

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Research article

“There are carers, and then there are carers who actually care”; Conceptualizations of care among looked after children and care leavers, social workers and carers



Rebecca Brown^a, Hayley Alderson^{b,*}, Eileen Kaner^a, Ruth McGovern^a, Raghu Lingam^b

^a Institute of Health and Society, Newcastle University, Medical Faculty, Baddiley-Clark Building, Richardson Road, Newcastle upon Tyne, NE2 4AX, UK

^b Faculty of Medicine, University of New South Wales, Level 8, The Bright Alliance, High St & Avoca Street, Randwick, NSW 2031, Australia

ARTICLE INFO

Keywords:

Looked after children
Care leavers
Out of home care
State care
Foster carer
Social work

ABSTRACT

Background: Looked after children and care leavers (LACCL) are some of the most vulnerable and marginalized young people in our communities. Existing research demonstrates that this group often interprets care in terms of genuineness and tends to feel uncared for. Less work exists from the perspective of social workers and formal carers.

Objective: This study aims to explore how care is perceived and practiced among LACCL and those with a duty of care for them. We use a theoretical lens of care ethics to compare and contrast understandings in order to explore how they affect the delivery and receipt of care.

Participants & setting: There were 44 participants from four local authorities in north-east England including nineteen LACCL aged 12–20, eight social workers, and nineteen formal carers.

Method: Twenty-eight semi-structured 1:1 interviews, four dyad interviews and three focus group interviews.

Results: LACCL desired care that felt familial, went beyond minimum standards and involved understanding. Social workers had to manage LACCL expectations and build relationships by both rationing care according to role constraints whilst sometimes going ‘above and beyond’ statutory care. Carers conceptualized care in terms of dedication and discipline but felt limited in their ability to achieve care in this way.

Conclusion: Bridging different conceptualizations of care is necessary to achieve integrated support for these vulnerable young people whilst also helping them to develop key skills for later adult life. A deeper understanding of frameworks of care has implications for social worker and formal carer training and practice.

1. Introduction

Children and young people in care of the state are known by an array of terms across high-income countries. In the US and Australia they considered to be in ‘out of home’ care (Courtney & Dworsky, 2006; MacLean, 2012). In the UK they are known as ‘looked after children’ (those up to 18 years old), and local authorities (UK government areas) have legal guardianship of children in care and are their ‘corporate parent’ (Department of Education, 2017a). Latest statistics show that in the US 269,690 young people entered foster care in 2017 (Statista, 2018), in Australia there are nearly 48,000 children living in out of home care (Australian

* Corresponding author.

E-mail addresses: rebecca.brown@newcastle.ac.uk (R. Brown), hayley.alderson@newcastle.ac.uk (H. Alderson).

<https://doi.org/10.1016/j.chiabu.2019.03.018>

Received 8 August 2018; Received in revised form 13 March 2019; Accepted 16 March 2019

0145-2134/ Crown Copyright © 2019 Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

Institute of Family Studies, 2018). In England there are over 75,000 children in the care system (Department for Education, 2018). The main reasons children and young people enter the English care system are: abuse or neglect (61%), family dysfunction (15%), family acute stress (8%), and absent parenting (7%) (Department of Education, 2017b).

Each country has its own legislation enshrining both the legal rights of children in general and the specific rights of children within the ‘care system’. For example, in the US, the Bill of Rights for foster children enshrines the rights of foster children and parents, including independent living services for older youth (National Conference of State Legislatures, 2016). In the UK, The Children Act 1989 and The Children and Social Work Act 2017 require statutory support (i.e. a duty of care) from local authorities, which extends to those exiting the care system (i.e. care leavers).

Looked after children and care leavers (henceforth LACCL) have significantly poorer outcomes than their peers. For example, 40% of 19–21 year old care leavers in England are not in education, employment or training, compared to 13% of all 19–21 year olds (Department of Education, 2017b). LACCL have lower educational achievements than their peers, higher rates of mental health problems, and higher levels of risk-taking behaviors such as drug and alcohol misuse (Simkiss, Stallard, & Thorogood, 2013). This trend of poor outcomes is mirrored in data from the US and Australia (Courtney & Dworsky, 2006; Osborn & Bromfield, 2007).

Unsurprisingly, the concept of ‘care’ is central to LACCL’s experience of the care system and corporate parenting. However, ‘care’ is a broad, ambiguous term, which is hard to define and often contested (Cockburn, 2005; Collins, 2017; Holland, 2009; Steckley & Smith, 2011). This paper aims to explore how care is understood by those involved in the care system, in particular LACCL aged 12–20, foster carers, residential keyworkers, and social workers with responsibility for looked after children and/or care leavers. We explore how the various conceptualizations of care overlap and/or contradict each other, and discuss implications for the delivery and experience of care. We do this by drawing on recent theories of care, and in particular use Pettersen’s (2012) arguments about the way ‘altruism’ pervades everyday understandings of care as they relate to the caring professions. First we review the literature on LACCL, particularly in relation to experiences of care. We locate this within recent theoretical work on the ethic of care (Cockburn, 2005; Collins, 2017; Holland, 2009; Pettersen, 2012; Sevenhuijsen, 2000; Tronto, 1993; van Heijst, 2009) then go on to outline our methodology before discussing our findings. We demonstrate how care is understood and practiced by our participants, and highlight the implications of our findings.

2. Literature review

2.1. Definitions and understandings of care

‘Care’ is a commonly used term in our everyday lives and also one that is central to policy and debate. For example, in recent times of austerity and public service cuts across many high income countries such as the UK, much attention has been paid to the ability of state and local governments to provide health and social care. Unsurprisingly, the concept of ‘care’ is central to LACCL’s experience of the care system and corporate parenting. LACCL are typically referred to as ‘in care’ and part of the ‘care system’.

In everyday, common-sense thinking ‘care’ is typically considered a positive, warm concept. Pettersen (2012) describes how everyday understandings of care hinge upon altruism i.e. care that is compassionate but also selfless, unconditional, self-sacrificing, spontaneous, and not necessarily reciprocal. (Pettersen, 2012).

