"I will commit to this child as much as I can for the time that they are with me:" A qualitative examination of how foster carer commitment relates to short-term foster care for young children following abuse and neglect

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ABSTRACT

Background: Foster carer commitment to the child has been shown to be of paramount importance in young children's recovery and development following abuse and neglect. In Dozier's definition of commitment in the US, there is a focus on both emotional investment in the child and committing to an enduring relationship with the child. How this relates to the routine practice of short-term, temporary, foster care has not been studied.

Objective: This is the first qualitative study to explore the drivers of, and barriers to, commitment in short-term foster care within the broader aim of examining whether short-term care is meeting the needs of maltreated young children.

Participants & setting: Fourteen foster carers took part in research interviews and five focus groups were conducted with infant mental health professionals.

Methods: Interviews and focus group data were subject to qualitative thematic analysis in order to identify patterns of commonality in relation to our research questions.

Results: Three broad themes pertain to commitment and the meeting of young children's needs in short-term foster care: *Influence, Timescales and Choice* in the fostering role. These themes were found to house both drivers of, and barriers to, commitment in short-term care, which are influenced by systemic normalisations of fostering practices.

Conclusions: The emotional investment facet of commitment is more alive in the 'psyche' of short-term foster care than commitment to an enduring relationship. A long-term outlook for the child may be an undefined facet of commitment that is more akin with short-term placements.

1. Introduction

Whilst important knowledge has been gained about the multiple detrimental effects of child abuse and neglect, there has been less

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of a research focus on how we can best promote recovery and resilience post-maltreatment (Lang et al., 2020; Meetoo et al., 2020). Foster care, where non-biologically related carers are supported by the state to care for the child in a family setting (IJzendoorn et al., 2015), is often considered an environment where recovery can begin for children who have been removed from parental care. Seminal studies have shown that children who were moved from large institutions into foster care very quickly started to thrive (Smyke et al., 2012) and improvements in mental health were sustained over time (Guyon-Harris et al., 2019). Internationally, there have been huge shifts from institutional care to foster care (Dozier et al., 2012; Petrowski et al., 2017) and in Scotland, where this study is based, foster care is the most common form of care for children who have suffered abuse and neglect (Cusworth et al., 2019; Who Cares? Scotland, 2020).

In the UK foster care system, maltreated children can come into care on an emergency basis and stay for variable lengths of time. Short-term care is designed to last for weeks, or months, until decisions are made about the child's future (UK Government, 2021). This differs from other foster care systems, including parts of the US, where there is a dual registration of foster carers, i.e., foster carers are simultaneously registered as prospective adopters so that if a child cannot be reunified with birth parents they are already in a placement which can be made permanent (AdoptUSKids, 2021). In reality, 'short-term' placements in the UK system can bleed into a much longer time in care (often referred to as 'drift' in care) for many systemic reasons, including an increasing adversarial legal consciousness surrounding cases of abuse and neglect (Turner-Halliday et al., 2017) and a difficult interface between different aspects of the child welfare system where there is a complex decision-making process (Whincup et al., 2019). In Scotland, a large-scale tracking of young children's pathways through care found that most adoptions do not take place until three to four years after the child has entered care and children who are returned to birth parents leave short-term foster care after an average of nine months (Biehal et al., 2019). Many children also experience repeated episodes of short-term care – in Glasgow, Scotland, two thirds of children who returned home came back to care, referred to as the 'revolving door' effect (Minnis et al., 2010).

Despite being set up as a 'temporary' arrangement, short-term foster care can be summarised as a common, and often re-current, experience that can span lengthy periods of childhood. Many children in foster care are also very young; just under half of children under the age of five who come in care in Scotland are under one year old and one quarter are under six weeks old (Biehal et al., 2019). We know that the early years encompass sensitive periods of socioemotional development that are directly influenced by the quality of caregiving experiences (Dozier et al., 2013; Tarren-Sweeney, 2014; Zeanah, Gunnar, et al., 2011; Zeanah & Humphreys, 2018). Furthermore, high quality foster care during these very early stages of development not only mitigates against the effects of early maltreatment (Gleason et al., 2011) but has shown sustainable positive effects over time (e.g., Humphreys et al., 2015).

Yet, foster care quality for young children has been found to be variable (Gleason et al., 2011; Meakings & Selwyn, 2016) and the specific needs of infants in care are said to be often overlooked (Chinitz et al., 2017). Zeanah et al. (2011, p4) identify that child-centred approaches to foster care that include an emotional investment in the child are "too rarely implemented and serendipitous rather than intentional." Whereas a child-centred approach sees foster carers as attachment figures, treating children as their own, the authors argue that the more common approach (which they name "extended-respite") is for foster carers to only provide for basic needs (shelter, food, physical safety). This is attributed to a lack of recognition or awareness of the vital role that foster care plays for young children (Zeanah & Humphreys, 2018).

Variability in the commitment of foster carers, i.e., "a commitment to an enduring relationship with the child," (Dozier & Lindhiem, 2006; p338) may explain differences in quality because it has been found to vary widely in foster care (Bernard & Dozier, 2011). Commitment has been intensively studied by Mary Dozier and her research group, who have developed a quantitative measure of commitment called the "This is my baby" interview (Bates & Dozier, 2005; Dozier et al., 2007). The key commitment question the interview explores is: "Is the [carer] emotionally invested in this child and in being his or her parent? Or is the [carer] indifferent to whether s/he continues to parent the child?" (Bates & Dozier, 2005, p7).

Commitment has already been found to matter. High levels of commitment have been associated with a greater likelihood of a long-term placement or adoption (Dozier & Lindhiem, 2006), fewer reported behavioural problems in children (Lindhiem & Dozier, 2007) and carer's expressions of delight in the relationship (Bernard & Dozier, 2011). We have also recently found a significant association between the foster carer's higher commitment at the start of a placement and lower symptoms of Reactive Attachment Disorder after a year, regardless of whether the child stayed in that placement or moved on (Turner et al., 2022.)

On the other hand, a low level of commitment - towards the 'indifference' end of the scale - has been associated with foster carers who have looked after the highest number of children. The direction of the relationship here is unclear; it is not known whether such carers have had more children *because* of their lower commitment (and therefore more placement breakdown) or whether lower commitment has ensued due to the known psychological burden of foster caring, e.g. via emotional burnout and compassion fatigue (Dozier & Lindhiem, 2006; Hannah & Woolgar, 2018).

The concept of foster carer commitment has been a recurrent theme in both the qualitative and the quantitative work undertaken as part of The Best Services Trial (BeST?): a UK Randomised Control Trial which seeks to evaluate the effectiveness and cost effectiveness of the New Orleans Intervention Model (Crawford et al., 2022; Kainth et al., 2022). This model (the intervention arm of the trial) is an infant mental health-based assessment and intervention and represents a radical change in the UK child welfare system in terms of its approach to assessing and treating cases of maltreatment. Key differences to a traditional social work approach ('services as usual') are detailed elsewhere (Turner-Halliday et al., 2017). BeST? has sparked a renewed dialogue about foster care in the UK, partly because foster carers are involved in assessment and treatment approaches of the model (unlike in 'services as usual') and also because the model, in the US, would involve dual-registered carers (i.e., foster carers already registered as prospective adopters). In contrast, the team in the UK is working on long-term attachment patterns but with short-term carers (Boyd et al., 2016; Turner-Halliday et al., 2017). Consequently, a key question to arise from the introduction of an infant mental health approach (IMH) in this context is whether we can expect the same level of commitment from short-term foster carers compared to those who would 'foster to adopt' in the US.

The focus on foster care in our trial sites has given us timely opportunity to explore the factors that influence levels of foster carer commitment in the UK system. Lo et al. (2015) have found that foster care elicits more commitment from caregivers than group-based care; however, much less is known about what drives, or hinders, commitment *within* foster care. Whilst it is acknowledged that commitment may be more likely when adoption is a placement goal (Bernard & Dozier, 2011), and therefore may be more evident in the US, we need to be cautious about making assumptions. Dozier argues that commitment can be enacted regardless of length of placement: "Psychological adoption" is differentiated from actual adoption, in terms of carers being able to have a thorough emotional investment in the child even when placements are not long-term (Bates & Dozier, 2005, p8). A foster carer who demonstrates psychological adoption is said to describe the child as their own and as part of their family (Bernard & Dozier, 2011).

The importance of the child feeling part of a family and having a sense of belonging and security has been highlighted elsewhere (e. g., Grant et al., 2019), but the variability of commitment amongst foster carers reminds us not to assume that the necessary facets of commitment exist in every placement. Yet, potential barriers to foster carers carrying out committed care have not had the same research focus as the effects of commitment on the child. We know, for example, that foster carers have been discouraged in the past from becoming attached to children in their care as a way of protecting both the child and carer from pain of separations (Dozier et al., 2011). This goes against what we know about the child's experience of secure attachment – even in short-term care – having the potential to facilitate the child's ability to form subsequent secure attachments with adoptive or biological parents (Dozier et al., 2011; Quiroga & Hamilton-Giachritsis, 2016).

