

ADDRESSING THE DUAL ROLE IDENTITY PROBLEM IN FOSTER
PARENTING

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Abstract

This thesis argues that the foster parent dual role identity problem is due to value conflict between two implicit models that currently inform contemporary understandings of the role. Both implicit models are outlined; the ‘parent’ model as an extemporaneous development of mid-19th century early modern foster care, and the ‘professional’ model as a formal response to changes in role demands in the mid-20th century. While neither model can independently account for exemplary foster parenting practices, a hybrid model that integrates aspects from both is problematic due to divergent sets of values that underpin each conceptualisation. In response to the dual role identity problem, this thesis proposes an alternative model that is informed by reflective practice and a relational ethics perspective. The aim of this procedural practice model is to support and explicitly guide foster parents through those practice dilemmas that are frequently underpinned by value conflict. In summary, this thesis will discuss the implications of this procedural model for practice and training programmes.

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Introduction

This thesis argues that the current implicit models of foster parent role conceptualisations as ‘professional’ or ‘parent’ are problematic. They are the result of role ambiguity that has developed over time from contemporaneous social and cultural norms. Foster parents cannot be fully and independently understood as a ‘professional’ or as a ‘parent’ as the demands of the foster parent role rely on aspects from both conceptualisations. As Nutt (2006) suggests a foster parent must be ‘more than carer less than parent’. However, while both aspects are crucial to competent foster parenting practices, the motivations, obligations and goals of each conceptualisation are often at odds with one another. A compromised set of values lies at the heart of a foster parent’s struggle with their dual role identity. In response to role tension created by the competing demands of the underlying values of each identity, foster parents might either adopt one identity over another or attempt to create a hybrid role and draw from both identities. As either strategy can result in role conflict and deleterious outcomes for foster children, foster parents need an explicit model that will help them negotiate their dual role identity, to guide and support best foster parent practice.

This thesis will consider the historical development of foster parent role identity that has led to two implicit models that currently inform current conceptualisations of the foster parent role. This thesis will argue that these dichotomous conceptualisations, ‘the professional’ and ‘the parent’ are problematic and are the source of role conflict. To support this view, exemplary foster parent practices will be explored in order to demonstrate the difficulties and challenges that even exemplary foster parents confront when caring for vulnerable children. An alternative explicit model will be considered as a guide and support for foster parent role conceptualisations. The thesis will conclude with some practical considerations of the framework and the implications for foster care.

Chapter One - Developing Identity and the Drive to Professionalism

Since its inception the foster parent role has been beleaguered by ambiguity. These longstanding and persistent ambiguities are due to a range of factors which broadly speaking include the intrinsically ambiguous nature of the role itself and also the consequences of socio-cultural historical shifts in how the care role is understood. Foster care requires a multifarious set of skills and obligations that transcend traditional relational boundaries that span across both the private and public domains of home and work (Blythe, Halcomb, Wilkes, & Jackson, 2013; Buehler, Rhodes, Orme, & Cuddeback, 2006; Colton, Roberts, & Williams, 2008; Nutt, 2006). The role also calls for emotional intimacy and care outside the normal legal and kinship obligations usually associated with caring for children (Doyle & Melville, 2013). The multiple and divergent range of expectations and perceptions held by the public, stakeholders and foster parents themselves make it difficult to define the role (Colton et al., 2008; Hollin & Larkin, 2011; Nutt, 2006).

These various factors contribute towards an indefinite set of obligations, rules and boundaries that characterise the foster parent role. This ambiguity can be charted throughout the role's historical development. From the beginning of modern day foster parenting in the mid-18th century, the foster parent role has continued to develop in response to the changing political and social ideals and norms of the time. The following takes a historical perspective on the developing identity of the foster parent role.

Historical Background - Developing Role Identity

Modern day fostering grew out of the early 19th century Victorian landscape of workhouses and poorhouses where the less fortunate worked in return for food and board (George, 1970; Nutt, 2006). Abandoned and destitute children were frequently viewed by the owners of these workhouses as cheap sources of labour. Led by a philanthropic movement of wealthy individuals and parish boards, by the mid-1900s some of these orphaned and

abandoned children were transferred from workhouses and residential institutions and placed into private foster family homes. Research would later validate the thinking of the time, that children's social and emotional needs were better served by family life than large residential institutions and for the most part, many vulnerable children benefitted from living within the confines of a family home (Colton et al., 2008). Although legal guardianship remained with the local authority or union, contact with the biological parents tended to be actively discouraged and this quasi-adoptive arrangement frequently led to enduring long-term placements (Adamson, 1972; George, 1970; Triseliotis, 1995).

Although mostly volunteer, foster parents were paid an allowance to cover the child's living costs and expenses (George, 1970). Some of the contemporary commentators of the time suggested that early foster care was founded on two contrasting and conflicting motivational principles (George). The first principle recognised that the benevolence and genuine intentions demonstrated by some individuals in caring for vulnerable children justly earned them the bestowed title of 'foster parent'. While the second principle identified other individuals with more self-serving inclinations who were likely to take advantage of children for profit which coined the term 'baby farming'. Both views represented the cultural and social morals of Victorian Britain; on one hand, the charitable and noble mission to 'rescue' children driven by religious morality, and on the other, the socially normative view that children were an acceptable means to attain financial prosperity. Although representative of the values and norms of the day, the dichotomous view of foster parenting as motivated by altruistic concern or by pecuniary gain, still exists today (Doyle & Melville, 2013).

While the intentions of the philanthropists were largely honourable, the absence of supervision and the overcrowded slums of Victorian England led to reports of abuse and unscrupulous foster mothers taking payment for children but failing to provide adequate care, or in some cases, committing infanticide (Adamson, 1972; George, 1970). The response to

both the publicly perceived and real risks of ‘baby farming’ was a justified increase in the level of scrutiny for both well-intentioned and dishonest foster parents, that was all together both unfair and understandable (George, 1970; Kirton, 2007). The widespread and inherent distrust of foster parents’ motivations along with the invisible nature of foster care as out of the public gaze, led to a practice of routine surveillance. The challenge and problem of balancing children’s safety and protection with foster parents’ autonomy and trust to do their job, persists today (Nutt, 2006).

Prior to the mid-20th century long-term fostering was largely seen as akin with adoption, that is, permanent and closed (Trisellotis, 1995). Placement duration was open-ended and seldom terminated. Once placed with foster families, children tended to live with their foster family for the rest of their dependent years. Often portrayed as grossly negligent and immoral, the biological parents were largely ignored and actively discouraged from either contacting or visiting their children. However, by the 1960s it was beginning to be recognised that children benefitted from an ecological approach that considered the cultural and social origins of their biological family. As well as recognising that children had cultural and identity needs, it was also understood that children could benefit from sustaining a relationship with their biological parents. This led to policy and practice initiatives that prioritised reunification as a key component in foster children’s permanency goals which increased foster parents’ set of tasks and responsibilities to include liaising and cooperating with the biological parents (George, 1970; Kirton, 2007).

Unlike foster parents today, the early foster parent resembled a surrogate parent role and did not have to contend with either placement termination or considering the biological parents. The changes that were brought about by the biological parents’ continuing involvement in the child’s life, essentially changed the foster parent role to one of temporary guardian (Adamson, 1972; Kirton, 2007; Williston, 1963). However, the shift in social

norms and values that prioritised reunification practices were not adequately and clearly captured in modified foster parent role descriptions. It was suggested that the increase in role ambiguity was due to the failure of foster care agencies to clearly define the obligations, rules and boundaries of the foster parent role, which left foster parents confused and vulnerable to role conflict (Adamson, 1972; George, 1970; Kirton, 2007; Nutt, 2006; Williston, 1963).

Role Conflict

The reunification policies of the 1960s were problematic for many foster parents who perceived themselves as ‘a mother’ or in some cases, the ‘actual’ mother (George, 1970; Kirton, 2007). Up until the 1950s, foster care was largely seen as the responsibility of women who were traditionally seen as unpaid carers within the home. The assumption that caring was a female virtue and that foster children’s needs could be met by a woman’s ‘natural’ capacity to maternally bond with foster children was a social and cultural milieu of the 1950s (Nutt, 2006). Consequently, many foster parents were women who saw themselves as surrogate mothers which contrasted sharply with the policies and practices that aimed to reunify foster children with their biological families.

As well as the reconceptualisation of the foster parent role as temporary and less emotionally involved, the emphasis on reunification also brought in to focus issues around parental autonomy and responsibility (Adamson, 1972). Rather than surrogate parents, foster parents were seen by agency case workers as temporary carers who were contractually obliged to protect and care for children on behalf of the foster care agency (George, 1970). However, this differed from foster parent’s self-identities who saw themselves as ‘parents’ with the appropriate parental authority and autonomy. Ambiguities arose around day-to-day pragmatic role responsibilities where foster parents were confused with the level of detail they should or wanted to share with agency workers. From the foster agency’s perspective, foster parents were likely to under report as they assumed they had both parental autonomy

and responsibility (George, 1970). The discrepancies between foster parents' and agency workers' perceptions of the role continue today and contribute towards current role ambiguities (Colton et al., 2008; Hollin & Larkin, 2011; Nutt, 2006).

Drive to Professionalisation

The first calls for the professionalisation of foster care were a response to the growing ambiguities within the role. The wide-sweeping social and cultural developments of the 20th century altered the quasi-adoptive status of foster care and the drive to professionalism in the early 1970s aimed to ameliorate some of the additional role ambiguities that had developed (Adamson, 1972; Colton et al., 2008; George, 1970; Hollin & Larkin, 2011; Nutt, 2006).

As a result of new policy initiatives that targeted reunification practices, placements became more goal-orientated. In response, training initiatives were implemented so that foster parents could acquire the necessary skills to support communication, collaboration and engagement with the foster agency and the biological parents (Kirton, 2007). Foster parents were perceived as temporary carers and assigned a circumscribed set of responsibilities that 'limited influence over the child's future' (George, 1970, p.53). To help discriminate between the role of the foster parent and the biological parent, an attempt was made to change the name of the role from foster parent to 'carer', as the former was considered to be 'inappropriate and confusing' (George, 1970; Nutt, 2006). No longer seen occupying a surrogate parenting role, foster parents were discouraged from 'getting too close' to their children (Adamson, 1972). Instead foster parents were assigned with the task of custodial care and protection of children and dissuaded from engaging in the emotional and relational aspects of care.

Williston's (1963) analysis of the dual role nature of foster parenting was the first attempt at formally conceptualising the foster parent as a professional. Williston outlined the 'lay' role and the 'professional' role as two divergent identities. The 'lay' role was

construed as a long-term approach and considered only appropriate for biological or adoptive parents. In the 'lay' role, the foster parent was instructed to assist the child to break their affectionate and emotional bonds with their biological parents and assimilate the foster family's values and customs. In comparison the 'professional' role was construed as short-term and acknowledged the temporary status of the foster parent and child relationship. It involved the foster parent actively encouraging and enhancing the biological child-parent relationship, and emphasised the maintenance of 'the child in a physical and emotional condition so that he (sic) is able to return to his own home'. Williston's early attempt at resolving role ambiguity essentially created two individual conceptualisations of the foster parent role. The goals, expectations, behaviours and rewards of each role were framed as incompatible with one another and liable to conflict. Williston's solution to role ambiguity was for foster parents to adopt either one role or the other. However, despite the clarity offered by Williston's analysis, a 'professional' role conceptualisation directly contradicted earlier role iterations and conflicted with many foster parents' child-centred motives. Essentially, many foster parents struggled to integrate their self-identity as a 'parent' with the more prescriptive and emotionally objective role of 'professional carer' (Adamson, 1972).

Current Role Conceptualisations

A foster parent is charged by the state, under the auspices of a foster care agency and social worker, to act as temporary parents for children whose parents are either unwilling or unable to look after them (Dorsey et al., 2008). While this is a fairly well accepted definition of a foster parent, it fails to explicitly identify the problem of dual role identity that is inherent in the role. To understand current conceptualisations of the role this next section will look at how both informal and formal perceptions shape the foster parent role. In particular how do foster care stakeholders, foster parent training curricula and extant

literature conceptualise the foster parent role paying particular attention to the dual role problem.

Foster parents have been identified as clients, colleagues, employees, contractors, volunteers, temporary caretakers and substitute parents (Blythe, Halcomb, Wilkes, & Jackson, 2012; Blythe, Wilkes, & Halcomb, 2014; Dorsey et al., 2008; George, 1970; Nutt, 2006). These pervasive and contradictory views of the role demonstrate how foster parent role ambiguity is widespread among foster care stakeholders. Not only are foster parents confused about their role, social workers, the state, policy makers and the public all possess an array of divergent role expectations and independent perspectives that are dependent on the position of the individual stakeholder (Blythe et al., 2012; Blythe et al., 2014; Colton et al., 2008; Dorsey et al., 2008; George, 1970; Hollin & Larkin, 2011; Kline & Overstreet, 1972; Nutt, 2006; Schofield, Beek, Ward, & Biggart, 2013).

Hollin and Larkin demonstrated that neither policymakers nor social workers identified foster parents in the 'parental' role. Despite multiple references to the foster parents as 'parents' and descriptions that imbued the role with parent and family-like qualities (e.g., emotional support, belonging, attachment security), the social workers assigned the parental role to the biological parents. Instead the foster parent role was construed as a 'job' with limited parental authority and a clearly delineated set of responsibilities. While the state largely ignored the foster parent and assigned the 'parenting' role to the social worker (Hollin & Larkin, 2011).