2.2. An ethic of care

Pettersen argues that ‘care as altruism’ pervades perceptions about professional and institutional care. However, scholarly work on the concept of the ‘ethic of care’ attempts to define and theorize care in a more critical manner (Cockburn, 2005; Collins, 2017; Holland, 2009; Pettersen, 2012; Sevenhuijsen, 1998; Steckley & Smith, 2011; Tronto, 1993; van Heijst, 2009). Earlier work in this field focused on the gendered nature of the term ‘care’ in western society, in that care is typically framed as a private, feminine concern (Cockburn, 2005; Gilligan, 1982; Holland, 2009; Tronto, 1993). Building on this literature, more recent work has focused on care in relation to welfare, policy and social care (Cockburn, 2005; Collins, 2017; Parton, 2003; Pettersen, 2012; Sevenhuijsen, 2000; van Heijst, 2009). Work on the ‘ethic of care’ stresses that care is relational and contextual in that it sees individuals as interconnected and interdependent rather than autonomous (Cockburn, 2005; Holland, 2009; Pettersen, 2012). Tronto (1993) argues that care is a process as well as a disposition, and that it includes compassion, sensitivity and attentiveness. Within this framework, care is more than simply altruism and self-sacrifice as it is reflective rather than spontaneous and it considers resources and distribution (Pettersen, 2012).

Discussing policy and welfare, Sevenhuijsen (2000) argues that to define care in its fullest possible manner is to understand “care both as a concrete activity in the sense of caring about and for daily needs, and as a moral orientation – ... a set of values that can guide human agency in a variety of social fields” (p. 6). In other words, care is a practice that entails a moral disposition – and therefore is made up of inseparable elements of ‘being’ and ‘doing’ (Tronto, 1993). van Heijst (2009) argues for a ‘thicker’ conception of professional care, one she terms ‘professional loving care’ (PLC). She refers specifically to institutional care and those for whom care is a form of paid labor. Similarly to the concept of ‘tender loving care’, PLC is gentle, dedicated, affectionate and respectful as well as skilled and competent. She argues that professional care is “a kind of work that is not morally neutral and should not too quickly be equated with other forms of paid labor in capitalist society” (p. 203). By its nature, such care cannot be “merely instrumental and objectified” (p. 204).

van Heijst (2009) stresses that PLC results from a well-functioning institutionalized system of public care that adequately trains and pays its staff and also defines standards of good care. In a similar vein, Pettersen (2012) argues for ‘mature’ care rather than

altruistic care in relation to professional care. She argues that limitless care is unsustainable and hard to control. Spontaneous and reactive care risks neglecting some individuals, as it tends to operate on a ‘first come, first served’ basis. (Pettersen, 2012, p. 373). Pettersen also raises questions about resources and the distribution of care. Altruism works on the assumption that the carer has unlimited time and resources, which is unrealistic within the caring professions (such as social work), where urgent prioritizing is a daily challenge.

2.3. Care of children and young people

The nature of care is complex in relation to children and young people (CYP) because of the age and power difference between children and adults (Barclay, Michell, & Due, 2016). Further, CYP are dependent on others to have their needs met and also because care is entwined with processes of development, attachment and maturation (Bretherton, 1992; Holmes, 2014; Maier, 1979). As such, care has to be ‘nurturing’ rather than merely physical care (Maier, 1979). Care therefore needs to involve elements of love, affection and attachment.

Care is even more complex in relation to LACCL due to their previous experiences of abuse, neglect or sometimes bereavement. LACCL may have difficulties with trust, building relationships, and feeling loved and cared for. These difficulties most likely stem from painful past experiences, previous violations of trust, and feelings of being let down by adults (professionals and otherwise) in the past (Cahill, Holt, & Kirwan, 2016; Davies & Wright, 2008; Gaskell, 2010; Hiles, Moss, Wright, & Dallos, 2013). In addition, being in receipt of statutory care may be involuntary and therefore experienced as oppressive and paternalistic (Collins, 2017; Munro, 2001).

2.4. LACCL perceptions of care

One of the main themes in the published research on LACCL is the notion of ‘genuine care’ (Cahill et al., 2016; Hiles et al., 2013; Ridley et al., 2013; Rogers, 2011). ‘Genuine’ care involves reliability, ‘being there’, benevolent partiality, emotional support, affection and empathy, perseverance, and support that feels unconditional (Holland, 2009, Hiles et al., 2013; McLeod, 2010; Ridley et al., 2013; Rogers, 2011). LACCL often define care by its absence (Holland, 2009) and contrast genuine care with contractual care (Cahill et al., 2016; Ridley et al., 2013; Rogers, 2011). As such, genuine care is thought to stem from personal investment rather than obligation and remuneration (Ridley et al., 2013; Rogers, 2011).

The qualities that LACCL are seeking in relationships with professionals, such as reliability, empathy and partiality, mirror the qualities expected in early attachment relationships (Hiles et al., 2013). In other words, what LACCL desire is what one would expect from a dedicated, responsible parent who provides unconditional support (Hiles et al., 2013; Rogers, 2011).

That some LACCL may be seeking a parent figure raises questions about their expectations of corporate care. McLeod (2010) argues that LACCL seek both a ‘friend’ and an ‘equal’ in their social workers, want to spend time with them, and expect them never to leave the relationship. Expectations may also reside in different understandings of what ‘care’ looks and feels like in practice. For example, McLeod (2006) demonstrates that different interpretations of ‘listening’ can leave LACCL’s expectations unmet. Whereas the social workers in McLeod’s study interpreted listening in terms of being empathic and paying attention, the young participants interpreted listening in terms of action and practical support. This meant they only believed their social worker had listened to them (and therefore cared for them) when they had acted on what the young person asked for. This has implications for the relationship and feeling cared for by the social worker.

LACCL’s experiences and interpretations of care may be also influenced by systemic factors, in particular the instrumental nature of corporate parenting (Collins, 2017; Steckley & Smith, 2011). Throughout the 1980s and 1990s, shifts in political and economic ideology towards modernization and managerialism resulted in public services revolving around efficiency, regulation, and standards (Steckley & Smith, 2011). Although notions of care and compassion remain at the core of social work practice, Collins argues that it now delivers a ‘service’ rather than ‘care’ per se (Collins, 2017). ‘Corporate parenting’ hinges upon safeguarding and risk management rather than love and affection (Steckley & Smith, 2011). Literature demonstrates that social workers care passionately about children’s welfare but are hampered by heavy workloads and a lack of resources (Collins, 2017; Leeson, 2010). Statutory duties take precedence over emotional support and relationship building, and direct contact is limited (Collins, 2017; Leeson, 2010; Rogers, 2011). Social workers are “required to act as guardians of resources” and have to prioritize practical over emotional needs (Collins, 2017, p. 7). As such, the “social worker may intend to care, may want to care, but their behaviors with service users may not be perceived that way” (Collins, 2017, p. 6).