As Smyke and Breidenstine (2018, p555) also highlight, "foster parents are asked to commit to children in the context of a great deal of uncertainty," yet the impact of these aspects of context on commitment have not been explored. Children in short-term foster care are undergoing significant simultaneous transitions whilst awaiting crucial decisions about their future, e.g., navigating new networks of people whilst having variable amounts of contact time with their birth parents (Grant et al., 2019). We also know that children who have suffered abuse and neglect often have multiple complex needs (Dinkler et al., 2017; Engler, Sarpong, Van Horne, Greeley, & Keefe, 2022; Guyon-Harris et al., 2019; Kennedy et al., 2017; Kocovska et al., 2012; Lehmann et al., 2013; Minnis, 2013; Tarren-Sweeney, 2008). Coupled with the fact that the effects of maltreatment often disrupt the way that a child accepts nurture and signals their needs (Bruce et al., 2019; Turner et al., 2022), this means that foster carers may need to transcend levels of 'normal parenting' and train in therapeutic skills (Dozier, 2003; Dozier, 2019; Dozier et al., 2013; Valadez et al., 2020). Whereas the concept of 'foster carers as therapists' is contentious (e.g., seen as inappropriate or unethical – Douglas, 2018) there is a prevalent premise that foster carers are "the primary agents of therapeutic change" because young children develop in a relational context (Harkness, 2019; p65). What is less clear is how such challenges of foster caring, and acquisition of therapeutic skills, might drive or hinder commitment.

The complex recovery process of abused and neglected children may also influence commitment. Whilst we recently found that higher commitment early in placement was associated with a reduction of attachment disorder symptoms around one year after being taken into care, we also found that it was associated with an increase in symptoms of mental health problems after two and a half years (Turner et al., 2022). This was regardless of whether the child stayed with the carer or moved on. Whilst our current qualitative work suggests that this may be a typical process of recovery (by children becoming secure enough to display their distress before they go on to improve) we also wonder whether commitment may be affected if foster carers only see the 'getting worse' stage and not the 'getting better' at a point when the child is no longer with them. The time periods of short-term foster care, although lengthier than designed to be, may still not allow carers to see the positive influences of their role.

On the other hand, systems can also support the likelihood of commitment by creating drivers of commitment, despite the potential barriers that may exist. For example, recommendations have been made for ongoing child-foster carer contact even after placements end so that the carer is more likely to have an invested and enduring outlook (commitment) from the start (Dozier et al., 2013; Zeanah, Shauffer, & Dozier, 2011). Relationship-focused intervention with foster carers has also been shown to heighten a carer's commitment level (Dozier, 2019; Dozier et al., 2013), which means that commitment does not have to be a static or unchangeable construct. Understanding what drives commitment amongst foster carers is important because, regardless of context or circumstance, it is likely that young children are biologically prepared to expect a committed caregiver so that a lack of commitment can hamper the child's development (Bernard & Dozier, 2011).

Given the encouraging evidence that foster commitment results in positive change for young, maltreated children, yet the known variability of commitment that exists, we are interested in exploring the fit between short-term foster care placements and young children's needs using a commitment lens. This requires a methodological approach that closely examines perceptions about the factors that might influence levels of commitment so that we can take a step back from the focus on commitment effects to explore what influences commitment in the first place. We have previously highlighted the need for mixed-methods approaches in research on child abuse and neglect (Glass et al., 2016; Turner-Halliday et al., 2018), however the research on commitment has been solely quantitative in design. To the best of our knowledge, this is the first paper to explore the construct of commitment using qualitative methods.

An obvious first step in applying a commitment lens to examining the alignment between foster care and children's needs is to explore the views of carers themselves, which is an aim of this paper. Their perception of their role and its relatedness to children's needs is important because we have already demonstrated (in this context) that perception can lead to action, and that this process can be unexpected and unintended (Turner-Halliday et al., 2017). Zeanah, Shauffer, and Dozier's (2011) identification of widely varying models of foster care that are operating in the system, but not defined by the system itself, also reminds us that fostering roles can be constructed by those carrying them out.

We also aim to explore the perceptions of the IMH professionals in relation to how short-term foster care is aligning with the needs of young children, through a commitment lens. Professionals involved in the IMH team are the other key group, alongside foster carers themselves, who are working closely with young children and their foster carers straight out of maltreatment situations. Examining foster carer perceptions alongside those of IMH professionals allows us to explore whether there is congruence across these key groups

around the fit between short-term foster care and young children's needs.

These aims can be summarised as addressing two key research questions:

1) How do foster carers and IMH professionals perceive the role of short-term foster care in relation to young children's needs following abuse and neglect?
2) What do these views tell us about the drivers and barriers to young, maltreated children experiencing their need for committed foster care in short-term placements?

2. Methods

2.1. Process evaluation

Data were collected as part of the qualitative process evaluation embedded in BeST,[?] which follows a realist evaluation approach (Pawson & Tilley, 1997) and uses an inductive qualitative analysis to explore the context in which the IMH model is embedded (Kainth et al., 2022). It is assumed that complex interventions - in this case, the IMH model - will vary depending on context and that, as process evaluators, we need to unpack the complex social reality that surrounds its introduction into the system so that we can give meaning to *why* the model may or may not be effective in a way that is beyond statistical measurement and outcomes in the RCT (Kainth et al., 2022; Pawson & Tilley, 1997).

What is contextually significant may relate not only to where the intervention is located but also to systems of interpersonal and social relationships in any locality. Such contextual factors may be supportive or detrimental to the aims of the intervention, and this necessitates a key task in sorting one from the other (Pawson & Tilley, 1997). Relationships between children and foster carers would seem central to this premise; whether foster care commitment can be seen as supporting the IMH approach to work effectively or not is an important contextual factor. In turn, other contextual (systemic) factors may influence commitment. This study can therefore be seen as bi-functional in terms of adding contextual understanding of the IMH approach in the UK system whilst also exploring commitment more generally.

2.2. Participants

Foster carers and professionals from the IMH service were recruited via their consent to take part in the BeST[?] services trial. The trial has ethical approval from the West of Scotland Research Ethics Committee, which covers participation of both groups in the embedded qualitative process evaluation (see Crawford et al., 2022; Kainth et al., 2022).

Foster carers: The sampling of foster carers was purposive: The wider BeST[?] process evaluation aimed to capture foster carer views about participating in the trial, the assessment service that the child was randomised to, and the context in which the intervention was embedded. Fourteen foster carers were recruited for interviews on the basis that they had been involved in the trial and service long enough to provide experiential views, but recent enough to reflect on their experience. All participants were therefore nearing the end of their time with the assessment service their child/ren had been randomised to: Six were participating in the IMH service at the time of data collection and eight involved with the social work control arm of the trial. All participants were foster carers (2 males, 12 females) who had consented to take part in both the trial and the qualitative process evaluation. The age range for children entering BeST[?] is 0–5 years; therefore, all foster carers in this study had a child in this age range, which we refer to as "young children."

Participants had been fostering carers between one and twenty-one years, with an average of eight years of experience. They had cared for an average of ten children in their time as a foster carer, with a range between three and forty children. Due to participants being recruited through the BeST[?] trial and with children going through assessment at the time of interview, the participant group of foster carers were predominantly those who routinely care for children who have entered care on a short-term basis until a decision is made about their future. Despite roles often changing over time, thirteen described themselves as short-term carers at the time of interview and one as long-term carer who was providing a one-off short-term placement due to a reported shortage of short-term carers in the locality. Two of these short-term carers had gone on to adopt children that they had fostered in the past and two had gone on to provide long-term care for children they had previously cared for on a short-term basis. This meant that a range of care views were obtained, albeit weighted heavily towards carers who typically provide short-term care.

IMH team: The team was created as the intervention arm of the BeST[?] trial (Minnis et al., 2010). Sampling was purposive; the team and their manager were invited to take part in the process evaluation based on their ability to provide views about how the model is embedding into the child welfare system. Led by a consultant clinical psychologist, the team is made up of psychiatrists, clinical psychologists, associate psychologists, social workers, and family support workers. The composition of the team has altered slightly over the years in terms of the exact number of staff from each discipline, but these professions represent the stable core team. Over a five-year period, five focus groups were conducted with the IMH team (comprising 15 different participants across the core roles - on average, six participants per focus group) and six interviews with their manager. Because there are single job roles within the team, and we are reporting general team views rather than any individual perspectives, we have labelled quotes generically as 'IMH team' so as not to compromise anonymity.

2.3. Data collection

Individual interviews were conducted with foster carers and the manager of the IMH service and focus groups were conducted with

the IMH team. All data collection was carried out by the first author and focus groups were co-facilitated by co-author GK. Questions were semi-structured in nature so that key topics could be explored whilst allowing new areas of perspective to emerge. Open-ended questions about the foster caring role included a focus on participants' perceived role in relation to the needs of the maltreated young children and impacts of the foster care system on this role. Following an iterative approach where themes emerging from the wider process evaluation also informed the interview schedule, a specific question about the potential usefulness of a dual registration system was included in foster carer interviews.

The IMH service is underpinned by the premise that children need commitment, and team members were invited to discuss their shared understanding of commitment as defined by Mary Dozier. Foster carers, however, may have variable, or no, knowledge about what commitment, as defined by Dozier, means. Therefore, foster carers participating in BeST? were invited to participate in a semi-structured research assessment interview that measured their commitment quantitatively (Turner et al., 2022) thus negating the need to focus on 'commitment' in the interview. Instead, dual registration was identified as a topic that would capture perceptions relating to commitment, essentially by asking questions like "what do you think about a system where foster carers routinely become the child's adoptive parent?"