Foster parents themselves struggle to clearly articulate their role identity and contrary to the perspectives of other stakeholders, can commonly and persistently identify with the 'parent' role (Blythe et al., 2012; Blythe et al., 2014; Schofield et al., 2013). Foster parents' understanding of their role obligations and tasks can depend on ecological factors including placement duration, the individual foster parent-child fit, the age of the child and the foster

parent's financial situation (Blythe et al., 2012, 2013; Blythe et al., 2014; Kirton, 2007; Schofield et al., 2013). The length of a placement will depend on the child and biological family's needs and situation, and can vary from short respite care lasting a week or two through to long-term care that can last several years. Blythe et al.'s (2012) study found that foster mothers' maternal self-perceptions shifted from 'carer' to 'parent' as the placement duration lengthened and their emotional bond with the child deepened. While short-term foster parents were more likely to describe themselves as 'carers', reasoning that it would be inappropriate to 'mother' children who were due to transition to another placement. Foster parents' role definition can also depend on the individual parent-child fit with some foster parents describing their care practice with some children as 'work' and the same foster parents describing their care practice with other children as 'parenting' (Blythe et al., 2014). Furthermore a child's age can impact on foster parent role identification with foster parents more likely to perceive themselves as 'mothers' to younger children and conversely, foster parents who care for older children and offer more placements are more likely to see their role as 'professional' (Blythe et al., 2012; Kirton, 2007; Schofield et al., 2013). Foster parents' financial situations also influence role identification with foster parents likely to view foster care as a career when they are either receiving payment, there is no other family income or the foster father has no paid income outside the family home (Kirton, Beecham, & Oglivie, 2007). There are also a number of internal foster parent factors that influence role identification such as foster parent motivations and preferred sources of social support. A study by Schofield et al. found that foster parents who expressed a desire to long-term foster and build a family, and sought support from friends and family tended to primarily identify as a 'parent'. While foster parents who emphasised their skills and experience, sought support from other foster parents and social workers, tended to primarily identify as a 'carer'.

Foster Parent Training Programmes

Foster parent training curricula also offer an understanding of role conceptualisation and the primary tasks, responsibilities, boundaries and obligations of the foster parent role. The two most widely implemented foster carer training programmes are MAPP (*Model Approach to Partnerships in Parenting*) and PRIDE (*Foster Parent Resources for Information, Development and Education*). They both include components that provide a working knowledge of the foster care system and the unique aspects of foster care (e.g., permanency goals and co-parenting with the biological parents) as well as some of the core foster parent values and competencies (Dorsey et al., 2008; Kinsey & Schlosser, 2012; Rork & McNeil, 2011). Both programmes aim to reduce foster children's problematic behaviour through the implementation of parent management skills training. Essentially, the programmes conceptualise the role of the foster parent as providing competent care within the context of the foster family home. Specific tasks and obligations include the protection and nurturance of children, and meeting children's physical, emotional, developmental and social needs to enhance their welfare and ameliorate problem behaviour. The training programmes also conceptualise the role as working as a member of a professional team, meeting obligations that connect and support relationships between themselves, the foster child, the biological parents and agency workers (Berrick & Skivens, 2012; Dorsey et al., 2008; Rork & McNeil, 2011).

Buehler et al.'s (2006) 12 domains of foster parent competencies (see Figure 1.) provide some clarity on foster parents' primary tasks and standards criteria that are likely to increase placement viability. The domains are drawn and synthesised from foster care best practice training and pre-service training curricula as well as empirically validated research.

Domain	Minimum Standard	Optimum / Goal
1. Providing a Safe & Secure Care Environment	Protect children from further maltreatment – includes both physical and emotional harm.	Maintain or increase children's emotional security.
2. Providing a Nurturing Environment	Foster children that feel accepted and cared for.	Forming secure attachments and satisfying personal relationships.
3. Promoting Educational Attainment & Success	Regular school attendance.	Possessing educational aspirations.
4. Meeting Physical & Mental Health Care Needs	Receiving adequate care.	Improvement in mental and physical health
5. Promoting Social & Emotional Development	Absence of debilitating emotions.	Presence of adequate levels of positive self-esteem and demonstrated social skills.
6. Valuing Diversity & Supporting Cultural Needs	Child not feeling uncomfortable with foster parents who are culturally different.	Clear and well developed cultural identity.
7. Supporting Permanency Planning	Evidence of supporting plans & absence of sabotaging.	Active and supportive effort by foster parents to actualise plan.
8. Managing Ambiguity and Loss	FPs not becoming emotionally or relationally incapacitated.	Realistic appraisal of possible sources & managing that loss or ambiguity.
9. Growing as a Foster Parent	Recognising the need for and receiving additional training.	Expressed enthusiasm for increasing competency, clear understanding of role responsibilities.
10. Managing the Demands of Fostering	Absence of negative effects on marital relationship, birth children's development and well-being.	As before but indicated by growth in these areas.
11. Supporting Relationships Between Children & their Families	Understanding the importance of relationships between the child and their biological family, and when relevant continuance & support of that relationship.	Actively promoting and nurturing relationship and by supporting agency in their work with biological parents.
12. Working as a Team Member	Lack of animosity or disrespect evidenced by foster parent and workers.	Feeling part of the professional team and part of the decision-making process.

Figure 1. 12 Competency Domains for Foster Parents. From Buehler et al. (2006)

They encompass principles such as enhancing child development, recognising the importance of families and parents, valuing cultural diversity, managing loss, working as a

team, and clarifying the foster parent role. A minimum standard of competency ensures children's safety while an optimum level of competent practice supports and enhances children's psychological, emotional, developmental, intellectual, social, cultural and familial needs, and can encompass meeting permanency goals, supporting the relationship between the child and their biological family, as well as considering the psychological wellbeing of the foster family (Buehler).

The broad aim of both MAPP and PRIDE is to provide information to prepare prospective foster parents for fostering, particularly MAPP which is used mostly as a pre-service training programme (Dorsey et al., 2008; Rork & McNeil, 2011). However, while some studies suggest pre-training can benefit both foster parents and children (Rork & McNeil), there are a number of meta-analyses that suggest that despite their widespread application, there is insufficient research to support the efficacy of either PRIDE or MAPP, and in particular there is little evidence to support interventions that specifically target behavioural and developmental problems (Cooley & Petren, 2011; Dorsey et al., 2008; Kinsey & Schlosser, 2012; Rork & McNeil, 2011).

It has been suggested that the training is evidentially ineffective because the group-based delivery fails to take into account foster parents' personal and individual qualities, particularly their own attachment styles (Dozier & Sepulveda, 2004). While foster children's problem behaviour has been associated with a range of negative outcomes, assessing placement quality in terms of foster parents' capacity to manage problem behaviour might be limited and it has been suggested that with regards to predicting children's wellbeing, it could be more useful to assess the quality of foster parent-child attachment (Harden, Meisch, Vick, & Pandohie-Johnson, 2008). Addressing foster parents' individual needs are important as they impact on the quality of care and interventions need to include components that address the specific and unique interactions between an individual foster parent with an individual

child. In Kinsey and Schlosser's (2012) review of foster parenting interventions there was good empirical support for relational interventions with a particular focus on either the foster parent and child relationship, or the foster parent and biological parent relationship.

It is possible that mainstream training interventions fail to adequately target aspects of the foster parent role that have been associated with those personal and relational qualities identified in high quality typical parenting practices. In other words, while the training programmes target some of the professional aspects of foster parenting (e.g., working with professionals, high level skills to manage children's problem behaviour), they do not address those 'parent' qualities that have been identified as important to children's welfare and commonly expressed by foster parents themselves.

However, it has also been suggested that behavioural management skills programmes are evidentially ineffective because the limited scope and brevity of training fails to sufficiently prepare foster parents for the complexity and severity of children's needs (Dorsey et al., 2008; Kinsey & Schlosser, 2012) and inadequate training has been identified as a risk factor in placement disruption (Crum, 2010; Oosterman, Schuengel, Wim Slot, Bullens, & Doreleijers, 2007). Currently, the low treatment intensity of behaviour management skills programmes assume that foster parents have the capacity to deliver behavioural interventions to high-needs children within the context of the foster family home. The current conceptualisation of foster parent role includes meeting the child's emotional, developmental and social needs in lieu of the biological parents, but excludes any expectation that foster parents address or ameliorate children's mental health needs. Given the extreme nature of foster children's family history and background, the complexity and severity of their mental health needs (e.g., symptoms relating to trauma and pre-natal substance abuse), the current conceptualisation of the foster parent role both under-estimates a foster children's needs and over-estimates foster parents' capabilities.

Treatment foster care (*TFC*) is a high intensity and specialist approach that specifically targets mental health problems that are associated with problem behaviour and placement breakdown (Dorsey et al., 2008; Kinsey & Schlosser, 2012). The multiple components include pre- and post placement training, which go beyond the initial pre-placement training that most foster parents receive, as well as ongoing support, one-on-one, family and group delivery. The approach is systemic and involves all members of the foster care system (i.e. the foster parent, the child and the foster care services), and include wrap-around services and relational interventions. *TFC* targets high needs children who are at risk of being placed in residential homes where they are likely to experience a reduction in autonomy and opportunity to acquire pro-social skills within a family. *TFC* programmes provide foster parents with skills, expertise and on-going support that enable them to effectively deliver a targeted mental health service. Rather than a 'substitute parent' role, *TFC* re-conceptualises the foster parent as a high quality, highly effective, suitably trained and remunerated therapeutic agent who works alongside other professionals within a team, to develop and deliver a treatment plan to a child in need (Dorsey et al., 2008).

It would appear that behaviour management training programmes both under emphasise the important relational and familial aspects of foster care, while concomitantly, ill-prepare prospective foster parents to manage the high mental health needs of many foster children. On one hand, the current role conceptualisations seem to suggest both a more 'parent' orientation that encompasses personal and relational aspects of care. While on the other hand, a more 'professional' orientation that encompasses high quality skills and expertise that meet the high and complex needs of foster children. Although training programmes include components of both professional skills and tasks like liaising and working with care agency and working towards permanency, with personal and relational qualities associated with high quality parenting practices, no programme offers clear

guidelines on how foster parents should manage both roles. Furthermore, it is not clear if training curricula explicitly identify the problems of role conflict and provide foster parents with guidance on how to manage their dual role identity.

Developing Role Identity Summary

The changing demands and responsibilities of the foster parent role have seen the development of two implicit models of role conceptualisation. These models contribute towards widespread perceptions of the foster parent role as either ‘professional carer’ or ‘parent’. Foster parent practices commonly involve aspects of both role conceptualisations. In other words, to meet the obligations, responsibilities and goals of their role, foster parents regularly draw from both ‘professional’ and ‘parent’ role conceptualisations. However, neither one of these role conceptualisations can independently and sufficiently describe the repertoire of essential skills and qualities necessary for competent foster parent practice. Foster parents’ experiences indicate that they frequently and continuously struggle with the ambiguities that arise from their dual role identity. The lack of role clarity is further confused by contrasting role perspectives held by other stakeholders. A clear understanding of their role enhances foster parents’ care experiences which can positively impact on children’s outcomes (Colton et al., 2008). Conversely, foster parents who struggle to integrate conflicting aspects of their role can ultimately threaten placement security (Kinsey & Schlosser, 2012; Schofield et al., 2013; Tarren-Sweeney, 2008). Current foster parent training programmes offer little guidance to foster parents on how to meet and manage the challenges of role ambiguity and negotiate instances of role conflict. This is due to the implicit nature of the two role conceptualisation models, which remain unarticulated by either extant literature or by formal foster care stakeholder organisations.

To explore possible solutions to the dual role identity dilemma, the next chapter will look at high calibre parenting practices to explore whether they can offer some direction on how foster parents might negotiate role ambiguity and mitigate potential role conflict.

Chapter Two - Exemplary Foster Parent Practices

Introduction

Given the demands and challenges of the role, foster parent practices involve specific skills and qualities that appear to draw from both role conceptualisations (Berrick & Skivens, 2012; Schofield et al., 2013). However, like their earlier counterparts, many contemporary foster parents frequently experience dissonance between their ‘parent’ and ‘professional’ identities that can reduce the quality of care and prematurely hasten placement termination (Blythe et al., 2012; Broady, Stoyles, McMullan, Caputi, & Crittenden, 2010; Colton et al., 2008; Cooley & Petren, 2011; Nutt, 2006; Schofield et al., 2013). Despite Bueheler’s (2006) outline of 12 primary tasks that define competent foster parent practice, the competencies provide no clear direction on how foster parents should manage their dual role identities or the degree to which either ‘parent’ and ‘professional’ aspects of their role constitute exemplary foster practice. However, some foster parents appear to be able to provide quality care that appears to mitigate some of the harmful risk factors that are implicated in placement disruptions (Berrick & Skivens, 2012; Nutt, 2006; Schofield et al., 2013; Tarren-Sweeney, 2008). Despite the challenges and problems of the dual role identity some foster parents appear to provide high quality foster care and offer vulnerable children a stable and secure family living environment that is physically and emotionally supportive.

The aim of this chapter is to explore exemplary foster parents’ care practices to see how they might offer guidance to foster parents in managing their dual role identity. Firstly, an analysis of those foster care qualities and practices that have been identified as high calibre and beneficial for children will be provided. This will be followed by a description of the specific factors that successfully meet the unique demands of foster care. Particular attention will be paid to how these practices might solve the dual role identity problem. Finally, this

chapter will conclude with a summary of how these practices might inform and guide foster care to help mitigate tension and conflict within the role.

