

FOSTER CARERS' EXPERIENCES OF MULTI-PROFESSIONAL WORKING

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The candidate confirms that the work submitted is his/her own and that appropriate credit has been given where reference has been made to the work of others.

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ABSTRACT

Introduction: This thesis explores foster carers' experiences of multi-professional working. Despite previous research exploring multi-professional working from a range of different perspectives, an in-depth exploration of foster carers' experiences has not been reported. As Looked After Children (LAC) are likely to have poorer outcomes across mental health and education, it is crucial that multi-professional working around LAC is effective to ensure their needs are met across all areas. With 75% of children in care being placed in foster placements a better understanding of the foster carers' experiences of working within a multi-professional team is vital to improve our understanding of multi-professional working around children in care.

Method: Nine foster carers were interviewed using a semi-structured interview method to obtain an in-depth qualitative account of their experiences of multi-professional working. The qualitative data was then transcribed and analysed thematically.

Results: Three main themes were derived from the data: complexity of the foster carers' role; importance of the foster carers' relationship with social workers; and multi-professional team functioning. The findings showed that foster carers wanted to be included in multi-professional working. Their involvement was crucial as they were identified as the link between the LAC and the multi-professional team. Combining their roles as a parental figure within the family environment, and a professional foster carer within a multi-professional team, brought about an array of challenges, but when this combination was understood, managed and supported it was beneficial for both the multi-professional team and child in care. Foster carers' relationships with social workers were found to be influential in determining foster carers' experiences of fostering and multi-professional working.

Discussion: The findings highlighted that multi-professional team's need: clear leadership; clarity around purpose of team / meeting; a clear understanding of each member of the team's roles and responsibilities; a consistent approach to information sharing; information to be shared with foster carers prior to placement; and more flexibility around communication methods. These findings are discussed in relation to previous research and implications reported. Recommendations for both practice and future research are then outlined.

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ABBREVIATIONS

All abbreviations are provided within the text the first time they appear.

CAMHS:	Child and Adolescent Mental Health Service
DfE:	Department for Education
DfES:	Department for Education and Skills
DoH:	Department of Health
ESRC:	Economic and Social Research Council
GT:	Grounded Theory
IPA:	Interpretative Phenomenological Analysis
IRO:	Independent Reviewing Officer
LAC:	Looked After Child(ren)
NHS:	National Health Service
NICE:	National Institute for Health and Care Excellence
NSPCC:	National Society for Prevention of Cruelty to Children
MATCH:	Multi-Agency Team Working with Children
MTFC:	Multi-Treatment Foster care
SCIE:	Social Care Institute for Excellence
TA:	Thematic Analysis
UK:	United Kingdom

1 CHAPTER ONE: INTRODUCTION

This research explores foster carers' experiences of multi-professional team working. This chapter begins by outlining why this research is important, before describing the array of professionals and systems around children in care.

1.1 Why is this research important?

The assumption that multi-professional collaboration is the best way to work has been endorsed for many years. Following reports into the deaths of children dating back seventy years ago (Monckton, 1945), the importance of good communication and collaboration across services to protect children from harm has been magnified. Following the investigation into the torturing and murder of Victoria Climbié, an eight year old girl in 2002, Lord Laming (2003) stated that “...*the suffering and death of Victoria was a gross failure of the system and was inexcusable*”. The report highlighted that many agencies had contact with the family and had noted the signs of abuse: the police; National Health Service (NHS); four local authorities; and the National Society for Prevention of Cruelty to Children (NSPCC). Despite this involvement, the concerns of each agency were not properly investigated and the agencies and professionals involved did not communicate sufficiently to protect Victoria. More recently in 2008, an investigation was carried out following the death of a seventeen month old boy named ‘baby P’. Following the investigation into the murder, it was reported that agencies were still working in isolation, failing to work effectively together. Poor communication between agencies is one of the key factors that are repeatedly reported to contribute significantly to these preventable deaths (Raynes, 2007; Conway, 2009).

Multi-professional working is a central facet of government public service reforms. Multi-professional collaboration and team working is said to be of the upmost importance in children's services, and has been for some time (Working Together to Safeguard Children, DfE, 2013; The Children Act, 2004; Every Child Matters, DfES, 2003). Having said this, the link often alluded to between good multi-professional collaboration and better outcomes for children, has not been confirmed within research. The question, ‘does multi-agency working make any difference to children and their families?’ remains largely unanswered (Hughes, 2006; Harris & Allen, 2010). Developing a better understanding of multi-professional team working from a range of

perspectives could enhance our understanding of both the benefits and limitations of this way of working.

1.2 Looked After Children (LAC)

Effective and efficient multi-professional collaboration is of particular importance when working with children and young people who are at the centre of a complex system, such as children who are 'looked after' (McCann, James, Williams, & Dun, 1996). The term 'looked after child' is defined within The Children Act, (1989) as a child who is provided with care by their local authority as a result of a care order or on a voluntary basis. In 2013, 68,110 children and young people were in the care of local authorities, 75% of whom were in foster care (DfE, 2013). The main reason for social care to first become involved with a LAC was due to abuse or neglect, with 62% (41,790) of such cases being reported in 2013 (DfE, 2013). In England, 60% of looked after children and young people were reported to have emotional and mental health problems, highlighting the importance of integrated working to ensure the best possible services are provided (DfE, 2010). McCann et al (1996) estimated that 96% of children in residential care and 57% of children in foster care had mental health difficulties. LAC's educational outcomes are also significantly poorer (DfE, 2009). In 2008, it was reported that only 14% of children in care achieved 5 A* - C grade GCSEs in comparison to around 50% for all children. In addition, LAC are more likely to have special educational needs, with 28% having a statement of special educational needs in 2009, in comparison with 3% reported for all children (DfE, 2009).

Due to the increased risk of behavioural, emotional, mental health and educational difficulties for this group, experts recommend that services / professionals need to work closely to ensure the needs of LAC across all areas are being met (Arcelus, Bellerby, & Vostanis, 1999; Callaghan, Young, Pace, & Vostanis, 2004; McAuley & Davis, 2009; McAuley & Young, 2006). Each LAC will have a team of professionals that work together with the aim of ensuring their needs are being met across all areas. The size of the multi-professional team will vary depending on the child's needs and the agencies involved. It is important that multi-professional working for this group is researched from a range of perspectives to ensure that multi-professional teams are working in the best possible way to meet the complex needs of many children in care.

1.3 The multi-professional team around LAC

The multi-professional team is a complex mix of individuals from a range of different professional backgrounds. Rocco-Briggs (2008) described her own personal experiences of working with multi-professional teams around children in care, whilst working in a Child and Adolescent Mental Health Service (CAMHS). She reviewed the complexity of the team and highlighted how children who have been subjected to early traumatic experiences can often evoke different feelings in different professionals in the multi-professional team. The range of feelings experienced by different professionals can often be ‘opposing’ or ‘disjointed’, which can impact on a team’s ability to work together collaboratively. Emmanuel (2002) also shared her experiences of setting up a therapeutic looked after children’s service. She described how her focus changed from working with the individual child to recognising the importance of working with the system around the child in care. She discussed how conflicts within the system can result in the further deprivation of looked after children, highlighting the importance of working with, and understanding the functioning of multi-professional teams.

1.4 Systems around LAC: The ‘Onion Model’

The ‘Onion Model’ presented by Stott in 2006 demonstrated a visual representation of the numerous potential systems that may be involved with or impact on a looked after child (Golding, Dent, Nissim & Stott, 2006), see figure 1. An outline description of each is presented below:

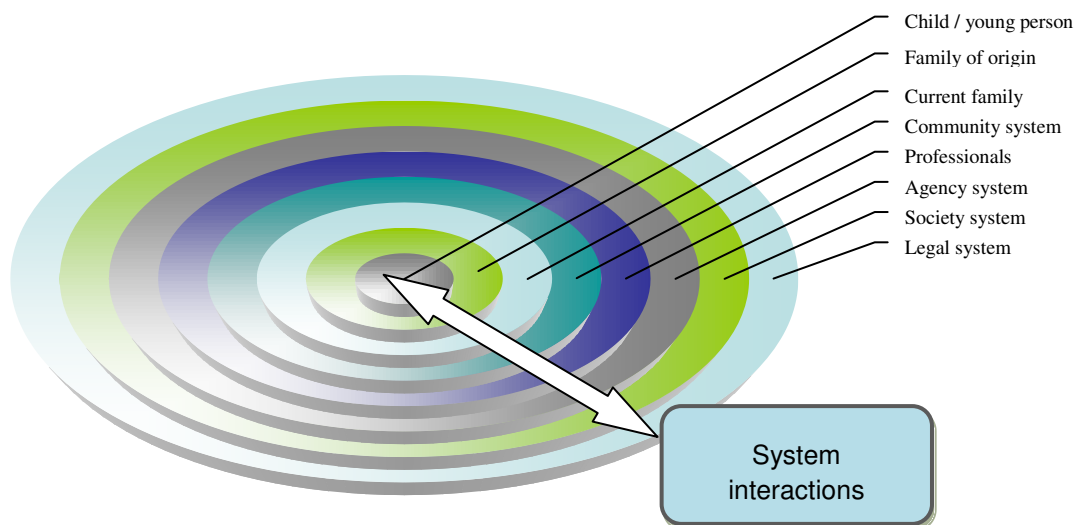


Figure 1: The Onion model - Stott (2006)

The child or young person: The child or young person is at the core of this model. There are a range of circumstances that result in a child or young person becoming looked after by their local authority. The main reason why social care became involved with a child was because of abuse or neglect; with 62% of cases reporting this factor in 2013 (DfE, 2013). Children can either be accommodated (Section 20 Children Act, 2004) or subject of a court order (Section 31 Children Act, 2004). When considering the needs of the child, the impact of the various systems surrounding them must be considered.

Family of origin: Each looked after child will commonly have birth parents and contact with other relatives before entering the care system. These people are representative of the child's family of origin. Depending on the circumstances of the child becoming looked after by the local authority, it is likely that the child will have ongoing contact with their family of origin. The 'onion model' states that careful consideration should be given to the child's previous experiences of their family of origin, their future involvement and whether or not they are likely to return to them in the future. The family of origin may be able to offer the multi-professional team insight into the child's previous experiences which could be valuable in better understanding the child and planning their future care. LAC's contact with their birth family is in most circumstances promoted, with the child's new carers frequently being asked to communicate with the child's birth family members to organise and facilitate contact. This can be problematic in some circumstances and may result in frictions and conflicts impacting on the child and surrounding systems. Research suggests that the contact between the child and birth parent(s) can have profound effects both positively and negatively on the whole system (Moyers, Farmer & Lipscombe, 2006). Birth family members are not usually involved in the multi-professional team, but there are special circumstances and occasions where they might contribute to the team in some way.

Current family: When a child or young person comes into the care system they may be: fostered; adopted; placed in a residential children's home; with a relative (kinship care); or at home with their birth parents. Statistics show that out of the 68,110 children who were in care on 31st March 2013: 75% (50,900) were living with foster carers; 9% (6,000) were living in secure units, children's homes or hostels; 5% (3,260) were placed with their parents; 5% (3,350) were placed with adoptive parents; 3% (2,190) were with

another placement in the community; and 3% (2,140) were placed in a residential school or other residential setting (DfE, 2013).

As can be seen above, foster care is by far the most common placement for children in care. A foster placement is often believed to be favourable as it provides LAC with: a conventional family environment; it is less expensive than a residential placement; and is reported to facilitate better outcomes for children in the care system (Shaw & Frost, 2013). Children who are in foster care often enter into a foster family that may include a wider foster family network. A number of children in foster care may be placed with a foster family; therefore each child will have a different 'system' around them.

When there is more than one child in a foster placement, the foster carer will be involved with a separate multi-professional team for each child in their care. Their supervising social worker will likely be the only consistent member across all multi-professional teams, with other professional being different in each team. Foster carer's play a key role in meeting the needs of looked after children as they are the member of the multi-professional team that often spends the greatest amount of time with the child and therefore are likely to be an influential and significant figure in the child's life. They are a great source of information and knowledge, whilst also undertaking the role of implementing new understanding and strategies within the real life context. Despite this crucial role within the team, sparse research has focused upon the foster carers' experiences of multi-professional working. Their experiences are likely to offer a crucial addition to the existing research.

Community networks: The community network can be defined as the environment in which a person resides. Each person lives within a community of people; people who they live in close proximity to. People who live in close proximity are often found to share the same common values and beliefs. It is important to consider the child's community network prior to entering the care system and how this fits or doesn't fit with the community in which their foster carers reside (Boushel, 1994). The transition from one community network into another can present various complex challenges for the child, and should be considered when the multi-professional team contemplates the child's placement needs.

The 'professional network': There are many professionals involved with a child in care. Commonly, the professionals included within the professional network are from

social care, education and health care settings, illustrated in Figure 2. These professionals make up part of the multi-professional team.

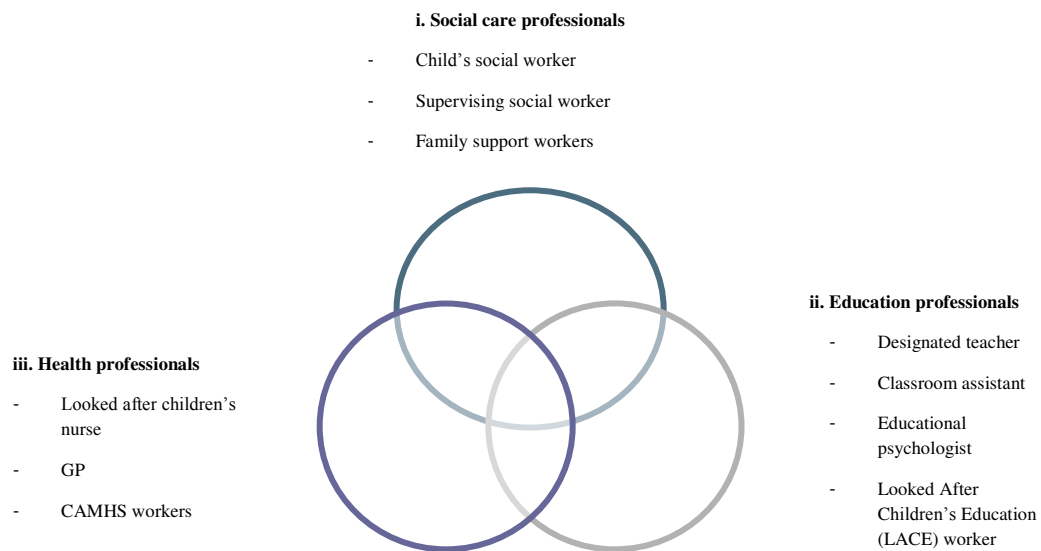


Figure 2: The professional network

i. Social care professionals: Every looked after child should be allocated a named social worker within their local authority. The child's social worker has an obligation to visit the child or young person within one week of the start of any new placement, and at least every six weeks thereafter. Foster carers also have a supervising social worker. If the foster carer is registered as a local authority foster carer, then their supervising social worker will be employed by the same local authority. If the foster carers are registered with a private agency they will have a supervising social worker from the same agency.

ii. Education professionals: The education system plays a crucial role within the multi-professional team. As stated by the Department of Health in 2000, 'the single most important indicator of children's life chances is educational attainment' (DoH/DFES, 2000). Educational attainment is significantly poorer overall for looked after children (DfE, 2009). The Social Exclusion Report published in 2003 titled 'A better education for children in care' highlighted five key reasons for the educational underachievement of children in care: instability; time out of school; insufficient help with education; lack of support and encouragement by carers; and emotional and mental health problems. Schooling is often disrupted when a child enters the care system and subsequently when changes occur in their care arrangements. Children in care have to adapt to new carers,

a new home and sometimes a new school, whilst coming to terms with the loss of their family of origin. The educational professionals therefore play a crucial part in the multi-professional team, as they ensure the child's educational needs are considered and met by the team.

iii. Health care professionals: There are a range of health professionals that have either direct or indirect involvement with the child in care. Health professionals may include nursing staff, CAMHS workers, school nurses and general practitioners. It is crucial that LAC's mental health needs are monitored and appropriately responded to. Research statistics show that LAC have an increased vulnerability to mental health difficulties, as they are more likely to have experienced adverse environments that are known to be common risk factors for future mental health difficulties (Mental Health Foundation, 2002). The child's carers often come into contact with health professionals for the child's routine health checks and additional support / therapy appointments. Health professionals within a multi-professional team bring their health and emotional well-being expertise to the multi-professional team. They may be directly involved with the child or indirectly advise the team on how they can best meet the child's health needs and promote their emotional well-being.

Agency system: How agencies share information, communicate and integrate to meet the needs of children and young people has a significant impact on the outcomes of children and young people in care (Emanuel, 2002). Emanuel demonstrates how children and their carers can often find themselves in the middle of conflicts and frictions between professionals. This can impact significantly on the communication and collaboration across the team.

Society system: The view held by society at a given time has a significant impact on all other systems. The team around the child in care commonly responds to events depending on the views of the society that they reside within. Different societies hold different views on parenting, marriage, abortion, hearing voices, etc. Views held by a society are often fluid; changing as events occur in society. Multi-professional teams may also be affected by what is occurring in society around them. For example, when the media reports the death of a child who was known to services, both the individual and multi-professional team may adjust their practice as a direct result of this knowledge.

Legal system: The legal system within this model represents the overall structure of the team. The legal responsibilities of each member of the team can provide containment across the systems. The legal requirements of each agency involved with a child in care are set out in the Children Act, 2004. Legal responsibility and accountability can help to establish each member of the multi-professional team's roles and responsibilities, but it can also be counter-productive as it introduces potential barriers amongst team members.

2 CHAPTER TWO: LITERATURE REVIEW

The literature review begins by outlining the search strategy used and a description of the terminology used. Existing research looking at multi-professional working is then discussed, before exploring different experiences of multi-professional working and concluding with research looking at foster carers' experiences. The theoretical framework being referenced throughout this research will then be summarised.

2.1 Search strategy

A literature review was carried out both at the start and throughout the research. Ovid MEDLINE and PsychINFO databases were searched using the following steps:

1. Over 8000 references were found using the following terms: "multi-professional"; "multi-agency"; "team working"; "interagency" or "multi-disciplinary"
2. Over 1,500 references were found using the following terms: "looked after child"; "looked after children"; "child in care"; "children in care"; "children's service*"; "Child services"; "foster carer*" or "foster parent*".
3. The two search criteria's (1 & 2) were combined to include only references that met both search criteria's. This returned 91 references, with 82 unique references following the removal of duplicates.
4. A further review of these 82 references was completed by the researcher who found that only 37 were related in some way to multi-professional working across children's services. Only the references that are most relevant to multi-professional working around LAC are discussed in the literature review.

The small number of references found highlighted that research in this area is sparse. When looking at foster carers' experiences of multi-professional working only a couple of studies have included foster carers' experiences alongside the experiences of other professional groups. No studies were found that exclusively explored foster carers' experiences of multi-professional working.

Further relevant literature was found when terms such as "foster placement / carer support" and "foster placement breakdown" were used when searching the databases. Despite these areas not being intrinsically related to the research topic, there were clear overlaps when exploring the findings of these studies. In addition, more research was found by exploring each paper's reference and 'cited by' lists.

2.2 Terminology used

The terms 'multi-professional', 'multi-agency', and 'multi-disciplinary' are interchangeably used across the literature. There is a large amount of overlap within the definitions of these terms and some would argue that in some circumstances they refer to the same thing. For example, the focus of this research is on multi-professional working, but a multi-professional team is also made up of a range of different agencies and disciplines that could also be described as a multi-agency team and / or a multi-disciplinary team. For this reason research exploring all three types of working are outlined and discussed below. However it is important to acknowledge that there are some discreet differences between these types of working / teams. For example the term 'multi-disciplinary team' is generally used to describe a team of individuals from different disciplines working together within a discreet service. Therefore research about multi-disciplinary working may focus more on the working practices of a service rather than a team that included representatives from different services / agencies. For these reasons throughout the literature review the terms used by the original papers discussed are adhered to.

The word 'team' is also used to describe many different scenarios. For example, a team may refer to a service where a group of professionals are based within the same service and are therefore a staff team. 'Team' also refers to a group of professionals from different services that have a shared goal. The team that is of interest within this research is the team made up of a range of different professionals from different

agencies / settings that work together on a shared goal / purpose; both within formal planned meetings and ad hoc discussions. Despite this focus it is recognised that there are common barriers and facilitators to good team working that will be relevant across many types of teams and therefore research looking at a range of different types of 'team working' has been included.

2.3 Barriers and facilitators to multi-professional working

A plethora of research has highlighted the difficulties agencies / professionals face when attempting to work effectively together. A large scale piece of research named 'The MATCh project' (Multi-Agency Team working with Children) was funded by the Economic and Social Research Council (ESRC) taking place over two years in 2002-2004 (Anning, Cottrell, Frost, Green & Robinson, 2006). This project was funded to explore the reality of how public and voluntary sector services worked within multi-professional teams. Five well established multi-agency teams were selected that were made up of a range of different professionals. The research aimed to explore the experiences of individuals working within these multi-professional teams. The data collection methods included: collection of documentary data (meeting minutes, agendas, guidelines for practice etc); observations of team meetings; one to one interviews; and critical incidents diaries. Each multi-professional team was mapped out by the researchers, defining: who was in each team; their professional background; and who was accountable to whom. The findings highlighted that professionals could work together utilising different models of understanding, and this diversity often improved outcomes, if managed correctly. They explored how professionals with multi-professional teams deal with changing roles and responsibilities and how knowledge is shared in a multi-professional setting. Their key recommendations were that multi-professional teams needed: joint procedural work and inclusive planning systems; clear lines of accountability; leadership vision; role clarity and a sense of purpose; to address barriers in relation to status / hierarchies; agreed objectives and shared core aims; transparent structures for communication with partner agencies; co-location of service deliverers; acknowledgement of peripheral team members; acknowledgement of professional diversity and awareness of the impact of change on service users (Anning, Cottrell, Frost, Green & Robinson, 2004).

The researchers concluded by presenting a checklist which was derived from the findings of the MATCh project that allows multi-agency teams to explore team functioning. A strength of this research was that the research team was made up of a range of different professionals which meant that diverse professional perspectives were considered throughout the research. A potential limitation of the research was that the five multi-agency teams researched were identified by the members of the research team who had pre-existing connections with the teams. Despite the researchers clearly defining that this recruitment strategy was used to ensure that each multi-professional team was well established and reasonably stable, it meant that the multi-agency team may have behaved in a way that did not reflect their behaviour in reality, dependent on their pre-existing relationships with the researchers. The complexity of data collection could also be seen as a strength and limitation of this research. The range of different data collection methods enabled a thorough exploration of both pre and current working practice but how the range of data collected was brought together to establish the key findings is not transparent to the novice reader.

Doyle (2008) carried out a literature review looking at the facilitators and barriers of multi-disciplinary working. Four prominent themes were found to promote effective multi-disciplinary working: co-location (services based in the same building); key workers; appreciation for other agencies; and good communication and information sharing. This paper highlighted that when these conditions are not present in the team, barriers begin to emerge making multi-disciplinary working increasingly challenging. A similar literature review of the research around this area was conducted by Sloper (2004). This review stated that there is little evidence to confirm that effective multi-agency working improves outcomes for children and their families. This finding is consistent with the findings from a systematic review carried out by Cameron & Lart (2003), where consistent facilitators and barriers were reported: clear aims objectives, roles and responsibilities; agreed plans and timetables; commitment and multi-agency steering from senior management; efficient and effective systems of communication; and promoting information sharing. Other factors that were identified as a hindrance to good multi-agency working were: high staff turnover rate; frequent reorganisation of services; reduction of qualified staff; financial uncertainty and professional identities / cultures.

2.3.1 Communication across the multi-professional team

Communication breakdowns are commonly cited as barriers to establishing good interagency working patterns. In 2003, Lord Laming emphasised the need for agencies to develop a 'common language' across different agencies. He highlighted that many agencies used different language and terminology and this often led to a breakdown in communication. Salmon & Rapport (2005) carried out a qualitative study investigating multi-agency working practices within CAMHS. The researchers were particularly interested in the language used within meetings involving a range of professionals. Eight CAMHS multi-agency meetings were audio taped and transcribed, before being thematically analysed. They found the terminology used had different definitions for different professionals and without clarification of the correct definition, breakdowns in communication occurred. The use of profession specific terminology and acronyms ultimately makes reaching a shared understanding and developing a common language unachievable. This study highlights an important finding for services; language used can jeopardise the success of interagency working. A methodological limitation of this study was that one of the researchers had a dual role, as she was also the clinician involved in all the meetings that were analysed. This is problematic as this dual role may have biased the context of the discussions within the meetings. However, previous literature supports the findings of this study; highlighting the importance of developing a common language and shared understanding of terminology used within multi-professional teams (Akhavain et al, 1999). Effective communication across agencies is essential if a team is to develop a shared knowledge base and understanding.