To summarize, there is increasing recognition of the importance of the ethic of care and the emotional dimensions of working with and caring for vulnerable children and young people such as those within the care system (Lausten & Frederiksen, 2016; Leeson, 2010; Neumann, 2016; Ridley et al., 2013; Thrana & Fauske, 2014). The existing published literature demonstrates that LACCL tend to have a pervading sense of feeling uncared for and interpret many of their experiences in terms of a lack of care (Gaskell, 2010; Hiles et al., 2013; Holland, 2009; McLeod, 2010; Rogers, 2011). However, despite the relational and interactive aspects of care, little empirical work exists from the perspective of adult providers, such as social workers, foster carers and residential workers.

There are a few scholarly pieces that consider how care is conceptualized and practiced by foster carers (Cahill et al., 2016; Christiansen, Havnen, Havik, & Anderssen, 2012; Heslop, 2016; Pithouse & Rees, 2011; Steckley & Smith, 2011; Zondervan & Olthuis, 2015), foster fathers in particular (Heslop, 2016) and residential home staff (Cahill et al., 2016; Pithouse & Rees, 2011; Steckley & Smith, 2011). What exists suggests that while foster and residential care is increasingly professionalized and regulated, care is relational and resides in providing the child with a sense of security, belonging and attachment (Cahill et al., 2016; Christiansen et al.,

2012; Heslop, 2016; Pithouse & Rees, 2011; Steckley & Smith, 2011; Zondervan & Olthuis, 2015). Those involved in the everyday care of LACCL are engaged in a highly intimate level of care, described as the ‘embodied practices of caring’ (Steckley & Smith, 2011, p. 186) or ‘existential youth care’ (Zondervan & Olthuis, 2015) – practices that are often rendered less visible, and therefore often perceived as less important, in the standardized measures of care quality.

In summary, there is a body of evidence on how LACCL understand and conceptualize care (Hiles et al., 2013; Ridley et al., 2013), but there is little from the perspective of formal carers and social workers who have a statutory responsibility for LACCL. It is important to explore how care is perceived and enacted not only by young people in the care system but also the team around them.

This current piece of work aims to:

- To explore how ‘care’ is conceptualized and experienced by LACCL, social workers and different kinds of carers, including foster carers, residential keyworkers and supported accommodation staff.
- To explore any similarities, differences and contradictions between each group’s understanding.
- To investigate how carers and professionals manage and negotiate LACCL’s expectations.
- To consider the implications of these for policy and practice.

3. Method

3.1. Research design overview

This paper draws on the findings of the formative, qualitative phase of a feasibility randomized control trial of two co-adapted drug and alcohol interventions for LACCL, the full study protocol has been published elsewhere (Alderson et al., 2017). The formative phase involved individual, dyad and focus group interviews with LACCL aged 12–20 years, and professionals including social workers, foster carers, residential home keyworkers, and supported lodgings providers. Purposive sampling techniques ensured diversity with regard to age, placement type and experience of service. Multiple participants were interviewed to fully explore the young people’s experiences of services, professionals and support networks and also the professionals’ and carers’ experiences of engaging and supporting this group. The findings were key in adapting the interventions for the future trial; details of the intervention adaptation process is being published elsewhere, (Alderson et al., 2019). As with previous qualitative research with LACCL (Holland, 2009), despite not focusing specifically on care, this concept emerged as one of the main themes in the study.

3.2. Study participants

Forty-four participants were included in this qualitative phase of the study. Nineteen were LACCL aged between 12 and 20 years old (9 females and 10 males). Six of the participants were under 16 years old. They were all white British apart from one young woman who was black African who had resided in the UK for five years; this is in keeping with local demographics. Six were care leavers and the remainder was deemed ‘looked after’. Eight of the young people lived in residential care homes, five lived with foster carers, three lived independently, two lived in supported accommodation, and one lived with a biological parent after recently leaving residential accommodation, but was still subject to social services supervision and was deemed to be ‘in care’.

Seventeen carers took part in the research, seven of whom were the carers of the young people who were interviewed for this study and described above. The foster carers ranged in experience from having had one long-term foster child to having fostered in excess of 300 children over many years. The carer sample included four residential keyworkers (three men and one woman); two supported lodgings providers (both women); one biological mother; four foster mothers and two foster fathers (the foster carers included two married heterosexual couples). We particularly sought carers who had experience of caring for LACCL in the 12–20 age range.

Eight social work professionals were involved in the study (seven women and one man). The practitioners ranged in their length of experience and the sample included social workers, senior practitioners (social workers with extensive experience and supervisory responsibilities) and managers. They were employed by local authorities, based in social services/child protection and had responsibility for long-term and permanently looked after children and/or also care leavers.

3.3. Participant recruitment

We recruited participants from four local authorities in north-east England that were taking part in the broader trial. Data collection took place between May and July 2016. Researchers held meetings, information sessions and workshops to ensure social workers and management were aware of the study from the outset. Within each local authority, the researchers had a number of key contacts that were the main point of communication and they helped to recruit participants, organise interviews and focus groups, and disseminated participant information leaflets prior to interviews.

We recruited LACCL participants by asking the social work teams involved in the study to approach relevant young people on their caseloads and give them a participant information leaflet about the study. If they were willing to take part, the social worker then liaised with the research team to organize an interview. Similarly, we recruited carers via the social work teams.

3.4. Data collection

The data includes 1:1 semi-structured interviews ($n = 28$) with LACCL and carers, four dyad semi-structured interviews with carers and social workers ($n = 8$) and two focus group interviews, one with social workers and one with carers ($n = 8$). We originally planned to conduct 1:1 interviews with all carers and conduct focus groups with the social workers. However, for practical reasons such as availability and participant preference, we conducted dyad interviews and a focus group with social workers, and individual interviews, dyad interviews (with foster carer married couples), and a focus group interview with carers. Interviews with adults took place in university and local authority buildings. The LACCL interviews took place in a private room to ensure confidentiality and privacy at a time and place convenient to the individual, mostly in their own homes, residential homes or local authority/service locations. Once interviews were completed, all participants were debriefed in terms of re-iterating the purpose of data collection and the next phase of the study. An opportunity to ask questions was provided and LACCL were assured that they could speak to their allocated social worker if they required further support.