The Shared Parenting Practices of Foster Parents and Typical Parents

Research demonstrates that both high calibre foster parents and typical parents share a wide range of common efficacious parenting practices (Berrick & Skivens, 2012; Crum, 2010; Harden et al., 2008). The provision of a safe and nurturing family home environment that provides children with the opportunity to experience ‘normal’ family life is predicated on some specific parental qualities, characteristics and behaviours (Frey, Cushing, Freundlich, & Brenner, 2008; Hollin & Larkin, 2011). Positive parenting practices that are imbued with sensitive and predictive care and personal qualities such as emotional warmth, empathy and tolerance, create and encourage an atmosphere of belonging within the family that benefit both foster and typical children’s socio-emotional development (Berrick & Skivens, 2012; Dozier, Higley, Albus, & Nutter, 2002; Fearon, Bakermans-Kranenburg, van Ijzendoorn, Lapsley, & Roisman, 2010; Frey et al., 2008; Gauthier, Fortin, & Jelieu, 2004; Harden et al., 2008; Oosterman et al., 2007). However, while positive personal and relational qualities and characteristics can determine the quality of care that influences the parent-child emotional bond across both foster parent and typical parenting practices, the evidently unique aspects of foster care suggest that high quality foster parenting practices require an additional set of competencies that exceed those of high quality typical parenting practices (Berrick & Skivens, 2012).

Nutt suggests foster care has ‘both practical and psychological implications; it is about activities and feelings’, which suggests a competent foster parent possesses both personal qualities and also practical skills that target the unique demands and challenges of foster care. That is, an exemplary foster parent practice meets the needs of emotionally vulnerable children who are temporarily estranged from their biological family but also

considers the temporary nature of the relationship that legally constrains parental autonomy. To manage these unique challenges, Berrick & Skivens (2012) identified some specific strategies used by high calibre foster parents that were over and above those used by typical parents. These foster parents' care repertoires included a range of affective and behavioural responses that were specifically targeted towards: 1. meeting children's high and special needs 2. managing multiple stakeholder relationships, and, 3. managing transitions into and away from the foster family home. The following will detail the unique demands of the foster parent role with particular emphasis on how high calibre foster parent practices meet these demands.

Foster Parents' Unique Role Demands

1. Foster Children's High and Special Needs

High calibre foster parent practices aim to enhance children's wellbeing through identifying and meeting their idiosyncratic needs (Berrick & Skivens, 2012; Nutt, 2006; Schofield et al., 2013). Exemplary foster parents not only endeavour to understand children's individual needs but also try to understand them within the context of their problematic family and developmental histories. Due to foster children's difficult and complex backgrounds that have often involved sexual, physical or emotional abuse and/or neglect, foster children can arrive in the foster family home with a broad range of high and complex behavioural and developmental needs, such as non-compliance, aggression, specific mental disorders such as anxiety and depression, and developmental delays that can negatively impact social and educational performance (Crum, 2010; Kinsey & Schlosser, 2012; Tarren-Sweeney, 2008). In acknowledgement of a child's early experiences of dysfunctional family life, exemplary foster parents commonly recognise the foster child's need for stability and continuity (Berrick & Skivens, 2012; Gauthier et al., 2004; Schofield et al., 2013). There is widespread agreement that foster children who experience stable and relatively few

placements are less likely to struggle with ongoing behavioural and emotional problems (Crum, 2010; Frey et al., 2008; Gauthier et al., 2004; Nutt, 2006; Oosterman et al., 2007; Tarren-Sweeney, 2008). Repeated foster parent-child relationship ruptures can traumatise foster children and the occurrence of children's subsequent behavioural and emotional problems exponentially increase the risk of future placement disruptions (Bleach & Robertson, 2009; Gauthier et al., 2004; Oosterman et al., 2007). As a response to children's need for emotional stability, exemplary foster parents endeavour to provide continuity of care through the development of an emotional bond with the child (Berrick & Skivens, 2012; Blythe et al., 2012; Blythe et al., 2014; Harden et al., 2008; Oosterman et al., 2007). In the wake of chaos and uncertainty, exemplary foster parents provide children with predictable and sensitive care that enhances a foster-parent child attachment bond and increases placement security.

Placement stability has been associated with foster parents' positive personal qualities and characteristics that enhance children's emotional security and wellbeing (Blythe et al., 2012; Crum, 2010; Tarren-Sweeney, 2008). Specific aspects like empathy and warmth that enhance emotional security and the sense of belonging with the foster family, have been identified as mitigating a range of risk factors including children's externalising behaviour that have been implicated in placement breakdown (Frey et al., 2008; Oosterman et al., 2007). High calibre foster parenting practices that enhance children's emotional and mental wellbeing can help mitigate the vicious cycle to mental and behavioural problems that predict placement breakdown. Provision of high quality foster care that enhances secure attachment can help previously maltreated children with disorganised attachment subsequently develop secure attachment (Harden et al., 2008; Smyke, Zeanah, Fox, Guthrie, & Nelson, 2010).

However, many foster children's highly dysfunctional, negligent and abusive family backgrounds can predispose them to developmental and behavioural problems that can hinder

the development of foster parent-child emotional bond (Gauthier et al., 2004; Oosterman et al., 2007). A foster child's response to placement disruption can be an increase in problematic and disruptive behaviour, and following a new placement a child might initially reject the foster parent after leaving their biological family or previous caregivers. The child's behaviour can be perceived by the foster parent as an unwillingness to emotionally engage which can lead to the foster parent's emotional withdrawal and an amplification of the child's problematic behaviour and hasten premature placement termination (Buehler et al., 2006; Frey et al., 2008; Oosterman et al., 2007)

Research consistently demonstrates that a foster child's problematic behaviour is a high risk factor in placement breakdown and one of the biggest challenges for foster parents is successfully managing their child's behaviour (Oosterman et al., 2007). A foster child's emotional and behavioural difficulties can overwhelm a foster parent and foster parents can initiate premature placement termination if they feel they do not have sufficient skills to manage their foster child's difficult behaviour (Gauthier et al., 2004; Oosterman et al., 2007; Tarren-Sweeney, 2008). To meet foster children's behavioural needs, optimum competency includes a foster parent's willingness to actively engage in training and support to develop behaviour management skills (Buehler et al., 2006; Schofield et al., 2013).

As outlined earlier, while many foster parent training programmes prioritise behaviour management skills, there are some foster parents who care for children and adolescents with extreme high needs, who see their role as a therapeutic agent (Dorsey et al., 2008; Kinsey & Schlosser, 2012; Kirton et al., 2007). These foster parents understand their role responsibilities as engaging in a process of therapeutic change that involves not only caring for children, but also significantly improving their emotional and psychological health. Consequently, these foster parents engage with high intensity and specialised training that helps to meet children and adolescents with severe behavioural and developmental problems.

Exemplary foster parents mitigate the risk factors that are associated with placement disruption by recognising that foster children's high needs are a consequence of their difficult backgrounds. Despite foster children's frequently aberrant behaviour, high quality foster parents understand that as an anecdote to their turbulent histories, children often seek stability. In response to children's needs exemplary foster parents will adjust their role identity, shifting from 'effective carers' to 'loving and committed parents' as needed (Schofield et al., 2013). High quality foster parents endeavour to attenuate the harmful effects of their child's disruptive behaviour and enhance placement security, by both nurturing an emotional bond with the child and through the implementation of behavioural management skills.

2. Temporary and Impermanent Status

An exemplary foster parent practice aims to enhance emotional stability within the context of transition or placement impermanence (Berrick & Skivens, 2012; Brown & Campbell, 2007). Often a foster child is only ever a temporary member of the foster family and placement duration is of an indeterminable length. While some placements are interminable with children eventually identifying their foster parents as their 'real parents', most placements last years, months or just a few weeks, with the termination date unknown to either foster parent or child. Placement success can be hindered by factors outside the individual foster parent or child, and practical and policy issues can result in placements ending abruptly with little or no notice given to either foster family or child. Premature placement ruptures can emotionally harm already vulnerable children and increase their emotional and social problems (Gauthier et al., 2004). Additionally, in response to unexpected placement terminations and the ending of their relationship with the child, a foster parent can experience loss and grief (Thomson & McArthur, 2009). Competent foster parents protect children from the harmful effects of placement insecurity and the emotional

upheaval created by foster children's transitions to and from the foster family home by managing family boundary ambiguities (Berrick & Skivens, 2012; Buehler et al., 2006; Thomson & McArthur, 2009).

Family boundary ambiguity can be experienced by foster parents, their families and foster children as intrusion, inclusion and loss (Thomson & McArthur, 2009). The entry of the foster child into the foster family can introduce stress into the family structure and existing family relationships (Buehler et al., 2006). While some foster families report that caring for a foster child can strengthen their personal and family relationships (Brown & Campbell, 2007), others report that the experience can have a profound and negative impact on their personal life and relationships (Broady et al., 2010; Buehler et al., 2006).

High quality care encompasses specific affective and behavioural strategies that aim to successfully integrate the foster child into the foster family (Berrick & Skivens, 2012). While exemplary foster parents endeavour to parent the foster child 'as if' the child were their own and commonly perceive the child as an integral member of the family and equal to their birth children, these foster parents also recognise and understand the 'invisible' boundaries of the family unit (Berrick & Skivens, 2012; Kirton, 2007). On entering a new foster family placement, foster children are commonly and acutely aware that they are transgressing the family's boundaries (Kirton, 2007; Schofield, Beek, & Ward, 2012). Foster children's self-perception as 'outsiders' can prevent them from participating in reciprocal acts of care that are normative within the context of family boundaries. Before foster children can benefit from 'normal' family life, they must first experience a sense of 'belonging' to the family. Exemplary foster parents understand that a foster child must first feel integrated or a sense of 'belonging' within the family before demonstrating and receiving affectionate and supportive acts of care and so actively engage in practices that explicitly welcome the child into the family home.

On entry into the foster family home foster children are emotionally vulnerable due to the tumultuous experience of leaving their biological family or other caregivers, and so can arrive into a new placement displaying difficult and disruptive behaviour (Oosterman et al., 2007). Exemplary foster parents recognise that transitions create and heighten emotional stress. As well as enhancing a foster child's sense of belonging, exemplary foster parents also aim to mitigate further harm to the child caused by their emotional reactivity through the provision of an emotionally supportive environment (Brown & Campbell, 2007). Foster parents understand that foster children can take time to adjust to new surroundings, relationships and rules. Consequently, their care practices encompass a range of intentional practical strategies and activities that support the child's transition into their home (e.g., pre-placement visits, visiting the child's previous home, and on-placement ensuring familiar food and routines are in place) (Berrick & Skivens, 2012; Brown & Campbell, 2007). In addition, these foster parents possess a range of affective strategies that include sensitively responding to the child's emotional reactivity, demonstrating patience and allowing children time to adjust to their new home (Berrick & Skivens, 2012; Schofield et al., 2013).

Exemplary foster parents often regard placement 'success' as when the child eventually reunifies with their biological parents or successfully transitions to their next placement (Brown & Campbell, 2007). However, these foster parents also recognise that placements exits can generate feelings of grief and loss for the child, themselves and their foster family, particularly when the placement duration has been long and the child's exit is sudden and unexpected (Brown & Campbell, 2007; Thomson & McArthur, 2009). An optimum level of competent practice involves 'realistically appraising sources of loss and ambiguity' including the foster parent's capacity to manage the emotional and relational consequences of the child's exit (Buehler et al., 2006). In particular, the foster parent must manage their own emotional responses to the child leaving the foster family home. A foster

parent's fears about losing a child in their care can prevent them from emotionally engaging in the relationship for risk of becoming 'too attached' and experiencing subsequent disappointment and distress when the child exits the placement (Tarren-Sweeney, 2008). As a foster parent's own attachment experiences can exacerbate feelings of loss and hasten premature placement disruption exemplary foster parents are aware of their own feelings and responses to transitions. These foster parents actively and effectively manage their own and their families feelings of loss and grief when the foster child eventually exits the family home.

3. Sharing Parenting with Outsiders

The legal status of the state as parent means that while foster parents are responsible for the protection and care of foster children they have limited parental autonomy (Blythe et al., 2013; Nutt, 2006; Schofield et al., 2013). Even on day-to-day decision-making foster parents must confer with the foster agency and biological parents. In response to foster agency involvement and the continuing presence of the biological family, some foster parents experience reduced self-perceptions of parental autonomy and frustration that can reduce the quality of their care. In comparison, exemplary foster care and placement success is associated with reports of high quality contact and rapport between foster parents, foster care agency professionals and biological parents (Berrick & Skivens, 2012; Oosterman et al., 2007). Rather than see themselves as autonomous and independent parenting authorities, high calibre foster parents perceive themselves as a member of a professional team around the child (Buehler et al., 2006; Schofield et al., 2012). Exemplary foster parent practices include working collaboratively with the foster agency and the biological parents on permanency and other placement goals. On a practical level this can involve a range of tasks and responsibilities that include updating the foster agency on the child's progress or attending permanency meetings with agency personnel and the child's biological parents.

Exemplary foster parent practice involves recognising and acknowledging the inherent relational ambiguity between themselves and other stakeholders, and in response sensitively managing and negotiating the porous relationship boundaries. High calibre foster parents understand that placement success means cultivating good and strong relationships with both the foster child's biological family and the foster agency (Berrick & Skivens, 2012; Brown & Campbell, 2007). These foster parents understand that reunification goals and the foster child's long-term wellbeing are predicated on developing and continuing healthy relationships with their biological family and home community. Despite the challenges and potential confusion of multiple connections and ambiguous relationship boundaries, exemplary foster parents understand that the quality of their care depends on the strength of the relationships between themselves and other stakeholders.