2.3.2 Professional identity

Each professional has a different training route and educational background. Previous research has indicated that these differences in professional cultures, identities and educational backgrounds make it more difficult for professionals in different roles to work effectively together (Hymans, 2008). Hall (2005) discussed how each professional group commonly had their own unique educational experiences which often lead to different approaches to problem solving and interpretations of language /terminology used. Hall (2005) argues that these differences lead to the development of individual professional cultures, which lead to further barriers to multi-professional

working. In support of this, other research has also reported that different professional groups / cultures have different ideas about what information should be shared, how information is understood and what information should be given higher priority (Thompson, 2012).

2.4 Different experiences of multi-professional working

2.4.1 Practitioners' experiences

Worrall-Davies, Kiernan, Anderton & Cottrell (2004) conducted a qualitative study looking at practitioners' views of working with young people with complex needs. Despite the focus of this research not exclusively looking at a looked after population, the inclusion criteria stated that the young people that practitioners were focusing on had involvement with one or more children's services. These young people were selected by the service managers from health, education and social services. Of the seventy-nine interviews that were fully transcribed, thirty-three were social workers; therefore at least a third of the sample were young people who were looked after children or children at risk of becoming looked after.

The researchers interviewed practitioners who were working with complex and challenging young people across children's services, utilising a semi-structured interview technique. Ninety-one interviews were carried out, with seventy-nine being fully transcribed; due to twelve being either inaudible or only partly audible. The data collected was then analysed using content analysis, producing seventeen sub-themes and six core themes: joined up working; barriers to working together, accessing resources; timely interventions; communication; and placements. Within the joined up working theme, the importance of: planning together; valuing the role and work of other agencies and multi-agency training were highlighted. When looking at the barriers to working together, this study highlighted the following key barriers: the need to follow policies and procedures; and responsibility across the agencies involved. It was felt that an increase in bureaucracy, protocols and policies prevented plans being formed across different agencies, and made it more difficult for practitioners to respond quickly to an unmet need. Practitioners interviewed also reported that responsibility was often attributed to one individual; it was believed that shared responsibility across all agencies involved may encourage improved interagency working. Accessing resources was also

found to be problematic when managing complex cases. Within this theme, funding issues were identified; practitioners often reported that they were often unsure of the budgets available, making it problematic to know whether or not money was available for interventions or placements. It was also highlighted that resources were often not available and therefore certain provisions for children and young people were not accessible. Timely interventions were discussed; primarily the view held by practitioners was that issues were not addressed until they escalated due to restraints on finances. This delay in intervention, practitioners concluded, often led to placement breakdowns that had potentially detrimental effects on children and young people. It was also felt that greater support should be given to the child's carers at an early stage; prior to placements becoming problematic or breaking down. Communication was another key area that was discussed within this research. The sub-themes identified were: sharing with other agencies, management support and client-practitioner relationship. The importance of the child's family understanding why actions were being taken and agreeing with the care plan was of particular importance, as it made managing complex case loads easier.

This study highlights important issues for practitioners working with complex cases and provides an insight into the factors that support and hinder the management of these cases. However, there are some methodological limitations within this study that may hinder the reliability of the information gained. Firstly, the way in which complex cases were identified was problematic, as service managers identified cases rather than the practitioners working with the child or young person. This may have led to cases being selected that are problematic from a managerial point of view, i.e. financially demanding cases. Selection of cases in this way may limit the information obtained, in that it may focus on a manager's perspective of complex cases and not the practitioners working directly with children and young people. The researchers suggest that the addition of a complexity scale (Paddington Complexity Scale) ensured that any effects from managers selecting cases were controlled. Similarly, the way in which professionals were selected within this study by managers selecting the people that they thought worked with the child most frequently could potentially be open to biases. However, it is advantageous that a range of professionals from different agencies were included in this study. Finally, the way in which the data was analysed may have limited the findings available. By using content analysis, the researchers were able to have a large sample size; however this approach is likely to have limited and restricted

the rich information that may have been obtained from a study of this type. In summary, this study provides a valuable insight into practitioners' views of managing complex cases, whilst also highlighting areas for further research.

2.4.2 Social workers' experiences

Frost, Robinson & Anning (2005) carried out a qualitative, multi-method study exploring the role of social workers based in multi-disciplinary teams, this paper draws on the findings of the MATCH project already discussed, focusing on the social worker's role within multi-professional teams. They highlighted the complexity of the social worker's role in multi-disciplinary teams, exploring how conflict arose as a result of different models of understanding, varying levels of status and power, disagreements around information sharing, and different links with external agencies. The findings suggested that the social worker's role was central to achieving joined up thinking, as they were the professional that was seen to be best placed to connect: professionals from different agencies; and the professionals with the child and their family / carers. Despite a range of issues / conflicts being highlighted when multi-disciplinary teams work together, the findings suggested that professionals within multi-disciplinary teams were committed to working with a range of professionals from different backgrounds and valued the diversity that each individual brought to the team.

Although this research aimed to explore social workers' roles in multi-disciplinary teams, the data was gathered from a range of different sources and professionals, therefore a range of perspectives of the social workers' role are considered within the findings, rather than an in-depth account of social workers' direct experiences.

2.4.3 Young peoples' views

Research to date has maintained a focus upon practitioners' experiences, leaving the service user voice largely unheard. There is however a continuous government drive to include service users in many aspects of multi-professional team working; including involvement in professional meetings and service development. Service user inclusion is recommended and encouraged both in practice and research, but in reality the available research in this area does not reflect this.

Harris & Allen (2011) attempted to obtain a better understanding of young people's views of multi-agency working by carrying out a qualitative research study. They conducted semi-structured interviews with young people and their families from a sample of ten 'extended schools' across five different local authorities. The findings reported that young people showed awareness of how 'joined up' and 'aligned' services were, and that they preferred services to work in a more aligned manner. They also stated that most of the young people who took part in the study viewed multi-agency contact as being related to how supported they felt. They concluded by presenting the findings as evidence that good multi-agency working has a positive impact on young people.

On further investigation, it appears that the findings of this study are somewhat exaggerated and the methodology clearly flawed in places. For example, in support of the finding that young people had found multi-agency working to be effective in reducing school absences, the authors use a quote about how an individual support worker had supported a young person to get back into school. When investigating further quotes used as evidence to support the conclusion, it could be argued that the findings presented appear to demonstrate the benefits of additional individual support offered and the strength of relationships with professionals, rather than the effectiveness of multi-agency working. This may be due to the different understandings of 'multi-agency working', and the difficulties associated with measuring how effective multi-agency working is. Within the study, young people appear to rate 'multi-agency working' on how much support they received from individual professionals. This is problematic, as it doesn't provide an account of young people's understanding, or experiences of multi-professional team working as the title and abstract indicate. It is also unclear from the research paper how many young people and families were involved in the study; no concrete numbers are provided, leaving the findings of this study increasingly unreliable. In addition, it appears that family members were also involved in this study, however it is uncertain how this data has been incorporated with the findings reported, or if indeed it has. Questions also become apparent when taking a closer look at how potential participants were identified as clear information is not available on how the recruitment process was organised. In conclusion, the study reported important findings about young people's perceptions of the support they receive from a range of professionals, however the reliability of these findings are

questionable due to methodology limitations and the way in which the findings were reported.

A more recent qualitative study carried out by O'Reilly, Vostanis, Taylor, Day, Street & Wolpert (2013) explored children and their parent's perspectives of multi-agency working. The children included in this study all had educational and mental health difficulties which meant they were involved with a range of different services. Twenty-four interviews took place across twelve different families; eleven children and fourteen parents. The findings showed that participants viewed joint working to be positive, with participants expressing their views that they valued agencies who were able to work together effectively. They also highlighted a range of issues that make joint working more challenging including: variability in communication; budget constraints; resistance from schools; teacher's behaviour. Within this study both the children and parents reported positive effects of CAMHS and education working well together reporting that: they felt happier in school and their home environment; they made improvements in their behaviour; they were more able to engage in activities; their academic work improved; and there was a greater focus on emotional well being within school. Despite this study indicating that good collaboration between health and educational services led to better experiences for children and their families, more research is needed to understand service user perspectives of the benefits of multi-agency working before firm conclusions can be reached.

2.5 Foster carers' experiences

When working within children's services, the focus is on the child or young person, but often the individual who is in frequent contact with the multi-professional team is the foster carer(s). Although the child or young person can attend multi-professional team meetings, their foster carer(s) commonly attend on their behalf. A foster carer plays a crucial role in the child's life; they spend the most time with the child and often communicate and implement decisions made within meetings to the child. When working within a LAC setting, the parental role is often shared between the local authority, the foster carer(s) and sometimes the birth parent(s). The foster carers' understanding, collaboration and inclusion within multi-professional team meetings will be crucial if the decisions made are to benefit the child. If foster carers are not fully

included it is unlikely that the knowledge and understanding developed within the multi-professional team will be transferred to benefit the child.

There is very little research that has exclusively explored foster carers' experiences of multi-professional working. Having said this, Mclean (2012) explored foster carers' experiences of collaborative practice alongside other professionals' experiences in South Australia. This study recruited ninety-two stakeholders who were experienced in supporting children. The participants were made up of: eighteen teachers; twenty-six foster carers; thirty-six child welfare workers (including seventeen community residential workers); and twelve child mental health professionals. Following thematically analysing the data collected, it was reported that several tensions were apparent as a result of collaborations across different professionals: knowledge, attitudes and frameworks for practice; negotiating systemic triangulations and power imbalances; and inappropriate and ineffective resource allocation. When focusing on findings specifically from the foster carers' experience, several key issues were highlighted: foster carers feeling frustrated with transient professionals advising them on issues such as parenting and behaviour management techniques, despite having little real life knowledge of the child in their care; ineffective information exchange, with some reporting professionals actively withholding information to minimise the chance of placements being refused; and foster carers feeling powerless to advocate for the child's needs due to the power imbalance across professionals / agencies. This study concluded that to better understand how collaboration works across a multi-professional team, future research should focus on understanding the experiences of those who have daily contact with children in care, such as foster carers and residential workers.

The study outlined above was carried out in Australia and therefore it is important to acknowledge that the care system, government policies, educational and health system are all different from those in the UK. These differences may make the findings of this study less transferable to a UK framework. Further research within a UK setting would be advantageous to better understand the experiences of collaboration for those who have daily contact with looked after children.

2.5.1 Foster carers' support network

Other research looking at foster carers' experiences of support have also reported findings related to multi-professional working. Samrai, Beinart, & Harper (2011) implemented a qualitative study to explore foster carers' perceptions and experiences of placements and the support they receive. Within their study eight foster carers were interviewed, before using grounded theory to analyse the data collected. Six themes were derived from the data: support and successful placements; professional relationships; foster carers' experiences; expectations; attachment; and managing transitions. Support and training was highlighted as essential to ensuring a placement is successful. Foster carers reported that the relationships they have with the professionals who they work with were important for placement stability. Foster carers felt that good relationships with their link workers were particularly important, as this facilitated them being able to ask for support when they needed it. Good communication between foster carers and other professionals was essential for the success of placements. It was reported that some foster carers felt that communication from professionals was poor. They reported a lack of adequate background information about the children who were placed with them, which resulted in problems within the placement. All the foster carers involved in this study described their experience of fostering as positive. The majority of foster carers interviewed reported that they would like to be more involved in the planning and decision making around the child in their care; reporting that the professionals around them differed in the way they involved foster carers in these crucial planning and decision making stages. Understanding of individual roles was reported to be problematic at times, with some foster carers reporting that a better understanding of both their role and the roles of others working with them would be beneficial. Attachment between the child and foster carers was reported to be a significant predicting factor of placement success and stability. Even when a child moved to a permanent placement, foster carers viewed the placement as successful if they had developed a positive relationship with the child. When talking about placement moves, foster carers reported that transitions were smoother when they were fully involved in planning the transition. They concluded by suggesting that there are two interacting relationship cycles with the over arching theme of support: the interactions between the foster carers and the child in their care; and the interactions between the foster carers and practitioners working alongside them.

In summary, this study provides an essential insight into the experience of foster carers, and how this impacts on the success and stability of the placement. However, there are several methodological limitations that have been identified. Firstly, the way in which potential participants were identified (by social workers in the fostering team) may have biased the final sample of participants. Secondly, it is evident that the foster carers involved in this study were not diverse by gender and ethnic background. Further research including a larger and more diverse sample would be beneficial to give richer insights into this area.

2.5.2 *Foster placement breakdown*

In previous research looking at placement breakdowns, foster carers have reported that feeling excluded from the ‘professional team’ contributed to their decision to end the placement (Wilson, Sinclair & Gibbs, 2000; Kirton, 2001; Nutt, 2006; Rostill-Brookes, Larkin, Toms & Churchman, 2011). This finding highlights the importance of conducting further research of foster carers’ experiences of multi-professional working, to ensure steps are taken to ensure they feel included in the team.

Rostill-Brookes, Larkin, Toms & Churchman (2011) carried out a qualitative study which focused on making sense of foster placement breakdowns. Twenty one young people who were involved in a placement breakdown were identified, and invited together with social workers and previous foster carers to talk about their experiences. Seven foster carers, five young people and five social workers took part in the study. The findings highlighted that everyone involved in the foster placement breakdown were affected by it in some way. However, there was evidence of fragmentation between these groups, likely to be a result of miscommunication at the time of the breakdown. The researchers highlight the importance of developing a shared understanding and dialogue between all the individuals involved.

Oke, Rostill-Brookes & Larkin (2011) highlighted the difficult position that foster carers reside when working alongside both the local authority and birth family members. They interviewed seven foster carers following a semi-structured interview guide about their experiences of successful placements. Their findings outlined four themes, one of which was describing foster carers as ‘Jam in the sandwich’. Within this theme the researchers explored the complex position that foster carers are placed in as:

an independent practitioner, who is paid an allowance by their local authority or private fostering agency; an advocate / parental figure for the child in care; and a individual who is encouraged to maintain a positive relationship with birth family members.

Research looking specifically at the foster carers' role has also highlighted the complexity of their role, both as a parental figure and professional within a multi-professional team (Schofield, Beek, Ward & Biggart, 2013; Kirton 2007). Further exploration of the foster carers' role and experience of multi-professional working is needed to better understand their role within multi-professional teams.

2.5.3 *Multidimensional Treatment Foster Care (MTFC)*

MTFC is a relatively new evidence based care approach in England (Holmes, Westlake, & Ward, 2008), commissioned by the DfES now DfE in 2003, to offer a consistent treatment approach to meet the needs of looked after children across England. MTFC was developed by Patricia Chamberlain and John Reid at Oregon Social Learning Centre (OSLC) in the 1980s (Biehal, Ellison & Sinclair, 2011), as a cost effective alternative to residential treatment for complex children and young people. Children placed on an MTFC programme reside with specially trained short-term foster carers, who have access to '24/7' support from a team made up of health, education and social care professionals. Each child has an individual treatment plan created for them by the team and only one child is placed within each foster placement.

It is important to include research looking at the MTFC programme within this literature review, as this programme appears to adhere to many of the multi-professional team working recommendations found within previous research. For example, all professionals are based in the same location, foster carers have '24/7 contact' with the team, foster carers are viewed as a crucial part of the team, and steps have been taken to ensure that a shared knowledge and understanding is developed across the team, by following a detailed treatment manual. The treatment programme was created to help children and young people with serious social, emotional and behavioural problems. The core principles of the MTFC programme are based on social learning theory. They include: setting clear and consistent boundaries; reinforcement of pro-social behaviour; and active avoidance of deviant peers (Leve, Fisher & Chamberlain, 2009). MTFC programmes enable children and young people with complex needs to be placed in treatment foster care placements on a short term basis, for approximately 6-12 months.

MTFC describes the foster carers as playing ‘a central role’ and being ‘the eyes and ears of the programme’. Each foster carer recruited by the MTFC programme is fully trained in the MTFC manual-based approach. A key difference from traditional foster carers is that they only have one child at a time; allowing them to offer the time and dedication required. The foster carers within this programme play an active role in the treatment process but also have immediate access to the treatment team. The treatment team comprises of the following roles: programme supervisor; family therapist; skills trainer; foster parents; Parent Daily Report (PDR) caller; and youth therapist (Westermarck, Hansson & Vinnerljung, 2007). As part of the treatment programme foster carers receive regular support and guidance: weekly meetings with the programme supervisor; 24/7 telephone contact; ongoing training; and regular respite and holidays.

Westermarck, Hansson & Vinnerljung (2007) conducted a mixed methods study exploring twenty eight foster parents’ experiences of the standardised multi-dimensional treatment foster care model in Sweden. Twenty eight foster carers from three different MTFC sites in Sweden were successfully recruited to the study. Data was collected via a seventy four item questionnaire and a semi-structured interview. Findings from the questionnaire showed that 85% of the sample of foster carers felt that they played an active role within the treatment team. Qualitative results indicated that foster carers within the MTFC team either perceived themselves as ‘professionals’ or view their work as ‘just a way of life’. The results indicate that foster parents found it easier to take on a professional role within the MTFC team due to the short-term nature of the placement (six-twelve months). The set up of MTFC encourages foster carers to become professionals within the treatment team and the current feedback and outcomes indicate that this contributes to the perceived success of the MTFC model across England (Leve, Fisher & Chamberlain, 2009). Westermarck, Hansson & Vinnerljung (2007) conclude by highlighting the importance of ‘24/7 contact’ and the team being available to provide additional guidance to the foster carers; all of which contribute to the satisfaction and well being of the foster carers. Research that looks at the successful outcomes of the MTFC programme provides an insight into alternative ways that multi-agency working can be effective across a range of agencies. Foster carers within the programme are involved in the team in a different way to other foster carers. The support they receive and their own knowledge and expertise is utilised across the team in a way that acknowledges their important and distinctive role.

However the short-term basis (six-twelve months) of the MTFC specialist foster placements has been reported to be problematic as research evaluations have shown that despite better initial outcomes being evident for children who are placed on the MTFC programme, these perceived positive effects are no longer evident a year later when children are placed outside of MTFC (Biehal, Ellison & Sinclair, 2011). Despite this, there are plans to roll out evidence based intensive fostering interventions, including MTFC across the UK (Shaw & Frost, 2013).

Although evaluations of the MTFC programme are now reporting that the benefits of this programme are only evident in the short-term while children are registered with the programme, this short-term success highlights that the MTFC programme design incorporates factors that appear to lead to better outcomes for children in care, but the financial cost of this programme means that these positive outcomes cannot be maintained long term. If aspects of MTFC could be incorporated into standard foster placements, could a middle ground be created?

2.6 Theoretical frameworks

There are many theoretical frameworks that can be used for thinking about and understanding team work: ‘Communities of practice’ (Wenger, 1998); ‘Belbin’s team roles’ (Belbin, 1981); ‘Tuckman’s stages of group development’ (Tuckman, 1965); and ‘Activity theory’ (Engeström, 1999). As this study is not focusing on team process over time, Belbin’s team roles and Tuckman’s stages of team development were deemed unsuitable, as they do not offer an understanding of how information and knowledge is created and shared. Although ‘Activity theory’ offers a way of thinking about how knowledge is created and exchanged, it was felt that Wenger’s theory would be most useful for helping the researcher understand and make sense of foster carers’ experiences of multi-professional working.

2.6.1 Wenger’s ‘Communities of Practice’

Wenger’s theory of ‘communities of practice’ provides a framework for thinking about the specific experience of the foster carer within multi-professional meetings and how foster carers may fit in to the team, whilst exploring how they share and gain knowledge and understanding within a team context. Wenger believes that new knowledge is

created through what he terms ‘communities of practice’. ‘Communities of practice’ can be defined as a group of people with a common interest or goal, who share information and knowledge to develop their understanding. In doing so, each member of the group learns from one another. There are three characteristics used to determine a community of practice: the domain; the community; and the practice (Wenger, 1998). In children’s services, a ‘community of practice’ typically consists of the child/young person, parent/carers, and professionals working within health, social care and educational settings. Hart & Luckock (2004) demonstrated an example of this through what they coined the ‘adoption star’. For the purpose of this study a reproduction of this idea has been created to provide a visual representation of the ‘community of practice’ of interest within this study, see Figure 3.

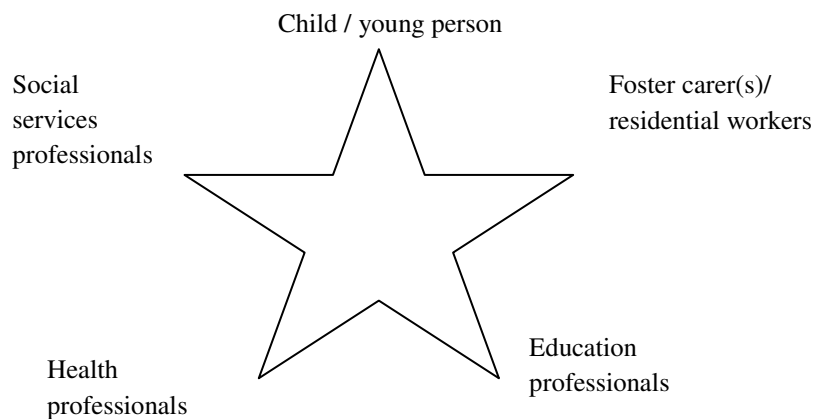


Figure 3: Fostering star, adapted from Hart & Luckock, 2004

The ‘domain’ for the ‘team’ is to meet the needs of the LAC. The ‘community’ within this context is the activities and discussions where information is created and shared, such as meetings, case discussions, consultations and care planning. The ‘practice’ may be understood as the information and resources that are created and shared amongst the community.

The concept of ‘communities of practice’ has been used successfully as a framework in research focusing on multi-professional team working (Anning, Cottrell, Frost, Green & Robinson, 2006; Harris & Allen, 2011), commercial organisations (Blair 2002; Wenger, 1998; Wenger, McDermott et al, 2002), public sector working (Kerfoot, 2002) and adoption (Hart & Luckock, 2004). This project explores how new knowledge is created, shared, managed, understood and reflected upon from the perspective of the foster carer within a multi-professional team. The use of

‘communities of practice’ as a framework for understanding multi-professional team work is desirable, as it allows one to better understand how divided groups come together to form a ‘team’ or, ‘community of practice’. This framework will also aid the researcher in better understanding foster carers’ experiences of being part of the multi-professional team (community of practice).

As discussed by Wenger, ‘communities of practice’ have conflicts and barriers to work through, as do multi-professional teams. Wenger highlighted how one can determine how ‘joined up’ a team is, by looking at the following three constructs: mutual engagement; joint enterprise and shared repertoire. These constructs were converted by the researcher to make them more meaningful to foster carers working within a multi-professional team, see below:

1. *Mutual engagement* – Foster carers actively participating in the team activities and feeling as if they are a valued member of the team.
2. *Joint enterprise* – A joint goal/purpose established. Responsibility and accountability being shared amongst the team.
3. *Shared repertoire* – Knowledge and understanding of the information known by the team, language used, approaches and tools discussed and the actions that will be taken.

There are several limitations to this theoretical framework that are important to raise: it does not acknowledge power issues within ‘communities of practice’; it does not pay adequate attention to how conflicts and resistance are understood and managed; and does not explore how levels of participation in a ‘community of practice’ may be influenced by power issues (Barton & Tusting 2005; Hughes, Jewson & Unwin 2007). Handley, Sturdy, Fincham & Clark (2006) also highlighted that active participation within a ‘community of practice’ does not mean that equality, respect or collaboration has been achieved. They suggested that a more complex understanding is needed to fully understand some of the more discreet issues that arise when a group of people come together with a shared goal / purpose. With this in mind, this theoretical framework will be used as a guide to aid the researcher in developing a better understanding of foster carers’ experiences of multi-professional working, whilst acknowledging and paying attention to the framework’s limitations.

2.7 Research aims and questions

This research aimed to build upon the current research within the area of multi-professional working, whilst adding a unique and valuable insight; the foster carers' experience. The main research question was 'how do foster carers experience multi-professional team working?' The following key questions being focused on within this study:

- *What are foster carers' perceptions of the configuration of multi-professional teams?*
- *How do foster carers believe they fit into the multi-professional team?*
- *What do foster carers believe works well / not so well when working in a multi-professional team?*

3 CHAPTER THREE: METHOD

3.1 Ethical issues

3.1.1 Ethical approval

This research was reviewed by the Leeds Institute of Health Sciences and Leeds Institute of Genetics, Health and Therapeutics and Leeds Institute of Molecular Medicine (LIHS/LIGHT/LIMM) joint ethics committee, receiving ethical approval on 21st February 2012 (See Appendix A).