Interviews and focus group lasted approximately 60 min. Foster care interviews were conducted by phone, as previous attempts to schedule face to face interviews were unsuccessful, largely due to carers' time constraints and restrictions with childcare. Focus groups and interviews with the IMH team were conducted face-to-face and repeated throughout 5 years of data collection in order to track changes and developments over time.

2.4. Data analysis

With the consent of participants, all interviews were audio recorded and transcribed in full. As the focus of this study was on commitment, unrelated general data (for the purpose of our wider trial) was omitted from IMH team interviews/focus group data, e.g., operational aspects of team set-up and delivery. The data that was kept for this study related to broad answers in relation to foster caring, the foster care system, child-carer relationships, children's needs, and children's time in care. For interviews with foster carers, the entire transcripts were analysed as all the data was potentially relevant.

The data were subject to a process of reflexive thematic analysis by the first author (an experienced post-doctoral qualitative researcher and the lead for the process evaluation component of the trial) where patterned responses and sets of meaning were searched for across the dataset (Braun & Clarke, 2006). Maintaining a focus on adhering to key aspects of quality and rigour for thematic analysis (as specified in Braun & Clarke, 2021), such a process produces 'themes,' i.e., those patterned responses that capture something important about the data in relation to the research question. Rather than being about frequency of response, a reflexive thematic analysis is concerned with the researcher's interpretation of important elements or facets that relate to the question being asked (Braun & Clarke, 2006). In accordance with Braun and Clarke's (2021) guidance on rigour (2021), an interpretive focus was maintained, where the product of the analysis was grounded in the data but provides analytical statements that go beyond surface level description. As guided by the authors, the researcher saw herself as an active participant of the analytical process, which means that themes were not assumed as "emerging" or as "giving voice" to participants but were instead identified and interpreted by the researcher. The discussion section of this paper draws on this premise by refraining from the use of passive terms to describe the identification and interpretation of themes.

Whilst reflexive thematic analysis is "not wedded to any pre-existing theoretical framework," Braun and Clarke (2006) assert that the researcher must make clear their theoretical position and epistemological assumptions about the nature of the data ("data are not coded in an epistemological vacuum" p84). This study assumes a theoretical and epistemological approach based on contextualism, which posits that there is a broader social context impinging on the way that participants make meaning of the role of foster care for maltreated young children in care. Sitting between the poles of realism (there is an absolute truth) and constructionism (knowledge is socially constructed), contextualism posits that there is no 'one reality' and instead that knowledge is "local, provisional and situation dependent" so that results will vary according to context and cultural meanings (Madill et al., 2000, p9). We assume, therefore, that the participants of this study will give meaning to their views based on the cultural context in which they find themselves embedded and we identify where normalisation of processes, and cultural norms, in relation to foster care may impact on participants' perceptions.

Whilst some analyses can be described as 'inductive' in terms of the data driving the analysis, this study conducts a 'theoretical' thematic analysis, which is "driven by the researcher's theoretical or analytic interest in the area." The topic of commitment was already defined and taken *to* the data as a lens through which to a) extrapolate relevant data from a wider dataset and b) examine the data in terms of how it relates to commitment. As Braun and Clark identify, however, research questions can inductively evolve through the coding process so that there is also an inductive stage of analysis.

The main six stages of analysis outlined by Braun and Clarke (2006) were followed in a flexible and recursive way, moving back and forth between coding the data, organizing codes into themes and reviewing themes to eventually produce an analysis with codes clustered under theme headings. At first, each transcript was examined in detail, noting reflections and preliminary codes (interesting features of the data). Transcripts were read numerous times (immersion in the data) to identify repeating patterns and/or differences between transcripts, and any new codes identified at this stage were noted. Lists of identified codes were then organized: codes that were found to relate to each other were clustered together and became a group of themes divided into sub-themes with an overall theme heading that captured the essence of each category. For research question 1, this analysis resulted in three overarching themes that were interpreted as representing the broad categories under which participants gave meaning to the role of short-term foster care in the context of maltreated young children. Sub-themes within these main themes house the multiple facets by which participants were interpreted to express their views, representing areas of difference and convergence between foster carers and IMH professionals.

For research question 2, barriers and drivers in relation to commitment were extrapolated from the themes identified and illustrated in a table.

3. Findings

In response to the first research question - *"How do foster carers and IMH professionals perceive the role of short-term foster care in relation to what young children need following abuse and neglect?"*- three themes were interpreted from the qualitative data:

1) Influence in the short-term foster caring role,
2) Timescales in the short-term foster caring role, and.
3) Choice in the short-term fostering care role.

In response to the second research question - *What do these views tell us about the drivers and barriers to young, maltreated children experiencing their need for committed foster care in short-term placements?* - we found that each of these three themes encompassed factors that can be interpreted as both drivers and barriers. These are summarised in Table 1 and related numerically to the sub-themes that they are housed within. Quotes from participants are interspersed throughout the findings as evidence to support each sub-theme.

1) **Influence in the short-term fostering role**

Table 1
Potential drivers of, and barriers to, commitment: research question 2.

Drivers of commitment	Barriers to commitment
Influence theme	*Influence theme*
>1a: Foster carers see their short-term role as a therapeutic temporary intervention (bridging role) which has a positive influence on the child - expressions of emotional investment	>1a: Short-term carers feeling undervalued especially by adopters, which may confirm a sense of lack of influence
>1b: The intervention provided by IMH team is perceived by them to increase the foster carers' positive influence on the child	>1b: The IMH team see a dual registration system as key to commitment. The absence of dual registration means commitment is limited because children have to move placements
>1b: The IMH team report that carers feel valued by their requirement to be involved in intervention work	>1b: Instances of low-quality short-term care not having enough influence on children necessitating more input than expected from IMH team
>1b: The IMH team think their intervention might encourage more short-term carers to become permanent carers/adopters and are starting to see a few instances of this happening	>1b:Mixed levels of engagement in the IMH approach: commitment may not therefore be increased through intervention for some carers
	>1b:Carers who have cared for more children can have a "professional rather than personal" attitude towards their influence on children
	>1b:Carers can be reticent about expressing challenges and/or can normalise them – harder to increase positive influence
	>1b:Despite some short-term carers expressing a want to keep a child long-term (which the team attributes to their intervention work) adoption would prevent pay – may decrease commitment
Timescales theme	*Timescales theme*
>2a: Emotive views from foster carers on children being in short-term placements too long suggests a long-term outlook/concern for the child and emotional investment in the child	>2a: Children sitting longer than expected in short-term placements is frustrating and worrying for carers (due to concern for the child) and may decrease commitment
>2a: Children in short-term placements longer than expected - attachments being formed - may lead to higher commitment	>2a: Carers worry about the breaking of attachments when children move on: May decrease ability to attach and/or commit to the child (although the relationship between the two needs explored)
>2b: IMH team recommending child spends long enough in short term foster care for them to make the right decision for the child to find a fully committed placement. Foster carers agree, for complex cases where there has been a 'revolving door' pattern in the past	>2a: Uncertainty, for years, about when a child might move on may be a barrier to committing to the child
	>2a: The normalisation of children moving on being seen as "part of being a foster carer" and carers not being involved with the child thereafter
	>2a: Short-term carers perceive delays in the wider system leading to children waiting for fully committed care ("forever families") suggesting that they see foster care as less committed
	>2b: Instances of children having to move placements due to poor quality of foster delays the child experiencing committed care
Choice theme	*Choice theme*
>3b: Some short-term carers choose to keep children on a long-term basis, suggesting instances where there is a motivation for an enduring relationship (i.e., commitment)	>3a: Foster carers can choose to regard their role as a job and the child as not being part of the family as the same way as an adopted child is
>3c: If foster carers have choices, they can make decisions that they perceive to be in the best interests of the child despite the system normalising choices they see as harmful for the child (e.g., respite)	>3a: There are short-term carers who do not want to provide a longer-term role: May evidence a lack of motivation to have an enduring relationship (i.e., commitment)
	>3b: When short-term carers choose to adopt or foster the child long term, the system makes it difficult
	>3c: Foster carers have the choice to make decisions that may express low commitment (e.g., frequent respite)
	>3c: Short-term carers who only want to provide a short-term role do not see a dual-registration system as applicable

Short-term carers highlighted the intensity, value and worth of their role as a temporary intervention with a perceived positive influence on the child (the first sub-theme below). The IMH professionals' views were that a move to a dual registration ('foster to adopt') system would be the most positive influence on young children following maltreatment, with concerns expressed about wide variations in short-term foster care quality that they had experienced. However, the team also perceived that their intensive work with foster carers was resulting in improvements in quality and commitment over time:

1a) "Foster carers are not just doing a wee holding job"

Foster carers constructed their short-term role as a temporary intervention that has a bridging function; that is, between the effects of the circumstances that bring children into care and the child's experience of moving into a permanent placement:

> *"I mean it is almost like we are putting a psychological band-aid on a child to be able to pass them on...we take a great amount of personal pride in being able to take a child and have a really positive impact upon them so by the time they are able to return to their parents or to be adopted they are in a better position than they probably were"*
>
> *(FC5)*

As a result, examples of the perceived positive influence that they have had on children were peppered throughout their interviews:

> *"It's great when you just see this wee kid suddenly appearing, you know suddenly this wee boy's here that wasn't here, and he is a character. He is a great kid".*
>
> *(FC4)*

Short-term foster carers were keen to highlight the intensity of the work required in caring for children, particularly the emotional investment and resulting pain of separation that can be experienced. Their overall influence on the child was seen as sometimes being under-valued, particularly by adopters:

> *"I do really think adoptive parents need to be aware that foster carers are not just doing a wee holding job for them to come along and go 'thank you bye-bye'. That's hurts because, I am sorry, but we are very much emotionally involved with the children that we have got, and they are a big part of our lives. Yeah, we love it when everything is sorted and they are moving on, but...we do have feelings, and it does hurt when the child goes away - trust me".*
>
> *(FC4)*

By comparing their emotional investment in the child with adoption breakdown, foster carers appeared to challenge the assumption that commitment and emotional investment would be more aligned with longer-term care of a child. They described times where they had just had to persevere through the challenges of caring for the child, rather than terminating the placement:

> *"Yes, it is hard, and it can be difficult sometimes, but you get there, you get through it... I do get quite upset about ...the adoption thing, when I find out the kind of statistics of kids being returned, it's absolutely heart breaking".*
>
> *(FC4)*

Comparisons were also made with birth parents in the context of perceived influence, with concerns about the birth parent's potentially negative influence on the child (at contact times) when the carer had seen themselves as having such positive effect on their development:

> *"I am here doing my best for these children then they go to contact sometimes and the parents don't even care what they are saying in front of the children, how their children are feeling about what they are saying...shocking".*
>
> *(FC2)*

1b) "We've still got a system that doesn't fit with the attachment needs of children"

Whereas the IMH team saw commitment in short-term care as both possible and evidenced in their experience of working with carers, they saw the greatest potential for positive influence on children as stemming from a future move to a dual registration system:

> *"It [the question over moving to a dual registration system] is huge and that is something that I think will need to be on the agenda because in terms of all those questions about commitment...how emotionally available foster carers are, yeah I think that's where things really need to change".*
>
> *(IMH team T3)*

Even although the team gave examples of high-quality short-term care, they saw placement moves and disruptions of attachment as particularly harmful for young children:

> *"I think there is a massive issue about having an attachment-informed foster care system .... I mean there is lots of fantastic stuff goes on there [in foster care] but at the same time we've still got a system that doesn't fit with the attachment needs of children in terms of the moves required of children from foster carer to foster carer and foster to adoptive care".*
>
> *(IMH team T5)*

The IMH team's approach to assessment and intervention was conveyed as incongruent with the current system. Comparisons were made with dual registration systems where IMH teams in those areas can work on long-term attachment because the foster care would routinely become the adoptive parent:

> *"We are talking about long-term attachment patterns and they [foster carers] are working to a short-term time span".*
>
> *(IMH team T2)*

The current system was seen to result in mixed foster care quality that has variable influence on children. Emotional investment in children was seen as most limited amongst foster carers who have cared for the most children, and the team questioned whether emotional burnout was an undercurrent amongst this group:

> *"Some of the foster carers have been foster carers a long time and have got a professional rather than a personal attitude to the care they provide. They might be perfectly satisfactory in looking after the child, but how often can you go on being emotionally involved with the child and then having that child go?… is there a burnout in the end?"*
>
> *(IMH team T2)*

Carers who had been carrying out the role for the longest time were also perceived to be most likely to struggle with engagement in the IMH approach, affecting the ability of the team to increase the carer's positive influence on the child. The IMH also team reported that some carers were more forthcoming than others about the struggles they were experiencing, making it sometimes difficult to ascertain the ways in which the foster carer's influence was impacting on the child. They hypothesised that foster carers often feeling judged by the scrutiny involved in their approach, in addition to their tendency to normalise children's problems:

> *"On the whole, I think foster carers are quite reticent about saying that it is difficult because they feel it might reflect on them, they are not doing a good job…and also I guess their perceptions of what's normal changes over time with a lot of children in their care that have been maltreated".*
>
> *(IMH team T2)*

The perceived variability of foster care quality had led the team to increase the staff time dedicated to support work with foster cares. They reflected on the discrepancy between what they had envisaged and what had been required in terms of support needs, and posed questions for what their work meant in terms of the overall quality of short-term foster care:

> *"I think this is something we take stock of…why do we need to offer intervention in so many cases and what does that tell us about the foster care system? I think we have been pretty steady with the amount of input we have had to put in".*
>
> *(IMH team T4)*

The amount of input required to support foster carers was discussed within the context of maltreated children's complex needs. The team reported that a high level of complexity was the norm for maltreated young children and that foster carers needed to gain therapeutic skills:

> *"There is this kind of question of 'good enough' and what we know is that these kids need much more than good enough…some of them more than others, but actually all of them have quite extraordinary needs and what we are finding is there seems to be a base-level of foster carers who are doing an okay job, but actually struggle to do all that extra. What we are saying is that we need them to be doing those extra bits, have that understanding and, I suppose, perform quite a therapeutic role".*
>
> *(IMH team T3)*

Change in foster care quality, however, was being seen via the team's intervention work with carers and examples of positive impacts on children were given. Despite potential barriers, the team (in later stages of data collection) also reflected that their intervention work was resulting in some foster carers expressing a want to keep a child within their care. Although the team felt that the 'default' position was for carers to show commitment on a short-term basis, this was a small-scale change that the team felt was being influenced by their work:

> *"We have seen sort of peppered throughout our time working with foster parents that the commitment will go to the point that… foster carers will say "if the child can't go home I would like this child to say with me," but we are seeing commitment more in a sort of short-term commitment; a sense that 'I will commit to this child as much as I can for the time that they are with me'".*
>
> *(IMH team T5)*

2) **Timescales in the short-term fostering role**

The issue of time in the lives of children in short-term care was a recurrent area of commonality amongst all participants. Despite foster carer views about the positive influence of short-term care on the child, all foster carers felt strongly about the need for children to be in permanent placements as early as possible via timely decision-making processes. Whilst the IMH team converged with foster carers on this premise, they expressed the view that accurate decision-making that involves a trial-of- treatment with birth parents can take more time than others in the system would like. These views are represented in the sub-themes below:

2a) **"He shouldn't be with us; he should be with a family"**

Amongst foster carers, short-term care was only seen as beneficial (the bridging role, as described above) if it played a specific, short, role in the child's life. Clearly an emotive topic for carers, they reflected on cases where children had stayed in their care much longer than envisaged:

"He didn't get adopted until fifteen months - that seemingly is a success story because he was 'only' fifteen months…he eventually got adopted by a couple who already had his two siblings. They [social work] knew before he was born that he would never go home and his parents would never get him…why was he with me for fifteen months? And why is that an achievement?… He was so attached to us, and we were so attached to him at fifteen months, and it would have been so much better if he had been moved on so much quicker and had his 'forever' family so much quicker (FC12)."

Foster carers worried about the impending breaking of attachments and saw them as detrimental, with concerns expressed for the child. The breaking of attachments was normalised *("that's just part of fostering, isn't it?"):*

"I think it is quite sad that I've had this wee boy since he was seven months and he is now two years…I think it is such a shame that a child can be with you all that time and then he is obviously going to get adopted and it just worries me; how he is going to cope with that? Because he is so attached to me and my partner and all my family and you think when he goes up for adoption where would he think we were? And it upsets me… but that's just part of fostering, isn't it? I just feel the children shouldn't be left as long as that".

(FC3)

An adoptive placement was seen as providing a family for the child, conversely interpreted as short-term care not providing the same degree of 'family' integration. A sense of there being greater commitment from adoptive parents was interpreted, for example, from this carer's view that the adoptive family would be able to give him more "attention:"

"It was a very damning report on his parents, but yet he is still with us…so despite the fact he was voted for permanence he is still with us and I appreciate the legal mechanisms that he needs to go through… but he shouldn't be with us, he should be with a family…able to adopt him, so he gets the attention that he is so desperate to have (FC5)."

All the extracts above illustrate a sense that children particularly need moved on quicker when it feels that adoption is a predictable and inevitable outcome *("they knew before he was born he would never go home" "it was a very damning report on his parents, yet he is still with us" "he is obviously going to get adopted.")* This was interpreted as 'delaying the inevitable.' In these types of cases, foster carers felt that the resulting impact on children could be devastating. Examples were given of children expressing great uncertainty and un-easiness, and foster carers being unable to provide answers or plans, even in terms of the immediate future:

"She has been with me for nearly three years, and she has known a long time ago that's she is not going back, and she knows that….it is the whole not knowing for the child I think is the worse bit. 'Am I going to be here at Christmas?' 'Am I going to be here at my birthday?' 'Am I going to be here then when we go on holiday?' I think that's the worst part for the child… I will say 'I don't know either.' and it is quite difficult ….you know we are trying to arrange a family holiday as well; I don't even know if she is going to be here".

