et al. focused on the 16 males); 78 foster carers and other professionals from the same local authorities</td>
<td>Interview</td>
</tr>
<tr>
<td>Connolly et al. (2012)</td>
<td>Canada</td>
<td></td>
<td>Review</td>
</tr>
<tr>
<td>Corlyon and McGuire (1999)</td>
<td>UK</td>
<td>30 pregnant or parenting young people in or ex-care (29 female); 20 social workers and carers linked to the young people, plus relevant staff from the same local authorities (numbers not given)</td>
<td>Interview</td>
</tr>
<tr>
<td>Dominelli et al. (2005)</td>
<td>Canada</td>
<td>11 mothers (aged 16-24), ex-care, who gave birth while in care or shortly after leaving; 20 child welfare workers; 40 practitioners working with the mothers</td>
<td>Interview with mothers, focus groups with others</td>
</tr>
<tr>
<td>Donnelly and Wright (2009)</td>
<td>UK</td>
<td>Parents, foster carers, social workers and health workers relating to 61 parent-and-child placements (numbers of each not given)</td>
<td>Analysis of existing administrative data, interview</td>
</tr>
<tr>
<td>Dworsky and DeCoursey (2009)</td>
<td>USA</td>
<td>4,590 pregnant or parenting young people in foster care (aged 11 and over, 3,855 female)</td>
<td>Analysis of existing administrative data</td>
</tr>
<tr>
<td>Gotbaum (2005)</td>
<td>USA</td>
<td>30 foster care agencies</td>
<td>Survey</td>
</tr>
<tr>
<td>Haight et al. (2009)</td>
<td>USA</td>
<td>3 African-American mothers in foster care (aged 19-20)</td>
<td>Participant observation in a writing workshop, interview</td>
</tr>
<tr>
<td>Krebs and de Castro (1995)</td>
<td>USA</td>
<td>64 pregnant or parenting young people in care; child welfare and healthcare staff working with them (numbers not given)</td>
<td>Focus groups and survey with parents, individual and group interviews with practitioners</td>
</tr>
<tr>
<td>Kretchmar et al. (2005); Worsham et al. (2009)</td>
<td>USA</td>
<td>Two mothers in foster care (aged 18; Kretchmar et al. focused on one)</td>
<td>Case study, including interviews, questionnaires, observation</td>
</tr>
<tr>
<td>Love et al. (2005)</td>
<td>USA</td>
<td>70 pregnant or parenting and 51 non-parenting young people in care (aged 13-19, total 74 female); 31 foster carers</td>
<td>Focus groups</td>
</tr>
<tr>
<td>Reference</td>
<td>Country</td>
<td>Participant details (if applicable)</td>
<td>Method</td>
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<td>----------------------------</td>
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<tr>
<td>Mantovani and Thomas (2013)</td>
<td>UK</td>
<td>15 pregnant or parenting women in or ex-care, from black minorities (aged 16-19): 10 of these currently in foster care</td>
<td>Interview</td>
</tr>
<tr>
<td>Martin and Davies (2007a, 2007b)</td>
<td>UK</td>
<td>Social workers relating to 39 parent-and-child placements made for 34 children and their mothers (aged 14-35)</td>
<td>Analysis of existing administrative data, questionnaire</td>
</tr>
<tr>
<td>Max and Paluzzi (2005)</td>
<td>USA</td>
<td>Service providers (number and roles not specified)</td>
<td>Interview, with findings validated at a roundtable of experts (number and roles not specified)</td>
</tr>
<tr>
<td>Maxwell et al. (2011)</td>
<td>UK</td>
<td>6 mothers (aged 18-20), ex-care</td>
<td>Interview, diary entries</td>
</tr>
<tr>
<td>Nelson (1992)</td>
<td>USA</td>
<td>Parent-and-child scheme operated by one private fostering agency</td>
<td>Case study</td>
</tr>
<tr>
<td>Price and Wichtermann (2003)</td>
<td>USA</td>
<td>Parents (aged 16-56, 78 female), mentors, practitioners and independent evaluators relating to 84 placements in shared family care</td>
<td>Analysis of existing administrative data, questionnaire</td>
</tr>
<tr>
<td>Pryce and Samuels (2010)</td>
<td>USA</td>
<td>15 pregnant or parenting women in or ex-care (aged around 20)</td>
<td>Interview</td>
</tr>
<tr>
<td>Rolfe (2008)</td>
<td>UK</td>
<td>33 young mothers (aged 15-22), ex-care or with other disadvantage: 22 had been in care</td>
<td>Focus group, interview</td>
</tr>
<tr>
<td>Rutman et al. (2002)</td>
<td>Canada</td>
<td>20 child welfare workers who had worked with young mothers in and ex-care</td>
<td>Focus group</td>
</tr>
<tr>
<td>Sisto and Maker (1989)</td>
<td>USA</td>
<td>Parent-and-child therapeutic foster care scheme operated by one non-profit fostering agency</td>
<td>Case study</td>
</tr>
<tr>
<td>Stockman and Budd (1997)</td>
<td>USA</td>
<td>28 service providers offering foster or residential care for teenage parents</td>
<td>Survey</td>
</tr>
<tr>
<td>SWRIEPP (2011)</td>
<td>UK</td>
<td>30 placements in a parent-and-child scheme operated by one local authority</td>
<td>Analysis of existing administrative data, case study</td>
</tr>
</tbody>
</table>
The Rees Centre is funded by Core Assets, a global independent provider of children’s services.