3.1.2 Consent

Informed consent was obtained from all foster carers prior to the interviews commencing; all participants were given an information sheet to read and a consent form to sign. The information sheet made it clear that participation in the study was voluntary and participants could withdraw up to two weeks after the interview took place.

3.1.3 Managing disclosures, complaints and other sensitive information

The topics for discussion outlined on the interview schedule were not thought to be particularly emotive. However, the researcher was aware that relationships between foster carers and other professionals can be problematic, and therefore potentially upsetting / distressing topics may be explored. With this in mind, the researcher ensured that all participants were aware that they could stop the interview at any time should they wish to. In addition, the researcher explained that representatives from both LAC teams were aware of the research and should any issues or concerns arise within the interviews they would be informed and could meet with the foster carer to discuss.

3.1.4 Code of ethics and conduct

The ethical principles set out in the British Psychological Society (BPS) code of ethics and conduct were adhered to throughout this research (BPS, 2009). The researcher ensured that all actions and decisions made throughout this research adhered to the high standards of professionalism set out in the code whilst demonstrating sound ethical behaviour at all times.

3.2 Design

Qualitative methodology was chosen to allow a thorough exploration of foster carers' first hand experiences in a sparsely researched area (Willig, 2008). The aim of the qualitative research was to develop an in-depth understanding of the experiences of the participants to accurately represent this to a larger audience (Elliott, Fisher & Rennie, 1999). The researcher considered a range of different qualitative research designs including: individual interviews; focus groups; and observation of multi-professional meetings.

Focus groups were considered due to the benefits of collecting many foster carers' experiences collectively. Despite this advantage, the researcher was concerned that focus groups may silence some participants, such as newer and/or less confident foster carers, or encourage them to adapt their opinions to conform to others in the group. The researcher then looked at observation methods and spoke to one of the teams involved in the research about whether it would be possible to video multi-professional meetings that they organised and chaired. The teams felt that consent for this type of recording

would be complicated due to a range of different professionals having to provide consent from different services managers and agencies. A further issue with this design was highlighted when discussing the frequency of the multi-professional team meetings organised and led by the teams; 1-2 per month, meaning that it would take many months to collect the required data. It was also highlighted that the data collected from these observations would not meet the research aims, as observation data alone would not provide a deeper understanding of the foster carers' experiences, as the researcher would be analysing the recordings, rather than finding out what the foster carers' experience of the meeting was. With these concerns in mind this option was discarded. Interviews were then considered, with the advantage of obtaining an in depth account of participants' experiences, which best met the research aims.

Following the above considerations, an interview design was opted for, using semi-structured interviews to enable the interviewer to explore participants' experiences, feelings and opinions in a focused way addressing key topics, whilst allowing for flexibility for new topics to arise (See Appendix C).

3.3 Setting

Two specialist therapeutic LAC services based in the North of England were approached by the researcher. These teams were selected as: the researcher had professional connections with psychologists within both teams; the teams worked with a wide range of foster carers; and both teams were within a commutable distance from the researcher.

Both teams aim to provide an emotional responsive service to meet the needs of looked after and adopted children and young people. They provide consultation and support to carers and the professional networks, whilst providing a range of therapeutic interventions for children and young people. They also provide a range of specialist training to carers and professionals. The teams are made up of social workers and psychologists; with one of the teams also having nurse practitioners within the team. Both teams are examples of good practice as they provide consultancy services to support collaboration, reflection and understanding across the 'team around the child' as recommended by The National Institute for Health and Care Excellence (NICE) (Promoting the quality of life of looked after children and young people, NICE 2010). Similar services have been set up across the UK with a drive to improve outcomes for

looked after and adopted children. Collecting data from two different locations ensured that the data included a range of different experiences with different teams, local authorities and NHS practitioners.

3.4 Materials

A semi-structured interview schedule was developed to enable the researcher to explore foster carers' experiences of multi-professional working (See Appendix C). The interview schedule was developed by the researcher following a thorough review of the existing literature in this area together with consultation with the academic supervisors of this project and a field supervisor who specialises in this area.

Each participant was firstly asked to think of all the different individuals that made up the multi-professional team. This was done as it was advised by the field supervisor that the participants would benefit from a 'warm up task' to orientate themselves to the vast range of different professionals that they work with. The researcher provided prompts should the participant struggle with this task. For example, *"Is there anybody else from social care that is involved?"* or *"Has X ever been involved with Child and Adolescent Mental Health Services or anyone else from a health setting?"*

Following this orientation task, the interview schedule was divided into three key sections: perceptions of the team; fitting in to the team; and the process of the team. Lists of 2-4 questions were devised for each key area, together with some probes. Each of the three sections consisted of one main open ended broad question such as *"How do you see yourself fitting into the team?"* followed by more focused questions to elicit more detailed information if the participant was vague with their response, such as *"Why do you feel you are included in some team meetings and not others?"*

Probes were used throughout the interviews to manage the amount of detail provided for each topic discussed, for example using statements like *"Can you tell me more about that?"* helped the researcher to collect more in-depth information about the participants' experiences.

The first section of the interview schedule was devised to help the participant focus on their broader experiences of being part of a multi-professional team. It was the researchers' aim to elicit the participants' accounts of their experiences of working with a range of different professionals whilst using probes to ensure their unique perspective as a foster carer were heard. The second section was developed to get participants to

consider how they fitted into the multi-professional team and what their role is within the team. Again, accounts of their own experiences were sought by using probes such as “*Can you tell me about a time when you felt like this?*” The aim of the final section was to get more information about the foster carers’ perspective of how the team functioned, to find out more about how the team communicated and how responsibility and action points were shared out across the team. Again, direct accounts of the participants’ experiences were sought using probes such as “*Can you give me an example of that?*”

Following devising the first draft of the interview schedule it was shared and scrutinised by both the academic supervisors and the field supervisor of this research. They all provided constructive feedback and several changes were made to the interview schedule. Within supervision meetings it was noted that some of the follow up questions were closed questions. It was agreed that these questions would remain on the interview schedule but would only be used when the researcher was unable to access key information without using more direct prompts, for example “*Do you feel like you have your say within the team?*” These more directive questions were always followed up using statements such as “*Can you tell me why you feel like this?*” and “*Can you give me an example of a time when you felt like this?*”

In preparation for carrying out the interviews with foster carers the researcher piloted the interview schedule with a simulated participant to ensure familiarity with the process before beginning data collection. It was felt the interview schedule provided a degree of structure to the interviews ensuring key topics were discussed, whilst allowing freedom within the conversations to explore other topics as and when they arose.

3.5 Participants

Convenience sampling, a type of non-probability sampling was used, which involved all foster carers who were registered with the specialist therapeutic LAC teams within the last three years, all being sent recruitment packs. This sampling method was used due to its advantage of recruiting participants quickly and its cost effectiveness. It was also thought that this method took advantage of the readily available list of foster carers already registered with both services.

The researcher aimed to recruit between eight to ten participants. It was envisaged that this number of participants would be sufficient to reach the point of saturation. If saturation was not reached, interviews would have continued up until the

point whereby no new information or themes occurred (Guest, Bunce & Johnson, 2006). All foster carers who were registered with the specialist therapeutic LAC teams within the previous three years were eligible to take part in the research, if they were still registered foster carers either with the local authority or a private agency. The inclusion criterion, of being registered within the last three years, was used to take advantage of having access to a wide range of different foster carers, whilst preventing recruitment packs being sent to individuals who were no longer registered foster carers.

3.6 Procedure

Links were made with the team managers from both services to discuss the research. They were both keen to be involved and agreed to assist in the recruitment stages. The researcher attended a team meeting and delivered a brief presentation about the project to the staff teams, answering any questions they had. Recruitment packs were then left with the team administrators, who were instructed to write the names and addresses on each pack of foster carers who had been registered with them in that last three years before posting them. This was done in three stages: firstly carers registered with the teams in the past 12 months from the date recruitment began, then in the past 24 months; and finally within the past 36 months. Recruitment was staged in this manner to reduce the risk of too many foster carers responding to the recruitment packs at one time. When the researcher had enough participants, the administration teams were informed and recruitment was stopped.

A recruitment letter, information sheet and promotional leaflet were included in each recruitment pack (See Appendix B). The information sheet explained the purpose of the research, addressed ethical issues and advised potential participants that the data would be anonymised, whilst also informing them of their right to withdraw from the research anytime up to two weeks of the data being collected. Within the recruitment pack there was a contact number for foster carers to call should they wish to ask any further questions and/or to take part in the research. At this stage potential participants were made aware that they would receive a payment of £25 for taking part in the research. The intention of this payment was to reimburse participant's costs and to recognise participant's investment of their own personal time to the research project.

Once participants registered their interest by calling the researcher on the number provided within the recruitment packs, the researcher had a telephone conversation with them, discussing the research and answering any questions they had. Appointments

were then arranged for the interviews to take place. The researcher offered to either arrange to meet in a clinic setting or carry out the interviews in the participant's homes. All participants opted for the researcher to carry out the interview within their homes. When the researcher arrived at participant's houses the consent forms were discussed and signed before the audio recording equipment was set up.

3.7 Transcription

All interviews were audio recorded and the digital recordings were uploaded and saved onto a password protected computer following the interviews. The researcher arranged for a university approved staff member to transcribe verbatim the recordings. Prior to the transcribing taking place the researcher contacted the staff member to brief them on the content of the interviews and to remind them to remove any identifying information from the transcriptions. Once the interviews were transcribed the researcher listened to all the interviews several times checking the accuracy of each transcription. The process of listening and checking all transcriptions enabled the researcher to begin immersing themselves in the data.

3.8 Analysis

Three popular qualitative approaches were researched in order to select a suitable method for this research study: Thematic Analysis (TA), Grounded Theory (GT) and Interpretative Phenomenological Analysis (IPA). As the researcher was interested in foster carers' experiences of multi-professional working, IPA was explored first, whilst thinking about the strengths and limitations of using this method. Smith & Osborn (2008) describe how IPA aims to explore how people make sense of experiences and events. They discuss how IPA explores participants' lived experiences of a significant event, looking at the meaning a person attributes to a particular experience. IPA also allows the researcher to take an active interpretative role in the analysis; in an attempt to get closer to the participants' personal experience of a significant event. The focus of this research was to explore foster carers' accounts of their experiences of multi-professional working, therefore no specific event or phenomenon was being explored.

GT was then considered. GT involves systematic methodology, with the primary aim being to generate theory from the data collected (Charmaz, 2001). GT is

an inductive methodology and often begins with data collection, i.e. not a literature review. This method was not practical for this research study, as a literature search was essential to determine whether or not the area of interest had been previously researched; as the study required a unique, clinically relevant focus. As there is currently little known research that looks at foster carers' experiences of multi-professional team working, the primary aim was not to generate theory, but to explore foster carers' experiences of multi-professional working to inform current practice.

the innovative nature of the research topic and the researcher's TA was selected as: it allows the researcher to look at patterns across the whole data sets that are important to the research question; it is independent from theoretical frameworks allowing for a degree of flexibility within the analysis process; and it is perceived to be more accessible to novice researcher (Braun & Clarke, 2006). Thought and consideration was given to whether the analysis should be inductive, deductive or both. Initially, it was thought that an exclusively inductive, 'bottom up' approach would be most appropriate due to desire to give foster carers a voice without being driven by a theoretical framework. Throughout conducting an in depth literature review it was noted that although there was sparse research looking at foster carers' experiences of multi-professional team working, there was a great deal of research looking at practitioners' experiences of multi-professional team working. With this in mind, it was thought that it would be better to also consider the role of previous theoretical frameworks such as Wengers (1989) 'communities of practice' within the analysis stages of this study. The flexibility of TA in the way that both inductive and deductive approaches can be used, was relevant to this particular piece of research, as it allowed the researcher to be aware of the previous frameworks and theories in the research topic without being exclusively driven by them (Braun and Clarke, 2006).

Following the above consideration of other analysis methods, thematic analysis was used to analyse the data collected from the semi-structured interviews following Braun and Clarke's (2006) step by step guide. The first step of the analysis involved the researcher becoming more familiar with the data. As the researcher conducted the interviews, familiarisation with the data began at the data collection point (Riessman, 1993). After each interview initial thoughts and ideas were recorded by the researcher in a reflective diary. Once the interviews were transcribed, the researcher read and re-read the transcripts, whilst making notes of initial thoughts and ideas. The transcribed data was then uploaded onto NVivo, software that supports qualitative and mixed

methods research. Using NVivo software allowed the researcher to keep detailed memos and notes of thoughts and ideas throughout the analysis stages. The interviews were then analysed. When all the data had been coded, codes were organised into categories and themes identified. These themes were continuously reviewed and developed with assistance and guidance from the supervisors of the research before final themes were decided upon. See Appendix D for an audit trail of how theme one was developed.

Reflective box:

The researcher aimed to analyse the data both inductively (top-down) and deductively (bottom up). With this in mind, the researcher created a list of deductive nodes within NVivo prior to beginning the inductive coding stage of the thematic analysis. The deductive nodes were created by reviewing the key topics / theories that had been reported in previous literature within the area of multi-professional working such as: communication issues; information sharing; and joint purpose/goals. In reflection, this was not necessary, as in practice the 'deductive nodes' were not used due to their broad focus and therefore became redundant and deleted. However, having a list of key topics that had been discussed across the existing literature in the area of multi-professional working was useful when thinking about and understanding the data collected throughout the analysis process.

3.9 Researcher influence

Most qualitative researchers accept that there is 'no one true perspective', recognising that each individual may have a different perspective that has been shaped by their own experiences, knowledge and culture (Yardley, 2008). Despite this, it is important for the researcher to be aware of their own perspective on the topic matters they are researching, ensuring they are transparent throughout the research to make sure their own presence on the data has been adequately monitored and accounted for.

The researcher had worked closely with foster carers prior to completing this research and had personally experienced foster carers being excluded from the multi-professional team. This experience had largely led to the development of the researcher's interest in the foster carers' experiences of multi-professional working. With this in mind, the researcher was mindful not to influence the participants in any way, being particularly aware not to respond knowingly or in agreement to foster carers' negative experiences. In addition, the researcher's personal responses throughout the research were discussed within regular supervision meetings and captured within a

reflective diary. It should also be highlighted that the researcher's own experience and knowledge of this area was crucial in many ways for her to better understand foster carers experiences (Elliott et al, 1999). For example, when a participant talked about a range of professionals, it was important that the researcher understood the roles of various individuals in relation to the foster child, and the role of these individuals within the multi-professional team.

3.10 Credibility and quality checks

As recommended by Elliott, Fischer & Rennie (1999) a number of steps were taken to ensure the credibility and quality of the research. These steps are outlined below:

Regular supervision: The researcher received regular supervision throughout the analysis. At each stage of the analysis the results were shared and explored with the supervisors of the project before agreement on categories and themes was reached. Minutes of each supervision meeting were recorded to provide an accurate record of these meetings.

Grounding: When the themes were decided upon the researcher ensured each interpretation was grounded within the data by supporting interpretations of the data with a range of quotes (Stiles, 1993).

Audit trail: An audit trail was created using the memo facility within NVivo software package together with a reflective diary to provide evidence of how the researcher transitioned from the raw data to the finalised themes (Strauss & Corbin, 1998). This audit trail included the researcher's thoughts at different stages of the analysis together with rationale behind various decisions made within the analysis stages. This detailed trail of thoughts and decision making rationale provides a transparent account of how themes were formed and developed from the data collected, see Appendix D.

The researcher considered using a fellow psychologist in clinical training to re-code a section of the data, to check for inter-reliability. However, when discussing this with the research team, it was felt that this approach would not be useful for this project as the additional coder would have had no previous knowledge or experience of the topic area, which was believed to be crucial to be able to understand the data and the foster carers' experiences.

4 CHAPTER FOUR: FINDINGS

This chapter begins with a summary of the demographic details of the nine participants who took part in this study. The main themes are then described.

4.1 Description of the sample

The foster carers interviewed ranged in age, gender and their location. Table 1 outlines the sample with key information included:

Table 1: Outline of sample

Pseudonym	Gender	Age range	Time fostering (years)	No of children fostered	Location
Sian	Female	40-45	4	5	B
Margaret	Female	65-70	18	40+	A
Sally	Female	60-65	9	20	A
Catherine	Female	45-50	12	28	B
Marianna	Female	45-50	3.5	8	B
Tony	Male	45-50	3	6	B
Anna	Female	45-50	8	4	B
Bob	Male	60-65	20+	60	A
Maggie	Female	50-55	1	7	A

Key: A = Location A (first recruitment team); B = Location B (second recruitment team)

4.2 Participants' details

Pseudonyms have been used to replace any names that were shared by the foster carers to prevent participants being identified. A code has also been created and inserted in front of each quote following the participant's pseudonym to inform the reader of the amount of experience each foster carer had acquired working with multi-professional teams. 'TF' stands for 'time fostering', which relates to the number of years the participant has been a foster carer. 'NoC' stands for the total 'number of children' that

the participant has fostered. For example: ‘**Bob (TF20-NoC60)**’ = Bob has been fostering for twenty years and has fostered sixty children.

4.3 Overview of findings

The research aimed to investigate how foster carers experienced multi-professional team working, with the intention to explore: foster carers’ perceptions of the configuration of the multi-professional team; how they believed they fitted into the multi-professional team; and what they believed worked well and not so well when working in a multi-professional team.

The analysis revealed three overarching themes which ran throughout the data: complexity of the foster carers’ role; importance of foster carers’ relationships with social workers; and multi-professional team functioning. Table 2 outlines these three overarching themes and the categories within each theme. All the participants contributed to the three main themes; quotes are used from all interviews within each main theme.

Table 2: Identified themes and categories

	<i>Participants’ contributions</i>								
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>
1. Complexity of the foster carers’ role:	√	√	√	√	√	√	√	√	√
<i>I. The professionalisation of the foster carers’ role</i>	√	√	√	√	√	√		√	√
<i>II. Comparisons between foster carers and other professionals</i>	√	√	√	√	√	√	√	√	√
<i>III. Problems fitting into the multi-professional team</i>	√	√	√			√			√
2. Importance of foster carers’ relationship with social workers:	√	√	√	√	√	√	√	√	√
<i>I. The roles and responsibilities of social workers</i>		√	√	√	√	√	√	√	√
<i>II. Bridges and barriers to developing good working relationships</i>	√	√	√	√	√	√	√	√	√
3. Multi-professional team functioning	√	√	√	√	√	√	√	√	√
<i>I. Effectiveness of the multi-professional team</i>	√	√	√		√	√			
<i>II. Development and exchange of knowledge</i>	√	√	√	√	√		√	√	√
<i>iii. Responsibility, accountability and leadership</i>	√				√	√		√	

4.4 Theme 1: Complexity of the foster carers' role

Foster carers described their role as diverse and interchangeable, frequently switching from providing a placement within their family environment, to taking part in multi-professional meetings. The complexity that resulted from the diversity of the foster carers' role was highlighted and described within all interviews, evidencing that further exploration of this complexity was required to better understand the foster carers' experience of multi-professional working. When exploring the complexity of the foster carers' role and how this impacted on the foster carers' experience of multi-professional working the following categories were discussed: the professionalisation of the foster carer's role; comparisons between foster carers roles and other professional roles; problems fitting in to the multi-professional team.

4.4.1 The professionalisation of the foster carers' role

Throughout the interviews foster carers spoke of how they felt the role of a foster carer had transformed following numerous government initiatives in a drive for foster carers to be seen as professionals. When foster carers spoke of what being a professional meant, they spoke of the knowledge, skills and experience they had acquired to conduct their role. To be labelled as a professional appealed to the majority of foster carers as they believed it led to greater respect and value for their role. Some participants did not implicitly refer to themselves as a professional but repeatedly described their role as a vocation, which implied a level of professionalisation.

More experienced foster carers explained that fostering has not always been viewed as a profession or vocation, with some recalling fostering previously being a role that many gravitated towards solely to provide a child in care with a loving family. The foster carers interviewed all entered fostering at different stages in the drive towards professionalising fostering; interestingly the level to which they had actively sought a professional title varied depending on when they first became foster carers. These experiences were vital in developing a deeper understanding of how the role of a foster carer has become professionalized and how this has impacted on the foster carers' experience of being part of a multi-professional team. Bob described his experience of how the role, responsibilities and identity of a foster carer had shifted towards professionalisation since he became a foster carer in the 1990s. He spoke of how the

gradual increase in the amount of training expected of foster carers, together with an increase in financial incentive, had contributed towards fostering being viewed as a profession:

Bob (TF20-NoC60) *"When we first became foster carers, [the local authority] didn't pay any fees or anything. There was a child allowance but that was for the child not for the foster carer. And [the local authority] only became fee paying about 8 or 9 years ago.....They're [foster carers] now expected to commit to continuous training and education."*

Financial incentives together with training expectations resulted in an evident shift in participants' motivations for choosing to become foster carers. When participants' motivations to become foster carers were explored further, there appeared to be a notable difference depending on the length of time they had been fostering. Margaret and Bob first became foster carers to provide a family environment to a child in care, when fostering was not thought of as a profession. Despite their original motivations, Margaret and Bob now spoke of their role as a profession in line with carers who entered the role more recently. This shift showed that despite their original motivations to provide a loving family environment for a child, they also now viewed their role as a vocation and believed foster carers should be respected as professionals:

Margaret (TF18-NoC40) *"...as far as I'm concerned, I've got a job to do. Just like any other job, I want to do it; I want to do it to my best. I don't want any child leaving here not able to cope"*

Bob (TF20-NoC60) *"There will always be people who won't accept it [that the foster carer is a professional] but I think everybody should try to make the effort."*

Catherine became a foster carer twelve years ago when fostering was already becoming professionalized; she spoke of how foster carers now entered fostering as a career change. She spoke of fostering as a professional role and believed that a professional approach to the role was essential:

Catherine (TF12-NoC28) *"I think now, fostering has changed in that.....I think it's recognised now a lot more and gone are the days where it was just a kind person thinking, ahhh all they need is love these children and they'll be fine. I think people are*

going into it.....from lots of backgrounds, nursing, teaching, vicars.....We've come with lots of experience and it is a job, it's a profession that we do.

Catherine felt that she and her partner were regarded as professionals within the multi-professional team. She felt this was largely due to their work experiences post fostering and how they both perceived their role as a profession:

Catherine (TF12-NoC28) ".....we've been fostering for 12 years and we are respected and we sit around a table we are professionals, we do this as a job. We feel like we've got something to say and people do listen to us. So it's quite easy, we find it quite easy to put our point across and people do listen to us because.....people appreciate that we're experienced dealing with boys like Matthew"

Like several other foster carers, Catherine and her partner entered fostering as a professional vocation, she spoke of joining the multi-professional team as fellow professionals, believing they had valuable experience and knowledge to contribute to team discussions. She spoke of how the multi-professional team responded to her as a fellow professional and how in meetings she behaved in a manner that she would in any other professional role: actively contributing to discussions, taking notes and responding to action points. This view was similar to how Tony viewed his role as a foster carer. He spoke of how he would prepare for multi-professional meetings in the same way he would prepare for a business meeting in his previous professional role. Like Catherine, Tony spoke of how he felt he was included and valued in team discussions.

Despite most foster carers interviewed entered fostering as a professional role, they did not always feel they were treated as fellow professionals by others in the multi-professional team. One foster carer spoke about how she felt a professional's behaviour towards her had led to her feeling as though she had been excluded from the multi-professional team:

Sian (TF4-NoC5) "There was a classic comment that our supervising social worker came out with the other day..."we will have a professionals meeting. Unfortunately you won't be invited to that." Of course it makes you feel not valued and worthless really and not a professional is the big thing...he couldn't have worded it any worse, could he? Professionals meeting but you won't be invited for it because clearly I'm not a professional then".

Experiences of being excluded from the multi-professional team left foster carers feeling distanced from other professionals in the team, shaping their perceptions of how they fitted into the team. The events described above indicated that the drive towards professionalisation of fostering has impacted on foster carers' understanding of their role and their subsequent experiences of multi-professional working. The foster carers' accounts of their experiences provided confirmation that the impact of professionalisation of fostering is not universal; each foster carer described their own positive and negative experiences of being a professional foster carer within the multi-professional team.