Interview questions differed according to the group i.e. there were separate semi-structured topic guides; one each for LACCL, carers and professionals (available upon request from the corresponding author). LACCL were asked questions about their current circumstances, support networks and friendship groups, about drug and alcohol use and that of their peers, their experiences of support and services (either drug and alcohol related or otherwise), and what ideal support services and professionals should do. Carers and social workers were asked questions about their background and role, experiences of working with LACCL and other vulnerable young people, how to engage and support this group, what skills are needed, what challenges this group face, their experiences of LACCL's drug and alcohol use and how they would recognise and support this, and their experiences/knowledge of support services and referral pathways. We re-iterated the participant's views back to them during interviews to ensure interpretation and understanding was correct. Topic guides were semi-structured to allow for emergent issues.

3.5. Ethics

The study was granted ethical approval by the NHS Health Research Authority Newcastle and North Tyneside 1 NRES Committee under approval number 16/NE/1203. The research was conducted in line with Good Clinical Practice (GCP) research guidelines and all researchers had completed GCP training. We use pseudonyms for all participants.

3.6. Research with vulnerable young people

All participants received a participant information leaflet prior to interviews informing them about the study and outlining their rights. For those young people under 16 year olds, the legal guardian/carer had to provide informed consent for the young person's participation, as well as the young person providing their own assent alongside this. Researchers talked through the consent form to reiterate key points regarding confidentiality, how the data would be used, anonymity and that both taking part and being audio-recorded were voluntary. Two of the participants declined to be recorded but the interviewer took in depth notes during the interview. However, the LACCL participants were informed that if they disclosed any information about harm to themselves or others, we were legally obliged to inform their social worker as per standard safeguarding practice. LACCL interviews were conducted in service buildings or the participant's own home. In the latter case, interviews were conducted in a private room away from other family members to ensure privacy. However, four participants chose to be interviewed with carers present. Each interviewee received a £10 high street shopping voucher as recompense for their time. As the topic guides primarily focused on drug and alcohol issues, interviewers had information about local drug and alcohol services in case the young person indicated that they would like further support or information. Given the sensitive nature of discussing experiences of being in care, interviewers reiterated to young people only to discuss what they felt comfortable with.

3.7. Analysis

The audio recordings were transcribed verbatim and subject to iterative, in-depth, thematic analysis (Braun & Clarke, 2006) that is commonly used in qualitative research (Ezzy, 2002). All transcripts and digital recordings were kept in a secure password protected university computer in line with our ethics approval. This involved both reading the transcripts and listening to the interviews numerous times in order to become familiarized with each interview, but also with the data set as a whole. In line with the choice of methods, the aim of this mode of analysis was to explore and interpret how LACCL, carers and social workers understand, describe and experience care, particularly in relation to the theories about care ethics (Holland, 2009; Pettersen, 2012; Tronto, 1993; van Heijst, 2009). This analytical approach enabled data triangulation (Denzin, 1978), allowing us to note similarities and differences among the participant groups but also any interesting contradictions, in order to gain an understanding of the phenomenon as whole, using multiple perspectives. Qualitative software (NVIVO 10) assisted in the organization of thematic codes and categories. Transcripts were anonymised to ensure anonymity of participants. To ensure trustworthiness of findings, data was critically discussed in project management meetings and among the qualitative team to agree a consensus on the interpretations.

4. Findings

Similarly to Holland's (2009) longitudinal study with LACCL on identity and life story work, questions about everyday lives and

experiences tended to result in narratives about care and caring relationships with adults. Likewise, with practitioners and carers, when discussing ways of working with and engaging this group, there was an emphasis on care. It was also apparent that understandings of care, such as how it functions and how it is achieved, differed across the participant groups and this had implications for how care is delivered and received. The main themes to emerge were the importance of going ‘above and beyond’ for LACCL, treating them as ‘one’s own’, and unconditional care ‘no matter what’. We now discuss each theme in detail.

4.1. *Going above and beyond*

Above all, the young participants evaluated their relationships with practitioners and carers according to the extent they felt ‘cared for’ and they categorized individuals as either ‘caring’ or ‘uncaring’. They also contrasted those who ‘genuinely’ and/or ‘actually’ cared with those who were ‘just doing their job’ and/or ‘in it for the money’. This reflects the non-contractual aspect to genuine care. Relatedly, one of the main themes in relation to such care was the importance of going ‘above and beyond’ i.e. going further than the remit of one’s paid role and contractual obligations. Examples of going ‘above and beyond’ included foster carers staying in touch after a placement ended and residential keyworkers making contact when they were off work. Going above and beyond formal duties was key to building a relationship with the LACCL participants and also engendering feelings of being cared for:

“I have been very lucky to find a lovely, lovely [foster] carer, who actually cares.....there are carers, and there are carers who actually care” (Natalia, 20)

“The old social worker who I used to have, she cares and this (new) one’s just about the job.you know yourself when someone cares or when someone just looks at you and thinks ‘You’re just a piece of paperwork’” (Carla, 17).

4.2. *The limits of statutory care*

Most of the social workers talked about ‘going the extra mile’ for the children and young people on their caseload. However, this did not necessarily involve spending more time with a young person or doing ‘fun’ activities. Rather, it involved doing overtime, working outside of scheduled hours, and leaving one’s phone on 24/7. However, their care was not unconditional and limitless in every respect. One of the main themes among the social workers was rationing the distribution of care. All of the social workers spoke of the limits to the kind of care they could provide to LACCL. This related to time, workload and the nature of statutory care rather than how much they personally cared about the young people. They stressed the need for realism because their care needed to be distributed among others on their caseloads. This is acknowledged in the following quote from a dyad interview with two social workers:

Carly: But I think the difficulty, [is] we are “statutories” [statutory organisation employees], I think people and voluntary organisations who don’t have the same kind of “stat limits” can give that more consistent care and support to a teenager [which] is really important. Because as much as we want to, we can’t do it.

Steph: Make them go and do some fun stuff which... Right, I am off to the cinema again this week, you know, it doesn’t happen within our role.

Carly: And it is being realistic because for all the want in the world sometimes we just can’t.

However, having to ration care in this way had consequences for LACCL’s perceptions of feeling cared for. Whilst the young participants conceptualized care in terms of altruism (limitless, selfless and spontaneous), the social workers understood care in terms of equal rationing and distribution between different young people. Social workers therefore had to manage and negotiate this discrepancy in their relationships with LACCL such as by stressing the need to be available ‘when it matters’, such as during an out of hours crisis or an emergency.