In particular, exemplary foster parents explicitly consider the relationship between the foster child and the biological family by encouraging a positive and inclusive relationship with the biological parents (Berrick & Skivens, 2012; Brown & Campbell, 2007). These foster parents possess a willingness to adopt an attitude of humility and respect towards the biological parents. Furthermore, despite the biological parents compromised ability to care, exemplary foster parent practices consider the importance of the biological family in the child's life and rather than criticise, foster parents express empathy for the biological parents' struggles. While these foster parents understand they are taking on the day-to-day responsibility for another parent's child, they refrain from usurping the biological parents' parental authority. Exemplary foster parents demonstrate an awareness and capacity for understanding that their relationship with the foster child is temporary and the child is not 'their' child. Consistent with high calibre personal qualities, foster parents engage in a range of respectful caregiving responses that enhance the status of the biological parents (e.g., speaking with respect about the biological parents in front of the child, encouraging the child

to refer to their biological parents as ‘mum’ or ‘dad’) (Berrick & Skivens, 2012). These foster parents also use pragmatic strategies that aim to actively include the biological parents into the child’s life (e.g., asking the biological parents for advice and dressing the child in clothes that have been purchased by the biological parents) (Berrick & Skivens, 2012).

Although foster parents are responsible for the protection and care of children, they have no legal parental authority. As such they must work with foster agency and biological parents on permanency and other placement goals. While exemplary foster parent practice is associated with high quality contact with other stakeholders, foster parents are not wholly goal-orientated. Rather they understand that the quality of their care is predicated on nurturing good and strong relationships with other stakeholders. In particular, exemplary foster parents actively encourage and support the biological parents’ parenting efforts, knowing that reunification success is predicated on the foster child’s relationship with their family and home community.

Summary of Exemplary Foster Parent Practices

Exemplary foster parent practices encompass a range of intentional practical and affective strategies that help to mitigate the dynamic risk factors associated with placement disruption. Foster parents who endeavour to meet and manage children’s needs and problems are likely to increase placement stability through the provision of high quality care (Oosterman et al., 2007). Exemplary foster care practice is an integration of foster parent behaviours, tasks, skills, characteristics, personal qualities, attitudes, capacities and abilities. Foster parents not only possess high quality skills, expertise and knowledge-base, but also a range of positive personal and relational qualities.

While behavioural management skills can help attenuate the harmful effects of children’s problematic behaviour, the foster parents individual characteristics also contribute to placement security. An essential component of skill acquisition is foster parents’

willingness and openness to actively engage with training. Additionally, foster parents' adaptive attributions of children's emotional and behavioural problems also predict sensitive and effective responses. As well as appropriate skills, reducing levels of problematic behaviour is reliant on a foster parent's ability to contextualise a child's aberrant behaviour against a prior history of inadequate care, as well as their capacity for tolerance and empathy in times of emotional stress, both of which enhance emotional security.

Exemplary foster care practices encompass aspects that enhance 'shared parenting' between foster parent, the biological parents and the foster care agency. A foster parent's capacity to 'parent as a member of a professional team around the child' requires both a professional orientation and the capacity to work collaboratively with others. Exemplary foster parenting practices involve working with stakeholders on reunification and other placement goals and attending placement review meetings. A foster parent who endeavours to develop and nurture high quality rapport with foster agency professionals and the biological parents, is likely to provide high quality care. In addition, foster parents who remain prescient of the biological parents' status as the 'real' parents demonstrate a capacity for humility and respect. Despite their aim to 're-parent' the foster child and provide them with alternative life opportunities, they refrain from asserting parental authority. Rather they remain aware that their role in the child's life is temporary and for the sake of the child's long-term wellbeing, they work to enrich the child's ongoing relationships with the biological family and home community. They understand that the child will one day leave the foster family home and so actively work to manage their own feelings especially with regards to loss and grief.

Effective foster parent practices encompass a hybrid set of techniques, tasks, activities that are shaped in idiosyncratic ways by the personal and relational qualities of foster parent themselves. However, evidence of exemplary foster parents' myriad attributes and

competencies do not account for how foster parents manage their complex roles. As the authors note themselves, Bueheler's (2006) framework of essential foster parents' competencies is unclear on how individual competencies interact with each other, whether competency is required across all domains or whether some domains are more important than others. While the competency domains can guide and support foster parents on the tasks and goals that constitute competent practice, the framework does not capture process issues. Examination of exemplary foster parent practices does not appear to offer guidance on how foster parents manage their dual role identities.

In meeting the unique challenges of the role, exemplary foster parent practices appear to embody skills and qualities associated with both 'parent' and 'professional carer' role identities. The ability to shift between each role identity according to the child's needs appears to mitigate the harmful effects of role ambiguity and conflict. While exemplary foster parent practices appear to alleviate the tension between two sets of competing values that underlie foster parent dual role identity, there is no clarity on the mechanisms involved. To further explore exemplary care practices and how they might help to guide and support foster parents' negotiation of potential role conflict, the following chapter will investigate the tension points that exist between each set of identity values.

Chapter Three – The Problems and Challenges of the Foster Parent Role

Incipient foster care mimicked contemporary notions of adoption as permanent, voluntary and autonomous (Adamson, 1972; Nutt, 2006; Triseliotis, 1995). Widespread recognition that the biological parent-child relationship was important for children's wellbeing led to policy changes in the 1970s that prioritised reunification goals (George, 1970; Nutt, 2006). Foster care's quasi-adoptive status shifted to short-term, open placements where temporary tenure and accountability were standard. As such, the boundaries and obligations of the new foster parent role became confusing for both foster parents and other foster care stakeholders. The first calls for professionalisation were a response to the growing recognition that the foster parent role was fraught with ambiguity and confusion (Adamson, 1972; George, 1970; Kirton, 2007; Nutt, 2006). However, a set of modified role demands prompted by a re-positioning of the role, were not necessarily evidenced in foster parents' role identifications of the time. Foster parents did not immediately meet their new role demands with a repertoire of professional tasks and activities alone. Rather, foster care practices continued to reflect many aspects of the 'parent' role that had evolved in response to contemporaneous socio-cultural norms and values (Adamson, 1972; Blythe et al., 2012; George, 1970; Harden et al., 2008; Kline & Overstreet, 1972; Schofield et al., 2013). Consequently and despite the drive to professionalisation, many of the equivocal aspects of the role were left unresolved and open to interpretation, which has subsequently led to two conflicting sets of values and norms that underpin the 'parent' and 'professional' role identities. Currently, calls for professionalisation of the role have only been half-met, indicating the long-standing challenges of fully conceptualising and operationalising the foster parent role as a professional (Kirton, 2007).

Exemplary foster parent practices demonstrate aspects of both role conceptualisations, which suggests that prioritising one conceptualisation or identity over the other could lead to

sub-optimal or incompetent quality of care. Rather than solve role ambiguities, the drive to professionalisation has created two implicit models of role conceptualisation that have arguably led to further and greater role confusion and a decrease in the quality of care. The nature of these two models remains implicit due to both a scarcity of extant literature that clearly addresses and clarifies the foster parent role, and the wide and divergent range of role perspectives across foster parents, foster agency workers and other stakeholders. Although some foster parent practices encompass the more 'professional' aspects of the role, many contemporary foster parent practices are informed by the tasks, activities, qualities and motivations of the 'parent' role (Blythe et al., 2012; Nutt, 2006). The absence of an express and explicit foster parent role definition has led to confusion and a range of competing and conflicting role interpretations. Many foster parents' attempts at negotiating their dual role identity are unsuccessful. Extant research suggests that many foster parents experience role dissonance and are unable to integrate both the 'professional' and 'parent' aspects of their role (Blythe et al., 2012; Broady et al., 2010; Kirton, 2007; Nutt, 2006; Schofield et al., 2013) which suggests that the values and norms underlying each conceptualisation are contradictory and not easily assimilated within one role.

One of the biggest challenges for foster parents is to manage the problem of role conflict. Role conflict involves the clash of norms and values across two or more incompatible roles, and can be experienced systemically or within an individual. The myriad role perspectives of individual foster care stakeholders create an array of conflicting role expectations that can compromise the quality of care (Hollin; Blythe, 2012). Additionally, role conflict can manifest as value dissonance where the underlying values of 'parent' and 'professional' identities are experienced as internal conflicts within the foster parent. Broady et al.'s (2010) study found foster parents struggled to integrate their idealised parent role identity with their practical real world experience of fostering. These 'struggles of the heart'

were described as the difference between theoretical head knowledge and heartfelt emotional experience. These foster parents struggled to align the reality of their foster parenting experience with their self-identity as a nurturing parent figure, and as a result, were more likely to discontinue fostering (Broady et al., 2010).

This chapter will outline 4-key tension points that are commonly experienced by foster parents as problematic. These tension points are drawn from the two implicit conceptualisation models of foster parent role identities that currently inform foster parent practices. The tension points comprise 4 pairs of diametrically opposed sets of values and norms that underpin the ‘professional’ and ‘parent’ role identity conceptualisations (See Figure 2.)

‘PROFESSIONAL’		‘PARENT’	
Public <i>Underlying value = reduce risk and protect child</i>	A set of standardised rules, regulations, tasks and responsibilities that aim to ensure an adequate level of safety and care competency	Private <i>Underlying value = autonomy and right to privacy</i>	The provision of a ‘normal’ family life within the private and personal domain of the family home.
Transition <i>Underlying value = caretaker/temporary custodian</i>	An emotionally detached care response that aims to successfully manage the child’s transitions between placements.	Stability <i>Underlying value = ‘loving relationship’</i>	An ‘as-if’ parenting approach that aims to enhance the foster parent-child relationship through ‘love’ and integration of the child within the foster family.
Obligation <i>Underlying value = contractual obligation</i>	An explicit and mutually rewarding transactional arrangement where the delivery of competent care is financially recompensed.	Voluntary <i>Underlying value = altruism</i>	The ‘work’ of fostering is motivated by altruistic concern for the child’s welfare and intrinsically rewarded through relational and emotional experiences.
Universalism <i>Underlying value = everyone is treated equally</i>	Vulnerable children’s needs for protection and welfare are met through legal provision of rights and duties.	Particularism <i>Underlying value = treatment is based upon individual need</i>	The idiosyncratic needs of children are understood and met through the emotional intimacy of the foster-parent child relationship.

Figure 2. Map showing the 4-key tension points that highlight the divergent set of values that underlie each of the ‘professional’ and ‘parent’ role conceptualisations and which commonly manifest as role conflict.

4 Key Tension Points

1. Public vs. Private Sphere

Foster care challenges the underlying normative values of parenting as a mostly private, informal and autonomous practice. The nuclear family in the Western world is a tightly bound unit with clearly drawn boundaries between domestic and public spaces. The practice of family-based care work occurs within the confines of the foster family home. Foster children benefit from the opportunity of experiencing ‘normal’ family life and developing healthy, pro-social relationships within the secure sanctity of a home environment. However, while foster children can thrive away from the public gaze, this very situation can leave them vulnerable to abuse and maltreatment. In the early 1970s there was an increase in the monitoring and surveillance of foster parents by foster care agencies after a rise in the number of reported cases of child abuse (Nutt, 2006). Kirton (2007) suggests that this was the beginning of foster care’s ‘audit culture’ and the consequence of growing professionalisation. However, given that caring for other people’s children is mostly ‘unusual and socially unexpected’ (Doyle & Melville, 2013), it follows that foster parents’ motives and actions are monitored and reviewed by foster care agencies to ensure children’s safety. While scrutiny of foster parents’ practices is vital to ensure children’s protection, this aspect of professional foster care can impact on foster families’ personal and domestic lives and turn their homes inside out.

The ‘work’ of foster care spans both private home and public work domains, which are usually considered temporally and spatially distinct from each other (Berrick & Skivens, 2012; Blythe et al., 2014; Kirton, 2007). The integration of work and family can create hybridity and tension between conflicting sets of values. Within the context of typical family life most parents do their best for their children by providing them with physical and

emotional support and keeping them safe from harm. As long as there is no cause to suggest children's wellbeing or safety is significantly compromised then parents are left alone to care for their children as they see fit. Parenting practice is mostly private and subjective, and parents use their personal and informal experiences and sources of knowledge to guide their care. However, when children are at risk of harm through inadequate care, abuse or maltreatment, then parenting becomes a public concern and responsibility. The reduction of risk and protection of the child becomes a collective responsibility and the practice of 'parenting' or caring for a child shifts from personal and familiar, to state and bureaucratic control. Parenting, a customarily private activity is brought sharply into the public gaze.

Bureaucratised care involving an objective set of rules and goals that foster parents are obliged to meet ensures a standard and acceptable level of care and protection. In order to protect children and mitigate risk, adherence to these rules and standards is routinely monitored and assessed using quantifiable measures of proficiency. Rather than foster parenting embedded in home and hearth and guided by intimate understanding and personal experience, bureaucratised care is regulated and standardised with a general and rational set of rules that apply to all foster parents and all foster children. Nutt (2006) argues that care under public authority and control is commodified and driven by a means-end rationality that is more suited to the public work domain rather than the private familial domain. While family home-based care is a process-driven practice where end-goals are less important, bureaucratised care is goal-driven where the means are employed in service to specific outcome measures (Brown & Campbell, 2007).

The view that public care is a commodity with quantifiable instrumental value conflicts with the view that care is a natural human response to those in need, where the 'carer' supports and responds to the needs of the 'cared-for' (Molyneaux, Butchard, Simpson, & Murray, 2011). The understanding and importance of high quality foster care as a

relational and emotionally based practice, characterised by altruism, love and selflessness, is well documented (Blythe et al., 2012; Doyle & Melville, 2013; Kirton, 2007). In particular, the foster family home is recognised as an important setting within which therapeutic care can be provided to many children in need (Dozier et al., 2009; Kinsey & Schlosser, 2012). Conceptually the foster family is a socialising agent of change and the experience of ‘normal’ family life provides foster children with opportunities to feel connection and belonging to a family, as well as develop community relationships.