4.4.2 *Comparisons between foster carer's roles and other professional roles*

The majority of foster carers felt they had a unique role within the multi-professional team as they were the only member of the multi-professional team who had regular and consistent contact with the child:

Bob (TF20-NoC60) *"...because the foster carer has the child 24 hours a day, 7 days a week, it puts them in a unique position to make observations about a child's behaviour and a child's characteristics and personality"*.

All the foster carers felt it was important that they were able to share their unique day-to-day knowledge of the child with other professionals to enable them to make better informed decisions. Maggie felt that the consistent contact that a foster carer had with a looked after child made the foster carers' role influential:

Maggie (TF1-NoC7) *"I think my role and the role of a foster carer is bigger than anybody's. I think the influence that I will have and the impact on those children's lives is greater than anything that will ever happen to them."*

The unique knowledge of the child in care that foster carers shared with other professionals made them feel a greater sense of importance when they contributed to multi-professional team discussions.

An additional difference between foster carers and other professionals that was specified by several participants was that foster carers were required to combine their home and work life. The added challenge for foster carers in managing relationships both within the multi-professional team and within their own family further highlighted

the challenges presented due to the complexity of their role. Some foster carers felt that the way in which the role of a foster carer was advertised in the media did not accurately reflect the combining of these two frameworks, which led to their role being misunderstood by the professionals they worked with. Several foster carers believed that these inaccurate representations of the role of a foster carer could have contributed to their role often being misunderstood as a charitable role rather than as a professional career choice.

Participants described how the national shortage of foster carers across the UK led to the introduction of appealing fostering advertisements being frequently used to entice individuals into fostering. Foster carers described how advertisements often described the role of a foster carer in an idealistic way. Several foster carers felt that these advertisements did not reflect the impact that fostering had on their life:

Sally (TF9-NoC20) "It takes over your entire life, as it should...and the way that's advertised sometimes is blatantly wrong.....Are you loving and nurturing? (Laughs) Have you got a place for a child? You can earn.....it's wrong.....I mean there's a high divorce rate...amongst foster carers and you tend to think, ok fine you've got a real strong relationship there's no way, but actually you're tested to the absolute limits."

Sally's experience of how fostering had impacted on her relationship with her husband emphasised the importance of fostering recruitment drives accurately illustrating the role of a foster carer both within the home environment and the multi-professional team, highlighting how fostering may impact on pre-existing relationships. It also highlighted a need for other professionals within the multi-professional team to become more aware of the impact of fostering on existing relationships within foster carer's biological families.

Foster carers also acknowledged the similarities they felt they shared with other professionals. They spoke about the range of training courses and educational qualifications they were required to complete which were in line with many other professionals. Several foster carers valued this requirement as they believed it formalised their role and ensured other professionals viewed them as professional members of the multi-professional team:

Tony (TF3-NoC6) *“We do get paid for what we do, so we’re not just parents. So I think there’s a responsibility on us to go and try out work out behaviours through things like attachment theory and child development and the such like.”*

Despite training and qualifications leading to a greater recognition of a foster carer as a professional within the multi-professional team, some foster carers found it difficult to find enough time to complete the training required. One carer felt that her role was already increasingly complex and time consuming; in her opinion the requirement to commit to an array of further training was unnecessary. Sally spoke about how she found it difficult to keep up to date with all the training she was required to complete:

Sally (TF9-NoC20) *“I know that it is important again, courses getting ourselves au fait and keeping up with the way things....you have to be at a level, you have to reach the level of expertise in your field if you like and you have to make sure that you keep up with all your courses.....that in itself is enough without the children.”*

Sally’s experience highlighted the difficulties faced by many foster carers when combining their role as a foster carer with their commitments to their existing family members. All these issues contributed to how foster carers experienced being part of a multi-professional team. For example, Sally spoke of how she often found herself struggling to divide herself between her commitments to: her own family; her foster children, continuous training and development, and the multi-professional team.

4.4.3 *Problems fitting in to the multi-professional team*

Although all the foster carers interviewed felt their role in the multi-professional team was important, several foster carers felt their perceptions of their role did not match that of others in the team:

Marianna (TF3.5-NoC8) *“In the team? I see myself as an important part because I see them day in, day out and I can see the development or any problems. I don’t think that’s how we’re seen as foster carers but I think...we’re the integral part because without our input, they (social workers) wouldn’t know how they (the child in care) are, they only see them once a month.”*

There were evident discrepancies in how Marianna valued her role as a foster carer and the degree to which she felt valued by the multi-professional team. It was unclear what had led to this difference, but this view was shared by other foster carers. This inconsistency appeared to create friction and tension between Marianna and other professionals in the team, and led to Marianna feeling she was not fully integrated into the multi-professional team.

The majority of foster carers shared both experiences of feeling included and excluded from the multi-professional team; this variation in experiences suggested that foster carer's experiences depended on the individual professionals that made up each multi-professional team:

Sian (TF4-NoC5) "...sometimes you are, sometimes you're not. I've had good and bad. It's not...it's not all bad. I don't mean it all to sound negative. But there has, there's been meetings where...you can sort of see people look as if to say "who are you?"

Experiences when the multi-professional team did not promote the involvement of the foster carer(s) resulted in foster carers feeling their contribution to the team was not valued. The majority of foster carers spoke about how they felt more included in the multi-professional team when they were specifically asked to contribute to the proceedings in some way:

Margaret (TF18-NoC40) "I mean they'll ask me what I think. They'll ask me how things are going, what concerns I've got, where I think it should change..."

Foster carers explained how being asked to provide information about the child and the placement prior to meetings resulted in them feeling more included in the multi-professional team. The majority of foster carers spoke positively about being sent questionnaires to share their views prior to multi-professional meetings:

Sian (TF4-NoC5) "...when it's coming up to the medical....they'll send questionnaires beforehand. Like normally just a tick box thing but at least they're asking for something, some kind of input from carers."

Receiving a request to share information prior to attending meetings or reviews made foster carers feel their contribution was important, whilst initiating the belief that a

foster carer's thoughts, beliefs and knowledge was valued and sought after by others in the multi-professional team. It also gave foster carers who were less confident in meeting situations the opportunity to share their views and opinions prior to multi-professional meetings.

Foster carers highlighted several behaviours of other members of the professional team which led to them feeling excluded. Several participants shared experiences where they had not been asked to contribute in a formal meeting situation; one foster carer described how she was left feeling frustrated when questions about how the child was getting on in the placement were continually directed at the social worker and not to her as the child's foster carer:

Sian (TF4-NoC5) "They don't ask questions. They will direct questions to a social worker, how have they been? Well (laughs)."

Another experience that left foster carers feeling as though their contribution was less valuable was when requests for the foster carer's contribution came right at the end of the meeting as though it was an afterthought by the team:

Marianna (TF3.5-NoC8) "I think possibly not leave us to the last would be nice sometimes! Yes it's like an afterthought."

Several foster carers recalled experiences of not being invited to attend multi-professional meetings. One foster carer believed that if her presence was not required at a meeting, she should be: made aware of the meeting; asked if she would like to contribute in writing; and receive feedback following the meeting:

Sian (TF4-NoC5)".....nobody thinks to ring you up and tell you what's gone on. You have to ring and then when you ring it's like..."oh, well like..." as if, why are you asking? Well, I'm asking because I'm part of it, you know, I need to know what's happening with the children."

When foster carers were not invited to a meeting and consequently did not receive any feedback following the meeting, they felt out of sync with the team, which led to them feeling less able to contribute to future team discussions. Although several foster carers felt included in team meetings, several spoke about how they believed they had been

included because they had to be, rather than because the team thought they had a valuable contribution to make:

Sally (TF9-NoC20) "I do feel included. But you're very...you are included in name often, by the very fact that you have to be included...but I do think that as a general rule of thumb, that...it's often you're saying anything is the least important of any of them."

In agreement with Sally, Sian spoke about her experience of feeling she was not an equally respected member of the team:

Sian (TF4-NoC5) "Well questions would be directed to everybody and then the questions to you would be minimal, if any really. And then if you do say things...it can be...they usually...people not listening I suppose, people doodling on a pad as if to say this isn't important, what you're saying and that kind of thing."

Even if the multi-professional team actively included the foster carer, the actions and behaviours of individual team members within the meetings impacted on foster carers' experiences of multi-professional working.

Another difference between foster carers and other professionals was that the foster carer often took on the role of the child's advocate: the person who pushes to ensure actions are fulfilled to benefit the child. All the foster carers interviewed shared experiences where they felt they had pushed and persisted to ensure certain actions were put in place to benefit the children they cared for. These experiences indicated that foster carers felt they were responsible for speaking up for the child. Foster carers spoke with pride and enthusiasm when talking about their role as the child's advocate:

Tony (TF3-NoC6) "I mean we are the advocates, we're kind of selling on behalf of the boys really. Trying to sell the concept of ...don't give up on these boys".

Despite the foster carers talking passionately about their role as the child's advocate, this role also had the potential to create a split between the foster carer(s) and the rest of the multi-professional team as it appeared to create a 'us and them' dynamic:

Sally (TF9-NoC20) "If you don't voice your concerns and you're not then prepared to back it up with constant pushing, whatever that may be, emails, telephone calls...you don't get anywhere and even if you do, you don't always get anywhere."

The majority of foster carers felt they had to continually push and persist to get children's needs met by the team. These descriptions suggested that many foster carers felt they needed to fight to get their voices heard within the team, suggesting that they felt their concerns were not always heard by the team. Despite this, Sian spoke positively about her experience of helping to secure additional support for the children she had cared for. She spoke about how she had persevered until the team agreed to commission a formal assessment of the child's educational needs. As a result of her persistence, she described a range of additional support that the child she cared for had received:

Sian (TF4-NoC5) ".....we pushed and pushed and eventually he had an assessment by an educational psychologist and all that happened and now he's got support in place that is helping really, so that was a good thing".

Sian felt a sense of personal achievement in how she fought to ensure her foster child had the support he needed, indicating that this experience had a positive impact on her overall experience of her role as a foster carer. Sian's experiences of advocacy resulted in a positive outcome; if she was unsuccessful in securing extra funding the impact of becoming the child's advocate would have been different. Catherine spoke about a similar situation to Sian, where she felt she had to persevere to ensure the multi-professional team listened to her concerns about a child's educational placement. She felt the need to put a detrimental ultimatum to the team if they did not listen to her concerns, suggesting she also did not feel her concerns were taken seriously:

Catherine (TF12-NoC28) "I mean we do have meetings and we all agree but sometimes it's had to be me who's the driving force.....I had to make the stance and say if he doesn't move schools he's not living here."

Catherine was comfortable taking this firm stance as she was confident in her role and abilities as a foster carer. She also had a background of working with a range of different professionals and spoke of not being fazed by clearly and firmly stating her position to the multi-professional team.

Having the confidence to take on the role as the child's advocate appeared to be dependent on a number of factors: previous working experiences; length of time fostering; and individual characteristics. Many of the foster carers described how their individual personalities helped them to become active members of the multi-professional team:

Margaret (TF18-NoC40) "Wherever I've worked, I've always been that sort of person anyway. For years I've been in caring industry, one sort or another.....I'm used to speaking up..... I was a single carer and have been for forty odd years, I'm quite capable"

For foster carers who were not as inherently confident there was a notable relationship between their confidence and the amount of experience they had acquired as a foster carer:

Marianna (TF-3.5-NoC8) "I think because I've been doing it 3 years as well, I'm a little less likely to go "yeah whatever". I'm more likely to say "no, I don't agree I want this service.....Whereas when I first came into it, I took what they said as gospel."

These findings highlighted the importance of professionals finding ways to encourage new foster carers to integrate fully into the multi-professional team.

4.5 Theme 2: Importance of the foster carers' relationships with social workers

At the start of the interviews all participants completed an orientation task where they were asked to list the professionals that made up the multi-professional team. This task was designed to prompt each participant to think about the relationships they had with a wide range of professionals from health, social care and education. Despite this prompt, participants largely focussed on their relationships with social workers throughout the interviews, highlighting the potential importance of this relationship:

Bob (TF20-NoC60) "...for foster carers the relationship between the foster carer and the link worker, or the supervising social worker, is the most important relationship that the foster carer has."

It was clear that foster carers perceived their relationships with social workers to be central; influencing their overall experience of multi-professional working. One reason that this relationship was particularly important was that foster carers routinely sought advice and guidance from social workers when they had any concerns or questions:

Anna (TF8-NoC4) "Everything just goes through the social workers. First port of call is my social worker and her (the child's) social worker and then we take it from there."

The primary importance of the relationships between foster carers and social workers implied that many foster carers viewed the multi-professional team in two parts: 'the primary group' made up by the foster carers and social workers; and 'the secondary group' made up of the larger multi-professional team, see Figure 4 for an illustration of this. The relationships within 'the primary group' were seen to be crucial in determining the foster carers' overall experience of multi-professional working. If these relationships were good, foster carers were more likely to have a positive experience of working with members of the secondary group. If they foster carers did not have a positive relationship with the members of the primary group, this impacted on relationships with the secondary group:

Marianna (TF3.5-NoC8) "... if you only get one social worker that really does make your life miserable, then you're not going to be receptive are you? Especially if you feel that you can't voice your opinion and it's not going to be heard if you do. I think that's the worst. You feel as though, who do I go to, what do I say and who's going to listen to me anyway. It's my word against theirs."

However there were exceptions to this as some foster carers experienced a positive working relationship with members of the secondary group despite difficulties within the primary group. Having said this, without the primary group working well the whole multi-professional team was clearly less effective due to the significant roles of the people within the primary group as highlighted by one participant who discussed her experiences with an out of area placement. The decision to place the child in an out of area placement meant that the child's social worker was based many miles away from the placement location. This distance led to difficulties within the relationship they shared largely due to a lack of face to face visits leading to a breakdown in

communication. Despite difficulties within this relationship, the foster carer felt she had good working relationships with other members of the multi-professional team, but due to the child’s social worker being the key decision maker, the effectiveness of the team was often compromised:

Catherine (TF12-NoC28) “There have been great difficulties around his (local authority) side. He’s been thoroughly let down there by social workers.....I must say that now we work with (Health professional)...that’s been good just to sound off things with him.”

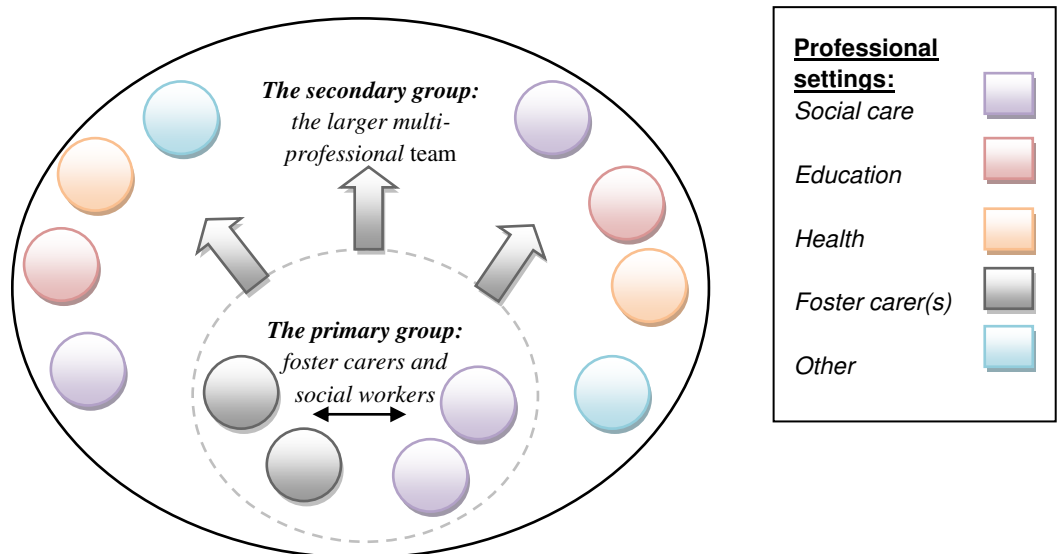


Figure 4: The primary and secondary group

Due to the significant and influential nature of ‘the primary group’ from the foster carers’ perspective, the relationships between foster carers and social workers were explored throughout the following topics: the roles and responsibilities of social workers; and bridges and barriers to developing good working relationships.

4.5.1 The roles and responsibilities of social workers

When foster carers spoke of their relationships with social workers they referred to two different relationships: their relationship with supervising social workers; and their relationship with children’s social workers. They described how the supervising social worker had different roles and responsibilities to that of the child’s social worker, indicating that these relationships were different despite both roles sharing the same

professional title. The two categories that were discussed are: the roles and responsibilities of the supervising social worker; and the roles and responsibilities of the child's social worker.

The supervising social worker: The foster carer's social worker was referred to as both the foster carer's supervising social worker and the foster carer's link worker throughout the interviews. For the purpose of this research the title 'supervising social worker' is used throughout as this was the title that was most frequently used by foster carers.

Foster carers described conflicts in the supervising social workers' roles and responsibilities. They described them as having two key roles: to supervise the foster carers' practice; and to support them in their role. Many foster carers felt that these two roles were not achievable due to how the roles were often in conflict with one another. The supervising social workers' most prominently discussed role was their role to supervise the practice of the foster carer; with several foster carers referring to them as their boss or manager. When one individual manages another, a power dynamic is created, whereby one individual becomes accountable to another. The power dynamic that is created by the supervisory role made it more difficult for foster carers to seek support within the relationship:

Maggie (TF1-NoC7) "She's (supervising social worker's) your boss...she's the nearest you've got to being your boss... that's who you're working for because she's going to get the feedback"

It was felt that the inclusion of the word 'supervising' into the title emphasised this role further suggesting that the relationship between foster carers and their social workers has changed following the change of title. Although the 'supervising social worker' title is now commonly used across local authorities, Bob recalled that when he first became a foster carer twenty years ago the supervising social worker was referred to as the foster carers 'link worker' with the title change being rolled out over many years across different local authorities and private agencies. Bob believed that the supervising social worker always had a responsibility to supervise and manage the foster carer but the title change highlighted their supervisory role further which he felt has led to issues:

Bob (TF20-NoC60) "In the past, the link worker was always seen as...they were somebody you could trust and would be in your corner if there were any issues that

needed to be dealt with...that they would take your side...I mean as long as you were, it was a legitimate position to take, whereas that isn't the case any longer."

Several foster carers suggested that the two roles could not adequately be carried out by one person, highlighting that they only looked to their supervising social worker for support if they didn't feel they were being overly supervised by them. They suggested that these roles were too diverse and conflicting to be carried out alongside one another:

***Maggie (TF1-NoC7)**"...you feel that they are instead of supporting social worker... they are actually supervising us...and doing it that way."*

In contrast, some participants described feeling well supported by their supervising social worker despite the supervisory element to their relationship, describing how they routinely sought advice and guidance from them. When exploring this further it became apparent that the supportive role is made up of many different facets, with the provision of advice and guidance being one that was easier to access despite the supervisory element within the relationship. Other aspects of support such as listening and empathising with the challenges and frustrations of the foster carer's role were not referred to, suggesting that these aspects of support were more difficult to access from an individual who is also acting as a supervisor. In addition, a couple of foster carers felt that the supervisory element of the relationship made them feel they were being monitored, which led to them being more guarded and cautious when talking to their supervising social worker about aspects of their role they were finding challenging:

***Bob (TF20-NoC60)** "Foster carers now feel that they're almost being spied upon, that the intention of the supervising social worker is to find fault, and to trip foster carers up in some way if they can."*

The participants' accounts of how they feel they are often unable to utilise their supervising social worker for both supervision and support is problematic, as it indicated an absence of the supportive role within the relationship.

The child's social worker: The child's social worker's main role was described as ensuring the child's needs are being met within the placement, whilst engaging with the child. The child's social worker's relationship with foster carers was described very differently to the relationship that foster carers have with supervising social workers.

The child's social worker had less direct contact with the foster carer and unlike the supervising social worker they were not expected to provide support directly to the foster carer. Despite this difference, the majority of participants emphasised the child's social worker as also having a similar supervisory role as they were responsible for ensuring the child's needs were being met within the placement.

Foster carers felt the child's social worker held an authoritative role within the relationships they shared with foster carers. This was particularly evident when decisions were being made about the child's placement or when foster carers had to seek permission for things like passport applications. It was largely felt by the majority of participants that they had to seek permission from the child's social worker for minor decisions, such as whether the child could attend a school trip. They felt their relationship with the child's social worker could improve if they had the autonomy to give permission for minor events such as school trips:

Sian (TF4-NoC5) "I think it would be nice if foster carers were given a little more authority.....a little more responsibility to make quite stupid [decisions] things like going on school trip[s].....But you know there's...it's a big legal thing and I do understand that it's not always possible."

Despite some foster carers feeling frustrated at having to seek permission from the child's social worker, most acknowledged that they understood why this was; highlighting the legal responsibility that the child's social worker holds. Overall, foster carers felt that the child's social worker had more clearly defined roles and responsibilities than the supervising social worker.

4.5.2 Bridges and barriers to developing good working relationship

Whilst exploring foster carers' relationships with social workers, factors that strengthened and/or weakened the relationships they had with both their supervising social workers and the child's social worker were highlighted. They discussed the following barriers and facilitators to developing a good working relationship: trust within the relationship; 'going the extra mile'; staff changes; caseload issues; and media influences.

Trust within the relationship: The majority of foster carers spoke of the importance of trust within their working relationships. They shared experiences of trust issues becoming apparent primarily when they felt social workers had failed to share accurate information about the children they were seeking placements for. Despite this, it was clear that the majority of foster carers understood why social workers withheld information when placing children. Several participants empathised with how difficult it must be for social workers to find placements when there was such a shortage of foster placements. This empathy highlighted that foster carers understood the difficulties experienced by social workers and why this may lead to them holding back information that may make it more difficult to find a placement for a child.

The common experience described by foster carers was that social workers refrained from sharing information that they believed might make a foster carer more hesitant in offering a placement. This experience often left foster carers feeling that they could no longer trust social workers to be open and honest with them, not only when they were trying to find a placement, but also throughout the remainder of the placement:

Marianna (TF3.5-NoC8) “So if they’ve been careful with the truth placing a child straightaway then I’ll not trust anything they say throughout that placement.....you’ve got to have a relationship with that social worker because they’re integral, but if they’ve lied to you from day one, the trust has gone, hasn’t it, really”.

Marianna felt that when social workers were not open and honest with her the placement was more likely to be unsuccessful, as she believed without adequate knowledge of the child she was caring for she could not meet their needs:

Marianna (TF3.5-NoC8) “.....the children that I’ve had in that have worked have been (the ones where) the social workers have been honest with me. Which always helps...honesty! There’s no point in lying because we’re going to find out anyway...but it’s like they’re in the door anyway so it’ll be harder to move them on!”

Marianna outlined above positive experiences where her relationships with social workers were strengthened as a result of their honesty when placing a child with her. She felt that honesty at the start of the placement helped her build a good working relationship with the social workers involved. One participant spoke positively of how

she trusted social workers not to place children with her who displayed certain behaviours. She described how she had been very clear with social workers when describing the behaviours she can and cannot manage and she trusted that they would adhere to this:

Margaret (TF18-NoC40) "I'm still absolutely certain that...as a single female carer there are certain degrees that I could not cope with. Like an aggressive younger male, for example or someone that's got sexual problems...they do hear me that way, they don't put anybody there that's going to cause me them sort of problems".

From hearing a range of different experiences of how trust impacts on the relationships between foster carers and social workers, it is clear that the placement of children is a key area where trust issues may become apparent and potentially either strengthen or weaken relationships within the primary team.

'Going the extra mile': Several foster carers shared their positive experiences of social workers 'going the extra mile', commenting on how they believed this experience had strengthened the relationship they had with them. It was evident that foster carers had many different experiences with different social workers; both positive and negative, indicating that their experiences were different depending on the individual that they worked with:

Marianna (TF3.5-NoC8) "... (for some) it's just a job. Where good social workers, you get a text, how are you, how has your weekend been and something like that...and that helps."

Tony (TF3-NoC6) "I mean we might just be lucky...that I feel as though the vast majority have been highly skilled committed people".

Several foster carers shared experiences whereby they felt the social worker's actions not only strengthened their relationship, but also led to them having a greater respect for them:

Tony (TF3-NoC6) "Like the social worker they had for the first 2½ years, the eldest boy didn't want to meet (her), she didn't shirk from that, she just came back, she just tried and tried and tried. And then one day she played cricket with him on the

garden out there and I just thought, fantastic success that!we did say you've done brilliantly there."