(FC9)

For other cases, particularly those where parents had shown a very mixed and changeable picture of parenting capacity, foster carers felt that the longer timescale of the IMH approach (compared to a traditional social work assessment) might suit particular cases by improving the accuracy of recommendations. There appeared to be a differentiation made between a *warranted* expansion of time in a short-term placement (in line with the needs of the child) compared with the delays that are seen to be created by *faults* in the system (that result in unmet needs.) The issue of 'appropriate timescales' was therefore seen as individually based on the needs of families:

"I just feel like these parents have had their children in care before and there has always been drugs there…I am not saying that I don't want them to go back to their mum and dad, I don't mean that… but what I mean is that they [IMH team] need to be spot on this time [with their recommendation]… and I feel that this long assessment… [by the IMH team]is the right road for this family".

(FC3)

2b) **"Therapeutic work can take a long time"**

Although some foster carers spoke of the need for lengthier assessment, and treatment, to improve the accuracy of decision-making in particular families, this view was more prevalent throughout the IMH data and was interpreted to be a sub-theme of the wider focus on timescales.

It was expressed that the cost of greater accuracy is time. Preventing the 'revolving door' situation for children was exemplified as a key aspect of accuracy that better meets the needs of young children who return home:

"There are some cases where there would probably be that process where the child might have returned home, but potentially would have come back into care without the right support, and that feels like a real strength of what we are doing".

(IMH team T3)

When it is decided that the recommendation should be for a child not to go home, the team felt that their timescales allow for greater clarity of this decision; by giving parents the "best possible chance" via IMH treatment and intervention work:

> "If we get to the point where we say that we would not recommend this child to go home, we have done it having had, you know, the best possible assessment, the best possible intervention and, in the end, we have to work in the best interest of the child. On that really sound foundation of what we know and what we have tried to do"
>
> *(IMH team T1)*

This new approach in the system, however, had aroused debate about whether lengthier assessment approaches were in the best interest of the child. The IMH team reflected on occasions where they had felt criticised for their work with families taking longer than a social work assessment:

> "I think there can be a sense that actually our processes are delaying progress towards permanence, which feels very uncomfortable… we've had comments like 'we work to children's time scales not adult time scales' which is really difficult because of course what we are wanting to do is work within children's timescales, but also recognising that often therapeutic work can take a long time, but it doesn't mean the changes won't come".
>
> *(IMH team T2)*

Delays in the wider system were also identified by the team as a concern in a similar vein to the views of foster carers. Legal processes were cited but there were also occasions where the team had recommended a foster care placement move for a child because the quality was not seen as sufficient. This process had incurred problematic delays:

> "On the few occasions we have said that a child has to move, that's not something that has progressed unfortunately - it challenges the system to such an extent that it could be a massive delay for finding an appropriately matched placement to move a child to, which has massive implications for us offering treatment because we want to have a good enough placement so that we can work on the damaged relationship with the parent. It is hard to offer effective treatment if you don't have the platform of the foster placement being in good enough shape to do that. So we've had a number of kids who have sat for several months before moving to a placement that could meet their needs".
>
> *(IMH team T4)*

3) Choice in the short-term fostering role

Three major sub-themes were found within this focus:

3a) Foster carers' perceptions of their role choice in relation to their ideas about 'family'
3b) The challenges experienced when choosing to provide a long-term role for a child
3c) The IMH team's views on foster carers' optional use of respite care and taxi services for young children
3a) **"I'm not really wanting to extend my family"**

Interview questions on the topic of dual registration unearthed foster carer views in relation to the longevity of their role. Whilst all foster carers saw system change as having the potential to reduce placement moves for children in care and theoretically as a "good idea" for children, it was conceptualised as being at odds with the role that they provide. Carers cited their existing family context as incompatible with keeping a child long-term, which seemed particularly relevant to carers who had grandchildren:

> "I mean my family is grown up and I've got grandkids, so I am not really wanting to extend my family. I am only here for short-term fostering; I'm not likely to go into long-term fostering…. If I can give a kid a wee step to…that's all I am looking for… It [dual registration] is a great idea for a baby because it means if you get them at a month and then they go for adoption they are just staying with the same family instead of a foster carer having them for two years and then them going to an adoptive parent and disrupting them again".
>
> *(FC1)*

> "Don't get me wrong I love fostering…but I've got my own grandchildren…so I feel that, you know, I wouldn't want to start …. I mean I am fifty-three just now and I wouldn't want to start an adoption process. I mean I think it is lovely that people can adopt, but I don't think I would want to go down that route".
>
> *(FC3)*

These views were interpreted as conveying the child as outwith the carer's notion of their 'family.' This theme prevailed amongst younger carers too where foster caring was viewed as a role that exists over and above, or separately to, family commitments. In this extract, a carer's perception of their family as 'already full' was found to direct the short-term role that they played in the foster care system:

> "I can see the thought process behind that [dual registration], you know, to save time. Personally, we've decided that we will not adopt; we are foster carers and we are happy with that. We have got a son…and all children are precious obviously, I am not suggesting …. far

> *from it…but we had a very exhausting and very upsetting process to be able to have our son, so we felt 'no we are not going to adopt,' we are happy with one child".*
>
> *(FC5)*

Inherent in these views are expressions of choice, with wording like "I am not really *wanting* to extend my family and "personally we've *decided* that we will not adopt" and "I don't think I would *want* to go down that route." Furthermore, there is common use of wording in relation to the child in terms of foster carers having their "*own*" child or grandchildren, and the fostered child as sitting out-with the family context.

The IMH team also alluded to foster care choice as a factor affecting whether a dual registration system was seen as compatible with the UK context of fostering. Choice to be short-term carer was interpreted to be a barrier to a system change:

> *"I suppose not everyone wants to be [dually-registered] so I don't know if that's the same as having foster carers who are going in with the intention to care with a view to adoption".*
>
> *(IMH team T2)*

3b) **"Three moves for a child is three moves too many"**

Whereas the sub-theme above (3a) is about choice to provide a short-term role, there was a view that long-term placements and adoption need to be made easier for foster carers who decide to provide that role. These views came from two carers who had experienced barriers moving from a short-term role to a long-term carer or adoptive parent, and from one short-term carer who had heard about the barriers from others. Fitting with the wider theme of 'choice,' these carers spoke of the difficulties that they had experienced when personally deciding that they wanted a child to stay within their care:

> *"If a foster carer wishes to adopt that child they have got to go through a whole new assessment and everything, that's what I don't agree with. We have been foster carers for twenty years now and we are in the process of keeping a wee girl that we have had for four years and we are now having to be re-assessed to keep to his wee girl - that's what I don't agree with".*
>
> *(FC7)*

> *"I've never tried to adopt any of the children I've looked after, I've always kind of got on with what I am doing, but I spoke to some carers who have tried to adopt children and know about the barriers they put up".*
>
> *(FC6)*

These experiences had led to a more favourable view of a dual registration system than was identified amongst short-term carers who have not gone on to care for a child long-term:

> I have adopted straight from birth…and I had a wee bit of a fight on my hands but we got there in the end, which, you know, the child's social worker was angry about because she said 'you know you've had him since birth and it is best place for him to be', and so it is…they are not getting messed about then…they are not shifting then, and they have had the nurture of the person who brought them out of the hospital…so yes I would strongly agree with that [dual registration].
>
> *(FC8)*

Barriers to children staying with foster carers on a long-term basis were also spoken about by the carer who traditionally carries out a long-term role, but who was filling resource gaps in short-term care. Rather than barriers imposed by the system, however, he spoke about foster carer choice to 'only be short-term' as causing some children to have to move who may otherwise have stayed with the same carer:

> *"I think that you should be saying to foster carers 'you have not got the option of short-term or long-term' - I've always felt that fostering is fostering, you know what I mean? We get labelled quite early in fostering; you are either a short-term fosterer or a long-term fosterer, or you an emergency fosterer. And it means then if a child comes into care it would automatically go through three stages. If the child's path through fostering goes smoothly, they might move to at least three carers; the first carer would be emergency care, then move onto short-term and then move onto long-term. So that could be three carers. Whereas, I think, three moves for a child is three moves too many".*
>
> *(FC6)*

Whilst this carer saw choice as a barrier to meeting young children's needs, ironically that same flexibility allowed him to choose to carry out a long-term role that he perceived to be in the child's best interests. Again, the notion of 'family' is used as a vehicle by which to describe his views - in the extract below, the same carer perceived that he is fundamentally a "parent," yet he also touches on the need for a "fit" between the child and his existing family in the final sentence of this extract:

> *"I've always kind of thought of myself not as a foster carer, but just as a parent. I think just to label yourself…I just say 'I am a parent;' you know that's what we do. Long-term fostering, for me, as I say, I have really enjoyed it, and I couldn't let a child go. When you bring a child into your house, and if they are settled, why would you want them then to move again? I couldn't understand emergency fostering or short-term fostering…if a child fits within your family, why move it?"*
>
> *(FC6)*

3c) **"A two-year-old does not get the idea of respite"**

The IMH team saw some support choices as reflective of differing levels of commitment. Two such choices that were repeatedly exemplified were a) foster carers' use of respite care, and b) the use of a social-work taxi service to transport children to and from contact time with birth parents (without the presence of their foster carer):