So while the ‘work’ of foster care occurs mainly in the private and autonomous home domain, diametrically opposed to this is the need of surveillance to ensure children’s protection. Intrusion into the privacy and autonomy of the familial home threatens the essential benefits that family-based care actually offers. Foster parents commonly express their frustration at what they perceive as high levels of scrutiny by ‘intrusive’ foster care workers and the biological family, whose decision-making can have a powerful influence over the whole family (e.g. altering plans for family holidays) (Thomson & McArthur, 2009). Allowing outsiders into the privacy of the home domain within the context of the Western nuclear family potentially violates traditional family boundaries and can threaten the integrity of the family system. Agency monitoring and assessment often reduces foster parents self-efficacy and locus of control, leaving foster parents feeling powerless and debilitated which ultimately risks foster children’s welfare through placement insecurity (Blythe et al., 2013; Geiger, Hayes, & Lietz, 2013; Thomson & McArthur, 2009). The foster mothers in Blythe et al.’s (2013) study resented the constant home visits and assessments. They suggested that given that birth mothers’ maternal capabilities were rarely subjected to the same degree of appraisal, the ongoing intrusions and scrutiny were both unnecessary and counter-productive. These foster mothers struggled to reconcile their maternal responsibilities on even day-to-day tasks with their limited parental authority, and at times, in the face of managing their child’s

difficult behaviour, these foster mothers felt personally blamed and reprimanded by the foster care agency (Blythe et al., 2013). As Kirton (2007) suggests, the further foster care moves away from typical parenting and family life, the less likely the foster child will reap the benefits of 'normal' family life.

2. Transition vs. Stability

Many foster parents believe that a 'loving relationship' is the key to successful fostering and children's emotional stability and so it would be unethical to withhold love from their care practice (Nutt, 2006). Consequently foster parents actively and deliberately work towards enhancing the emotional bond between themselves and their child (Blythe et al., 2012; Schofield et al., 2013). However, difficulties arise when there is a conflict between the parent role and the professional carer role, specifically where love as a central and underlying value contradicts the transitory and temporary nature of the fostering relationship.

While an emotionally intimate and committed foster parent-child relationship can benefit children, it can also threaten and increase the risk of placement disruption (Tarren-Sweeney, 2008). Williston (1963) formally identified this paradoxical and longstanding aspect of fostering in the early 1960s, referring to it as the 'Achilles Heel'. According to Williston, the key issue was that the 'parent' role's practice was more aligned to that of the 'natural' parents and so contradicted the temporary nature of foster care and its reunification goals. In contrast, he suggested that the 'professional' role as more appropriate and described a detached style of caring or 'caretaking' where the foster parent remained emotionally distant which enabled the child to eventually and successfully reunite with their biological family. Detachment was seen as a necessary and responsible style of caring that involved a 'concerned but not possessive' approach that reduced the risk of getting 'too emotionally involved' (p.28, Adamson, 1972). However, this detached approach is at odds with extant research that shows that withdrawal of emotional support and intimacy can lead

to premature placement disruptions and detrimental outcomes for children (Kirton, 2007; Tarren-Sweeney, 2008).

Without doubt foster children can benefit from a close emotional bond with their foster parent. As such, foster parent-child attachment is considered to be one of the most important factors in assessing placement quality and viability (Harden et al., 2008). Specifically, a relationship that is characterised by sensitive, loving and predictable care, one in which the foster child can consistently depend upon the foster parent for emotional support, increases a foster child's emotional stability (Frey et al., 2008; Gauthier et al., 2004; McClean, Riggs, Kettler, & Delfabbro, 2012). Furthermore, a high quality secure attachment relationship has been shown to be a better predictor of behaviour improvement than a foster parent's ability to manage problem behaviour (Harden et al., 2008).

However, the corollary to foster parents' aphorism of 'love' as the bedrock of successful fostering, is that there can be an expectation that the foster child will engage in a reciprocal loving relationship. Given foster children's often challenging attachment backgrounds and histories that can include abuse, neglect and multiple transitions, foster children can be incapable of committing to a relationship. Alternatively, foster children can be unwilling to commit due to the temporary and tenuous nature of the foster parent-child relationship. Sometimes foster parents' unmet expectations of a mutually loving relationship and perceived emotional distance from the child can threaten their 'parent' identity and create internal dissonance within the foster parent (Barth, Crea, John, Thoburn, & Quinton, 2005; Blythe et al., 2012; Broady et al., 2010; Schofield et al., 2013). Foster parents can experience confusion and rejection after foster children fail to reciprocate an emotional bond, leaving them to question and doubt the meaning and significance of their role. As Broady et al. (2010) outline, a foster parent's identity is threatened when their experience of fostering fails to meet their expectations, particularly when their self-identity is closely aligned to that

of a biological parent identity. In support of this, Schonfield' et al.'s (2013) study demonstrated that foster parents who identified with the 'parent' aspect of their role at the expense of the 'professional', were more likely to emotionally withdraw when their child failed to reciprocate, describing feelings of disappointment and anger in response to their perceived unmet emotional needs.

At the heart of the 'professional' role is the understanding that the relationship is temporary and the foster family acts a stepping stone between one family and another. As Nutt suggests 'children bring no shared past and no guarantees on a shared future' (p108, Nutt, 2006). For a circumscribed length of time foster parents are charged with providing children with their basic needs and keeping them safe from harm. As temporary custodians of children, foster parents fulfil their role obligations by maintaining 'the child in a physical and emotional condition that he (sic) is able to return to his own home' (Williston, 1963). In order to minimise harm to children, the professional carer objectively considers and integrates the child's history and future into their current care needs and aims to reduce the number of attachment ruptures.

As multiple attachment ruptures can constitute trauma for foster children (Gauthier et al., 2004), one of foster parents' most important challenges is to successfully manage foster children's transitions between placements. While the typical parent -child relationship is mostly permanent and enduring, the foster parent-child relationship is a transitional and interim arrangement. While foster children benefit from being treated as equivalent to a foster parent's own biological children or as 'another member of the family', the 'as if' parenting can also accentuate the temporary nature of placement. Love as a caring response can conflict with the short and temporary tenure of the foster parent-child relationship and foster parents who identify as a 'parent' can struggle to reconcile the reality of the foster child eventually exiting the foster family home with their own personal and emotional needs. A

foster parent's failure to understand and accept the impermanent nature of the foster parent-child relationship can cause them to fear impending reunification or transition and in response, emotionally withdraw and reject the child, and inadvertently prematurely hasten placement termination (Tarren-Sweeney, 2008).

3. Obligation vs. Voluntarism

Despite the gradual but steady increase in support for the professionalisation of foster care, the question of whether foster parents should be paid for caring for children remains a highly contentious and complex issue. Labelled one of professionalisation's 'wicked' dilemmas (Kirton, 2007), the 'love or money' debate attempts to reconcile diverging values that serve as rationale for foster parents' intents, actions and purpose. Essentially, contention around financial remuneration centres on foster parents' underlying motives; are foster parents motivated by altruistic and genuine concern for vulnerable children or are they 'in it just for the money'? Within modern industrial societies there is a cultural norm that workers are financially recompensed for the provision of goods or services (Glucksmann, 2005). Paid employment encompasses a set of norms that emphasise the contractual obligation between two parties where it is inferred, by virtue of a financial transaction, there is a mutually beneficial relationship. In contrast, volunteer or avocational activities are underpinned by altruism, where the provision of either goods or services is considered intrinsically benefitting, and reward is delivered through relational and emotional experiences.

In lieu of familial bonds and a legal obligation to care for a child, the proposition that at the core of a foster parent's motivation is anything but love and affection for children can generate widespread suspicion and scrutiny (Doyle & Melville, 2013). There is a social attitude that 'good' foster parents are motivated by genuine and selfless concern for vulnerable children rather than pecuniary gain, and that love and money motives are essentially mutually exclusive. Doyle & Melville's study revealed that foster parent

applicants' responses were qualified by their awareness of social conventions towards fostering and financial remuneration, and the importance of not being seen 'to be doing it for the money'. It seems that foster parents are aware of the institutional and social expectations that compel them to report child-orientated motives for fostering (e.g. love for children, wanting to make a difference) and inhibit expression of any financial motives to foster.

Since its 19th century origins, the tacit and enduring understanding of the foster parent role as one of altruistic intent, is due to the gendered biased assumption of women's traditional position of 'natural' carers within the home and community doing unpaid and voluntary work (Glucksmann, 2005; Jamieson, 1998; Nutt, 2006). Glucksmann argues that the difference between paid employment and unpaid work is the level of associated economic activity or processes, rather than the work activity itself. So, 'work' can span home, work and community domains and include all paid and unpaid labour activities. Work activity that is embedded into the home, family and community, is often largely indistinguishable from personal non-work family activity. Consistent with foster parents accounts, a high degree of embeddedness of work with non-work activities (e.g. foster care) is often perceived by those involved as not work per se. Instead these activities are seen through a relational lens, as 'good neighbourliness' or as 'expressions of love' (Glucksmann). Consistent with this view is evidence showing that foster parents tend to have little expectation or desire for financial remuneration when fostering is largely indistinct from typical family life (Kirton et al., 2007)

However, the voluntary status of fostering is somewhat at odds with the role's demands and responsibilities. Family foster care has over time increasingly developed into recognisable 'work' with foster parents adopting a more 'professional' role that includes formal duties and tasks that resemble those of the workplace. For instance, foster parents are obliged to attend planning and review meetings, and work collaboratively with social workers and biological parents to achieve placement goals (Kirton, 2007). Foster parents are also

expected to engage in training and professional development to improve skills and learn new parenting techniques. In addition, foster parents are increasingly required to work in a therapeutic capacity, working with other professionals to develop treatment plans that meet children's high behavioural and developmental needs (Dorsey et al., 2008).

Despite a growth in demands and responsibilities that have increasingly led to a formalisation of the role, foster parents remain largely unpaid with few receiving little more than reimbursement for living expenses (Hollin & Larkin, 2011; Kirton, 2007; Kirton et al., 2007). Apart from the notion that work-oriented tasks and responsibilities justify financial reward, research also suggests that payment could improve quality of care through raising role status, improving foster parents' resources and finances, as well as increasing recruitment and retention rates (Doyle & Melville, 2013; Geiger et al., 2013; Kirton et al., 2007). However, it has also been suggested that payment may undermine the autonomy and independence of the foster parent's volunteer status (Nutt, 2006; Schofield et al., 2013). Rather than participating and engaging in foster care work on their own terms, financial remuneration reconfigures the nature of engagement so that foster parents are contractually committed to perform the activity of work in a legally prescribed and accountable fashion.

While 'professional' practices are driven by instrumental market forces that are often supported by extrinsic rewards, 'parent' practices are motivated by intrinsic rewards. Foster parents commonly express emotional and relational intrinsic rewards such as enjoying loving interactions with their children and the satisfaction derived from 'making a difference' (Blythe et al., 2012; Brown & Campbell, 2007; Geiger et al., 2013; Harden et al., 2008; Nutt, 2006). With regards to increasing professionalisation, financial remuneration has been considered as fair compensation for foster parents' loss of intrinsic rewards associated with the 'parent' role (Kirton, 2007). However, rewarding foster parents for maintaining a more

detached ‘professional’ position might risk those altruistic and child-centred motivations that have been identified as beneficial in placement stability.

4. Universalism vs. Particularism

Social and cultural shifts in the 20th century led to the recognition that as a vulnerable population, children should have specific rights to enhance their welfare and protection. Through the implementation of successive international and local policy legislation, children’s rights are now paramount over the rights of others, including parents’ rights (Nutt, 2006). Against this wider background, foster care legislation has incorporated foster children’s rights and duties into policy documents (e.g., Children’s Welfare Act (UK), 1989; the Children, Young Person and Their Families Act (NZ), 1989). The impact of these legislative changes has been to further formalise the foster parent role by creating a discourse of rights and duties that potentially usurps foster parents’ parental authority (Nutt, 2006; Schofield et al., 2013). Foster parents’ traditional values of love and care sit uncomfortably with the ‘one-rule for all’ discourse of children’s legal rights and duties. The universal approach of bureaucratic legislation ensures justice for all children regardless of circumstance or background. In comparison, many foster parents endeavour to meet and understand their foster children’s idiosyncratic needs through the development of an emotionally intimate relationship. While the overall aim of foster children policies are to protect children from harm, it is possible that changes in legislation have further increased foster parents’ role demands and responsibilities, and created an additional and potential source for role conflict which ultimately and paradoxically, potentially harms children.

The prioritisation of children’s rights is contrary to how many foster parents perceive and manage their role responsibilities and duties (Blythe et al., 2012; Blythe et al., 2014; Nutt, 2006; Schofield et al., 2013). Foster parents’ view that their foster child is an innocent and vulnerable victim in need of protection generates empathy and the act of parental

protection (Nutt). Foster parents view their child through acts of love and care, which meliorates their understanding and capacity to meet their children's individual needs. Rather than through a legal lens that emphasises rights and duties, rules and procedures, a 'parent' role emphasises the obligation of the relationship and its unique characteristics to guide parental practice. Foster parents' needs-orientation influences role identity, for instance, in Schonfield's study, foster parents intentionally adopted a 'parent' role in response to their recognition of their foster child's need for a 'mum'.