It was clear from several foster carers' accounts that experiences where foster carers had witnessed social workers working hard to develop good relationships with the child(ren) in their care had strengthened the relationship they shared with them, which then benefitted the relationships across the multi-professional team.

Staff changes: The importance of staff continuity was highlighted by many of the participants. They spoke of how having the same social worker for a period of time provided them with the containment and stability that they required in a complex and frequently changing environment. Many foster carers valued having the same social worker for a period of time as they had previously experienced how unsettling it can be when social workers frequently changed:

Sally (TF9-NoC28) " I have a very very good supervising social worker.....hopefully they stay because that's something else, they come, they go, they come, they go so quickly."

A number of foster carers spoke about how difficult they found maintaining good working relationships across the multi-professional team when social workers frequently changed. The frequent change of social workers led to foster carers being less likely to invest in future professional relationships. The relationship between the foster carer and social worker was not the only relationship to be affected by high staff turnover; several foster carers spoke about how the frequent changing of social workers also impacted on the children in their care:

Catherine (TF12-NoC28) "He's had five different social workers while he's lived with us in two and a half years. And he's just thoroughly let down."

Catherine spoke about how disrupting it was when social workers told children they were going to be there for a while and then they left. She spoke about an experience when professionals had developed a good relationship with her current foster child and then ended their contact abruptly:

Catherine (TF12-NoC28) "Now he's recently got a new social worker.....Other social workers, I think three didn't even say goodbye with him. They just left. So he's been let down again."

Disruptions like those highlighted by Catherine would also be unsettling for the wider multi-professional team, as the relationships developed would need to be re-established and negotiated with the addition of a new professional. Foster carers acknowledged that staff turnover is at times unavoidable; however the way it is managed could determine how detrimental the impact might be on future working relationships both with social workers and other professionals within the multi-professional team.

Caseload issues: The number of children/families that each professional worked with varied depending on their professional role and the setting they worked within. Caseload expectations were often outside the control of the individual members of the multi-professional team; instead targets and caseload volumes were commonly determined by service managers and influenced by government and funding issues. Foster carers believed that the professional group most affected by caseload issues were social workers. Sian spoke about her experiences of social workers carrying increasingly high caseloads and how this impacted on the relationships they were able to have with foster carers and other professionals in the multi-professional team. When caseload volumes were high, foster carers experienced greater communication difficulties which slowed down the functioning of the whole multi-professional team:

Sian (TF4-NoC5) ".....caseloads are too big, there's not enough resources, people don't communicate and it feels like it's a constant battle to get something done. Or even to get somebody to ring you back."

Foster carers described how they became aware that certain professionals were carrying high caseloads as they were only able to respond to high priority cases. They described how they adapted their own behaviour in response to this and became more persistent in order to be perceived as a higher priority:

Sian (TF4-NoC5) "Until you actually start stamping your feet and shouting you won't be dealt with because they've got lots of other stuff on."

When interviewing Sian, it was clear she understood the external pressures placed on

professionals and the expectations of increasingly high caseloads, but her desire to ensure her voice was heard continued to act as a motivator, which led to her altering her own behaviour to ensure her concerns were heard. This drive was heavily influenced by her desire to ensure the needs of the children in her care were met. High caseloads also impacted on organising multi-professional team meetings, as professionals with high caseloads were often difficult to contact making it hard to confirm meeting dates across the multi-professional team:

Sally (TF9-NoC20) “I must have spoken to five different, well I did, five different people and they were away, they were sick, they were on leave, they were working on a skeleton staff, they were having problems.”

When a member of the multi-professional team had limited availability, arranging face to face discussions became problematic. Marianna spoke about how the impact of high caseloads could be reduced by communicating in different ways. She had experienced an improvement in communication when she began communicating by sending a text message or email. This change in communication preserved the relationship she had with the social worker as despite limited availability, she was able to ensure she had a way of passing on information to the social worker, resulting in less frustration within the relationship:

Marianna (TF3.5-NoC8) “I text a lot...I mean you can never guarantee if they’re in a meeting or it’s inconvenient whereas if you’re texting them, they’ll get back to you. So I’ll just text them back saying, “need to speak to you”...whatever and she’ll get back to me when she can.”

Alternative methods of communication appeared to improve communication across the multi-professional team when caseloads made it more difficult to communicate face to face; however there was variation between the flexibility of communication methods across different professionals. Social workers were more likely to provide foster carers with a mobile number and email address, whereas other professional groups, such as health professionals, only gave an office contact number. This flexibility in communicating with social workers was beneficial to foster carers as it ensured their concerns and queries were documented and responded to despite caseload volumes increasing.

Media influences: Several foster carers spoke about how high profile child protection cases impacted on the relationships they had with social workers, describing a culture shift generated by heightened anxiety and a greater awareness of risks. They believed that this culture shift encouraged professionals to work in a way that ensured they were not blamed or criticised if something went wrong. This cautiousness was described as a positive shift by some foster carers, as it ensured everyone was actively working together to avoid future failings. However, some foster carers believed that the media coverage of these events created a 'blame culture' which was counterproductive across the multi-professional team, resulting in an increased amount of paper work and a reduction in face to face discussions which frequently created barriers in relationships:

Bob (TF20-NoC60) *"One of the big influences has been the outcome of the Baby P case. There's been a noticeable or an observable change in the way foster carers, (and) social workers do things. One of the prime concerns is to make sure they don't finish up in a position where any fault or...can be laid at their doorstep."*

Several foster carers spoke about how they had observed changes in the way the multi-professional team communicated since it was reported that services had failed to work together to protect baby Peter in 2007. The majority of foster carers spoke about how they now found sending an email to be their preferable method of communication amongst the multi-professional team as it provided them with an audit trail that acted as evidence that they had communicated information should something go wrong:

Sian (TF4-NoC5) *".....in the culture of you know, this blame culture when things go wrong.....I think, well if I've sent it, I've got proof, there's my concerns, you're the person in charge or you're the, social worker, you need to deal with them."*

Some foster carers discussed the large amount of responsibility they felt they carried within the multi-professional team when they were unable to contact social workers. They spoke about how sending an email and knowing that they had shared information with a social worker made them feel they had shared the responsibility they felt they held. They believed this process preserved their relationship with social workers as they felt less frustration and anxiety:

Maggie (TF1-NoC7) *"That's because you email them; you have evidence that you sent them the email. That's why it's documented, if you sent them a letter, they lose*

it. If you send them a text message, unless you get the data off their phone, you can't do it. If you send them an email, you have a hard copy of the date that it was sent."

Media influences were spoken about by foster carers as having both positive and negative effects on relationships. The heightened anxiety experienced as a result of high profile child protection cases often brought professionals together by improving the way they shared information but the flip side of this was that the increased amount of paperwork created limited face to face contact, and the introduction of a blame culture created additional barriers.

4.6 Theme 3: Multi-professional team functioning

Foster carers shared their perspective of how the multi-professional team functioned; sharing experiences when things had worked well and when they could have been better. The foster carers' unique role within the multi-professional team was highlighted throughout these discussions. The following categories were derived from the data and analysis: effectiveness of the multi-professional team; development and exchange of knowledge; and responsibility, accountability and leadership.

4.6.1 Effectiveness of the multi-professional team

Foster carers described how the multi-professional team came together for many different types of meetings, as well as engaging in contact via email, text message, and over the phone. As part of a foster carers' role, they were expected to attend and contribute to a wide range of discussions in different forums. When discussing the effectiveness of the multi-professional team, foster carers highlighted the factors that influenced their perceptions: frequency of meetings; number of people involved; and clarity of roles and responsibilities.

Frequency of meetings: Foster carers spoke about their attendance at both formal meetings, such as LAC reviews and care planning meetings, as well as more spontaneous meetings organised in response to concerns or to address more discrete tasks, such as developing a behaviour management plan. A number of foster carers felt the number of meetings they were expected to attend was excessive. On further

exploration, it was the usefulness of the many meetings they attended that was questioned rather than the frequency:

Catherine (TF12-NoC28) "There was one meeting where...oh there were lots of people called, the social worker from Ireland flew over. There were about ten people sitting round the table. And nothing happened at all."

When foster carers felt that multi-professional team meetings led to little or no action, they began to question the value of the multi-professional team coming together, with some disengaging as they did not see their involvement as important, with no clear goal or purpose:

Sally (TF9-NoC20) "I sometimes think that they have meetings for meetings...I'm sure you've heard that before...why keep on and on and nothing's happened"

One foster carer spoke about her experience of attending many meetings with little or no outcomes, describing how these experiences had led to her questioning whether the many meetings held had a negative impact on the effectiveness of the multi-professional team, as they delayed important actions being implemented. She described how she felt meetings were often organised in a habitual way, suggesting that they were routinely organised rather than planned as a response to the direct work of the multi-professional team, implying that there was often no identified purpose to each meeting being organised:

Sally (TF9-NoC20) ".....I think it's oh well we've done that, done that yes, right good, we'll have another meeting.....and it just takes up time. It stops them having to address the situation. And that's what's needed."

An additional problem that was highlighted by one foster carer was that the frequency of meetings led to foster carers being asked to share the same information several times:

Tony (TF3-NoC6) ".....I was sat there answering questions, and it goes on for ages this thinking I don't understand the relevance of this, don't understand the relevance of it. Then it asks the same question in slightly different way. It's not relevant, it's not relevant, I kept thinking."

Foster carers' experiences of attending many multi-professional meetings shows that many foster carers felt the frequency of meetings was problematic, yet it was notable throughout the analysis that foster carers didn't challenge the multi-professional team on this matter, instead they complied continuing to attend many meetings, indicating that the participants found it difficult to challenge other professionals on the functioning and purpose of the team.

Foster carers spoke more positively of their experiences attending multi-professional meetings when: all attendees of the meeting were introduced to them; they understood the role and responsibilities of each member attending; and the purpose of the meeting was clearly defined:

Margaret (TF18-NoC40) "Yes, yes. (it is better) I think when they can all see what role each person's playing and where additional help is needed."

Tony (TF3-NoC6 "...like independent reviewing officer (as an example of a good meeting) in my experience (they have) always done the does everybody know each other".

Through analysing participant's experiences of attending many different multi-professional meetings, it became clear that although the frequency of meetings was an issue for some, it was only highlighted as such in situations where the meetings were not perceived to be useful by the foster carer.

Number of people: The general experience of foster carers was that there were a large number of professionals involved in the multi-professional team. Several foster carers spoke about how they believed the number of people involved often added more complexity, which frequently led to confusion amongst the team about who was responsible for doing what:

Tony (TF3-NoC6) "There's just so many people involved with these things.....when you get teams that are too big, representing too many bodies, nobody actually takes responsibility, it's far too easy for people to say we didn't get that in time or they're holding this up or whatever."

Tony's description of how large teams can lead to difficulties also indicated that he felt that some professionals might have used the number of people involved in the multi-

professional team as an excuse for not implementing action points, suggesting that he understood that problems may arise through individual work ethic rather than as a direct result of the functioning of the multi-professional team.

Several foster carers also highlighted that they experienced diffusion of responsibility to assign and complete action points as a direct result of the number of people attending team meetings. This diffusion commonly led to foster carers feeling apprehensive as they believed responsibility was not explicitly assigned to individual members. To further evidence this, several foster carers spoke of how they had previous experiences of no action points being followed up after a multi-professional team meeting, further fuelling this concern. Further difficulties were also experienced by foster carers outside formal multi-professional meetings. Anna shared her experiences of how she found the number of people involved in the multi-professional team made it difficult for her to know who she needed to contact for particular issues. She described her experience of being passed from one professional to the next as she attempted to ascertain who she needed to speak to about discreet tasks:

Anna (TF8-NoC4) ".....if there's an incident, it's like there's too many people involved...and you ring somebody up and they say...oh it's not me who's dealing with that, it's somebody else. That can be a bit of a problem actually."

Many foster carers shared similar experiences which showed that they and other members of the multi-professional team were often unsure who they needed to speak to regarding particular issues. This led to foster carers continuing to make contact with a number of different members of the team until someone dealt with their questions and concerns. This process was not only time consuming but also led to foster carers feeling frustrated and as though they were being perceived as a “nuisance” by other professionals:

Anna (TF8-NoC4) ".....you'll ask them a question, “oh we don't know anything about this” and then they'll pass you onto somebody else and they'll get back to you and they don't get back to you. Then you ring up and then it seems to like, if you ring up, not to pester them, but to try and get to the bottom of it.....the only way to sort out if you pester, sometimes."

Although the number of people involved within the multi-professional team was often seen to be problematic, foster carers' descriptions of their experiences also indicated that difficulties often arose due to lack of clarity of roles and responsibilities within the multi-professional team.

Clarity of roles and responsibilities: Due to the large number of people involved with each looked after child as outlined above, some foster carers experienced attending meetings where they were unsure of who each member of the team was and what roles and responsibilities they held within the multi-professional team:

Tony (TF3-NoC6) *"...there was a woman there (at a meeting) who I had no idea who she was and she ended up being a school nurse and her input was very minimal at the end."*

Encouragingly, despite Tony's isolated experience, the majority of foster carers interviewed spoke positively about being introduced to all professionals prior to meetings commencing, however clarity around each member's roles and responsibilities was often neglected. This lack of clarity of roles and responsibilities was also discussed when foster carers shared their experiences of communication outside of formal meetings, via telephone, text message or email. A couple of foster carers spoke about occasions when they received a telephone call or email from a professional and they were unsure who they were or how they contributed to the team. Despite this confusion they did not appear to seek clarification from the professional, instead they tried to work out who they were for themselves, indicating that professionals are unlikely to be aware of this confusion, which limits their opportunities to provide further clarification:

Maggie (TF1-NoC7) *".....these people ring you and they say "I'm so and so from so and so" and you can't picture what office they're in, you don't know who they are. You can't put a face to them."*

Participants' experiences highlighted the importance of professionals being clear about their roles and responsibilities both within team meetings and when communicating via telephone and email. It also raised an important issue that foster carers were unlikely to seek clarification from professionals if they were unsure of the role of individuals within the team.

4.6.2 *Development and exchange of knowledge*

Foster carers felt that all members of the multi-professional team shared a common goal; to meet the needs of the child in care. To reach this goal they felt it was important that the multi-professional team developed and shared knowledge to achieve a better understanding of the child and how their needs could be best met. They discussed the development and exchange of knowledge within the following topics: the exclusivity of knowledge; sharing knowledge to develop a shared understanding; the impact of inaccurate knowledge exchange; and enhancing multi-professional team knowledge.

The exclusivity of knowledge: Foster carers spoke of how knowledge was developed and shared across the multi-professional team, highlighting the importance of the child's foster carer working closely with the multi-professional team to develop a shared understanding of the child. Despite this, foster carers commonly felt they were excluded from some more exclusive forums of knowledge exchange. Many foster carers felt that this exclusivity led to difficulties within the multi-professional team, as some professionals had knowledge that was not shared with the whole multi-professional team, creating barriers to the team developing a shared understanding. When discussing these experiences, the majority of foster carers shared experiences of social workers being in an authoritative position with regards to the development and exchange of knowledge, as they were often the professional that held the most knowledge about the child, and commonly decided what knowledge was and wasn't shared within the multi-professional team:

Sian (TF4-NoC5) "It's not great. We're not all singing off the same hymn sheet...people talk about openness and sharing information but there's still a degree of need to know stuff...It might be a social worker who thinks, I don't need to share this...whereas foster carers are very much of the opinion that we should have all information."

Several foster carers acknowledged that different views are held across the multi-professional team and across fellow foster carers about what information should be shared:

Sian (TF4-NoC5) "...I think everybody's perception of what you need to be told is different. You know like the children's social worker will have meeting with the children's mum and we don't get any feedback. And you know some people might argue, well do you need to know? Well I think ...if you're involved in a child's life I think, yeah you do. I think you need to know everything from every avenue really about what's going on and where."

Through exploring many foster carers' views about the importance of knowledge exchange across the team, it became apparent that the key concern for the participants interviewed was that all information was shared with them as the child's carer; they were less concerned that information was shared across the whole multi-professional team.

Sharing knowledge to develop a shared understanding: One area of knowledge exchange that foster carers did not always feel they were included in was knowledge exchanges about a child's past experiences. They felt that this knowledge exchange was vital to enable them to better understand the behaviours that the children in their care may display:

Bob (TF20-NoC60) "...it might have been that the pre-cursor to abuse was sitting reading with the abusive adult...you might not think immediately that you would [need] to know anything about an abuse but when you think that that's how the abuse [started] as I say, that might have been the pre-cursor to the abuse starting. That the child was taken to one side with an adult to read and then the abuse followed that."

Many foster carers spoke positively about how well the multi-professional team had sensitively shared information about the child's past experiences to facilitate the development of a better understanding of the child's behaviours. One foster carer commented that she felt the multi-professional team functioned well when they worked together to make sense of a child's behaviours rather than focusing on individual targets or restrictions to exchanging knowledge:

Marianna (TF3.5-NoC6) "It's possibly because the school was...everybody just seemed to be focussed on the child instead of targets and...everybody shared the information whereas sometimes you don't get that."

Margaret's experience of the multi-professional team functioning more effectively when there was less attention to targets and outcomes and more focus on developing a shared understanding highlighted how professional drives and exclusivity of knowledge can become barriers to effective team working.

Inaccurate knowledge exchange: As already discussed, many foster carers felt that information was knowingly withheld from them when social workers were being pressured to find a suitable placement for a child. In addition to this, one foster carer shared her experiences of inaccurate knowledge being documented by mistake by social workers on legal reports to be submitted to care proceedings:

Sian (TF4-NoC5) "All they (courts) get is reports from social workers, and again reports that I've read when I've asked to read them have been wrong. They've been inaccurate."

A couple of foster carers spoke about how inaccurate knowledge exchange and experiences of information being withheld impacted on how much they were able to trust members of the multi-professional team:

Marianna (TF3.5-NoC8) "I tell other foster carers that are coming into it, don't believe what they [social workers] say check it out first because they'll do anything to get a child in place on a Friday afternoon."

Despite many foster carers feeling that social workers had provided them with inaccurate information in order to place a child in their care, Sian's experience of inaccurate court documentation and medical record was less common. This indicated that Sian's experiences may have been isolated to her involvement with one particular professional or she may have requested information that other foster carers don't.

Enhancing knowledge exchange: Having effective channels to both provide and receive feedback was thought to be highly beneficial in enhancing knowledge exchange across the multi-professional team. When describing their experiences of receiving feedback, the majority of foster carers highlighted that health professionals were often the most proactive professional group as they provided foster carers with regular feedback. Many participants felt more included in medical reviews as they were asked to complete

questionnaires prior to reviews and always received feedback once the review was completed:

Sian (TF4-NoC5) “.....if the school nurse sees them we always get feedback. They have a medical every year and we always get feedback on what’s gone on. They (health professionals) send questionnaires, so they’re asking us as well, how have they been, what do they do.”

Providing foster carers with an opportunity to give feedback prior to meetings and reviews was spoken positively about by all participants, as it allowed them to raise issues and concerns prior to meeting the multi-professional team. This strong preference signifies that without this method of enhancing knowledge through feedback channels, foster carers felt less able to share their knowledge and experience with the team. Foster carers spoke of how their supervising social workers regularly asked them how things were going, which helped them to discuss their concerns, but many foster carers expressed a preference for documenting their concerns prior to meetings or reviews through feedback forms, to ensure they were listened to and responded to by the multi-professional team:

Margaret (TF18-NoC40) “When a social worker comes, she’ll ask if everything’s going alright, if I’ve got any problems. So you could say that it starts there, with the social worker”

Anna (TF8-NoC4) “They send you leaflets out before the meeting, any concerns and you get a complaints form, if you want to make a complaint ...and she looks at that before we start talking...so if there’s anything in there she’ll bring it up”

Throughout all of the interviews with foster carers, it was clear they felt that by having more structured methods of information sharing, encouraged them to share information in a forum that they sometimes found it difficult to contribute to.

4.6.3 Responsibility, accountability and leadership

Discussions around responsibility and accountability across the multi-professional team featured within all interviews. The majority of participants spoke positively about how

the team worked together to decide what actions needed to be implemented but were less positive when talking about actions being completed following these discussions:

Margaret (TF18-NoC40) "I think then they can all see what role each person's playing and where additional help is needed. And if that body can't provide it, then which body can?"

Some foster carers shared a common experience of a lack of action following these decisions being made within the multi-professional team. This lack of action left many foster carers feeling increasingly frustrated as despite the multi-professional team agreeing that actions needed to be taken, no actual progress was made:

Sally (TF9-NoC20) "I mean you're happy when they take on board the recommendations or the fact that you have concerns and they listen. But then the next step is the actual doing and sometimes they don't seem to be able to go the whole way for various reasons...So two years down the line with our foster child at the moment...his needs [are] not being met basically in school."

Having said this, a couple of foster carers shared positive experiences where the multi-professional team had worked together to ensure all actions were completed following meetings. When looking at why their experiences were so varied, some foster carers suggested that it was often as a result of the individual professionals involved that influenced whether or not the required actions were completed, together with whether there was clear leadership within the team:

Sian (TF4-NoC5) "I think it all depends on who the professional is, really as to whether you're heard, whether you're listened to."

Tony (TF3-NoC6) "...yes every team needs somebody who's appearing to lead it. And explains quite clearly why we are meeting in.....in things like the LAC review, it's quite clear because it's legislative, you do know, we have to do this meeting, yes we're all here, this is where we're up to and we've all met our, we've all met our responsibilities in terms of what we should be doing"

Foster carer's spoke of how leadership was prominent in LAC reviews as this type of meeting was set up with an Independent Reviewing Officer (IRO) having a clear role to

lead the proceedings. In more informal meetings leadership was described as being less apparent. Tony spoke of a meeting where it had been agreed that a child in his care should be assessed for an educational statement. Despite this agreement across the multi-professional team, he felt that the number of different people involved had led to confusion as to who was responsible for doing what:

Tony (TF3-NoC6) ".....so if you said what's the team, who's absolutely responsible for getting these statements, which are critical for these two, I'm still not absolutely sure as to who does what, when! What report is that, who signs it, who signs that?"

This experience highlighted the importance of foster carers being kept fully aware of who was responsible for completing each task. Improved clarity around the roles and responsibilities in addition to enhanced communication often ensured a more transparent account of the process, leading to less feelings of bewilderment. Several foster carers shared positive accounts of individuals from the multi-professional team taking a lead to ensure tasks were completed. One foster carer spoke about how on some occasions the foster carer took the lead, sharing positive experiences of occasions when he felt he and/or his partner had led the multi-professional team:

Tony (TF3-NoC6) "Lisa (Tony's partner) got together a kind of informal team on that and ran that.....somebody in every team needs to do that, don't they."

Bob also spoke about the importance of having a strong leader within the multi-professional team. He spoke about how influential he believed the leader was within any team and how he felt a team was often successful due to how well it was managed:

Bob (TF20-NoC60) ".....if we accept that the head of that team sets the standard and sort of develops the ethos of the way things are done, then one of the prime reasons it's as successful as it is, is because of who that manager is."

All the foster carers who spoke about leadership felt that it was crucial to ensure positive outcomes. The leader within the multi-professional teams was not described as one particular individual; instead a different member of the team appeared to take the lead depending on what the task was. This variability might explain why foster carers often felt confused when determining who was taking the lead for individual tasks.

5 CHAPTER FIVE: DISCUSSION

This chapter is structured around the original research questions to bring the reader back to the original aims of the study. The main findings are summarised and similarities and differences between the current findings and previous research discussed. Strengths and limitations of the study are then outlined and important implications put forward. Finally, future research recommendations are discussed before presenting the researcher's reflections and an overall conclusion.

5.1 *Research aims*

This research aimed to build upon current research within the area of multi-professional working, whilst adding a unique and valuable insight into foster carers' experiences of multi-professional working. To achieve this aim, the following research questions were derived:

1. **What are foster carers' perceptions of the configuration of the multi-professional team?**
2. **How do foster carers believe they fit into the multi-professional team?**
3. **What do foster carers believe works well / not so well when working in a multi-professional team?**

5.1.1 *Summary of findings*

Three overarching themes were derived from the analysis of the findings:

- **Theme 1: Complexity of the foster carers' role**
- **Theme 2: Importance of the foster carers' relationship with social workers**
- **Theme 3: Multi-professional team functioning**

The *complexity of the foster carers' role* included a discussion around the foster carers' role within the multi-professional team. The diversity and complexity of the foster carers' role was explored and the impact of the drive towards professionalisation investigated. Similarities and differences between the foster carers' role and the role of other professionals within the multi-professional team were explored before considering

how foster carers believe they fit into the multi-professional team. The *importance of the foster carers' relationship with social workers* was discussed across all interviews, highlighting how influential this relationship was in determining foster carers' experiences of multi-professional working. Complexities in the foster carers' relationships with social workers were then explored, whilst highlighting bridges and barriers to developing good working relationships. *Multi-professional team functioning* included a review of foster carers' experiences of when multi-professional working had been successful and their experiences when things had not worked well.