Respite care was viewed as incongruent with commitment to the child and to the relationship-based work that the IMH team does, which requires stability and security:

> *"You might call it a cultural thing, particularly within the longer established community foster carers, that it is okay to send pre-school children on respite. So the foster carers are going on holiday and the child goes somewhere else, and I think that directly impacts on our work…Once we are up and running with a case we are relying, I think, on the availability of a secure base for the child to do the work with the biological family…a two year old does not get the idea of respite, you know a two year old just knows that the person that they have been living with the last six months has disappeared for a fortnight. Then that comes alive in the work that we do".*
>
> *(IMH team T2)*

The IMH team saw these choices as normalised in the system, leading to foster carers using supports without questioning whether they are at odds with children's needs:

> *"If it is being offered as a potential then the assumption is that it is not harmful… I think kids still experience a life where they [foster carers] are not as committed as you would maybe want them to be, and that can be out of a lack of thinking about it - you know, 'that's just the system and that's the culture.' I think the culture that foster parents are trained up in still isn't one that promotes commitment in an explicit way".*
>
> *(IMH team T5)*

The acceptability of such choices, although seen as being driven by systemic influences (in this case, training), were also conceptualised as being enacted, or not enacted, at an individual level. Choice by foster carers was therefore viewed as having benefits because it meant that some carers chose to not use respite or taxis, despite their systemic normalisation:

> *"People are trained with the same training and come away with different ideas about whether to use respite or not, so there is always that…".*
>
> *(IMH team T5)*

Difficulties for carers to not using respite or taxis, however, were also conveyed in a way that acknowledged the systemic influences on restriction of choice. Having to juggle different needs between different children in the placement led to situations where the team described highly committed carers feeling guilt about using respite or where the use of a taxi had been seen as an 'only option' at particular times:

> *"Even foster parents who do recognise it [the negative effects of not accompanying children to contact] still feel powerless within the system. It is out with their control when children need to go to contact and if they aren't able to do the transport the only option then is XXXX [taxi service] and they have no control over that…It is really hard in the culture that we are in that XXXX [taxi service] is all we have got…because I am sitting thinking about foster parents that I have known who have used XXXX [taxi service] but who don't like it, and who struggle with it, and who are very committed and really good carers".*
>
> *(IMH team T5)*

Respite choice was seen as legitimately warranted in circumstances such as illness, bereavement, or stress, however team members clearly grappled with this when respite choice was compared with 'what dually registered carers would do' in focus group discussion:

> *"We had a case recently where respite became inevitable just through…I mean through life events…sad things happen in a family …well, so I am saying respite became inevitable - it was easy to see why respite was being planned, although if these were fully dually accredited carers who were going to keep these children…if they hit a rough patch themselves would they give the children away to anyone?"*
>
> *(IMH team T2)*

4. Discussion

Through interviews with foster carers and focus groups with IMH professionals, we were able to explore their perceptions about the degree to which short-term foster care meets children's needs and the role of commitment within that.

The views of participants in relation to the alignment between children's needs and short-term foster care (our first research question) were found to centre around three main themes: *Influence, Choice and Timescales*. The sub-themes reflected the multi-faceted nature of perspectives that were interpreted from the qualitative data during the analytical process.

We discuss the themes through a commitment lens in order to consider what they mean in relation to our second research question - the identification of drivers of, and barriers to, commitment in short-term care.

4.1. Influence in the short-term foster caring role

Mary Dozier's definition of commitment focuses on two key facets; a) emotional investment in the child (Dozier et al., 2007) and b) a motivation to have an enduring relationship with the child (Dozier & Lindhiem, 2006). In theme 1a, where there was a recurrent pattern of foster carers describing a perceived positive influence on the child, expressions of emotional investment in the child were prevalent. Foster carers' descriptions of the child flourishing, due to their influence, chime with Bernard and Dozier's (2011) identification of 'expressions of delight' in foster carer interactions with the child amongst highly committed carers. They also fit with Bates and Dozier's (2005) description of an awareness of psychological, social or affective influence (as opposed to only concrete influence or physical goals, e.g., a good education) and with Zeanah, Shauffer, and Dozier's (2011) aforementioned description of child-centred foster care.

Lindhiem and Dozier (2007) already posit that commitment overlaps with awareness of influence, but we would like to further investigate whether awareness of influence could be a key driver of commitment and whether expressions of delight act as a mechanism, or as a product, of this overlap. Since we did not analyse child-carer interactions (like Bernard & Dozier, 2011), we cannot translate expressions of emotional investments in research interviews to the way that carers communicate with the child. This is important if (as Bernard and Dozier suggest) such expressions are a way in which the foster carer's commitment is communicated to the child. We suggest that the awareness of influence scale (also in the TIMB) could be instrumental in measuring potential effects on child outcomes that are linked to the recovery process from abuse and neglect.

In contrast, a commitment to have an enduring relationship with the child (the other facet of commitment) was not identified in views amongst perceived influence. Although the IMH team gave instances of foster carers adopting children in their care, the numbers were conveyed as small. Furthermore, we assume that adoption of a child in short-term care may only be one facet (and at the end of a spectrum) of what is meant by a commitment to an enduring relationship. Since we did not identify this facet of commitment, there is still a need to explore what form enduring relationships might take (e.g., methods of communication, frequency of contact etc.) and how often child-carer relationships are maintained. This work should inform both whether, and how, we support more joint working between foster carers and adopters, as has already been recommended (Dozier et al., 2013; Zeanah, Shauffer, & Dozier, 2011).

Instead of conveying that their influence on a child would continue via long-term contact, foster carers constructed short-term care as a temporary intervention with a bridging function allowing a better ability of maltreated young children to transition onto permanent placements or back to birth parents. Although the vital role of foster care for young children is said to be under-recognised (Zeanah & Humphreys, 2018), the theme that is "*foster carers are not just doing a wee holding job*" suggests that this is not the case for the short-term foster carers in this study. We interpreted the contrasts made by foster carers with the breakdown of adoptive placements as a purposeful way of challenging any potential assumption that short-term carers might be less emotionally invested. This fits with the position of Bates and Dozier (2005) who argue that those in a temporary role can still enact a psychological adoption of the child whereby emotional investment is key.

An awareness of positive influence is an encouraging finding, particularly given our recent research that found an association between higher commitment of the foster carer and worsening mental health symptoms of the child over time (Turner et al., 2022). Although ongoing qualitative work is suggesting that this could be an (aforementioned) expected recovery process as children become more comfortable in their placement, we hypothesised that a complex recovery pattern (where children may 'get worse' before 'getting better') could reduce a perceived positive influence amongst short-term foster carers. The conceptualisation of their influence as a bridging function that enables better functioning of the child in a next placement shows awareness that they can have a positive influence that goes beyond the time of their involvement, as we have evidenced to be the case with symptoms of attachment disorders (Turner et al., 2022).

Despite the awareness of influence found, the IMH team expressed concerns over variability of foster care quality and missed potential for positive influence, which fits with previously identified trends in overall foster care quality (Gleason et al., 2011; Meakings & Selwyn, 2016). This theme encompassed a recurrent dialogue around the complexity of children's needs, and the IMH team purported that foster carers need to gain therapeutic skills to 'raise the bar' to meet these needs. This experience by the IMH team is in accordance with the premise that many foster carers should train in specific therapeutic skills (e.g., gentle challenge) because 'normal parenting' (e.g., being simply sensitive) can just perpetuate the disrupted ways in which children react to the nurture of their carers (Dozier, 2003). Team perspectives are also in accordance with the perspective that foster carers are "the primary agents of therapeutic change" (Harkness, 2019; p65).

The description of some carers as struggling to enact a therapeutic role evidences Zeanah, Shauffer, and Dozier's (2011) identified model of foster care that focuses instead on the more basic needs of the child. Some carers were also described as being reticent to voice challenges in relation to caring for the child, with a tendency to normalise some of their problems, thereby decreasing the team's ability to support the carer in gaining skills that would allow them to provide more a child-centred model of care. Mixed levels of engagement in the IMH intervention were also seen as reflective of variation in foster care quality and the team equated high commitment with positive engagement in the model. They identified older carers, who have cared for the most children (and who have a "professional rather than personal" attitude) as those most reluctant to engage. This fits with what we know in relation to lower measured commitment amongst carers who have looked after the highest number of children and its hypothesised links to burnout (Dozier & Lindhiem, 2006; Hannah & Woolgar, 2018). Practical barriers to engagement, however, were identified that pose questions about whether engagement in assessment and intervention work is straightforwardly reflective of commitment level, e.g. foster carers having other children in placement and finding attendance difficult.

Despite calling for system change to dual registration as the main driver of commitment, the IMH team was focussed on improving foster care quality, in line with what we know about quality being important for children's outcomes (Gleason et al., 2011; Humphreys

et al., 2015.) The amount of input required to support foster carers to have more positive influence on the child was conveyed as surprising, with concerns raised about what it meant in relation to the foster care system more generally. However, with the right supports, the team saw child-carer relationships flourish. Examples of 'success stories' were given and the IMH approach was interpreted as driver of commitment amongst short-term carers. Within this context, the team reflected on foster carers reporting to them that their influence on the child felt valued because of their requirement to be involved in the IMH approach.