A source of role conflict often cited by foster parents, is the priority given to the child's and the biological family's rights over the foster parent's rights, who in effect have none (Blythe et al., 2013; Hollin & Larkin, 2011). The biological parents commonly retain the rights of parental authority and consultation, and where possible, the parental responsibilities for the child. While children have rights to both protection and autonomy, the latter assumes they are competent and active participants in the decisions that affect their lives (Nutt). In comparison, foster parents' privation of rights can contribute to their low status and position, and undermine their parental authority, self-efficacy and ultimately threaten placement stability. In a study by Thomson & McArthur (2009) former foster parents felt that legal considerations reduced their capacity to parent their children effectively which negatively impacted on their normative 'parent' identity and their relationship with the child. On one hand they identified as a 'parent' but on the other they felt they had insufficient parental authority, which ultimately led them to discontinue fostering. While foster parents in Blythe et al.'s study (2013) felt excluded from even day-to-day decision-making and believed that at times, the foster agency's focus on legal formalities ultimately compromised the child's best interests. They described feeling like they 'had their hands tied behind their back', and that they 'had all the care and responsibility but no power'.

However, policy legislation recognises the importance of identifying and meeting the individual needs of children in care. Prior to the mid-1970s children were placed with foster families with no thought to their biological families origins and culture that in many cases had a deleterious impact on children. A foster parent's capacity to be able to respond sensitively to a child's cultural identity needs is a key component in ensuring stable placements (Colton et al., 2008; Crum, 2010). Current foster care legislation protects children through the provision of rights that recognises and prioritises individual cultural and identity needs. However while cultural and identity needs are crucial, foster children's needs are multiple and complex. Foster children benefit from foster parents' emotional commitment and their endeavours to identify and understand their child's unique emotional, behavioural and developmental needs (Berrick & Skivens, 2012; Kelly & Salmon, 2014). A foster parent's ability to identify and contextualise a child's problem behaviour against a history of maltreatment and inimical parenting, is a central component in a foster child's wellbeing. Rather than 'fix' a surface-level problem, a deeper understanding of a child's behaviour is likely to lead to more adaptive attributions of problem behaviour and enhance quality of care (Kelly & Salmon).

Nutt (2006) argues that the provision of rights and duties bureaucratises children's personal needs and in terms of meeting foster children's unique needs, is a blunt tool. Foster parents' commitment to the foster parent-child relationship is predicated on their belief that love and emotional involvement are crucial to a child's wellbeing. Essentially, universalistic values such as objectivity and generalisation are at odds with the particularistic ties that characterise the foster parent-child relationship, those relational and emotional qualities of foster care that can enhance children's outcomes. In lieu of legal rights, status or conferred authority, foster parents frame their role in terms of as a rescuer or saviour of the child (e.g. through enhancing ties of belonging), gaining intrinsic reward and meaning from their role

and their participation in the relationship. Central to this notion is that they, as foster parent, are crucial to the foster child's wellbeing, which provides foster parents with satisfaction and meaning, and the aspiration and motivation to foster.

However, supporting foster parents through conferred parental authority needs to be balanced with children's rights to quality care and protection. The conflict for foster parents is understanding how to best meet children's rights: at a broader systemic level that generalises children's needs or through relational ties that endeavour to understand the needs of the individual?

Summary

Contemporary foster care is informed by two implicit models of foster parent role identity that have developed as a consequence of contemporaneous socio-cultural values. The 'parent' model is a longstanding and pervasive understanding of fostering that evolved informally from the early days of modern foster care. Foster parents who identify as a 'parent' see themselves as substitute parents who are motivated by altruistic concern for vulnerable and needy children. The 'parent' role is underpinned by traditional values that prioritise the 'loving relationship' and 'normal' family life as key components in children's well-being. In comparison, the 'professional' model is a more recent development and grew from policy initiatives that prioritised reunification goals. Foster parents who self-identify as 'professional' see themselves as temporary caretakers with a public and collective responsibility to provide care and protection to children in need. These foster parent practices are intentional, transparent and goal-orientated. Their practices are informed by training and professional development, and underpinned by values that emphasise 'shared parenting' with other foster care stakeholders.

The implicit models outline the 'parent' and 'professional' identities as independently distinct from each other. As foster parents endeavour to meet their role obligations they can

commonly experience tension between the divergent and individual values of each identity. In an attempt to solve the problem of value conflict, some foster parents can prioritise the needs and obligations of one role at the expense of the other. However, as exemplary foster parent practices demonstrate, high quality care is predicated on a range of affective and behavioural strategies that traverse both role conceptualisations. Usurping one set of practices and values in favour of another can result in incompetent care that can potentially threaten placement stability and children's wellbeing.

While exemplary foster parents appear to successfully integrate aspects of both roles, it is not clear how they negotiate the problem of dual role identity. Essentially, their parenting practices are a hybrid of both identities that can be understood as a third model of foster parent role identity. However, like the implicit 'parent' and 'professional' models, this 'hybrid' model does not provide clear guidance on how foster parents meet their role responsibilities and obligations while avoiding the problem of value conflict. While it incorporates aspects of both role identities, there is no clarity on how a hybrid foster parent practice maps on to the tension points commonly experienced by many foster parents.

The current role identity models provide inadequate guidance for foster parents attempting to negotiate the fundamentally diverse value and norms of their role. Foster parents frequently experience the underlying values and norms of their dual role identity as role conflict which negatively impacts the quality of their care. To meet the demands and responsibilities of their role, foster parents need an explicit model that can help navigate their role identity. To further explore this alternative model, the following chapter will offer further analysis and outline the problems that the current implicit models offer, followed by a suggestion for an alternative and explicit framework for negotiating this pervasive and persistent challenge.

Chapter Four – A Reflective Practice Model of Foster Parenting

Currently there are two implicit models of foster parent role identity that inform contemporary notions of foster care. Neither the extant literature nor foster care organisations can provide a clear articulation of either role conceptualisation. The ‘parent’ model developed extemporaneously from the practice of women providing care for needy children within the confines of their family home. Up until the mid-20th century the foster parent was seen as a substitute parent with practices that were similar to those of typical parents. As such the ‘parent’ model is underpinned with traditional values and norms associated with a ‘normal’ family life. Meanwhile, a change in role demands led to an increase in role ambiguity with foster parents and foster agency workers often holding widely diverse perspectives of the responsibilities and obligations of the role (Adamson, 1972; George, 1970). The ‘professional’ model developed out of attempts to formalise the role in response to criticism that an increase in role confusion was due to unclear role expectations (Kline, 1972). The foster parent role was re-conceptualised as a ‘professional’ carer to encourage foster parents to configure their care as less emotionally involved, and more objective and goal-oriented. However, while professionalisation aimed to decrease role ambiguity and conflict, it in fact instilled further ambiguity through the introduction of an additional set of values that were diametrically opposed to those of the more traditional ‘parent’ identity. The multiple divergent and contrasting role perspectives held among foster care stakeholders continue to prosper and foster parents frequently struggle with internal dissonance as they try to align their ‘professional’ carer identity with their ‘parent’ identity (Hollin & Larkin, 2011). Attempts to formalise the foster parent role continue today and in the last three decades there has been a steady although uneven trend towards professionalisation (Kirton, 2007), which demonstrates the challenge of resolving the value conflict that underpins the foster parent role.

Foster parents need an explicit model to guide and support their foster care practice, particularly with regards to managing the challenges of their dual role identity and its conflicting sets of values. To explore an alternative model, this chapter will outline the problems of the current implicit models with particular emphasis on highlighting the contrary and conflicting nature of each model's underlying values and norms. To follow, an outline to Schon's (1983) epistemology of professional practice will be provided. His reflective practitioner model will be presented as a framework from which to build an alternate explicit model that might better inform foster parent role conceptualisations. This chapter will conclude with the presentation of a procedural model that may potentially be used in foster care practice and training programmes.

The Problem with the 'Parent' and 'Professional' Models

Williston's (1963) theoretical analysis, 'The Foster-Parent Role', was an early and influential attempt at understanding the dual role nature of foster care (George, 1970). Although embedded in the socio-cultural milieu of the 1960s, Williston's analysis provides a useful framework for understanding the dualistic nature of the 'parent' and 'professional' role conceptualisations that underpin contemporary implicit models. Williston described the 'professional' and the 'lay' role, each with their distinct and individual sets of tasks, activities and obligations, and suggested that the roles were incompatible and conflicted due to different goals. Placement duration determined role and goal orientation. Short-term placements necessitated a 'professional' orientation where the priority of care was to meet the child's needs while avoiding an emotional bond so the child could successfully reunite with their biological family. While long-term and permanent placement necessitated a 'lay-man' or 'parent' orientation where care aimed to 'make the child over (in the image of the foster parents)' (p. 264, Williston).

Williston (1963) construed each role as absolute and entirely distinct from each other. However, extant research demonstrates that exemplary foster parent practices encompass tasks and activities from both role conceptualisations and across all placement types (Berrick & Skivens, 2012; Brown & Campbell, 2007; Nutt, 2006; Schofield et al., 2013), which suggests that neither one conceptualisation is wholly and independently adequate for competent practice. Williston's firm and inflexible boundaries around each role conceptualisation inadvertently omit important and salient aspects of the other role. In particular, utilising placement duration as a determinant of role identity is limited as it does not account for the importance of foster parents' relational and practical skills that can benefit children across all placement types. In both short and longer-term placements, the emotional bond between foster parent and child is an important protective factor in children's outcomes, and likewise, foster parents' effective behaviour management skills have been shown to increase foster parent self-efficacy which is more likely to lead to successful placement outcomes (Brown & Campbell, 2007; Dorsey et al., 2008). An exclusively professional orientation that encompasses skills, training, qualifications and other 'work'-related aspects minimise the importance of foster parents' personal and familial qualities which can become subsumed into larger policy and bureaucratic issues where children's physical and educational needs assume precedence over children's emotional needs (Hollin & Larkin, 2011; Kirton, 2007; Nutt, 2006; Schofield et al., 2013). However similarly, a 'parent' model that prioritises 'love' and emotional intimacy as the means to care and provide for children with severe and high needs can compromise placement security (Blythe et al., 2014). Essentially a 'professional' model reshapes the role at the expense of personal and familial qualities, while a 'parent' model is inadequate to meet and manage the unique challenges and demands of the role. Either conceptualisation fails to independently meet children's needs for care and protection, which potentially puts children at risk of harm.

The Problem with the Hybrid Model

While clear theoretical boundary distinctions can be made between the two role conceptualisations, in practice many foster parents adopt a hybrid mix of practices and activities in an attempt to solve the problem of their dual role identity. Some researchers have suggested that instead of solving the problem of role ambiguity through a re-positioning of the role as ‘professional’, it would be better to embrace the inherent complexities and contradictions of the role with a hybrid model (Colton et al., 2008; Kirton, 2007; Nutt, 2006; Schofield et al., 2013).

Exemplary foster care practices suggest that a hybrid approach produces effective and competent care that benefits children (Berrick & Skivens, 2012; Schofield et al., 2013). Their practices are imbued with a range of personal and relational qualities, techniques, tasks and activities that draw from both the ‘parent’ and ‘professional’ models. In particular, exemplary foster parents appear to be able to adjust their role identity, and switch from ‘effective care’ to ‘parental love’ in response to their child’s needs (Schofield et al., 2013). Furthermore, Schofield et al. found that foster parents who were willing and able to embrace both ‘parent’ and ‘professional’ roles were less likely to experience stress or role conflict. In comparison, foster parents who struggled to integrate both role identities and who could only identify as either a ‘parent’ or a ‘professional’, appeared to lack confidence in managing the demands and challenges of the role, which ultimately threatened placement security.

However, while a hybrid approach has been shown to benefit children, most foster parents struggle to successfully balance the competing demands and values of their dual roles. While hybridity is often the default response for many foster parents endeavouring to ‘solve’ their dual identity problem it is liable to result in incompetent practice and reduced self-efficacy. This is because the hybrid model does not expressly address the underlying values and norms of the implicit ‘parent’ and ‘professional’ models. As demonstrated

earlier, the 'professional' and the 'parent' role identities each have a distinct and divergent set of values and norms which are liable to conflict. Foster care practice dilemmas frequently require a balance between meeting children's needs through relational and familial means and foster parents' duty to ensure that children's rights to care and protection are met. The conflicting values that underlie foster parents' practice dilemmas are difficult to solve as one set of values cannot be considered more valid than the other. This is evidenced by exemplary foster parent practices that are informed by both sets of values and norms.

While exemplary foster parents appear to have the capacity to manage their dual roles, for many foster parents a hybrid model is fraught with confusion and conflict. In lieu of an explicit model to support and guide their care practice, foster parents can oscillate between the two conceptualisations and gratuitously omit certain practices that do not align with their own perspectives and personal values. Essentially, value conflict is an ethical problem as irrational and erratic responses to practice demands can negatively impact placement security and ultimately harm children.

Current and extant models for foster parent role identifications are problematic as they do not provide clarity on how foster parents should manage the challenges of their complex role. The two implicit role identity models remain disconnected because their underlying divergent and conflicting values and norms make integration unfeasible. Despite this, foster parents commonly endeavour to meet their role demands by drawing on both aspects of their role. This frequently leads to the experience of tension between the conflicting values that many foster parents 'solve' by omitting certain practices that do not align with their understandings of the role. However, as demonstrated in exemplary foster care, both sets of values are essential to competent foster care and the arbitrary omission of certain practices can result in incompetent care. While some research has suggested that the two role identities may be mutually rewarding and complimentary, and social workers should guide foster

parents on how to manage and move flexibly between their two identities, no explanation is provided on how this might be achieved (Schofield et al., 2013). As an amalgamation of the two implicit models, a hybrid model is an inadequate framework as it does not explicitly inform foster parents on how they should manage the contradictory and conflicting sets of values and norms that are integral to their role.

Foster parents need an explicit model to guide their care practice. This framework needs to be imbedded within the foster parent identity and provide a generic method of thinking and problem-solving that does not grant legitimacy to one set of values or norms over the other. The following section will outline a procedural framework that can be used as a practice problem-solving tool to help resolve the tension inherent in the role without referring to any specific set of values.