Acknowledging the need to ration care while also feeling obligated to go ‘above and beyond’ suggested that the social workers simultaneously drew on frameworks of mature care and altruism and tried to work with elements of both. They needed to work within the current constraints upon statutory social care, while at the same time aimed to demonstrate some aspects of genuine, unconditional care as understood by LACCL. However, many of the workers recognized that some colleagues were unavailable outside of office hours and the ‘service’ was therefore inconsistent which affected LACCL’s expectations. Some also felt that constantly that going ‘above and beyond’ could lead to LACCL becoming overly dependent upon their social worker:

“...because you’re not on 24-hour call. You’re not. You don’t get paid for that. Me personally, I would have my work’s mobile on and I would say to my young people, “If it’s an absolute emergency text me”but I think you do have to realise you’ve got some social workers that are very much the opposite. That literally the phone goes off. You know, at 5 o’clock” (Maureen, Social Work Manager).

“To be honest we are very busy but I think when you need to be, you know, you make time.....I think to be fair on that point though every worker is probably different...I don’t think we are probably as consistent as what we should be. And that, I suppose, is something more to consider for teenagers and maybe we need to work on a bit more” (Carly, Social Worker).

Despite these potential problems, all the social workers nevertheless felt that sometimes going ‘above and beyond’ was necessary in caring for LACCL and essential to building a relationship with them. Some stressed the need to do ‘whatever it takes’ to help the individual at particular times. But rather than question systemic constraints that made going ‘above and beyond’ a necessary part of their role, the social workers made sense of this in terms of their work ethic and personal caring qualities as is clear in the two quotes above. In some ways being constantly crisis-driven allowed for manifest demonstrations of care, and, paradoxically, many felt this was a norm or even necessary, part of their social work practice.

One of the main themes among the carers was the regular need to go beyond their prescribed/statutory role. In contrast to the

social workers, most of the carers highlighted the potentially boundless nature of their role, in the sense that it was more than simply a ‘job’:

“...it is not a job because there is no job that makes you work 24 hours a day, 7 days a week and 365 days of the year, but this one does” (James, foster carer).

They felt the role was boundless due to the needs of LACCL, but particularly in terms of gaps in social workers’ abilities to provide a certain level of care. Most of the carers stressed the difficulty of working within the care system due to a lack of resources and the increasing pressures placed on social workers and their subsequent limited ability to provide consistent high-quality care to LACCL. Foster carers in particular saw themselves as the young person’s main advocate and as in a constant ‘battle’ with the system over resources and access to services for the LACCL:

“If you have got 30-odd cases and only 35 h a week to do it you can only spend about an hour on each kid. How on earth do you care for somebody an hour a week? It is just pants. We will just battle away” (Carol, foster carer).

“I had to fight to get him into college and then I had to fight to get a taxi to take them. I then had to fight with both the IRO [Independent Reviewing Officer] and the social worker because they weren’t sure whether they wanted to fund another year of education for him....[over] the last few years we have become more fighters and pests than foster carers” (James, foster carer).

Such feelings about the limitless nature of being a carer linked to notions of parenting and therefore the next key theme which involved treating LACCL as ‘one’s own’.

4.3. Treating as one’s own

Most of the young people had low expectations about being cared for and described needing constant reassertions that ‘someone cares’. Isabelle’s quote below highlights the importance of her residential care home workers demonstrating care via tangible, practical acts such as doing activities, buying things and showing concern for welfare.

“We go out every weekend, we get bought things, they treat you like you’re one of their own, care for you, and if I’m gone for just half an hour they’re always ringing me wondering where I am, and that shows to me that someone cares about me” (Isabelle, 13).

However, Isabelle’s comment about being ‘treat like you’re one of their own’ also suggested that for Isabelle care encapsulated a sense of family and belonging. Despite the residential workers not being her biological or foster parents, she desired a familial relationship to provide a sense of care. This sense of treating the child ‘as one’s own’ was a key element of care that the young people desired. This was clear in Natalia’s quote when she described what she wanted from a social worker:

“It is when you think, “What if that was my kid? Would I be relaxed? Would I want to be there and help them?” Forget about being a foster child and forget about you being a social worker, put yourself in their shoes and think, ‘What if that was my kid?’” (Natalia, 20).

All of the social workers were highly aware that LACCL sought a consistent demonstration of unconditional care and commitment in order to feel cared for, to trust the worker and form a positive relationship. Examples of such visible care included professionals proactively making unsolicited contact, such as sending spontaneous texts or impromptu visits, and taking them places such as fast food outlets.

The carers also conceptualized care in terms of day-to-day, tangible acts of care. But in contrast to the practitioners, this was more explicitly in terms of treating the child ‘as one of their own’ and they stressed the parental nature of their role. For example, care involved basic familial acts such as ironing clothes, playing football, and ‘nagging’ young people to eat vegetables:

“...what they [care leavers] would tell you is [that] they want someone who doesn’t nag them about having a shower, eating vegetables, washing up, washing their laundry or getting to college on time. They would tell you that is what I spend my life doing and they wish I’d shut up. But I do...realistically they really need that and they do appreciate it” (Jackie, Supported Accommodation worker).

4.4. Discipline and boundaries

Interestingly, discipline was the main way the foster carers in particular treated LACCL ‘as their own’. They felt that care resided in teaching LACCL boundaries and consequences for their behavior as it demonstrated care to them. All the foster carers stressed that their methods of discipline were the same as they used with their biological children:

“The telling off he’d get would be exactly the same as our four children [got], ...We treat him just the same as we did our own. If you go out and come back later than what you should do, you’ll get told off” (Charlie, foster carer).

“We say to [our foster son], ‘If we didn’t care, we’d just say, right then, go on, do what you want to do’. That makes him think, ‘they do care’” (Elaine, foster carer).

However, discipline was a source of tension for many foster carers. They often felt undermined in their ability to discipline LACCL as the local authority were the legal corporate parent. Carers felt unable to carry out simple ‘parental’ tasks such as booking a GP appointment which had to be arranged by the social worker. The corporate parent also set boundaries for discipline, which the foster carers were obliged to adhere to. For example, carers were unable to withhold LACCL’s pocket money as they would do for their biological children and they could only ‘ground them’ for a very short amount of time. Although the carers sympathized with some of the logic behind this, they felt it hindered the young person from learning from the consequences of their behavior and restricted carers’ attempts to ‘treat the child as their own’:

“If my kids were naughty or misbehaving when they were younger they wouldn’t get pocket money. Now looked after children have to get pocket money, you can’t not give them pocket money. You just do as you’re told, we all do as we are told. I don’t think it is

the right thing to do, but we have to do it” (Carol, foster carer).