5.2 Discussion of findings

The findings showed that foster carers' experiences of team functioning was largely consistent with previous research findings. However, with the research focussing on the foster carers' unique experience within the multi-professional team, a deeper understanding of their role, identity and relationships within multi-professional teams was achieved, adding to the current research around multi-professional working.

5.3 Foster carers' perceptions of the configuration of multi-professional teams

Exploration of foster carers' perceptions of the configuration of the multi-professional team found that all participants believed foster carers should be an important member of the team. Foster carers described a range of different professional relationships that they had with members of the multi-professional team, but they largely focused on the relationships they shared with social workers. In line with previous research, this focus indicated how important the foster carers' relationships with social workers was in determining the foster carers' experience of fostering and being part of multi-professional teams (Fisher, Gibbs, Sinclair & Wilson, 2000; Samrai, Beinart & Harper, 2011). Social workers have the most direct contact with foster carers due to their role to visit, supervise, monitor, and support them. The relationships that foster carers had with social workers appeared to link them with the multi-professional team. With this in mind, it is not surprising that social workers have been found to play a central role in the multi-professional team across this and previous research (Frost, Robinson & Anning, 2005; Samrai, Beinart & Harper, 2011).

The findings of this research suggested that foster carers see the ideal

configuration of the multi-professional team consisting of two groups: a primary and secondary group (see Figure 5). The primary group was thought to be made up of the members of the multi-professional team that the foster carers had key relationships with (supervising social worker and child's social worker), and the secondary group was made up of the remainder of the professionals involved in the multi-professional team. The configuration also highlighted the foster carers' dual role both within the family environment and the multi-professional team, frequently transitioning from one to the other. The dotted line between the two illustrates the commonly encouraged divide between professional and family life that foster carers have to negotiate due to the unique duality of their role.

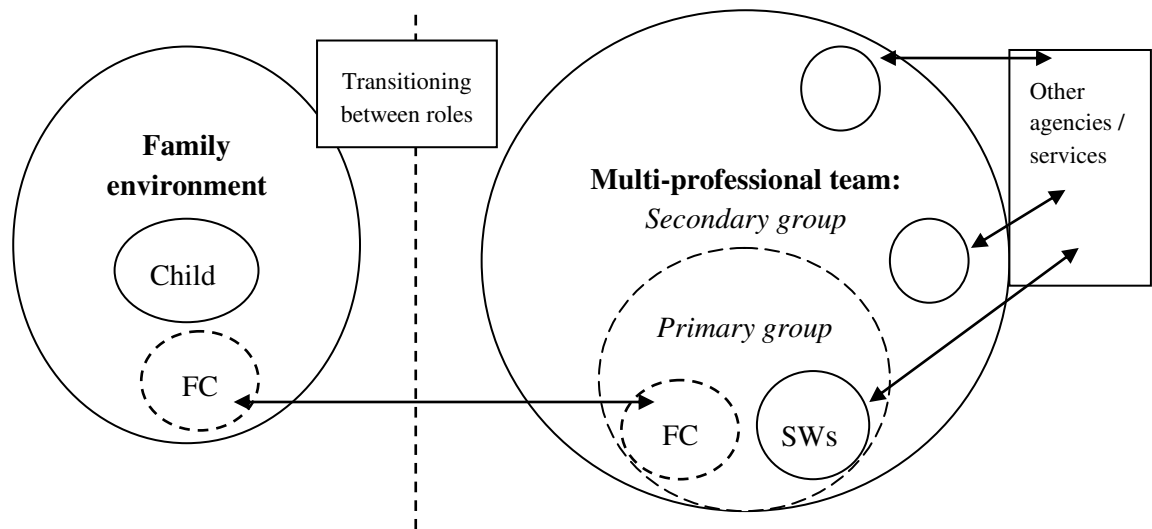


Figure 5: The 'ideal' team formation

The foster carers within this study recognised the importance of their 'periphery' positioning within the multi-professional team. Despite the common understanding of the word 'periphery' to mean a marginal or secondary position, Wenger (1998) describes how the periphery positioning within a community of practice (team) does not suggest a marginalised or secondary member of the community, instead it highlights the duality and unique value of an individual's role both inside and outside of the community of practice (team). Duality is described by Wenger (1998) as *"a single conceptual unit that is formed by two inseparable and mutually constitutive elements whose inherent tensions and complementarity give the concept richness and dynamism"*. The findings of the current research highlighted the concept that foster carers were in an important periphery position within the multi-professional team by

virtue of their two inseparable roles both within the family and the multi-professional team. Foster carers felt that their periphery role allowed them to share their unique experiences of the child with team members, whilst bringing the skills and knowledge acquired through their involvement in the multi-professional team to meet the child's needs within the family environment; each role enriching the other. When reflecting on the roles of other professionals it became apparent that all professionals within the multi-professional team could be described as having a periphery role, as they are part of their own agency / setting in addition to the multi-professional team. However the foster carers' periphery role was unique, as it linked the multi-professional team with the child in care; a link that was invaluable when the team's joint goal was to best meet the needs of the child. Other professionals also had contact with the child, particularly their social worker, but the foster carer was the only member of the team who had daily contact.

Foster carers described the formation of the multi-professional team differently depending on their individual experiences of: different team formations; relationships with individual members of teams; and the tasks they were focusing on. Figure 5 demonstrated the multi-professional team configuration that was preferable for the majority of foster carers; however other less desirable configurations were also experienced. The second configuration, again places the foster carers in a periphery role, but the link to the multi-professional team was understood to be weaker, as it was described as being established through the relationship that foster carers shared with social workers, see Figure 6.

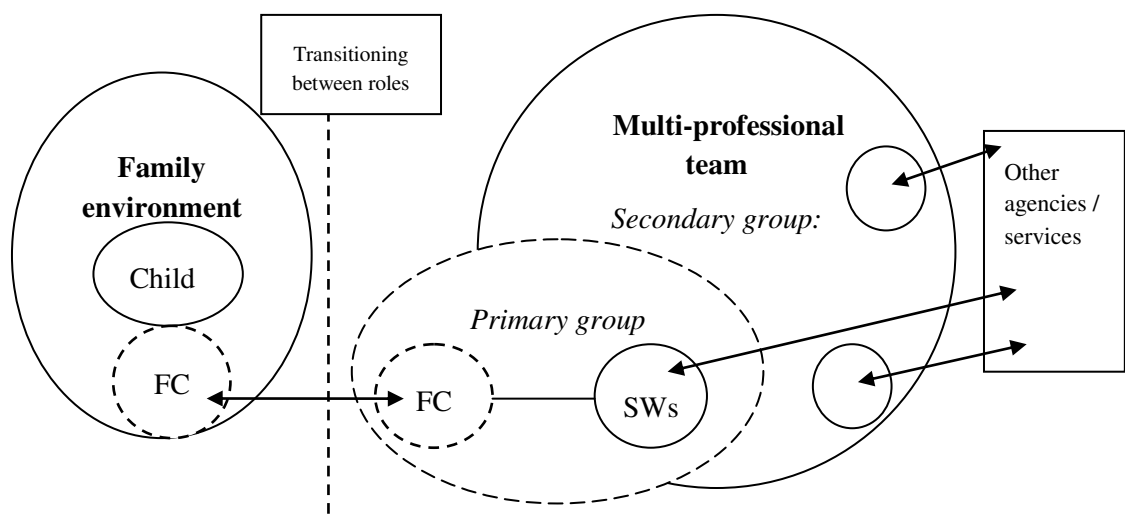


Figure 6: Social worker as the 'link' to the multi-professional team

To be connected to the team through relationships with one professional group was problematic as when relationships with this professional group broke down the connection to the multi-professional team was broken. It also meant that the foster carers' involvement in the multi-professional team was dependent on the social worker's beliefs of how involved they should be in the team, which placed them in a powerful role. For these reasons, this configuration only worked when foster carers had a good relationship with the social workers involved and trusted their professional judgement.

The final configuration illustrates foster carers feeling excluded from the multi-professional team, see Figure 7. Foster carers who described experiences of being excluded from the multi-professional team had experienced difficulties within their relationship with the social workers they worked with; resulting in a breakdown of the primary group. Due to the importance of the primary group's role in connecting the foster carers to the secondary group, this breakdown often resulted in foster carers feeling distanced from the whole multi-professional team. For all foster carers this was the least desirable formation, as they felt they were unable to participate in the multi-professional team and the duality of their role was not achieved, resulting in important information and knowledge not being shared. The bold line between the family environment and the multi-professional team illustrates that the foster carer is no longer able to transition between the family environment and the multi-professional team.

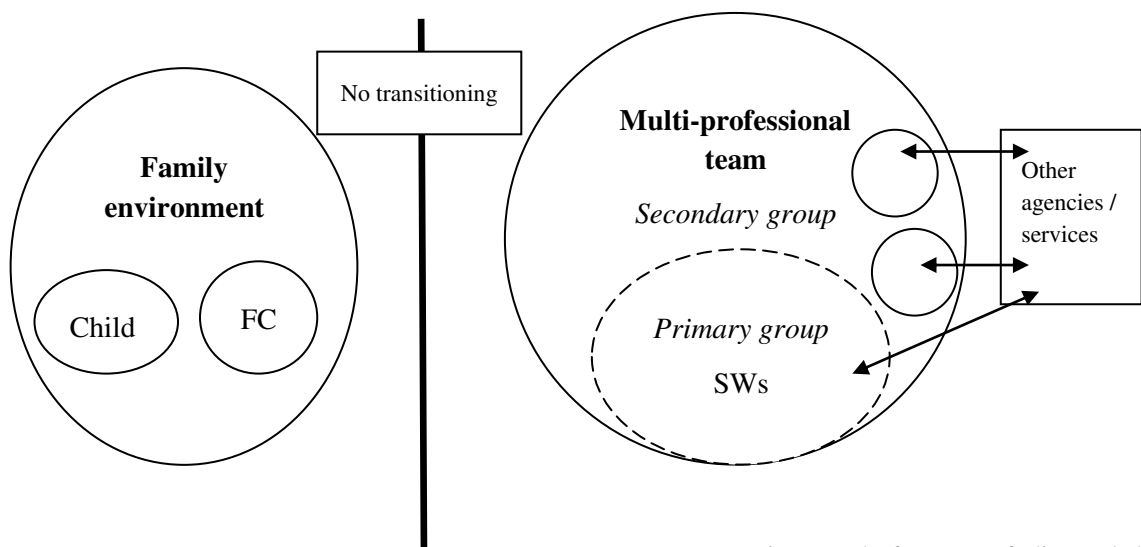


Figure 7: The foster carer feeling excluded

In conclusion, foster carers interviewed within this research wanted to be fully included in the multi-professional team. All foster carers acknowledged the powerful role that social workers have in determining whether foster carers are included or excluded from the multi-professional team. When foster carers were excluded, the duality of their role and their role to connect the child with the multi-professional team was not utilised.

Despite this research highlighting the important role of foster carers within the multi-professional team, they have not been included in previous research looking at the configuration and functioning of multi-professional teams. It would seem that although the duality of the foster carers' role is highlighted as being a valuable attribute, it can also lead to foster carers being excluded both in practice and across research, as their role is not exclusively in a professional domain.

5.4 Exploring how foster carers believe they fit into the multi-professional team

The aim of this research was not to provide a definitive answer to the question of how foster carers fit into multi-professional teams, as every foster carer and multi-professional team is unique. It was anticipated that this research would provide an insight into the factors that influenced how foster carers fitted into multi-professional teams. The current research findings were congruent with how Wenger (1998) described the process individuals go through when negotiating their identity and place within a community of practice, as foster carers described how they identified their role and place within the team through their participation in the team, their regard for themselves and how they were treated by others.

The view that foster carers should be included in the multi-professional team was grounded in the belief that they were a key member of the team who was able to bring unique and important knowledge of the child in care, together with their own experiences as foster carers, to multi-professional team discussions. Previous research supports this, reporting that foster carers want to be included in multi-professional team meetings around issues such as permanency planning and developing care plans (Thoburn, 1994; Pasztor & Wynne, 1995; Samrai, Beinart, & Harper, 2011). A number of important issues that were highlighted by foster carers when exploring how they believed they fitted into the multi-professional team are outlined below: the duality of the foster carers' role within the multi-professional team; comparing foster carers with other professionals; and difficulties accessing support as a professional.

5.4.1 The duality of the foster carers' role within the multi-professional team

Foster carers identified themselves as having two roles which they frequently negotiated between: the parental role within the family environment and the professional role within the multi-professional team. They valued both roles but spoke of how the combination of these roles brought about various challenges for how they fitted into multi-professional teams. As the multi-professional team is made up of professionals, the majority of foster carers within this study felt it was important for them to be identified as a professional and be accepted as part of the team. The term 'professional' can have many definitions depending on the context in which it is used. The core attributes of a 'professional' have been described as an individual who has: specialised knowledge and skills; provides an ideal service; license based monopoly; autonomy; self regulation; and an ethical code (Wilensky, 1964). There were various reasons put forward for why foster carers wanted to be identified as a professional: for some it meant they were accepted as skilled, knowledgeable and an experienced member of the multi-professional team; some wanting their role to be acknowledged as a career having entered fostering from other professional roles; and the majority implied that by being identified as a professional they felt they were valued and respected by the multi-professional team. For some foster carers their desire to be identified as a professional may be a protective factor; to enable them to distance themselves emotionally, as some placements are short-term and they are aware that they will have to say goodbye to the child, therefore they do not want to become too attached. This process of children moving on to more long-term placements can be emotive for their previous foster carers and the emphasis on their role as a professional may make this process more manageable.

Kirton (2007) discussed the trend towards professionalising fostering, outlining how this trend developed and unfolded through various initiatives led by the fostering network and the government. Overall, Kirton's review is supportive of professionalising fostering, in line with the findings of this research he described how professionalisation of fostering addresses the issue of foster carers being exploited and ensures foster carers are skilled and knowledgeable individuals who can provide good quality care to LAC. Foster carers within this study spoke positively about the drive towards the professionalisation of fostering but in agreement with previous literature and as outlined above they acknowledged that the drive brought with it an array of

challenges that needed to be better understood, as the balance of having a professional role and a family role was difficult to achieve and maintain.

Previous literature has discussed the complex relationship between providing a loving family environment for a child in care and being paid a salary to do so (Kirton, 2001; 2007; Harlow & Blackburn, 2007). The introduction of a salary for fostering is a contentious issue for some, as it interferes with the long held belief within society that foster carers should be motivated to provide a loving home rather than to receive a salary for looking after a child in care. Interestingly, the foster carers interviewed for this study did not highlight receiving financial incentives as problematic in the way that Kirton (2007) described. They felt that the introduction of a salary for fostering was problematic as it introduced a power imbalance within their working relationships. As they were now employees, they were assessed, supervised and monitored both within the multi-professional team and within the home environment. This employee status within the home environment was challenged by some foster carers as they found it to be intrusive, making it more difficult for them to achieve a healthy work and home life balance.

Despite the current study reporting that foster carers were keen to promote their role as a professional, Schofield, Beek, Ward & Biggart (2013) reported that the long term foster carers they interviewed primarily identified themselves as 'committed parents' stating that they did not want to be identified primarily as professional foster carers. On further exploration it would seem that Schofield et al's focus on long-term fostering may explain this difference; as they looked exclusively at long term foster carers as opposed to a mixed sample like the current study. Blythe, Halcomb, Wikes & Jackson (2013) also carried out a study looking at the perceptions of long term female foster carers, reporting that this group perceived themselves to be the 'mothers' of children in care rather than their 'carers', again highlighting the greater identification of long term foster carers as parents rather than professionals. Research shows that motivations for becoming a foster carer are varied and differ depending on whether an individual enters short or long term foster care (Smyth & McHugh, 2006; Riggs, Augoustinos, Delfabbro, 2009). These two types of fostering arrangements may suit two different types of foster carers.

When looking at government literature, Hollin & Larkin (2011) found that foster carers were not viewed by social workers or throughout the government green paper 'Care Matters' as taking on a parental role, with 'Care Matters' referring to the role of

the foster carer as ‘strictly professional’. They also reported that despite social workers referring to their own role as non-parental, government papers such as ‘Care Matters’ constructs them as taking on a parental role. When comparing foster carers’ experiences with government documentation, there is an evident mismatch between how the role of a foster carer is described within government papers and foster carers’ experiences of their role.

In conclusion, despite disagreement around whether fostering should be seen as a profession, the findings of this and previous research highlight that despite the majority of foster carers wanting to be part of the multi-professional team and believing their involvement was valuable, several barriers still existed. Both roles are important; children need skilled and knowledgeable carers and loving parental figures, but combining these roles raises many issues and debates. The difference between long and short term fostering should be acknowledged; these two types of foster carers are likely to have different roles within multi-professional teams and therefore how they fit into the team will vary. If managed and supported correctly, foster carers’ dual roles could benefit multi-professional teams; enabling a greater understanding of the child in care to be achieved.

5.4.2 Comparing foster carers with other professionals

When foster carers explored how they fitted within the multi-professional team, they discussed the similarities and differences between their roles and the roles of other professionals in the team. A major similarity that foster carers within this study strived for was to be a professional member of the team as outlined above. They also discussed the factors that made their role valuable and unique within the multi-professional team: their specialist knowledge; and generic understanding.

All professionals within the team brought their own unique specialism to the team, enhancing the diverse knowledge base of the team. Foster carers’ unique knowledge of the child, together with previous experiences as a foster carer formed their specialism. This specialism was important as foster carers believed it led to their role in the multi-professional team being of increased importance. Having said this, when foster carers felt this specialism was not valued and utilised by the team, they began to feel excluded. Other professionals’ specialisms were prominent within the team, as questions about education were aimed at teaching assistants and other school

representatives and health questions aimed at the LAC nurses. Foster carers reported questions about the child's placement and their day to day routines being directed towards other professionals despite this being their area of specialism within the multi-professional team. More needs to be done to ensure foster carers' unique specialism is utilised in a beneficial way by the team.

Foster carers spoke how their generic understanding across education, health and social care settings made them an important member of the multi-professional team. Their training and range of experiences working with a range of different professionals enabled them to develop a generic understanding; resulting in them being able to understand and use a range of terminology and profession-specific language. Unlike previous research looking at practitioners' experiences of multi-professional working, foster carers within this study did not report the language and / or terminology used to be a barrier to effective multi-professional working (Salmon & Rapport, 2005) as they had developed a generic understanding across a range of professional groups. However some may argue that the lack of language issues expressed by foster carers within this study may be due to them being less likely to declare that they do not understand the professional language used, due to their desire to be accepted by the multi-professional team.

5.4.3 Accessing support as a professional member of the team

Foster carers found that becoming a professional member of the multi-professional team made accessing the support they needed more difficult. Previous research has reported that foster carers with a strong support network are less likely to experience placement breakdowns (Sinclair, Gibbs & Wilson, 2004) and the main source of support for foster carers has been reported to be their supervising social worker (Samrai, Beinart & Harper, 2011; Wilson, Petrie & Sinclair, 2003). With this research in mind, it is particularly important to highlight that foster carers within this study reported feeling less able to seek support from their supervising social worker as their role became more professionalized. These findings are consistent with previous research that suggested foster carers' routes to accessing support need to be reviewed in light of the role changing over the past decade (Murray, Tarren-Sweeney & France, 2011). If foster carers are to become an integral part of the multi-professional team then how they access support within this new role needs to be explored further to ensure their support needs are met in the most appropriate way.

5.5 What do foster carers believe works well / not so well?

The final aim of this research was to explore foster carers' experiences of working within the multi-professional team, looking at their experiences of when the multi-professional team worked well and not so well. The three factors most frequently discussed were: clear leadership, purpose, roles and responsibilities; communication methods; and information sharing.

5.5.1 Clear leadership, purpose, roles and responsibilities

In agreement with previous research the current study reported that foster carers experienced the presence of clarity around leadership, as a tool in facilitating effective multi-professional meetings (Worrall-Davies, Kiernan, Anderton & Cottrell, 2004; Frost, Robinson & Anning, 2005) as it ensured: agendas were adhered to; action points discussed and agreed; and responsibility for each task assigned to members of the team. In line with the current findings, Cameron & Lart (2003) reported that a lack of clarity around the aims and objectives of team meetings and each member of the team's roles and responsibilities often formed a barrier to effective multi-professional working being achieved. When attending multi-professional meetings, foster carers described two distinct types of meetings: formal meetings chaired by an IRO; and less formal meetings that didn't have an obligatory chair. When discussing less formal meetings, foster carers described leadership as being unclear. Clear and consistent leadership may be difficult to achieve within this type of team as the purpose of the team coming together was frequently changing and therefore the skills of different members suited the leadership role at different times. Previous research has placed the role of social workers as central to the joining up of the multi-professional team, indicating their suitability to embrace a more formal leadership role within the multi-professional team (Frost, Robinson & Anning, 2004). In line with previous research, foster carers within this study spoke about the influential role of the social workers both within the multi-professional team and the relationship they share with foster carers, suggesting that social workers are well suited to taking on a more defined leadership role. Social workers appear to take a natural lead within the multi-professional team but the findings of this study state that more clarity and transparent discussions about leadership would benefit foster carers.

Foster carers spoke of attending multi-professional meetings where they were unsure of the purpose of the meeting, describing their experiences of feeling they were “*attending meetings for meeting sake*”. The important task of defining the purpose of the meeting was often neglected, leaving foster carers unsure what the focus of the meeting was. This may be due to each member of the team having different ideas on what the purpose should be and without clear transparent leadership no clarity of purpose was achieved. The findings of this study were congruent with the findings from previous research that highlighted difficulties around developing joint goals within multi-professional teams (Rose, 2011), due to each member’s goals / focus being different. It was found in this and previous research that issues around identity, power, and expertise often lead to dilemmas around how joint goals were negotiated, as each member of the team has their own professional drives. Foster carers described how in their experience this lack of clarity resulted in little or no action being achieved as a result of less effective meetings.

Wenger (1998) described how each ‘community of practice’ (multi-professional team) negotiates a joint enterprise (task / purpose). He stated that negotiating a joint enterprise (task / purpose) does not mean that each member has to agree. Members of a community of practice (multi-professional team) do not all share the same ideas and views, this difference is often what makes them effective as they bring a range of knowledge and experience to the community of practice (multi-professional team). However Wenger does highlight the need for all members to be connected to the community (team) by a joint enterprise (task / purpose). With this in mind, it may be concluded that the difference in identity and professional backgrounds is beneficial, but only if clear and transparent leadership is established within the multi-professional team.

The importance of clarity of roles and responsibilities of each member of a multi-professional team was discussed by all foster carers within this study and across previous research. Foster carers reported that prior to multi-professional meetings each member of the multi-professional team introduced themselves by stating their name and job title. Despite this established process of each team member introducing themselves at the start of meetings, foster carers reported feeling unsure what each member of the team’s roles and responsibilities were. These findings are congruent with research focusing on professionals’ perceptions of inter-professional working. Larkin & Callaghan (2005) reported that despite knowledge of names and job titles of

professionals, the majority of professionals involved in the study did not fully understand the roles and responsibilities of other professionals that they worked with. Despite the positive intentions of each member introducing themselves prior to meetings commencing, in reality without defining their roles and responsibilities alongside their name and job title, foster carers and other members of the team are left unsure of how each member contributes to the team.

Despite much of the research across the topic of multi-professional working already highlighting difficulties with a lack of clarity across the multi-professional team, to date the foster carers' perspective has not been fully explored. An additional and important finding from the current research was that the foster carers who shared these experiences did not seek clarification from the multi-professional team and therefore the lack of clarity became an ongoing barrier. These findings highlight an important implication that more clarity around leadership, purpose of meetings and each member's roles and responsibilities is essential to improving foster carers' experiences of multi-professional working. Further still, assumptions should not be made that foster carers will seek clarification, as the findings of this study have shown that despite confusion over roles and responsibilities, foster carers did not seek clarification.

5.5.2 Communication methods

Flexibility in communication methods has been reported to benefit professional and therapeutic relationships (Martin, Sutcliffe, Griffins et al, 2011; Free, Phillips, Watson et al, 2013). Within the current study, foster carers reported that having access to email addresses and mobile contact details for professionals preserved their relationships with members of the multi-professional team, as this flexibility often prevented the foster carers becoming frustrated when they were unable to contact other professionals. They spoke of how being able to quickly share information with professionals without spending a large amount of time calling office numbers prevented professional relationships breaking down. In addition, email communication was particularly beneficial when foster carers wanted to disseminate information to several members of the multi-professional team without spending a large amount of time communicating with each member of the team.