An Explicit Procedural Practice Model for Foster Parents

The problem of foster parents' dual role identity is the conflicting sets of values that underlie the 'parent' and 'professional' identities. The 'parent' identity emphasises the importance of the foster parent-child relationship as the means with which children's custodial and emotional needs are met. In comparison, the 'professional' identity emphasises the foster parent's obligation to ensure children's rights to care and protection are upheld. Neither one model can independently deliver high quality care as aspects of both conceptualisations are important in enhancing children's wellbeing. However, a hybrid model is problematic. While exemplary foster parents demonstrate aspects of both practices, it is not clear how they successfully amalgamate the activities and practices to provide high quality care (Berrick & Skivens, 2012; Schofield et al., 2013). In terms of supporting foster parents and other stakeholders through training initiatives, the hybrid model remains obscure and unexplained. Foster parents need clear guidance on how to navigate their dual role identity to avoid the deleterious consequences of value conflict.

Foster parents' dual role identity remains problematic because at its core are two diametrically opposed sets of values and norms. On a practical level, foster parents are not always aware that they are experiencing tension between their dual roles. Rather, what they consciously experience is disappointment, frustration and a sense of helplessness (Barth et al., 2005; Blythe et al., 2012; Blythe et al., 2014; Buehler et al., 2006). This is an ethical problem as reduced foster parent self-efficacy and negative affect risks placement security. If value conflict is not solved then children remain vulnerable to the risk of placement breakdown.

Foster parents and stakeholders need a generic way of approaching practice problems that can manage the complexity of conflicting values that underlie foster parents' dual role identity. Specifically, as one set of values cannot be validated as more legitimate, this model needs to resolve the problem of value conflict without necessarily appealing to one set of values over another. As Ward (2013) states, in lieu of an independent and universal set of values that can reconcile divergent sets of norms, it becomes an impassable dilemma as to which value or norm may rightfully usurp its commensurate other. So this explicit model should seek to integrate multiple situational and interpersonal factors and work to identify commonalities across both role conceptualisation that can further both sets of goals. The aim of this model is that it will be a methodological problem-solving tool that can raise foster parents' awareness of their role obligations and the presence of value tension within their dual role identity. It is suggested that Schon's (1983) reflective practitioner model embedded in a relational ethics framework may meet these aims.

Background to Schon's Reflective Practice Model

To explore the utility of Schon's (1983) reflective practitioner model a background on his 'reflection-in-action' approach to problem solving will be provided. This will be followed by an outline of the model's most salient and relevant components with regards to

building a procedural model for foster parents. Finally, using a case example, the proposed procedural model will be presented to demonstrate its potential utility in a practice situation.

Schon's (1983) reflective practitioner model is an epistemology of practice that describes how competent practitioners solve the instrumental problems of practice that frequently manifest as conflicts of values, goals, purposes and interests. Specifically, it is a contextual approach to problem-solving that instead of appealing to one set of values or norms over another, endeavours first to understand and find the 'right' problem. Schon's observations of competent professional practices led him to seek an understanding of the 'intuitive knowing in the midst of action' (p. 8) that was demonstrated by practitioners' skilful actions, judgements and decisions. However, while the practices were demonstrably effective, competent practitioners were unable to articulate their tacit 'knowing' without referring to vague notions of intuition and 'trial and error'. Schon considered this unacceptable as the lack of intellectual rigour meant there was no explicit method to enable further study. In response, his reflective practitioner model sought to integrate theory and practice, thought and action, and explain the competence of reflective practice, or 'reflection-in-action'.

Schon (1983) argued that at the time the professional model was ill-equipped to solve the increasingly difficult and complex problems of a fast-changing world as 'phenomena such as complexity, uncertainty, instability, uniqueness and value conflict do not fit the model of technical rationality' (p. 39). As professionalism was supported by a standardised and specialised knowledge-base, and a technically rigorous practice bound to a code of principles, the underlying assumption was that all problems were the same. If this was not the case, Schon argued, then standardisation could not work. As an alternative, he suggested that the complex and unique problems of practice were better informed by thoughtful, deliberate, intelligent and conscious practice. According to Schon competent practice was characterised

by a capacity for reflection and that capacity was used by practitioners to cope with unique, uncertain and conflicted situations.

Schon's (1983) description of reflective practice echoes the qualities and characteristics of many exemplary foster parents who demonstrate flexible, insightful, responsive, intentional, deliberate and thoughtful approaches to their care practices (Berrick & Skivens, 2012; Brown & Campbell, 2007; Schofield et al., 2013). Like the reflective practitioner, exemplary foster parents reveal their 'knowing' in the innumerable day-to-day decisions and judgements that they make that cannot necessarily be explained by strict adherence to any specific set of rules or procedures. Schon suggests that this capacity to spontaneously respond in an adaptive and effective manner does not stem from a prior or particular intellectual function. Rather reflectivity or 'intelligent action' is an integration of mind and action that cannot be explained by rationality. As Schon suggests, it is the capacity to 'act one's mind' that helps solve the complex practice problems of ambiguity, uncertainty and value conflict.

Specifically, Schon (1983) suggested that practitioners are able to manage complexity because reflective practice actively and intentionally works to find the right problem. Rather than assume all problems are the same or there is only one problem, reflective practice 'names and frames' the problem to be solved. Framing the problem involves treating each practice problem as unique, defining the decision to be made, understanding the context and other situational factors as well as articulating the sought goal. Schon viewed problem-solving as a component of the larger 'experiment' of problem-setting. Rather than viewing the means-to-ends as independent of each other and success as a pre-determined goal, Schon saw problem-setting as an ongoing, recursive process of simultaneously identifying the goal and the method with which it will be sought. Rather than look to the value system of a particular model or role, problem-solving involves an experimental approach where the

practitioner develops a theory about the problem and conducts a series of experiments to test the validity of their theory.

Role Framing

An important precursor to ‘naming and framing’ the problem is to understand the boundaries and goals of the practitioner’s role. When the practitioner frames the problem and the part they play in ‘solving’ the problem then they ‘bound the phenomena to which they will pay attention’ (p. 309, Schon, 1983). Schon asserts that role framing or identification is the foundation from which problem-setting of specific problems can occur. An awareness of role obligations, responsibilities, expectations and perspectives draws the practitioner’s attention to the implicit values, norms and assumptions within their role and the influence they have on shaping and determining practices and strategies for action. An awareness of tacit role frames helps to generate alternative frames of reference for roles, goals, values and approaches and sets the direction in which the practitioner will endeavour to change the situation. Once the practitioner has increased awareness of their tacit role frame, it opens up the potential of recognising other previously hidden values and norms.

Foster parent practice dilemmas regularly occur as a consequence of role ambiguity and value conflict and part of the problem is that foster parents are not consciously aware of their default role identification. As Schon (1983) suggests, frame (or role) awareness helps to enhance awareness of practice dilemmas. Does the foster parent see themselves as an advocate for the rights of children to care and protection or do they see themselves as a loving substitute parent who is committed to making a difference in their child’s life? A foster parent’s role identification will influence how they perceive, understand and explain the problem. Their ability to reflect on their role will influence their capacity to understand how its implicit values and norms might shape their judgement and evaluation of a situation or problem. Assisting foster parents to develop an awareness of their default or primary role

identity potentially helps them to develop an awareness of an alternate identity.

Comprehending the consequences and implications of adopting a particular role would help foster parents understand the specific competencies that they would need to meet the demands of that particular role. This would enable foster parents to select components of a particular approach or technique to match and meet the unique features of the current situation or problem.

The Reflective Practice Model

The following procedural model drawn from Schon's (1983) notion of 'on-the-spot framing experiments' and embedded in a relational ethics perspective provides foster parents with a potential practice model that supports competent and ethical decision-making. An amalgamation of several real case histories that make up the following practice example will be used to demonstrate how this procedural model can be employed in practice settings by foster parents.

Practice Example

Charlie is a 5 year old boy who has just recently transitioned into the care of a new foster family home. Prior to transition Charlie experienced an abrupt and unexpected placement termination which was particularly distressing to Charlie as he had been with the foster family from the age of 10 months and had developed a close bond with his foster parents. Although Charlie spent the first few months of his life with his adolescent biological mother, she was unable to continue to care for Charlie due to instability and drug abuse problems. Despite the current foster parents' commitment and motivation to be 'real' parents and provide the same care as they do for their own biological children, they are struggling to cope with his increasingly non-compliant and aggressive behaviour. Their endeavours to integrate Charlie into their 'normal' family life, seems to increase the severity of Charlie's behaviour. Recently, Charlie's angry outbursts have regularly culminated in biting and hitting

both his foster parents and siblings. At times Charlie has become so emotionally distressed that it has taken his foster parents an inordinate amount of time and effort to soothe him back into a more manageable state. They are reluctant to seek help from the agency as they feel that Charlie's behaviour is something they should be able to manage within their own home. As it is, they often feel criticised by agency workers about their parenting practices and that the privacy of their home life is intruded upon. Despite the challenges Charlie's foster parents have become very fond of Charlie and until the most recent troubles had been considering adopting him. However, while they continue to demonstrate patience and fortitude they are also finding the stress of Charlie's behaviour is wearing them out and are wondering whether caring for Charlie is a lost cause and whether they should continue with the placement.

The Step-by-Step Procedural Model

1. Framing the Problem

Charlie's foster parents' default understanding of their foster parent role is one of 'parent', which influences them on how they perceive, understand and explain the problem or situation. Their approach to caring for Charlie is informed by how they parent their own biological children. Their parenting practices are underpinned by 'love' and child-centred altruistic concern. Consequently they seek to understand Charlie's behaviour and needs through an emotionally intimate and reciprocal relationship. They are genuinely perplexed that Charlie does not respond favourably to their acts of affectionate care, especially in light of their experiences of parenting their own biological children. They were looking forward to growing their family and enjoying the emotional rewards of raising another child. They are disappointed that Charlie appears unwilling to engage in family-life. Presently, Charlie's foster parents view the problem as an increase of distress and conflict within the family home caused by Charlie's anti-social and disruptive behaviour. At present, Charlie's foster parents

see the problem or source of tension as a mismatch between Charlie's behaviour and their ideal of 'normal' and harmonious family life.

A 'professional' perspective would frame the problem or situation using a contrasting set of values and norms. If Charlie's foster parents were to consider this alternative perspective they would recognise their responsibility of ensuring that Charlie's rights to care and protection are upheld. Rather than seek to understand Charlie's needs and behaviour through a relational lens, a 'professional' role identification would take a more objective position, informed by professional experience and expertise and skills developed through formal training initiatives. A 'professional' perspective would view Charlie's inciting and challenging behaviour as a threat to placement viability, which ultimately is likely to increase the risk of irrevocable emotional harm to Charlie.

2. Explaining the Problem

Charlie's foster parents' default role identification of 'parent' will influence the types of attributions that they might make about Charlie's behaviour. Charlie's foster parents' understanding of Charlie's need for emotional security have prompted them to increase their efforts to 'parent' Charlie with 'love' and emotional intimacy. In response Charlie has rejected these efforts to engage and integrate him into family life, which has been understood by his foster parents as a rejection of themselves as 'parents' and additionally, as an innate and negative aspect of Charlie's character. In contrast to their 'parent' understanding of their role, a 'professional' perspective would seek to contextualise Charlie's problematic behaviour by considering a range of information gathered from agency personnel and other professionals. Such information might include Charlie's prior placement experience, his relationship with his biological parents and general developmental history. From the gathered information, it might be inferred that Charlie's provocative behaviour, rather than personally motivated, is a test of his foster parents' commitment to see how far he can go

before being rejected. Essentially, Charlie's behaviour could be explained as a consequence of his prior experience of placement rupture, a manifestation of the loss and grief he is experiencing as a result of leaving his previous caregivers and his inhibited capacity to trust another caregiver.

3. Goal-Setting

Due to the distress that Charlie's contrary interpersonal behaviour has created within the family, Charlie's foster parents are currently considering terminating the placement. Feeling unable to cope, his foster parents feel this is the only way to regain peace and harmony within their family home. However this goal is contrary to a 'professional' perspective where the main goal is to enhance or maintain placement security so as to reduce any potential harm to Charlie. From a 'professional' orientation, Charlie's foster parents might look to specify the main goal and ask themselves what factors are threatening placement security? How do Charlie's foster parents restore and maintain family harmony (which is important for both the foster family and also Charlie) while also providing ethically safe and competent care to meet their role responsibilities and placement goals? To meet both goals, Charlie's foster parents might consider a range of strategies that seek commonality across both 'parent' and 'professional' perspectives. Strategies that consider both sets of values and norms to achieve a more harmonious home environment, and from an ethical perspective, also protect Charlie from any emotional harm caused by additional placement rupture.

4. Implementing and Evaluating the Outcome

The types of behavioural interventions that Charlie's foster parents have been using in response to his angry outbursts are underpinned with altruistic and child-centred values that emphasise emotional connection, warmth and nurturance. There have been frequent situations where Charlie refuses to comply with his foster parents' instructions (e.g. brushing

his teeth or sitting at the table for dinner) which invariably leads to an escalation of volatile behaviour, an eventual back down by his foster parents and culminating in them physically soothing and comforting Charlie into a calmer state. However, this approach appears to have led to Charlie's behaviour becoming increasingly frequent and intense. Currently Charlie's foster parents' default parenting style fails to meet their family's needs, Charlie's needs or the placement goals.

Charlie's foster parents' explicit recognition of their default role identity and its underlying latent values of 'love' and altruism, allows them to consider alternative values and norms that are associated with a 'professional' identity. Charlie's foster parents are able to frame 'the problem' of Charlie's behaviour using alternative frames of reference, which will influence the types of strategies and techniques they implement to 'solve' the problem. Rather than their foster parenting practice based on a single set of 'parent' values that is influenced by their personal proclivity or ignorance, Charlie's parents may intentionally select and evaluate the efficacy of strategies based on their ability to meet both goals.