“We are foster carers and it is completely different to having your own kids. I can remember when my eldest daughter was 15 or 16...I caught her taking speed. I waltzed her straight down to the police station...I wouldn’t dare do that to a looked after child, I wouldn’t dare do that. That is the difference as well” (Elsie, foster carer).

4.5. No matter what

Another key component of care is that it felt unconditional and endured ‘no matter what’. This related to empathy and compassion, which most of the LACCL participants talked about in terms of ‘understanding’. For some of the young people, this particularly referred to understanding certain risky behaviors as a consequence of being in care (behaviors require safeguarding procedures such as drug use or going missing). For some this extended to a desire for some leeway or leniency. For example, the quote below is from a poly-substance user when discussing that she would like her residential workers to have more knowledge about drug use so they would understand why she uses novel psychoactive substances:

“...[It would] just give [them] a bit of an understanding [of] what legal high is like, why people do use it.....they’d understand it a bit more, and be, say I said that I use it cause I want to get away from everything cause I think this place is too strict. Then maybe they could loosen up and you know what I mean?” (Sara, 13).

Many LACCL participants felt that adults who did not demonstrate such understanding did not care and were unsupportive, even if in reality they were following safeguarding protocols. Feeling unfairly disciplined was often interpreted as a lack of care. This is clear in the quote below from a young woman who claimed she would not turn to her teachers for support as she did not trust them. Here Louise seeks empathy and compassion rather than judgment and discipline:

“Who’s gonna trust a teacher? ... Sometimes if I haven’t attended for school, they ring the police. Like they don’t give you time it’s just like, do it now, do it now. That’s what they’re like. They used to always ring the police on me cause I was like, never on time. But it’s because I didn’t wanna go into school cause I was upset, I was hurting, from going into care and not being able to see my brother and sister and things like....but the teachers I had they weren’t bothered” (Louise, 16).

The majority of social workers and carers also articulated the need for care to be unconditional, particularly in relation to problematic behavior and they stressed the need for persistence. For example, most social workers expected LACCL to reject them in order to test if their care was unconditional. As such, they demonstrated care by perseverance and an acceptance of certain behaviors.

“I think with teenagers you need to gain their trust, you need to work for it. Because if they have been hurt, which they will have been. They will try to push you away. They won’t want to trust you. They won’t be used to having that consistent relationship maybe so actually when I try to push you away and you keep on going back no matter how many times they swear at you or slam the door in your face. The fact that they start realising, she is still coming – do you know what I mean?” (Carly, Social Worker).

Such persistence proved to a young person that their social worker and/or carer genuinely cared for them and earned trust, thus making it more likely that LACCL would engage. This is reflected in the example of Isabelle, a 13 year old who lived in a residential home.

“...and we’ve had young people in here who’ve had 10 previous placements. Depending how they view that, that could be 10 rejections.... [Isabelle] spent the first few months of being here trying to break the placement down. She still does to a degree but she’s starting now to realise that it isn’t going to happen” (Frank, Residential Keyworker).

The way that Isabelle attempted to unsettle the placement suggested that she wanted to test the limits of the keyworkers’ care, as if to prove that no one cared for her via forcing her removal from the home. However, the staff felt they demonstrated unconditional care by accepting her behavior and persevering with the placement. Challenging behavior may paradoxically be used by social workers or carers to prove themselves to the young person and earn their trust.

Most of the carers described how many of the children and young people in their care had additional needs due to emotional and behavioral issues. Many carers had experience of dealing with issues such as mental health problems, drug and alcohol misuse, and having their property damaged. However, these carers stated that, when facing such problems, care must be unconditional. They stressed the need to try and understand the young person’s behavior and support them in the same way they would with their biological children, rather than reject them because of their complex issues. This is illustrated in the following quote:

“I just think foster carers need to be trained to a really high standard. Lots of foster carers when issues like this arise just give up, [and say] “Right, I am getting rid of him.” Would you get rid of your own kid if they were involved with drugs and alcohol? You wouldn’t just say, “I am getting rid of him.” We have to keep them, be resilient with them and support them” (Elsie, foster carer).

As demonstrated above however, ‘no matter what’ did not extend to an acceptance of all behaviour on the part of foster carers, as many firmly believed that care could be delivered via discipline and boundaries. Thus there was a clear tension between the importance of discipline and the need for perseverance and understanding around some challenging behaviours.

5. Discussion

This is the first paper to explore and triangulate the views of LACCL, social workers and different kinds of formal carers around the concepts of care. By combining the data we have shown how understandings of care can differ, but more importantly we have accentuated the implications for social workers and carers and how they deal with this to ensure that LACCL feel cared for and to preserve their relationship with them. While previous work has shown that for LACCL ‘genuine’ care feels non-contractual (Hiles et al., 2013; Rogers, 2011), this study demonstrates that a sense of genuine care also involves going ‘above and beyond’ – which in essence means demonstrating care to LACCL by doing what one is not obliged to do as part of one’s perceived role or duties. However,

resource constraints limit this for social workers, who have increasingly large caseloads. The findings demonstrate that for LACCL care also needs to be demonstrable and tangible, involve understanding, empathy and a degree of leniency, as well as going ‘above and beyond’. This can be challenging if some LACCL test the limits of care, to see if it endures ‘no matter what’.

The findings build on and develop [Pettersen’s \(2012\)](#) arguments on altruism and mature care, specifically in relation to LACCL and child welfare systems. Pettersen critiques altruistic care (care that is selfless, self-sacrificing, unconditional and unlimited) and puts forth an argument for ‘mature’ care (a stance that recognizes that care is relational and compassionate but not limitless). She argues that by denominating care as selfless/altruistic and inherent in the nature of the carer, “one avoids having to deal with the many ethical and political dimensions of care work” ([Pettersen, 2012, p. 370](#)). In contrast, mature care allows questions to be raised about equity, distribution, resources and exploitation. Delivering altruistic care, in the sense of regularly meeting the demand to go ‘above and beyond’, is likely to be unsustainable for social workers in view of the current lack of resources and structural restraints inherent within social work currently endured by the service ([Munro, 2011](#); [Winter et al., 2018](#)). Many of the social workers in this study however, primarily interpreted ‘going the extra mile’ in terms of their personality and morality.