The support given to foster carers via the IMH approach, and positive results seen, constructed commitment as changeable - as has been shown through intervention with carers before (Dozier, 2019; Dozier et al., 2013). Although this did not negate the team's view that dual-registration would be the 'gold-standard,' it was clear that there was a hopeful optimism, and some reported evidence, that this process was leading to more short-term carers expressing a desire to keep the child on a long-term basis, as has been previously associated with high commitment (Dozier & Lindhiem, 2006). Whether this will continue as a pattern, and whether the intervention will decrease the known commitment variability that exists amongst foster carers (Bernard & Dozier, 2011) will be interesting for future study.

4.2. Timescales in the short-term fostering role

Whilst foster carers were keen to highlight the value of a short-term role (in the first theme on influence) this theme illustrates how they also placed emphasis on, and spoke emotionally about, the need for children to be moved on quicker from their care. This can be seen as a contradiction in terms, however it was interpreted as conveying an overall message that short-term carers feel that their role is valuable, and in the best interests of the child, *if time-limited:* the value is in the temporary development of children that then needs swiftly replaced by a secure, long-term, family life. Whilst the child moving on from their care was normalised (*"It upsets me...but that's just part of fostering, isn't it?"*) a perceived 'dosage' effect was identified in that staying too long in a short-term placement becomes detrimental because well-established attachments then need to be broken.

Although foster carers worried about the breaking of attachments, they did not convey a sense that they discouraged attachment (which, as outlined in the introduction, we already know to be important, e.g., Quiroga & Hamilton-Giachritsis, 2016). Instead, there was a concern around stability for children, congruent with research showing its importance (Rock et al., 2015; Rubin et al., 2007; Zeanah, Shauffer, & Dozier, 2011). What is less clear is how such perceptions about attachment relate to commitment and it would be worthwhile for future study to explore the relationship between the two, including how foster carers' ideas about attachment in short-term care impact on their ability to commit to the child. Whilst the IMH team saw a move to a dual registration system (where foster carers are prospective adopters) as the answer to reducing disruption via placement moves, short-term carers called for delays in decision-making to be reduced so that children move onto adoption quicker. Such findings underscore that the overall aims for young children in foster care can be similar amongst different groups, but with discrepancies in ideas about the best mechanisms by which these can be achieved.

Views about attachments, disruptions and delays sit within a wider context and construction of 'family' by foster carers. The notions of adoptive placements as providing the child a "forever family" and with more capacity to give the child "attention," for example, conveyed a perception that their role is not about providing a family (as they see as the case with adoption) but instead to provide a bridging intervention. These may be distinct entities that impact on how committed a foster carer is likely to be, and perceptions of what constitutes a 'real family' may act as a barrier to providing truly committed care and the psychological adoption of children that is described by Bates and Dozier (2005).

In addition to evoking questions about attachment and notions of 'family,' the question of 'what is delay? is also identified. Whilst the team report concerns from social workers that their IMH intervention is too lengthy and delaying outcomes for children, they essentially conceptualise delay as being born out of processes in the wider system that take an unnecessary amount of time (e.g., the time taken to enact a placement move). It is clear that both foster carers and the IMH team see delays in children reaching permanent placements as particularly harmful for children, but that there are differing ideas in the system about what delay is and who it is caused by. We have uncovered similar differences in timescale views amongst stakeholders in the wider system when it comes to decision-making (Turner-Halliday et al., 2017), and we already know how complex the decision-making process is in the Scottish context (Whincup et al., 2019). However, further work is needed in unpacking the concept of delay in the decision-making context; what it means for various groups in the system, as well as the potential interaction between perceived delay and effects on commitment.

Foster carers also expressed frustration at children sitting for lengthy periods in short-term care when adoption was perceived as an 'inevitable outcome' for a child. A longer time in placement was seen as an unnecessary delay in getting to that outcome, whereas for other cases – and in the instance of cases where there is greater uncertainty about whether parenting capacity could indeed improve – a lengthier timescale was seen as warranted. This forms part of a wider debate in the system, that we have reported elsewhere, about whether there are certain families for whom reunification is seen as impossible at the point of accommodation (Turner-Halliday et al., 2017). In this current study, foster carers tuned into this debate by suggesting that there are families for whom short timescales are needed, whereas longer assessment timescales for other families may provide better insight into the best outcomes for the child.

What the lengthening timescale of short-term placement does to the commitment of the foster carer needs further exploration. On the one hand, the changing landscape could strengthen attachments and drive commitment; on the other hand, the frustration and worry for the child (that was conveyed by carers) may impact negatively on commitment. So too might the inability to plan routine aspects of family life – the example given of the foster carer who found it difficult to plan a family holiday underscores that short-term placements can involve years of great uncertainty that may impact on a foster carer's ability to commit fully to the child. Foster carers spoke emotively about the impact of uncertainty on the child, resonating with literature that highlights the complexity of attempting to bring commitment into situations of ongoing uncertainty (Smyke & Breidenstine).

Uncertainty has been explored in other (related) contexts through the lens of 'liminality' (being in an intermediate state) e.g., with unaccompanied refugee children (Kaukko & Wernesjö, 2017) and in relation to young adults leaving foster care (Glynn & Mayock, 2021). Liminality may be an informative theoretical framework for future work. Qualitative research interviews with foster carers at various timepoints in a placement would help us to explore this context. We have shown quantitatively that commitment can have differing effects on different aspects of children's functioning at different time points (Turner et al., 2022), but we need to understand the underlying mechanisms by which change happens.

Essentially, the timescales theme houses various ways in which foster carers appear to have a long-term outlook and concern for the child, particularly in relation to a) how the child will transition after forming strong attachments to them; b) the uncertainty that the child sits with throughout their time in short-term care and c) the need for decision-makers to 'get it right' in terms of preventing the 'revolving door' effect of children drifting in and out of care. For those foster carers who were described as demonstrating high engagement in the IMH approach, this could also be seen as demonstrating long-term concern for the child's wellbeing through commitment to early intervention.

We propose that this long-term outlook and concern could perhaps be seen as an undefined facet of commitment, and it may be more aligned with, and perhaps more realistic to expect in, short-term fostering. It resonates with commitment that is expressed by Zeanah, Shauffer, and Dozier's (2011) about commitment to the child's wellbeing, both in the present moment and via long-term concern. In terms of 'present moment,' foster carers have already expressed their perceived positive influence on the child and via their role as a necessary bridging intervention, but the longer-term outlook for the child is also evident (albeit not as 'weighty' in comparison). We need a better understanding, however, of what a long-term outlook consists of in practice and how it is expressed and enacted by foster carers. Furthermore, we need to know more about the aspects of commitment that are most important for children before we can say whether a long-term outlook could be classed as commitment and whether it is of benefit to children. We recommend that future research measures a long-term outlook against child outcomes, but also isolates the already defined facets of commitment for the same purpose. Qualitative methods should also be used to identify foster carer perceptions of commitment facets involving larger numbers of carers. The possibility that the IMH intervention could have differential effects on different facets of commitment should also be considered and explored.

4.3. Choice in the fostering role

Choice within the fostering role was a recurrent theme throughout interviews and was seen as both a driver and barrier to commitment. The theme was particularly apparent when the topic of dual registration was broached. Whilst short-term carers expressed a view that fostering to adopt would benefit children via reduced placement moves, they also perceived that it was not personally applicable or realistic within the parameters of their already established role. A conscious discrepancy between 'what is best for children' and 'what my chosen role is' was apparent. Although a lone voice, the long-term carer in the study focused on this discrepancy and called for the fostering role to be reconstructed as one that is free from notions of temporariness and more akin with 'normal parenting.'

Foster carers' desire for a short-term role was seen by the IMH team as a barrier to a dual registration system being enacted in the UK. Two short-term carers who have gone on to adopt, however, suggested that a dual-registration system would help to break down the barriers that they experienced when applying for adoption. Although other carers in the study had not adopted, they reflected on the experience of friends who had faced such barriers. We interpret such systemic obstacles, e.g., the challenges of having to go through re-assessment for suitability to be the child's caregiver, as potential barriers to commitment because they stand in the way of - or make difficult - the "motivation to have an enduring relationship with the child" that Dozier defines. It would be interesting for future research to investigate how many short-term carers go onto adopt, whether commitment is related, and to explore the drivers and barriers involved in short-term carers seeking to adopt a child. This may also shed light on whether indeed IMH interventions have a role in driving such motivations (as suggested by the IMH team in this study).

Pivotal to the choice to carry out a short-term fostering role was, again, the notion of 'family.' In this theme, it was the perception of an 'already full' family context, which the fostered child was portrayed as sitting out-with. These perceptions can be interpreted as being at odds with what we know about a need for belonging and security (e.g., Biehal, 2014; Grant et al., 2019) and go against the purported need for foster carers to be enacting a psychological adoption of the child (Bates & Dozier, 2005). Further, mixed-methods, research is needed, which would qualitatively examine relationships between notions of family and commitment, whilst quantitatively measuring the impact of perceptions about family position on the child-carer relationship and child outcomes.