Foster carers reported that this flexibility of communication mainly benefitted their relationships with social workers, as social care professionals were identified as

the professional that routinely gave out mobile numbers and email addresses as opposed to educational and health professionals. Foster carers believed that social workers carried higher caseloads than other professionals, which made them the most difficult professional to contact, and therefore additional methods of communication were most valuable to preserve the relationships they shared with others.

Wenger (1998) described methods of improving engagement as an 'essential component of any practice'. Flexibility of communication helped foster carers to connect with the multi-professional team, it helped them to feel more engaged and supported, which led to a greater sense of belonging. An association has also been reported in previous research between the frequency of telephone contact between supervising social workers and foster carers, and foster carers feeling supported and therefore continuing to foster (Fisher, Gibbs, Sinclair & Wilson, 2000). Increased telephone, text message and email contact may improve working relationships between social workers and foster carers when additional face to face visits are not possible.

Another benefit reported within the current findings of having access to email addresses was that this method of communication ensured an audit trail to evidence that information had been communicated. Foster carers believed it was important that they had evidence of sharing information to protect themselves from scrutiny should anything bad happen in the future. This fear was largely constructed from foster carers' knowledge of serious case reviews investigating how professionals have worked together and reported breakdowns in communication. With this in mind, foster carers wanted to ensure that in the unlikely event their practice was investigated they would be able to provide evidence of their communication with other professionals. This need to evidence communication through emails in this manner has not been highlighted in previous research suggesting that this factor may relate specifically to foster carers, as other professionals have other procedures for documenting their practice, such as case notes and electronic recording systems. Despite foster carers logging a written diary of the placement, they appeared to be in a vulnerable position with regards to documenting their communication with other professionals, as they relied on other professionals accurately documenting their discussions. One way that foster carers negotiated this issue was by ensuring they had a paper trail of the information shared with other professionals, and email communication was the most effective way of doing this. This process was discussed by several foster carers, suggesting that more needs to be done to ensure foster carers are able to evidence their practice, in line with other members of the

multi-professional team. Despite the drive towards professionalising fostering, foster carers spoke of how they did not have access to electronic recording systems as other professionals did. It is questionable whether this would be appropriate given the duality of their role and their work place being their home. Could foster carers have their own more formally established recording system or is email documentation and diary logs sufficient?

5.5.3 Information sharing

How information is shared across multi-professional teams has been a key issue reported across previous research (Sloper, 2004; Worrall-Davies, Kiernan, Anderton & Cottrell, 2004; Doyle, 2008). In agreement with previous research, several issues around information sharing were highlighted by foster carers within the current study: opportunities to share information, seeking information, and information being withheld.

One of the key findings across this study was that foster carers valued opportunities to share information and knowledge with the multi-professional team. They spoke positively of being asked to complete feedback questionnaires/forms prior to attending multi-professional meetings and questions being directed to them within meetings, as this ensured they were able to contribute their knowledge and understanding of the child in their care to the multi-professional team. This finding indicated that foster carers found it difficult to communicate their knowledge and information to the multi-professional team without specific procedures being in place to do this, suggesting that the meeting forum may be more challenging for some foster carers than other professionals. It is important that the multi-professional team are aware of these potential barriers to ensure foster carers are empowered to share their important knowledge, skills and experience with the team.

All participants shared experiences of occasions when they believed they were not privy to all the information they needed to know about a child. As foster carers did not have access to case notes like many other members of the multi-professional team, they relied on information being shared with them by the professionals they worked with, particularly social workers, making them more dependent on effective information sharing across the multi-professional team. In agreement with other research, the findings reported that social workers were at the centre of decision making about what

information should be shared and with whom (Frost, Robinson & Anning, 2004), largely due to them being the member of the multi-professional team who by virtue of their legal responsibility to the child was the 'gatekeeper' of all background information and knowledge. The lack of consistency with what and how information was shared was a source of frustration for many foster carers who felt that as the child's carer, they should be kept fully informed of all information known about the child. With the social worker being viewed as playing a central role in information sharing it is important that the process of deciding what information should be shared with whom is well thought out and transparent, otherwise resentment may be directed at social workers leading to breakdowns in relationships across the multi-professional team.

The way meeting minutes were captured and disseminated was reported to be ineffective by many foster carers. This was particularly problematic for foster carers when they were not invited to meetings, as they were left unsure of what had been discussed and decided in their absence. The lack of consistency with the distribution of meeting minutes meant that the multi-professional team were unsure of the action points devised in their last meeting, which led to action points not being fulfilled in the allocated time scales. If each member of the multi-professional team is not aware of the discussions and decisions that were reached in previous meetings they are unlikely to feel able to contribute to future meetings and may even feel their presence is not required.

The final important factor that was raised by foster carers when discussing information sharing was that they believed information was knowingly withheld from them at the time of placing a child in their care. Foster carers reported that the withholding of information at this time was largely due to social workers struggling to find foster placements for children, withholding information that may make a child more difficult to place. This action led to foster carers no longer feeling able to trust that the information being shared with them was correct, heightening their anxiety when accepting new placements. The practice of social workers knowingly withholding information led to an increased risk of foster placement breakdowns due to foster carers feeling unable to prepare for the challenges they may be presented with (Rostill-Brookes, Larkin, Toms & Churchman, 2011). Previous research supports these findings, reporting that foster carers across other studies believed that information was withheld from them at the time of placing a child in their care (Rees & Wallace, 1982; Samrai, Beinart & Harper, 2011). In addition, research has shown that finding a

placement for a child was unfortunately more about what was available rather than what placement would meet the child's needs (Worrall-Davies et al, 2004), increasing the pressure on social workers to withhold information in order to find a placement for a child. In reality the luxury of having several foster placements to choose from and the time to ensure the right match is found is extremely rare, with social workers often having to find a placement for a child in emergency situations, leaving them no choice but to search for a satisfactory placement rather than the right placement.

The breakdown of trust that resulted following social workers knowingly withholding important information from a foster carer impacted on the whole multi-professional team, as this breakdown with social workers became a barrier to them engaging in the multi-professional team, due to the powerful role the social worker plays in linking the foster carer with the multi-professional team. The successful placement of a child in care creates a good 'foundation' for the multi-professional team to work with; if these 'foundations' are not stable, due to information being withheld, the effectiveness of the multi-professional team is almost irrelevant as the placement is more likely to breakdown.

5.6 Other findings from the data

5.6.1 Foster carers' relationships with their supervising social workers

In addition to the above, a key finding that this research highlighted was the importance of the relationship between foster carers and their supervising social workers and how this relationship played a key role in determining the foster carers' overall experience of multi-professional working. In line with other research, the supervising social workers were described as one of the most significant members of the multi-professional team by foster carers (Fisher, Gibbs, Sinclair & Wilson, 2000; Samrai, Beinart & Harper, 2011). Foster carers within the current study described the supervising social worker as having two roles: to supervise and to support the foster carers. Many foster carers questioned whether these roles could both be fulfilled by one individual as they felt the roles were often in conflict with one another.

Foster carers shared experiences of feeling unable to seek support from their supervising social worker due to their role to supervise and manage the foster carer. Many foster carers within this study spoke of how the increased focus of their social worker's role to supervise / monitor their practice has, in their opinion, created barriers

to being able to seek support from them. Many foster carers felt unable to talk openly and honestly with their supervising social workers as they felt their practice was permanently being assessed; therefore they were more likely to appear as though they were coping well, until things became unbearable. In practice this would mean that their supervising social worker would only become aware of difficulties when the placement was about to breakdown, which is far from ideal as relationships across the system will have already become strained and may be difficult to repair.

As lack of support for foster carers has been related to placement breakdown and / or individuals ceasing their fostering role (Fisher, Gibbs, Sinclair, & Wilson, 2000) it is important in the drive to retain foster carers, that this inability to seek support is researched further. The relationship foster carers share with their supervising social worker has been reported to be a vital source of support to foster carers (Murray, Tarren-Sweeney & France, 2011).

The current study supports previous research studies but opens up a new debate: can supervision and support be obtained from the same individual? Foster carers within this study spoke of feeling less able to seek support from their supervising social worker in the way they would like to due to them having a role to supervise and monitor them and the increased focus on the professional aspect of the role. These findings suggest that the vital support that foster carers seek in order to effectively carry out their role and continue to foster may not be provided by the current support arrangements.

Previous research has identified a relationship between foster carers feeling unsupported by their social workers and dissatisfaction with their role (Cummins, 1994; Fees et al, 1998) which could potentially lead to foster placement breakdown (Rostill-Brookes, Larkin, Toms & Churchman, 2011). Further research is needed to explore the relationship between the foster carers and social workers, looking at whether the dual role is achievable, and if it is achievable what helps to make this dual role work.

5.6.2 Power in the multi-professional team

Across the findings questions regarding the distribution of power across the multi-professional team became apparent. Power issues within multi-professional teams is a topic of much debate that could not be fully explored within this research; however it is important to reflect on how power may have impacted on foster carers' experiences of multi-professional working. The findings of the research indicated that power or lack of

power impacted on foster carers: degree of participation; confidence to disagree with other members of the multi-professional team; and their ability to raise issues / concerns with how the multi-professional team functions.

Despite the findings showing that foster carers had experienced a range of issues with how multi-professional teams functioned, none of the foster carers discussed these issues within the multi-professional team. This finding raises questions that could be explained by the distribution of power across multi-professional teams and how much power was assigned or claimed by the foster carer. Depending on how much power a foster carer felt they had within a multi-professional team may relate to how able they felt to discuss issues and concerns with the team. If the power distribution within multi-professional teams was preventing foster carers from highlighting issues what would need to be different for them to raise these issues? What would happen if they did raise these issues? Would raising issues help, or would nothing change? Who distributes power across the multi-professional team?

The majority of foster carers spoke about how their experiences of multi-professional working varied depending on the individuals that made up the multi-professional team. Each individual member of the multi-professional team held different amounts of power for many reasons. Each individual member within the multi-professional team was also a member of a team / group outside of the multi-professional team in question and therefore it is likely that their role within one team impacted on their role within another. For example, if the social worker in the multi-professional team was also a practice manager within the social care department they work within, the power that they had within the multi-professional team may be different than that of a newly qualified social worker. It is also important to note that the professionals that make up a multi-professional team may also impact on how power is assigned and negotiated across the team. For example, if a psychiatrist joins a multi-professional team the power dynamics are likely to be different due to the roles and responsibilities of this professional group within other services.

Foster carers' participation within multi-professional teams varied depending on their own perception of their roles, personality traits and the level of experience they had as a foster carer, suggesting that these individual factors may also influence the level of power a foster carer has within a multi-professional team. If a foster carer viewed their role as important and critical to the multi-professional team's success

would they be more inclined to place themselves in a more powerful position within the team? Or would the other professionals within the multi-professional team have to assign them this power? Is there a key professional that assigns power or does it change across different teams?

Whether or not foster carers were perceived to be a 'professional' also appeared to be central to how much power they believed they held and therefore influenced their experience of multi-professional working. When foster carers were not perceived to be a 'professional' they felt excluded from the multi-professional team, placing them in a powerless position. Does the title 'professional' put the foster carer in a more powerful position? Who decides whether a foster carer is a professional or not? Can a foster carer assign the title of 'professional' to themselves?

All foster carers interviewed believed the social worker were in a powerful position within the multi-professional team. They were described as having a unique role, as they were the professional who brought the team together, communicated with each professional outside the formal meeting settings, held all the information known about the child in care and made decisions on whether information should be shared with other members of the multi-professional team or not. Social workers were also assigned power by virtue of the legal system that surrounds a child in care as outlined in Figure 1. If a child in care was under a full care order the local authority would commonly share parental responsibility with the birth parents, therefore the child's social worker, by virtue of their role, held legal responsibility within the multi-professional team which placed them in a powerful position.

This research did not focus specifically on power within multi-professional teams but important issues have been raised throughout the interviews with foster carers that require further exploration.

5.7 Implications and recommendations

Despite previous research exploring multi-professional working, this research was the first to exclusively explore and report foster carers' experiences of multi-professional team working. It is important that these findings are disseminated across practice as the findings reported from this research have implications for all professionals who work

with LAC and the systems around them. Important implications and recommendations for practice are outlined below.

5.7.1 Foster carers to be fully included in multi-professional teams

Foster carers should play an important role in multi-professional teams and their involvement should be encouraged by all professionals working alongside LAC. The following recommendations are suggested to achieve this:

- Feedback forms / questionnaires requesting foster carers' views and concerns to be sent to foster carers prior to multi-professional meetings to ensure they are encouraged to contribute their knowledge to the multi-professional team.
- Enquiries about the placement and day to day well being of the child in care to be directed towards the foster carer where appropriate.
- All professionals working with LAC to be made aware of the roles and responsibilities of foster carers and the duality of their role.
- Flexibility in methods of communication to be encouraged where possible to enable foster carers to integrate into the multi-professional team.
- Media campaigns and foster carer recruitment advertisements to be revised to ensure the role of a foster carer is accurately reflected as both a parental and professional role.

These recommendations are in line with NICE guidelines, that state *“carers of looked after children and young people are part of the team working with the child or young person that works collaboratively, sharing information effectively and appropriately”* (NICE/SCIE, 2010).

5.7.2 Leadership and clarity in the multi-professional team

Leadership and clarity are important factors within all multi-professional teams. The following steps should be taken to ensure clear leadership, clarity of meeting purpose and an understanding of each professional's roles and responsibilities is achieved:

- All multi-professional teams should have an identified lead professional.

- The purpose of the team coming together for a multi-professional meeting should be clearly stated by the lead professional at the start of the meeting and reflected in the team discussions and conclusions.
- Each member should be clear of their own and other team member's roles and responsibilities within the multi-professional team. The dissemination of a document with the names, job titles, agency or service they represent, and roles and responsibilities of each member may be beneficial to help ensure this clarity.
- Meeting minutes should be distributed to all members of the team within an agreed timescale prior to subsequent meetings.

NICE guidelines state that *“care planning, led by social workers, reduces the need for emergency placements by supporting the quality of the relationship between the child or young person and their carer, and increasing attachment. This also helps promote a stable education”*. In addition, recommendation 7 of the guidelines highlights the importance of everyone understanding their roles within the multi-professional team.

5.7.3 Relationships with social workers

The relationship between foster carer(s) and social workers is influential in determining the foster carers' experience of multi-professional team working. The importance of this relationship should be understood and managed by all professionals. The following recommendations have been devised in line with this:

- Meetings to be arranged between the foster carers, child's social worker and supervising social worker at the beginning of all new placements and at intervals thereafter, to ensure each professional in the primary group is aware of the child's care plan and their role within this.
- Regular contact to be promoted between the foster carer(s) and the social workers involved with the child in care. Flexibility of communication methods to be established to help achieve this.
- Local authorities and private fostering agencies to review how foster carers access support and explore the effectiveness of current support arrangements; to establish whether the current combination of the supervising social workers, role to supervise and support is effective.

These recommendations are in line with NICE guidelines “*carers who feel supported by their social worker and have ready access to support services are better able to use their skills to encourage healthy relationships and provide a more secure base, and so reduce the risk of placement breakdown*” (NICE/SCIE, 2010).

5.7.4 *Withholding information*

The withholding of important information about a child in care leads to an increased risk of placement breakdown; a detrimental outcome for all involved. It is recommended that:

- All relevant information known about a child in care should be shared with potential foster carers prior to placing a child in their care.
- Additional training to be provided to foster carers to ensure they feel equipped to deal with a range of challenging behaviours. This training could empower foster carers to feel confident in accepting more complex placements.
- All professionals, especially social workers, to be made aware of the links between withholding information from foster carers and placement breakdown reported across the research literature in this area.

NICE guidelines promote the importance of the continued sharing of information across multi-professional teams “*to provide effective care, professionals need to collaborate closely and share information*” (NICE/SCIE, 2010).

5.8 *Directions for future research*

The findings of this study provide an important insight into foster carers’ experiences of multi-professional working, enabling recommendations to be put forward to improve professional practice. Several key areas have been raised within the findings that would benefit from further exploration.

Further research into the foster carers’ identity would be beneficial, exploring the differences between long-term and short-term foster carers and how their involvement and perceptions of the multi-professional team may differ depending on the type of fostering they provide. The importance of the relationship between the foster carer and

the social worker has been highlighted across this and previous research; further research could explore social workers' experiences, views and perceptions of the relationships they share with foster carers, to develop a deeper understanding of this relationship from a different perspective. A better understanding needs to be developed about the supervising social workers' dual role to determine whether this role is achievable, further qualitative research exploring social workers' experiences of this relationship would help achieve this.

Little is known about why or how decisions are made about what information is shared with foster carers. The findings of this research show that foster carers believe social workers play a key role in deciding what information is shared with them, but little is known about how or why these decisions are made. Inconsistencies from one social worker to another was also reported suggesting that social workers decisions to share or withhold information may be less about following procedures and more about their own personal views. Future research could focus on this decision making process, exploring how social workers negotiate what information to share with different professionals and whether sharing information across the multi-professional team leads to better outcomes.

5.9 Strengths and limitations of the research

Steps were taken throughout each stage of the project to ensure the research was carried out in a robust and thorough manner, with the primary desire to produce a piece of research that provided a reliable and transparent account of foster carers' experiences of multi-professional working. Strengths and limitations were identified following the completion of this project; these are discussed below.

The nine participants that were recruited for this study included a range of foster carers varying in: age; gender; type of fostering; number of placements; locations; and length of time fostering. The sample also included an out of area placement and private agency foster carers. The sample range showed that despite convenience sampling being used to recruit participants, the sample captured a diverse range of foster carers' experiences of multi-professional working for a qualitative piece of research (Greenhalgh, 2010). The key disadvantage of this sampling method was that it limited the sample to only including foster carers who were registered with the two selected specialist LAC teams. By being registered with these teams a referral would have been

made for additional support, consultation and guidance within the last three years. This would suggest that the participants included in this study were more likely to have experienced difficulties / challenges within the placement, or the multi-professional team, than other foster carers who had not sought this additional support.

The researcher's previous knowledge and experience of working with foster carers and multi-professional teams meant that a deeper understanding of foster carers' experiences could be achieved as the researcher was able to understand the terminology, legislation, and roles and responsibilities of each professional group. This knowledge was valuable when developing the interview schedule; when conducting the interviews; and when analysing the data collected. However it is also well documented that most qualitative researchers believe that the researcher's previous knowledge or experience of the topic could influence the research by virtue of how the research question is devised, the creation of the interview schedule / guide, choice of analysis method and through their own interpretations of the findings throughout the research (Yardley, 2008). To minimise this influence the researcher worked closely with the academic and field supervisors involved in this research, sharing thoughts and reflections and ensuring the research team was involved in all decisions made to counteract the potential for researcher bias. The researcher was careful to ensure open questions were used where possible within the interviews, to ensure that they did not lead participants within the interview process.

Each participant was notified that the study was being undertaken by a psychologist in clinical training when gaining their consent. The knowledge that the researcher belongs to a particular professional background may have influenced the material discussed. For example, participants may have been reluctant to discuss their experiences of psychologists they had previously worked with.

The original plan was to recruit participants from one specialist LAC team based in the North of England. Unfortunately the manager of this team who had been involved in the original planning of the research left the service shortly after recruitment began. This change in management, together with the administration post within the team being unfilled, meant that the recruitment of participants through this team was uncertain. Due to time limitations, a secondary recruitment plan was developed with a second specialised looked after children's team being identified. They were keen to take part and due to a more defined administration process were able to quickly send out the required recruitment packs; recruiting six of the nine participants. Throughout this

time, efforts were continuously made to resume the recruitment procedure with the original team, and four participants were successfully recruited before recruitment was closed.

The above difficulties resulted in participants being recruited from two locations, which made their experiences more variable possibly giving a deeper insight into foster carers' experiences, as experiences were not exclusively from one local authority. The difficulties recruiting from the original team led to the researcher being unsure how many recruitment packs were distributed, as management and administrator changes meant that recruitment may not have been as systematically managed as the researcher had hoped. In line with data protection policies, the researcher was not privy to the names and addresses of the foster carers being sent recruitment packs; therefore the researcher had to rely on both teams sending out the recruitment packs to all foster carers. It is possible that some foster carers may not have received a recruitment pack due to these issues. To ensure as far as possible that recruitment strategies were adhered to, the researcher maintained a regular presence within the teams by: presenting the research to the teams prior to recruitment starting; attending slots on team meetings; maintaining regular contact with the administrator and both managers of the teams where possible.

5.9.1 Some further reflections from the researcher

As a novice researcher a number of lessons have been learnt throughout completion of this research. If I was to repeat this research, I would make several changes to improve the overall project. Firstly, I would alter the semi-structured interview guide to ensure key topics were discussed by all participants. Secondly, I would recruit participants directly from local authorities, minimising the potential for recruitment difficulties. Finally, I would have collected more information about each participant to be able to make more comparisons throughout the findings and discussion chapters, for example the types of foster placements they provide (short-term; long-term; emergency). If I were to follow up these findings in future research I would be keen to explore the findings using quantitative and mixed methods with larger sample sizes.

All interviews took place in participant's homes; this appeared to help participants to quickly relax into the interview process and led to the interviews flowing more freely from topic to topic than perhaps they would have in a more formal setting. However

this environment meant that the researcher was unable to create a distraction free environment. For example, two of the interviews took place with small children being present, which made it difficult for both the researcher and participant to concentrate. In addition, the researcher found it difficult to obtain in-depth responses from two of the participants; they both responded with brief responses which made it difficult to explore their experiences in depth. The researcher used a range of techniques to try to gain more detailed responses; using open questions; asking for examples; reflecting back the participants' responses; and using phrases like "*could you tell me more about that?*"

The researcher also found that important reflections were discussed after the recording equipment had been turned off. This may have been due to the researcher adopting a more conversational style by asking the participants questions about their fostering experiences like "so how many children have you fostered?" After the third interview the researcher decided to keep the recording equipment running to ensure all important data was captured.

6 CHAPTER SEVEN: CONCLUSION

This study explored foster carers' experiences of multi-professional working. Foster carers wanted to be included in multi-professional working and felt through this inclusion they were able to bring unique knowledge to improve the multi-professional team's understanding of the child in care. Overall, they welcomed the professionalisation of fostering, as it led to their role, knowledge, skills and experience being respected and valued within the multi-professional team. They described how roles as a parent within the family environment and professional foster carer within the multi-professional team could, if managed and supported, enrich one another leading to an ideal matching of knowledgeable and experienced professionals who were also able to provide a child with a loving family environment. Foster carers' relationships with social workers were influential in determining foster carers' experiences of fostering and multi-professional working; they were also described as a central team member and a key source of support for foster carers. Foster carers' experiences of multi-professional working call for: clearer leadership; more clarity around purpose of team / meeting; a better understanding of each member of the team's roles and responsibilities; a consistent approach to information sharing; all information known about a child to be

shared with foster carers prior to placement; and more flexibility around communication methods.

This research highlights the importance of better understanding the role of the foster carer, to be able to ensure that foster carers' knowledge, skills and experiences can be utilised in the best possible ways, taking full advantage of their peripheral role straddling both the home life with the child in care and their professional life within the multi-professional team.

6.1 Final thoughts

When I began researching multi-professional working, I had limited knowledge of how foster carers experienced multi-professional working, much of which was from my own interpretation of being present alongside foster carers in multi-professional meetings. I was largely unaware of the complexities of the foster carers' role and through being privileged to hear foster carers' experiences, I feel I have developed a greater awareness of the important role they play both in the child's life and in the multi-professional team. The role of a foster carer is unlike any other role with their personal and professional lives being interconnected. Prior to carrying out this research, I hadn't appreciated the difficulties that foster carers may be presented with when joining a professional domain. With the foster carer now being the most common placement for children who are looked after, it is vital that research within this area continues to grow to ensure that multi-professional teams are able to utilise their experience, knowledge and skills in the best possible way.

The findings of this research will be disseminated across the local authorities and specialised LAC teams involved, to ensure that the key factors highlighted do not remain solely in the research domain, as the real value of this research is its importance within practice. As a clinician who currently works within LAC multi-professional teams, I feel passionately that further research should be carried out in this area to ensure that children in care are not further deprived by ineffective multi-professional working. Every child in care should have a range of skilled and knowledgeable professionals working effectively together in a multi-professional team to ensure their needs are being met across all areas.