Although LACCL desired altruism (understandable in light of past experiences), [Pettersen \(2012\)](#) argues that altruism can ultimately be uncaring. This is because a constant willingness to help can prevent individuals from learning to manage for themselves. Thus, limiting care is not necessarily uncaring, rather, “it might express care and concern for the client’s long term flourishing” ([Pettersen, 2012, p. 371](#)). [Munro \(2001\)](#) specifically raises this point in relation to LACCL. She argues that they need to learn how to use power and autonomy responsibly as they grow. For Munro, caring for LACCL should not inadvertently “overprotect them from one of the crucial stages of maturation” (p.137). However, we need to balance this discourse with an understanding that these young people have often experienced severe chronic abuse and neglect and inherently need more rather than less adult support. As such their resilience to deal with the frustration of delayed and/or rationed care is limited.

All three groups of participants drew on the five moral elements that make up Tronto’s ethic of care framework: attentiveness, responsibility, competence, responsiveness and trust ([Tronto, 1993](#), cited in [Collins, 2017](#)). At a practical level, these elements include understanding, commitment, an awareness of needs, going beyond ‘minimum standards’, recognizing vulnerability, and reliability. Tronto points out that this framework is an ideal form of care and is unlikely to exist in reality. This is because care is a process that can involve conflict, tensions and dilemmas, as well as being dependent on resources within a social and political context. Within her ethic of care framework, those involved in a caring relationship (professional or otherwise) must strive to recognize these issues. In the current study, LACCL drew on the ideal form of ethical care that Tronto presents and were unable to critically reflect on deviations from this which reflects previous research showing that this group tends to feel uncared for ([Gaskell, 2010](#); [Hiles et al., 2013](#); [Holland, 2009](#); [McLeod, 2010](#); [Rogers, 2011](#)). Within social work training and practice, caring for one’s client is paramount; however, there is an expectation that a level of professionalism will be upheld so that feelings will be managed to maintain neutrality and objectivity ([O’Leary, Tsui, & Ruch, 2012](#)) this approach can reinforce the LACCL’s feelings of feeling uncared for. Though our sample of social workers was relatively small, in line with qualitative methods, by also considering the social workers’ and carers’ perspectives, we have shown that they would like to adhere to this model of care, but the realities of practice, resources and bureaucracy (as well as the maturity of adulthood) mean they are able to better recognize and articulate the tensions and dilemmas involved in caring for and working with LACCL.

The commitment and perseverance demonstrated by many of the social workers and carers in this study suggests that social work and formal caring are forms of ‘Professional Loving Care’ ([van Heijst, 2009](#)). This requires personal competencies such as dedication and affection as well as practical skills. However, as [van Heijst \(2009\)](#) points out, PLC needs to be situated within a system that provides the time and resources for individuals to be able to do their job properly, which is not always the case. In line with the existing research, the results suggest that social workers feel sadness and frustration at not being allowed to do the job they trained to do ([McFadden, 2018](#)) due to being hampered by increasingly heavy workloads that limits their ability to care for and have a relationship with their LACCL ([Collins, 2017](#); [Leeson, 2010](#)). In addition, literature acknowledged that staff are taken away from the critical face-to-face contact due to the level of administrative tasks and over bureaucratized systems currently being used ([Munro, 2011](#); [White, Wastell, Broadhurst, & Hall, 2010](#); [Winter et al., 2018](#)) further limiting the potential of social workers to provide the limitless care desired by LACCL.

By consistently feeling the need to work ‘above and beyond’, it is perhaps unsurprising that social workers feel under pressure and overworked ([Collins, 2017](#); [Leeson, 2010](#)). This could account in part for the large numbers of social workers who leave the profession prematurely ([Department of Education, 2018](#)). Foster carers in particular wanted to provide altruistic care via parenting and treating the young person as ‘their own’. However, in many cases, especially around discipline, the system did not allow this. For both carers and social workers, the system was both rigid and under-resourced leaving both groups little capacity to adequately care for their LACCL.

5.1. Limitations of the study

There are a number of limitations to this study. The study was conducted in one region of England making the study difficult to generalizable outside this country context. Though our data reached sufficiency, there were only eight social worker participants. The social workers and carers most willing to go ‘above and beyond’ may have been more likely to volunteer to take part in the research. There was a risk of social desirability in response to questions, however probing strategies and exploring multiple narratives and scenarios warded this against. Exploring differences between different types of carers, or differences between younger and older LACCL, were beyond the scope of the study, but are potential areas for future research.

5.2. Implications for policy and practice

Our findings demonstrate how much of a social worker's role involves managing LACCL expectations whilst also demonstrating care that is 'over and above' the usual expectation. This tension needs to be understood and conveyed during social work training and supervision. In line with findings by Gibbs, (Gibbs, 2009) and McFadden (McFadden, Mallett, Campbell, & Taylor, 2019) this paper suggests that adjustments need to be made at an organizational level to ensure that social workers and carers are supported to balance the needs of LACCL with their own increasing workloads. Within the current organizational context, social workers are constantly attempting to meet and manage LACCL's expectations, however due to workload pressures and structural demands, they are often, inevitably, doomed to fail. This in turn can impact upon the workers wellbeing creating feelings of frustration and powerlessness and impact on the quality of the service being delivered (McFadden, 2018) as well as potentially increasing feelings of rejection and feeling uncared for within the LACCL. The interplay between altruistic and mature care demonstrated by some social workers can be used to develop strong relationships and yet to temper expectations of LACCL.

There needs to be consistency among social workers so that LACCL know what to expect. Consistency needs to be achieved as part of more supportive working conditions that do not require going 'above and beyond' to be an essential and 'normal' part of the social worker role. Training and supervision for social workers and management in regard to this will help to reduce burn out, increase resilience and lessen any resentment that may stem from feeling exploited and overworked. Organization support and supervision needs to redress the balance between action-orientated and thinking-orientated styles of working as Poertner, highlights that evidence suggests that there is a clear link between supervisory behaviour and LACCL's outcomes (Poertner, 2006). The social care system needs to have the capacity in terms of time and resources to allow this balance between altruism and mature care; i.e. a balance between going the extra mile and preventing burn out.

A potential solution to the challenge facing social workers is that carers should be given more autonomy in relation to disciplining LACCL in their care, when appropriate. This would alleviate the need to involve social workers in regard minor incidents and allow the carers to take on more of the parental responsibility they desire. Finally, LACCL's opinions should always be involved in deciding how care is defined and measured in policy and standards, in line with the United Nations Convention on the Rights of the Child, that all children have the right to be involved in decisions that affect them (Office of the United Nations, 2019). The current social care system needs to be more open to the complexity that is inherent within social work practice (Winter et al., 2018) and the different understandings of what constitutes care in policy and legislation.