The IMH team also saw the use of support choices - respite care and taxi services - as a reflection, or enactment, of lower commitment towards the child and disrupting the child's sense of stability in their assessment and intervention work. The common factor between such practices is that they involve a separation of the foster carer from the child: In the case of social work taxi services, young children often go unaccompanied by any adult other than the driver and, in the case of respite, there is a temporary change in the carer who is looking after the child. In previous literature, foster carers have expressed similar concerns about the effect of their use of respite on the child, however studies have also documented the benefits of foster carers having the ability to use support networks (Blythe et al., 2014).

Several questions about drivers and barriers arise from this theme, including whether we know enough about the effects of foster care supports, like respite and taxi services, on children's wellbeing to a) class it is harmful to stability, and b) to categorise it as a barrier to commitment. A dilemma over catering for both the needs of the child and the carer, when they may involve competing needs, is apparent and future studies should focus on whether there are foster care practices that may temporarily disrupt the child (e.g., going to a respite carer) but that are beneficial to the child-carer relationship in the medium or longer-term (e.g., a carer who is better able to

return to being emotionally available to the child because of the respite period). Further work is needed here on the effects of foster carer supports on children's welfare and development, perhaps quantitatively measuring respite and taxi exposure against levels of commitment and wellbeing outcomes whilst qualitatively exploring how and why support choices are used.

As has been previously acknowledged, systemic influences on commitment can act as drivers or barriers that interfere with the ability to enact a committed foster caring role (Dozier et al., 2013; Zeanah, Shauffer, & Dozier, 2011). The IMH team's repeated references to respite and taxi use as being normalised and culturally-driven conveyed that foster carer behaviour is not straightforwardly driven by individual decision-making and agency. Furthermore, there were practical barriers identified (e.g. the competing needs of multiple children in a placement) that apparently saw committed carers having 'little choice' than to use supports like taxis for birth parent contact. These findings pose question about whether support usage (and action by foster carers in general) can be entirely reflective of commitment level.

A sense of agency amongst foster carers was also seen as a vehicle by which committed foster caring could be enacted through a rebuttal of using respite and taxis. Examples of differences between foster carer attitudes towards these supports were given, despite such carers being on the same training. This is interesting because it also dually constructs 'choice' as a potential driver of commitment as well as a barrier, but one that may require foster carers to question, and rebut, normalised processes. Another example of this was the long-term carer who was able to enact his want to 'be a parent' through role choice and through a refusal to see his care of a child as time limited. In essence, choice can be seen as housing drivers of commitment too, but those that require carers to refute the status quo, which may likely mean that they are smaller in number.

Support choices in short-term foster care and what they mean in relation to commitment can also be debated within a wider context of caring for children with complex needs. Both foster carers and the IMH team underscored the challenges of caring for complex maltreatment-related problems that we know that young children in foster care present with (Minnis, 2013; Tarren-Sweeney, 2008). And with the aforementioned potential for maltreated children can get worse over time with the most highly committed carers (Turner et al., 2022), this may make the caregiving challenge even greater. We also know that emotional burnout or compassion fatigue can ensue amongst foster carers (Dozier & Lindhiem, 2006; Hannah & Woolgar, 2018). Yet, respite was seen by IMH professionals as incongruent with the child's needs.

Interestingly, it was assumed that dual-registered carers would not use respite – or 'have to' use respite – as often as short-term carers, but comparisons were not made with groups who routinely use respite care in other contexts e.g., in birth families for children with disability or illness. Although there is an arguable greater need of maltreated children for stability, and a consequential likelihood that respite may be particularly detrimental, the child's needs clearly do not negate the needs of foster carers in managing complex needs. Further research would be beneficial here, perhaps using the theoretical lens of 'candidacy,' where qualitative research can tap into perceptions about how people recognise themselves as needing, or deserving, a service (i.e., whether they are a 'candidate') and how systemic factors influence these (Dixon-Woods et al., 2006). Differences in perceptions in relation to visible and invisible conditions may also relate since complex maltreatment-related problems are largely unseen and may generate different notions of 'deservedness' for support choices amongst carers.

4.4. Strengths and limitations

There are various groups whose perspectives are missing from this dataset who we would like to consult in future research. Given the complexity of the UK foster care system expecting enduring relationships between children and carers, we would like to further explore the views of short-term carers who have gone onto adopt and carers who have (possibly unusually) maintained a relationship with children they have cared for in short-term placements. Understanding what drives motivations in this regard would aid our understanding of the factors that may enhance a willingness to enact this facet of commitment that we found to be scarce in comparison with expressions of emotional investment. We would also like to explore the views of kinship carers from a commitment lens given that they are the second main caregiver group (after unrelated foster care) for young children following abuse and neglect (Cusworth et al., 2019).

We were also limited in our ability to explore some of the issues with foster carers that were identified in the data from the IMH team, given that their focus groups were repeated over the years but interviews with foster carers were conducted at a single point in time. Foster carers views of support uses are absent. This is interesting as it may suggest stigma or issues relating to a limited sense of 'deservedness' for respite or taxi use as discussed previously. In a similar vein, the IMH team spoke about loss of foster carer pay via adoption being a barrier to foster carer's keeping child long-term, yet foster carers did not allude to financial implications of adoption. These gaps in data are worthy of exploration because they potentially house drivers and barriers in relation to commitment that have yet to be explored.

Despite the limitations, data from both foster carers and the IMH team were rich in their description and allowed us to explore, in-depth, some of the complex and multi-faceted issues that are inherent in this focus of research. We were able to identify contradictions and complexities that gave exploratory power to issues that might have otherwise stayed at surface level. For example, on the surface it may appear that polarisation of views exists on dual registration, e.g., 'IMH professionals support a dual-registration system, whereas short-term foster carers don't.' Dig deeper, however, and it is clear that both groups want the same goal (a reduction of delays for children getting to permanent caregivers) but that they posit different mechanisms by which it should be achieved. In future research, we would like to unpack further some of the concepts that stayed closer to the surface e.g., notions of delay, family, attachment, and the changeability of child-carer relationships over time to further our understanding of how the factors related to these broader constructs might be interacting with perceptions and enactments of commitment.

Using a hypothetical system-change, but one that is in current system dialogue, enabled us to tap into foster carer perceptions about

commitment without directly asking them about the construct. This underscored to us that there is much to be gleaned, in terms of the richness of data, by tapping into perceptions about alternatives to the status quo in a way that might not otherwise be gained if only current ways of being were explored. Dual registration acted as a vehicle for contemplation in a way that was particularly successful to the aims of this study. That said, and in an iterative fashion, the themes found here in relation to commitment can be explored more explicitly with foster carers as a second stage to the analytical process started in this study.

5. Conclusion

Through the themes of *Influence, Timescales and Choice,* we interpreted multiple ways in which short-term foster care is viewed as both helping and hindering young children following abuse and neglect. More specifically, these themes house both drivers of, and barriers to, commitment that can be influenced by systemic factors and normalisation of practices in short-term fostering.

We were struck by the complexity of how commitment can be both supported and hindered by the same mechanism. For example, foster carers having choices meant that they could refute normalised practices that they saw as misaligned with the child's needs, yet it also meant that they could enact their role in a way that IMH professionals saw as misaligned with what is in the child's best interests. However, 'choice' could also be stifled by systemic barriers and lead to a sense of powerlessness to enact a fully committed role.

There is also complexity in the conclusion that the presence of drivers and barriers may be changeable, even within the same foster care placement, as the placement progresses. This was particularly apparent in the *timescales* theme where foster carers see their short-term role as vitally important for the recovery of children, but that placements can become of detriment to the child if not time-limited and if there is an elongated period of uncertainty about the child's future. The fluid nature of commitment within individual carers is also apparent when the IMH team describes the positive effects of their relational work between child and carer. It is clear that both drivers of commitment, and barriers to its growth or enactment, can occur in different forms and at different times in the child-carer relationship.

We argue that pinpointing such drivers and barriers is the first step to change and that qualitative methodology is crucial in unpacking this complex landscape. Understanding the perceptions of foster carers, and making comparisons with those from an IMH perspective, is an important first step. Exploring the differences in the views between these groups, and the sometimes competing needs of children and foster carers, can help us better identify how child-carer relationships can be best supported.

The other main message from this study relates to facets of commitment. Our findings suggest that the *emotional investment* part of Dozier's construct of commitment is alive in the psyche of short-term foster care, from the perspective of both carers and IMH professionals, but that commitment to have an *enduring relationship* with the child is scarce in comparison. Coupled with our findings in relation to normalisations, the system of foster care in which short-term carers are embedded can be seen as providing parameters for role perception that suppresses consideration of a long-term involvement. This poses questions about how much we can infer commitment from individual action and underscores the need to maintain a contextualist perspective of foster carer perception, taking the changeable nature of training and practice cultures into account.

We identified that a long-term *outlook* for the child and their future development may be a key facet of commitment that needs encouraged in short-term fostering. Whether this facet can be a 'good enough' alternative to a commitment to an enduring relationship is unknown. It is crucial to establish whether this is the case, or whether we need to create a 'new normal' in which the foster carers of children are always encouraged to develop an enduring relationship. Through understanding the relative 'weights' of different facets of commitment on children's outcomes, we posit that foster carers can be better supported to have a positive impact on children's recoveries.

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None.

Data availability

The authors do not have permission to share data.

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