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8 APPENDIXES

APPENDIX A: ETHICAL APPROVAL

- Original approval: 20th February 2012
- Approving amendments: 17th April 2012

APPENDIX B: RECRUITMENT DOCUMENTS

- Recruitment leaflet
- Recruitment letter
- Consent form
- Information sheet

APPENDIX C: INTERVIEW DOCUMENTS

- Interview guide

APPENDIX D: AUDIT TRAIL

- Documenting the development of theme 1

8.1 APPENDIX A: ETHICAL APPROVAL

8.1.1 Original approval letter

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Clarendon Way
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T (General Enquiries) +44 (0) 113 343 4361
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UNIVERSITY OF LEEDS

Mrs Natalie Jewitt
Psychologist in Clinical Training
Charles Thackrah Building
101 Clarendon Road,
Leeds LS2 9LJ

20 February 2012

Dear Natalie,

Re ref no: HSLTLM/11/014

Title: Foster Carers' experiences of multi-professional team working.

I am pleased to inform you that the above research application has been reviewed by the Leeds Institute of Health Sciences and Leeds Institute of Genetics, Health and Therapeutics and Leeds Institute of Molecular Medicine (LIHS/LIGHT/LIMM) joint ethics committee, and I can confirm a favourable ethical opinion on the basis described in the application form, protocol and supporting documentation as submitted at date of this letter.

Please notify the committee if you intend to make any amendments to the original research as submitted at date of this approval. This includes recruitment methodology and all changes must be ethically approved prior to implementation. Please contact the Faculty Research Ethics and Governance Administrator for further information (fmhuniethics@leeds.ac.uk).

Ethical approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

Please note: You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

I wish you every success with the project.

Yours sincerely

A handwritten signature in blue ink that reads "Laura Stroud".

Professor Alastair Hay/Mrs Laura Stroud/Dr David Jayne
Chairs, LIHS/LIGHT/LIMM Joint REC

8.1.2 Approving amendments letter

Faculty of Medicine and Health
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UNIVERSITY OF LEEDS

Mrs Natalie Jewitt
Psychologist in Training
University of Leeds
Charles Thackrah Building
101 Clarendon Road
LEEDS LS2 9LJ

17 April 2012

Dear Natalie,

Re ref no: HSLTLM/11/014 - AMENDMENT

Title: Foster Carers' experiences of multi-professional team working.

I am pleased to inform you that the amendment to the above research application has been reviewed by the Leeds Institute of Health Sciences and Leeds Institute of Genetics, Health and Therapeutics and Leeds Institute of Molecular Medicine (LIHS/LIGHT/LIMM) joint ethics committee. I can confirm a favourable ethical opinion on the basis described in the substantial amendment form and supporting documentation which you submitted.

Please notify the committee if you intend to make any further amendments to the original research as submitted and approved to date. This includes recruitment methodology; all changes must receive ethical approval prior to implementation. Please contact the Faculty Research Ethics and Governance Administrator for further information (fmhuniethics@leeds.ac.uk)

Ethical approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.

Please note: You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, and other documents relating to the study. This should be kept in your study file, which should be readily available for audit purposes. You will be given a two week notice period if your project is to be audited.

It is our policy to remind everyone that it is your responsibility to comply with Health and Safety, Data Protection and any other legal and/or professional guidelines there may be.

I wish you every success with the project.

Yours sincerely

A handwritten signature in blue ink that reads "Alastair Hay".

Professor Alastair Hay/Mrs Laura Stroud/Dr David Jayne
Chairs, LIHS/LIGHT/LIMM REC

8.2 APPENDIX B: RECRUITMENT DOCUMENTS

8.2.1 Recruitment leaflet



ARE YOU A FOSTER CARER?

Research study:
Foster carers' experiences of multi-professional team working

We are looking for **you** to take part in an exciting research study. This study is looking at foster carers' experiences of working with a range of different professionals. If you agree to take part we will contact you to arrange to meet for 40-60 minutes to have an informal discussion about your experiences. This meeting can take part in a range of locations, including your own home.

If you would like to register your interest in this study, and / or would like further information please call or send a text message to:
Natalie on 075*****
or email umnaj@leeds.ac.uk.

HAVE YOUR SAY...



All participants will receive £25.00 cash for taking part in this study.



UNIVERSITY OF LEEDS

8.2.2 Participant recruitment letter



UNIVERSITY OF LEEDS

Dear foster carer,

We would like to invite you to take part in an exciting research study.

We are looking to recruit 8-12 foster carers to take part in the research. The aim of this research is to obtain an insight into foster carers' experiences of multi-professional team working.

We know that being a foster carer involves you working with a range of different professionals; we are interested in **your** experiences of this. There is already a great deal of research that has looked at practitioners' experiences of multi-professional team working, but to our knowledge there is very little that has looked at foster carers' experiences.

If you would like to take part, all you need to do is telephone or send a text message to number 07***** and leave your name and contact number or email ***** Once we have received your text, voicemail or email message, a researcher will contact you to arrange a convenient time and location to conduct an interview about your experiences. The interview can take place in a range of locations, including your own home, and will last around 40-60 minutes.

As a thank you for taking part and to ensure you do not incur any costs by taking part in this study, all participants will receive £25.00 cash at the end of the interview.

Please find enclosed a recruitment leaflet and information sheet with more information about the study. Should you wish to ask any questions please contact me on 07***** or email me at *****.

Please register your interest as soon as possible; once the required number of participants has been reached unfortunately we will be unable to continue interviewing additional participants.

We hope to hear from you soon.

Kind regards,

Natalie Jewitt

Psychologist in Clinical training.

University of Leeds



Participant information sheet

Foster carers' experiences of working in a team

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Feel free to ask if there is anything that is not clear or if you would like more information. The researchers email address is umnaj@leeds.ac.uk.

Purpose of the project

Greater collaboration and interagency working between services and agencies has been a key priority across children's services for sometime. When thinking about what works well and what doesn't work so well when working together in teams, research to date has concentrated on practitioners' experiences of team working. This project aims to explore foster carers experiences of working in a team with a range of practitioners from different services and agencies. We will ask you questions about what works well / not so well when working in a team. This research may be useful to foster carers and practitioners, as it will provide a valuable insight into team working from the foster carers' perspective.

Why you have been choose

You have been chosen because you are a foster career, who has experiences of working with a range of different professionals.

Do you have to take part?

It is up to you whether you decide to take part. If you are interested in taking part you will be asked to sign a consent form, before the interview takes place.

You are free to withdraw at any time up until the data is analysed, without giving a reason.

What will happen to you if you decide to take part?

If you choose to take part, a researcher will contact you to arrange a convenient time and place to meet to interview you to find out about your experiences of team working. This interview will take approximately 40-60 minutes and will be audio-recorded. The recording will be stored in a secure place and no one else will listen to the recording. When we have got the information we need from the audio-recording, the recorded interview will be destroyed.

What are the possible advantages of taking part?

There are no personal advantages of taking part. Your involvement may help improve the way in which different professionals communicate with foster carers when working in teams.

What are the possible risks and disadvantages of taking part?

There are no personal disadvantages or risks of taking part.

What happens to the information about me and answers that I give?

All information which is collected about you during the course of the research will be kept strictly confidential. Your name and address will be removed from any information you give so that you cannot be recognised from it. Your details will be held securely on a database and deleted once the study is complete.

Direct quotes from the interviews may be used in the study report. Your confidentiality and anonymity will be protected by removing any identifying information about you from these quotes.

What will happen to the results of the research study?

They will be used to provide an insight into foster carers' experiences of multi-professional working. The results of this research study may also be published.

Who has reviewed this project?

The LIHS subcommittee of the University of Leeds Research has reviewed and approved this project.

Contact for further information

This project is being co-ordinated by: Natalie Jewitt
Leeds Institute of Health Sciences
Charles Thackrah Building,
101 Clarendon Road,
Leeds LS2 9LJ

Tel: 0113 343 2732

If you would like to make any complaints about this study, please contact the administration team for the Leeds Training Course on the above number.

You will be given a copy of this information sheet and a signed consent form to keep.

Thank you for taking the time to read this information.

8.2.4 *Consent form*

Participant Identification Number for this study: .



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Consent Form

Foster carers' experiences of multi-professional working

**Place
initials in
box**

- I have read and understood the information sheet.
- I have had the opportunity to consider the information and to ask questions about the above study.
- I am satisfied with the answers to my questions.
- I understand that my participation is voluntary and that I am free to withdraw from the study prior to the data being analysed, without having to give any reason.
- I agree to take part in the above study.
- I agree to the interview being audio recorded.
- I agree that anonymised extracts from the interview can be used?

Name of participant: _____ **Signature:** _____ **Date:** _____

Name of researcher: _____ **Signature:** _____ **Date:** _____

8.3 APPENDIX C: INTERVIEW DOCUMENTS

8.3.1 Interview guide



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Foster carers' experiences of multi-professional working

Interview Guide

Checklist:

- Information sheet
- Consent form
- Digital recorder
- Writing paper
- Pen

Participant Identification
Number for this study: _____

Introduction

- Introduce researcher

- Explain the nature and purpose of the study
 - Foster carers work with a range of different professionals to think about the needs of a child that they care for.
 - A great deal of research has looked at the professionals experiences of multi-professional team working, failing to capture the foster carers' experiences of these meetings.
 - This study will explore:
 - *Foster carers experiences of multi-professional team working*
 - *Foster carers views of what works well / not so well*
 - The findings of the study will be used to provide an insight into how foster carers' experience multi-professional team working. To think about and share what works well and what doesn't work so well.

- Explain the use of the digital voice recorder

- Stress confidentiality of transcription

- Ask participant to complete the consent form

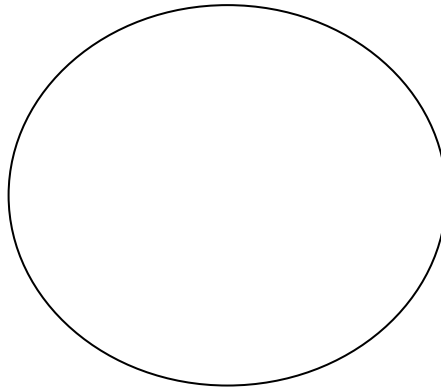
- Explain about withdrawal from the study

- “Any questions before we start?”

Interview topics

Warm up task - Who is in the team?

- As you already know, children who are looked after often have many professionals working with them or for them. These professionals, together with the child's / young person's carers form a type of team, sometimes referred to as 'the team around the child'.
- This team sometimes meets to think together about the needs of the child / young person.
- Can you tell me who is in the team around the child that you care for? (*Write each members name and role around the circle*).
- Provide prompts if the participant leaves out a person from each professional. *For example, is there anyone from health that is involved in the team? Calculate the total number of people in team?*



A) Perceptions of the team

The researcher will ask a range of questions to explore the foster carer's perceptions of the team. Below are some possible examples that may be asked:

1. Sometimes teams work well and sometimes they don't work so well. Can you think about when things worked well in this type of team? (described above) *Can you give me an example of this?*
2. Can you think about when things haven't worked so well in this type of team? (described above) *Can you give me an example of this?*
3. Is there anything you would want to change to make the team (even) better? *What would change? How? Why?*

B) Fitting in

The researcher will ask a range questions to explore how the foster carer sees themselves fitting in / or not to the team. Below are some possible examples that may be asked:

1. How do you see yourself fitting in to this team?
2. Do you feel you get to have your say within the team? *Why do you feel this is? How?*
3. Do you feel like you are a valued member of the team? *Why? How? Can you give me an example?*
4. Do you feel that you gain anything from being part of the team? (If 'yes', what?) *Why? How? Can you give me an example?*

C) Process of the team

The researcher will ask a range of questions to explore the foster carers' views of team process issues. Below are some possible examples that may be asked:

1. How do you feel responsibility is shared out amongst the team members? Do you think this is done in your team? *How? Why? Can you give me an example?*
2. How do you feel the team communicates? *With each other? With you? Can you give me an example?*

Demographic details

Do you foster alone? Or do you have a partner who also is a foster carer?

How many months / years have you been a foster carer?

How many children have you fostered in this time?

How many children do you currently care for?

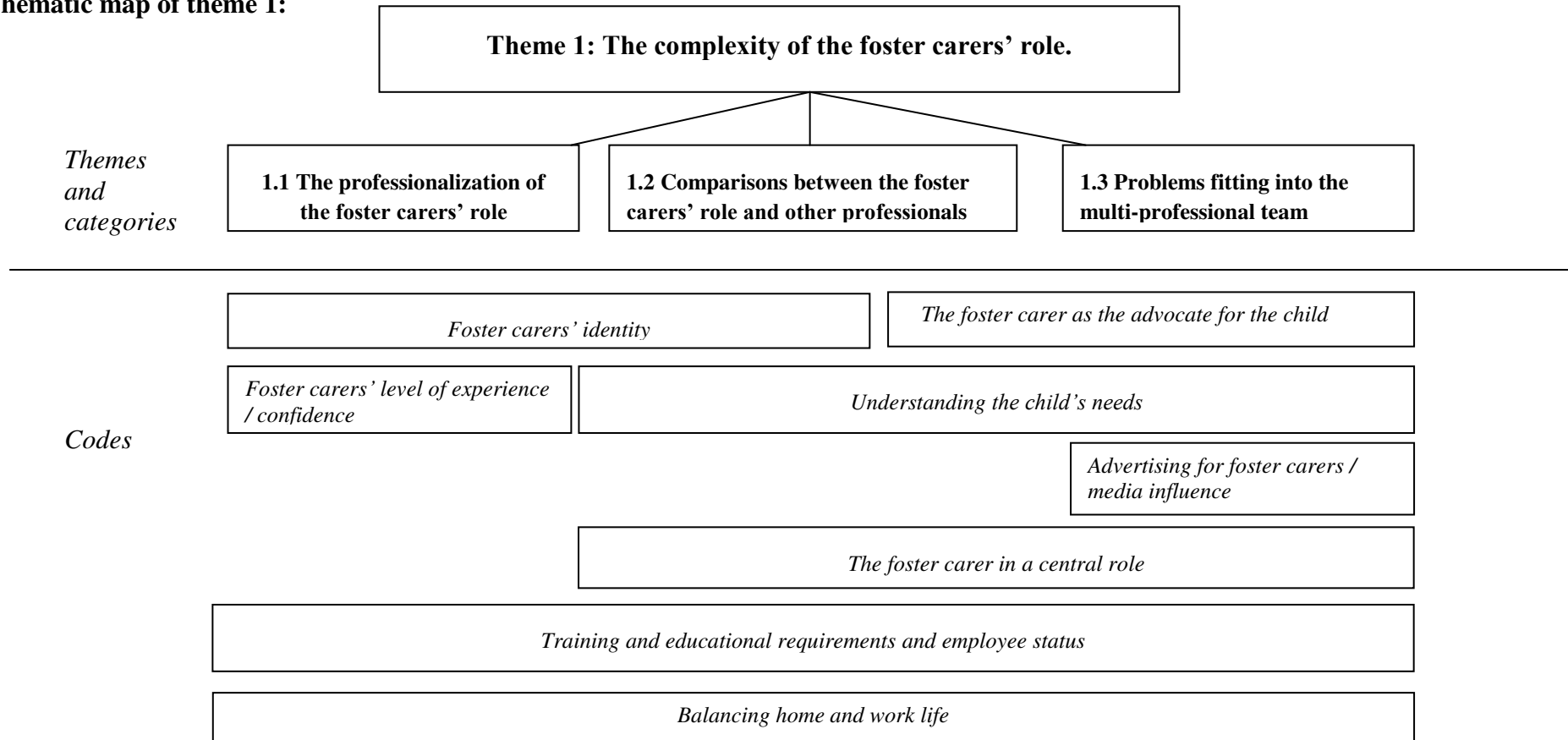
How long have these children been in your care?

Notes: _____

8.4 APPENDIX D: AUDIT TRAIL

8.4.1 Documenting the development of theme 1

Thematic map of theme 1:



Audit trail:

The thematic analysis was conducted within NVivo software. Throughout the analysis process memos were documented within NVivo to capture the researcher’s thoughts and reflections. Below is a table that provides an audit trail documenting an example of the development of theme 1: the complexity of the foster carers’ role:

Theme 1: The complexity of the foster carers’ role			
Codes	Example quotes	Memo notes from NVivo	Categories contributed to
Foster carers’ identity	<p><i>"I've always talked about being accepted as a professional and as equals amongst all the other people that are involved. And I think it's probably the lack of progress. At first I thought that it was just the old school of social worker if you like, had this attitude that foster carers were just nice people who liked to look after children, mostly!" (Participant 8)</i></p> <p><i>"There was a classic comment that our supervising social worker came out with the other day... "We will have a professionals meeting, unfortunately you won't be invited to that." Of course it makes you feel not valued and worthless really and not a professional is the big thing...he couldn't have worded it any worse, could he? Professionals meeting but you won't be</i></p>	<ul style="list-style-type: none"> • What is a foster carers’ identity? • Is a foster carer a professional? Do others see the foster carer as a professional? Do foster carers see their role as a professional role? • This issue appears to be central to the complexity within the foster carers’ role and how they fit into the multi-professional team - I had not predicted this issue occurring. • The role of a foster carer has changed over the past twenty years, with foster carer payments now being the norm. How does this change the motivations for people deciding to become foster carers? And how does it change how they are viewed by others? • The majority of foster carers interviewed, apart from one who had fostered for 40+ years, spoke about their role as a professional / job – does the time that a person became a foster carer relate to their experiences of multi-professional working? 	<p>1.1 The professionalization of the foster carers’ role</p> <p>1.2 Comparisons between the foster carers’ role and other professionals</p>

	<p><i>invited for it because clearly I'm not a professional then". (Participant 1)</i></p> <p><i>"We've come with lots of experience and it's a job, it's a profession that we do.....we've been fostering for 12 years and we are respected and we sit around a table we are professionals " (Participant 4)</i></p>	<ul style="list-style-type: none"> • Foster carers didn't always feel like they were seen as a professional in the multi-professional team. Experiences varied depending on the multi-professional team. Individual differences in professionals. • 'Us and them' dynamic. One carer shared her experiences of being told she could not attend a professionals meeting as she was not a professional. The importance of foster carers being seen to be a professional to be able to be part of the multi-professional team. • The role of a foster carer appears to have changed, but do foster carers feel that other professionals have acknowledged this change? 	
Foster carers level of experience / confidence	<p><i>"I was alright to be honest because when I went to the training and that lot nothing surprised me, nothing shocked me because I've worked with adults, learning disabilities and stuff and I've worked with traumatic situations. So nothing's really worried me too much." (Participant 5)</i></p>	<ul style="list-style-type: none"> • The more experience foster carers have the easier it is to work confidently as part of the multi-professional team. • Previous experiences in other work settings also appear to help when working in a multi-professional team as feel more skilled? More professional? • More likely to just 'go along' with what the multi-professional team decides when first enter fostering, this attitude appears to change as foster carers gain more experiences. 	1.1 The professionalisation of the foster carers' role
Understanding the child's needs AND	<p><i>"In the team? I see myself as an important part because I see them day in, day out...we're the integral part because without our input, they wouldn't know how they are, they only see them once a month." (Participant 5)</i></p>	<ul style="list-style-type: none"> • Foster carers spoke about how they worked hard to understand behaviours and experiences of children in their care and how they brought this understanding to the multi-professional team. • Other professionals within the multi-professional team help the foster carer to develop this understanding further – peripheral role? Benefits of role? 	1.1 The professionalisation of the foster carers' role 1.2 Comparisons

<p>The foster carer in a central role</p> <p><i>(Above two codes later merged)</i></p>	<p><i>"To be quite honest with you, on the day to day basis of it, actual children, I think my role and the role of a foster carer is bigger than anybody's." (Participant 9)</i></p>	<ul style="list-style-type: none"> • Unique position of the foster carer – they have the most contact with the child and can bring their understanding of the child within the home environment to the multi-professional team. • Unique specialist knowledge of the child increases the value of the foster carers' role within the multi-professional team • The foster carer has a unique role within the multi-professional team as they are the only individual that has day to day knowledge of how a child is getting on – how is this utilised? • The foster carer often holds vital information that is crucial for the team to better understand the needs of the child. • The daily notes and observations a foster carer can build up an important profile of a child to better inform the decision making within the multi-professional team. 	<p>between foster carers' role and other professionals</p>
<p>Training and educational requirements</p>	<p><i>"Like I'm supposed to complete a work book before the end of one and apparently I've been given it but I don't know where it is. So I just think, do I have to do a workbook? We've got enough to do without doing a workbook ..." (Participant 9)</i></p> <p><i>"...you have to reach the level of expertise in your field if you like and you have to make sure that you keep up with all your courses and that you do everything that you need to do."(Participant 3)</i></p>	<ul style="list-style-type: none"> • Foster carers spoke about having to attend training and completing educational requirements as part of their role. • This seems to be a requirement that has evolved in line with the professionalisation of the role of a foster carer. • Foster carers accept this requirement but tensions apparent with limited time. Difficulties combining work and home life? Do other professionals appreciate this difficulty? • Seems to be different types of foster carers - may be interesting to look at the personal info of each and see if there are any patterns? 	<p>1.1 The professionalisation of the foster carers' role</p> <p>1.2 Comparisons between foster carers' role and other professionals</p> <p>1.3 Problems fitting into the multi-</p>

		<ul style="list-style-type: none"> • Training and educational requirements in line with other professionals. • Hierarchy created as foster carers are part of the system – have role requirements? 	professional team
The foster carer as the advocate for the child	<p><i>"I mean in training you're told you're the advocate ... you have to be able to stand up to professionals and say your piece." (Participant 6)</i></p> <p><i>"And you've got to be able to assert yourself because you're an advocate for that young person. And you've got to be able to speak ...that's a skill, I suppose, you've got to be able to speak in meetings and vocalise your opinions." (Participant 4)</i></p> <p><i>"You have to be prepared to push..in anything with children. In anything...if you don't voice your concerns and you're not then prepared to back it up with constant pushing."(Participant 3)</i></p>	<ul style="list-style-type: none"> • From the very beginning when a foster carer enters a fostering role they believed they were an advocate for the children they care for. Is this in line with a parental role? • With more experience comes more confidence to be assertive and persistent to get LAC needs met – foster carers feel they have to be persistent to be heard within the multi-professional team. • Foster carers spoke of having to 'push and push' to get the needs of LAC met. An 'us and them' dynamic created? Does this create problems in the multi-professional team? • Positive experience when the multi-professional team responds to the foster carers' concerns – foster carer left feeling positive and valued. • Negative experience when the multi-professional team doesn't respond to the foster carers' concerns – foster carer doesn't feel valued or respected, more likely to disengage? 	<p>1.2 Comparisons between foster carers' role and other professionals</p> <p>1.3 Problems fitting into the multi-professional team</p>
Advertising for foster carers	<i>"It takes over your entire life, as it should."</i>	<ul style="list-style-type: none"> • Advertisements for foster carers don't accurately reflect the role of a foster carer? 	1. 3 Problems fitting

	<p><i>And the way that's advertised sometimes is blatantly wrong because are you loving and nurturing? Have you got a place for a child, you can earn..." (Participant 3)</i></p>	<ul style="list-style-type: none"> • Other people's perceptions of a foster carers' role? • Does the way recruitment adverts portray the role further complicate the foster carers' role and identity? • Identifies the role as a parental figure more than as a professional. 	<p>in the multi-professional team</p>
<p>Balancing home and work life</p>	<p><i>"...your social life and everything alters massively. Friends say what on earth are you doing? Why are you doing this now? You've got freedom... it's a big shift when you're older." (Participant 3)</i></p> <p><i>"... there's a high divorce rate amongst this I tell you, separation amongst foster carers and you tend to think, ok fine you've got a real strong relationship there's no way ... but actually you're tested to the absolute limits. You wouldn't think that." (Participant 3)</i></p>	<ul style="list-style-type: none"> • Foster carers spoke about how becoming a foster carer impacted massively on their previous lives. • Some felt that they were not adequately prepared for this transition possibly due to the way the role is advertised in the media? Not a true perception. • The freedom that a foster carer often has once their birth children have left goes when they decide to foster. Life changes. Preparation for this? • Fostering impact on pre-existing relationships. Birth children? • Difficulties combining home and work life. Is this understood by others? • Foster carers' role unique as they combine work and family – does this make it more difficult for them to become a member of a multi-professional team as they are not always within a professional domain? 	<p>1.1 The professionalisation of the foster carers' role</p> <p>1.2 Comparisons between foster carers' role and other professionals</p> <p>1.3 Problems fitting in the multi-professional team</p>