After gleaning information and support from multiple sources including the foster care agency, Charlie's foster parents' renewed understanding of Charlie's behaviour as symptomatic of grief and loss helps to inform their foster parenting practice. Instead of understanding Charlie's behaviour as personally motivated, they can reassess his needs and incorporate alternative strategies into their care practice. Rather than automatically assume Charlie's need for a 'parent', Charlie's foster parents might recognise his immediate need for a safe and predictable home environment. Instead of adopting the parenting strategies of a replacement 'parent', Charlie's foster parents could consciously and deliberately intervene with strategies that aim to support Charlie's need for care and security. In particular, they would adopt interventions to mitigate the harmful effects of Charlie's combative behaviour that are currently threatening placement security. For instance, specific strategies based on

behavioural principles could be used, such as implementing reward charts to reinforce positive behaviour, and 'time-out' and 'planned ignoring' to reduce instances of inappropriate behaviour. In addition, during instances of particularly challenging angry outbursts, Charlie's foster parents might appropriately physically restrain Charlie to ensure both their own and Charlie's safety. These specific behavioural strategies could be complemented by a style of communication that would indicate Charlie's foster parents emotional availability and commitment but without any expectation of emotional reciprocity. Other practice protocols would include pro-actively liaising with and seeking support from the foster care agency.

The selection and continuity of any particular strategy would be based on its ability to meet both goals. In order to assess its efficacy, Charlie's foster parents would pose a series of 'what-if' questions that engender curious enquiry without any specific prediction or expectation of outcome and evaluate the effectiveness of any particular strategy by asking whether it is working towards solving the practice problem while meeting both goals; is there an observable improvement in Charlie's behaviour, and if so, how does it advance both the main goal of placement stability and the particularised goal of a harmonious family home environment? For instance, by clearly outlining age-appropriate behavioural expectations and consequences for non-compliance, Charlie's foster parents might over time observe that family meal times have become more settled. Furthermore, the withdrawal of any expectation of relational reciprocity might manifest in Charlie as a reduction of distress and an increase in his willingness to engage in family activities. Charlie's foster parents might notice that they are starting to feel more confident in their ability to provide competent care and that overall the quality of their family has improved. They might reflect that strategies drawn from a more 'professional' understanding of their role have helped to reduce incidents of further reactive and inciting behaviour, which appears to have both restored harmony at home but also improved their relationship with Charlie and thereby improving placement

security. In response, Charlie's foster parents can generate a new understanding of their role and how behavioural attributes and practices are shaped by a role's underlying values and norms.

Summary

This systematic procedural approach to problem solving might assist foster parents to manage the value conflict that underlies their dual role identity. Using this framework foster parents may make meaningful and conscious decisions with reference to each set of values.

This approach assists in raising foster parents' awareness of their role, the role's obligations and demands as well as its underlying values and norms. To meet their role demands foster parent practices commonly encompass tasks and activities of both conceptualisations. However, foster parents are often not explicitly aware of any particular identification. Rather, their understandings of their role are frequently based on unconscious enactments of core activities and tasks that meet their implicit ascribed expectations of the role. This hybrid approach can lead to the experience of tension within the role and although foster parents remain largely unaware of the source, conflicting values and norms are felt as frustration and disappointment. This model assists in managing value pluralism by raising foster parents' awareness of their default role identity and its underlying values and norms. The foster parent can consider the implicit assumptions they have of the role and begin to deliberately consider alternative frames of reference. When faced with a practice dilemma, rather than resort to a habitual and reflexive problem-solving mode, foster parents can turn their attention to the contextual and other situational factors that impact on the problem and explicitly consider both sets of values. Rather than shifting irrationally from one set of values and norms to another, the foster may systematically follow the method of selecting the most ethical and competent course of action.

An important component to this procedural approach is the ongoing development of the foster parent's repertoire of skills, behaviours, attributions, expectations and so forth that the foster parent draws from when faced with a complex practice dilemma. Rather than reference to any particular procedure or set of rules, a foster parent is able to contextualise the problem through access to multiple sources of information and frames of reference. This procedural approach does not value any one knowledge-base over another. Instead it seeks to integrate knowledge from foster parents' personal and familial experience, the foster care agency and biological family as well as formal knowledge gathered through training programmes and other foster care support. However, this knowledge base is not stable or passive. Rather it is a dynamic system that relies on the foster parent's awareness that their knowledge-base is constructed and so can be intentionally modified which encourages their active engagement in on-going learning and development.

Chapter Five – Overview and Implications

Foster care occupies a unique space. Foster parents' liminal and uncertain position as 'more than carer less than parent' (Nutt, 2006), presents essential and potentially insolvable practice dilemmas. There is a large body of foster care literature that refers to foster parents' common experiences of role ambiguity and conflict that often result in placement disruption and harm to already vulnerable children (Adamson, 1972; Blythe et al., 2012; Blythe et al., 2014; Broady et al., 2010; Buehler et al., 2006; Geiger et al., 2013; George, 1970; Hollin & Larkin, 2011; Nutt, 2006; Schofield et al., 2013). The inherent ambiguities within the foster parent role are both pervasive and persistent. While attempts at formalising the role have aimed to alleviate longstanding ambiguities, they have inadvertently increased role confusion through the introduction of an additional set of underlying values and norms. The increase in ambiguity presents unique and formidable challenges to foster parents that can reduce the quality of their care.

Until the mid-20th century foster parents were largely perceived as substitute parents where values such as altruism, volunteerism and child-centred concern for children took precedence. More recently, the traditional and enduring understanding of the foster parent role has been accompanied by a 'professional' orientation that emphasises work values and norms such as skills, training, qualifications and experience. The 'parent' role is often the primary default identity for many foster parents and notions of 'love' and providing a 'normal' family life are often the cornerstones of their care practices. In comparison, foster parents with a 'professional' approach are more likely to understand their care as 'work' and collaborate with foster care agency professionals. These two foster parent role conceptualisations, each with their independent and divergent values and norms, shape contemporary understandings of the foster parent role. However, neither conceptualisation has been adequately and clearly articulated within the literature and consequently extant

descriptions of either conceptualisation remain vague and equivocal. Implicit role identities have led to role confusion amongst foster care stakeholders and foster parents themselves and the two contradictory sets of values and norms that underlie each identity frequently manifest as value conflict. The two implicit models of foster parenting provide no clarity to foster parents on how they should manage their role and in particular, how they could resolve the inherent value conflict.

Foster parents cannot solely rely on their 'parent' identity to provide competent care as their role demands and responsibilities exceed the challenges of typical parenting. The myriad and complex role demands present unique practice problems that cross socio-normative boundaries. Foster parents care for vulnerable children whose high needs transcend those of many typically developing children. Furthermore, foster care transgresses the normal boundaries of work and family, where the 'work' of care occurs within the privacy of the family home. While foster parents are responsible for the children in their care, they are also obliged to relinquish parental autonomy and must confer with outsiders on many of their day-to-day parenting decisions. In effect, foster parents must share their parenting with the state as legal parent, and frequently with the foster care agency and the biological parents as parental authorities. Furthermore, foster parents are temporary guardians whose tenure is both circumscribed and uncertain. Eventually, and sometimes without warning, foster parents are obliged to farewell the children in their care as they transition to their next placement or return to their biological families.

In order to meet the unique demands and responsibilities of the role, foster parents must incorporate 'professional' aspects into their care practice. Foster parent practices that are shaped by both conceptualisations appear to mitigate the risk factors implicated in children's negative developmental trajectories (Oke, Rostill-Brookes, & Larkin, 2013; Oosterman et al., 2007). Exemplary foster care practices are distinguished by a foster

parent's willingness to emotionally nurture, accept and engage with the child as well as by specific behavioural skills and expertise that reduce the negative consequences of foster children's problematic behaviour. While exemplary foster parents appear to successfully negotiate the precarious terrain between 'professional' and 'parent' and draw from both conceptualisations to provide optimum care, most foster parents struggle with their dual role identity particularly when faced with practice dilemmas that are driven by value tension.

Many foster parents endeavour to 'solve' the problem of value tension by adopting one of two strategies available to them. Either, foster parents will firmly position themselves within the boundaries of one identity and irrespective of the unique practice demands; maintain an inalterable and inflexible identity. Alternatively, foster parents will take a pragmatic approach to solving their care dilemmas and select practices and strategies from both identities in response to the immediate situation. While the first approach potentially avoids the problem of role conflict by conveniently omitting one set of practices, values and norms, it fails to deliver competent and ethical care as the demands of the role can never be fully or independently met by a purely 'parent' or 'professional' model. Whereas the second approach, a hybrid mix of practices, invariably leads to foster parents oscillating erratically and irrationally between the two implicit models, which eventually leads to role conflict. Essentially, a hybrid practice without due consideration of the underlying values and norms of each conceptualisation can lead to incompetent care and ultimately expose vulnerable children to further harm through placement insecurity and additional placement rupture.

While foster parents often express frustration or disappointment with their experience of foster care, they remain largely unaware of the source of the tension. A foster parent's lack of awareness of their default role identity can lead to unfulfilled expectations. Essentially, the reality of practice does not meet their role expectations, which can lead to reduced self-efficacy and disillusionment and premature placement termination. The current implicit

models of role conceptualisation offer inadequate guidance for foster parents to manage their dual role identity and in particular manage the role's inherent value pluralism. This thesis has argued that the tension that foster parents regularly experience stems from the conflicting values and norms that underlie the role, which the foster parent unwittingly encounters in endeavouring to meet their role demands. In essence, value pluralism hinders the delivery of optimal foster care and current implicit 'professional' and 'parent', or hybrid models offer no clear direction on how to proceed.

In response this thesis has presented a procedural practice model as a potential problem-solving tool for foster parents and a possible framework for training purposes. This model draws from a reflective practitioner approach based on Schon's (1983) epistemology of practice and is embedded within a relational ethics framework. The aim of this reflective practice model is to help foster parents systematically and methodologically address the problem of value conflict that manifests in many of their practice dilemmas. Foster parents may use their enhanced awareness of their default primary role identity to consider alternative frames of reference to identify and solve the problem of value tension as it arises in their care practice. Rather than implicitly assume that one set of values and norms is superior to another, a foster parent may deliberately and thoughtfully consider both sets of values and evaluate their validity on whether the attributions and strategies that they generate are able to meet both goals.

This reflective practice model assumes that prospective foster parents have gained an understanding of the obligations and expectations of the foster parent role through pre-placement training. In particular, they are aware that the role encompasses both 'parent' and 'professional' aspects and that they are likely to possess a default foster parent role identity. In other words, although not initially aware of their role expectations, they are likely to hold latent understandings and beliefs about the role that can impact on their practice. These pre-

conceptions can manifest as frustration and disappointment when they do not match the realities of practice. Pre-placement training would help identify and raise awareness of a prospective foster parent's primary or default identity and its implicit values and norms.

This procedural reflective model could be included as a core component in foster parent training initiatives. Training sessions would guide the foster parent through a practice dilemma using the procedural reflective model. Initially, foster parents might struggle with integrating reflectivity into their normal practice. For many it may feel forced and awkward but the aim would be to build competency so that a reflective practice approach becomes the default response to managing practice problems. To aid the acquisition of a reflective approach, after an initial period of high-intensity training, further and ongoing support would be offered to enhance foster parent's capacity for reflection-in-action. Foster parents would try out new techniques in-vivo and then reflect their practice experiences and dilemmas under guidance with a supervisor as part of a supportive group session. The overall aim is that eventually a reflective practitioner approach would become embedded within the foster parent identity so that deliberate and thoughtful consideration of practice problems becomes integral to foster care practice.

It is suggested that this reflective practice model is a potentially useful tool to help guide foster parents through practice dilemmas that are characterised by value tension. The problem with the current implicit models is that each set of values and norms vies to gain supremacy over the other. Adoption of a purely 'parent' or 'professional' identity usurps one set of values through omission of certain practices. While a hybrid approach, arbitrarily omits certain practices from one identity as a reflexive response shaped by either personal proclivity or ignorance. In comparison, this reflective practice model endeavours to include both 'parent' and 'professional' practices that are necessary for competent and ethical practice. However, unlike the hybrid model, the procedural approach endeavours to guide

foster parents through an intentional and deliberate and conscious decision-making process. Rather than validation of one set of values or norms over another, this procedural process aims to consider the ethical implications and consequences of any particular action or intervention.

It has been suggested that it is due to the invisible nature of foster care practice that care is only noticed when it is substandard or absent, that the longstanding problem of role ambiguity and conflict remains unsolved (Nutt, 2006). This suggests that the challenge of solving the problem of role conflict is insurmountable and that high calibre foster parenting practices factors are impenetrable to study. However, it appears that the practices of both exemplary foster parents and reflective practitioners share some similar qualities. In particular, actions and aspects that engender thoughtful and deliberate practice that are characterised by curious, open-minded and flexible approaches. A foster parent's explicit understanding and awareness of their role's demands and obligations, appear to inform and enhance both 'parent' and 'professional' role identities and augment informed and intentional practices and interventions (Berrick & Skivens, 2012; Schofield et al., 2013). Similarly, a reflective practitioner's explicit awareness of their role enhances their ability to consider alternative roles and frames of reference, which shapes conscious and intelligent action (Schon, 1983). Rather than remain impervious to study, an interesting focus for future research could be the study of exemplary foster parent practices through a reflective practice lens. The identification and specification of those care practices that appear to attenuate the negative effects of value pluralism that exist at the core of foster care's dual role identity problem.

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