6. Conclusion

By applying theories of care to the example of LACCL, we have shown that care is a complex, relational process that involves dedication, perseverance, compassion and trust. We have also shown the complex interplay of altruism and mature care that exists within the professional care of LACCL. Our study highlights the emotional labor and personal investment required to care for and work with LACCL whilst working within a system that is inherently complex, has significant workload pressures and is over bureaucratized. A deeper understanding of frameworks of care has implications for social worker and carer training and practice. Findings from this study can potentially inform new training modules for social workers and carers to enhance the social support network of LACCL.

Declarations of interest

None.

Funding sources

This study is funded by the National Institute of Health Research (NIHR) under the Public Health Research (PHR) scheme. Trial registration number ISRCTN80786829 (First registered 06.06.2016). The funding body has had no involvement in the research or development of this manuscript.

Acknowledgements

The authors wish to acknowledge collaborators on the broader trial who were not directly in the preparation of this manuscript. We wish to acknowledge: Alex Copello, Denise Howell, Tony Fouweather, Paul McCardle, Luke Vale, Heather Brown, Elaine McColl, Louise Carr, Deborah Smart, and Gillian Tober.

References

- Alderson, H., McGovern, R., Brown, R., Howel, D., Becker, F., Carr, L., Copello, A., Fouweather, T., Kaner, E., McArdle, P., McColl, E., Shucksmith, J., Steele, A., Val, L., & Lingam, R. (2017). SOLID (Supporting Looked After Children and Care Leavers In Decreasing Drugs, and alcohol): a pilot feasibility randomised controlled trial of interventions to decrease risky substance use (drugs and alcohol) and improve mental health of Looked After Children and Care Leavers aged 12–20 years (protocol). *Pilot and Feasibility Studies*, 3(25), <https://doi.org/10.1186/s40814-017-0138-7>.
- Alderson, H., Brown, R., Copello, A., Kaner, E., Tober, G., Lingam, R., & McGovern, R. (2019). Supporting Looked After Children and Care Leavers In Decreasing Drugs, and Alcohol (SOLID): The key therapeutic factors needed to deliver behavioural change interventions to decrease risky substance use (drug and alcohol) for looked

- after children and care leavers: a qualitative exploration with young people, carers and front line workers. *BMC Medical Research Methodology* 2018.
- Australian Institute of Family Studies (2018). *Children in care*. Retrieved 15 December, 2018, from <https://aifs.gov.au/cfca/publications/children-care>.
- Barclay, K., Michell, D., & Due, C. (2016). Providing care for children: How service providers define and apply “Care” in contemporary South Australia. *Children Australia*, 41(3), 178–189.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759.
- Cahill, O., Holt, S., & Kirwan, G. (2016). Keyworking in residential child care: Lessons from research. *Children and Youth Services Review*, 65, 216–223.
- Christiansen, Ø., Havnen, K. J., Havik, T., & Anderssen, N. (2012). Cautious belonging: Relationships in long-term foster-care. *British Journal of Social Work*, 43(4), 720–738.
- Cockburn, T. (2005). Children and the feminist ethic of care. *Childhood*, 12(1), 71–89.
- Collins, S. (2017). Ethics of care and statutory social work in the UK: Critical perspectives and strengths. *Practice*, 1–16.
- Courtney, M., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out of home care in the USA. *Children and Family Social Work*, 11(3), 209–219.
- Davies, J., & Wright, J. (2008). Children’s voices: a review of the literature pertinent to looked-after children’s views of mental health services. *Child and Adolescent Mental Health*, 13(1), 26–31.
- Denzin, N. K. (1978). Triangulation: A case for methodological evaluation and combination. *Sociological Methods & Research*, 339–357.
- Department for Education (2018). *National Tables: Children looked after in England including adoption 2017-2018*. London: Retrieved from <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018>.
- Department of Education (2018). *Experimental Statistics: Children and family social work workforce in England, year ending 30 September 2017*. London.
- Department of Education (2017a). *Children looked after in England (including adoption), year ending 31 March 2017*. London: Department of Education.
- Department of Education (2017b). *Children looked after in England (including adoption), year ending 31 March 2017*. London: Department of Education.
- Ezzy, D. (2002). *Qualitative analysis: Practice and innovation*. London: Routledge.
- Gaskell, C. (2010). ‘If the social worker had called at least it would show they cared’. Young Care Leaver’s perspectives on the importance of care. *Children & Society*, 24(2), 136–147.
- Gibbs, J. (2009). Changing the cultural story in child protection: Learning from the insider’s experience. *Child & Family Social Work*, 14, 289–299.
- Gilligan, C. (1982). *In a different voice*. Harvard University Press.
- Heslop, P. (2016). How I care: Foster fathers recount their experiences of caring for children. *Adoption & Fostering*, 40(1), 36–48.
- Hiles, D., Moss, D., Wright, J., & Dallos, R. (2013). Young people’s experience of social support during the process of leaving care: A review of the literature. *Children and Youth Services Review*, 35(12), 2059–2071.
- Holland, S. (2009). Looked after children and the ethic of care. *British Journal of Social Work*, 40(6), 1664–1680.
- Holmes, J. (2014). *The search for the secure base: Attachment theory and psychotherapy*. Routledge.
- Lausten, M., & Frederiksen, S. (2016). Do you love me? An empirical analysis of the feeling of love amongst children in out-of-home care. *International Journal of Social Pedagogy*, 5(1), 90–103.
- Leeson, C. (2010). The emotional labour of caring about looked-after children. *Child & Family Social Work*, 15(4), 483–491.
- MacLean (2012). Out-of-Home care As an institutional risk environment for volatile substance use. *Children Australia*, 37(1), 23–30.
- Maier, H. (1979). The Core of Care: Essential ingredients for the development of children at home and away from home. *Child Care Quarterly*, 8(3), 13.
- McFadden, P. (2018). Two sides of one coin? Relationships build resilience or contribute to burnout in child protection social work: Shared perspectives from Leavers and Stayers in Northern Ireland. *International Social Work*, 1–13.
- McFadden, P., Mallett, J., Campbell, C., & Taylor, B. (2019). Explaining self-reported resilience in child-protection social work: The role of organisational factors, demographic information and job characteristics. *British Journal of Social Work*, 49, 198–216.
- McLeod, A. (2006). Respect or empowerment?: Alternative understandings of ‘Listening’ in childcare social work. *Adoption & Fostering*, 30(4), 43–52.
- McLeod, A. (2010). ‘A friend and an equal’: Do young people in care seek the impossible from their social workers? *British Journal of Social Work*, 40(3), 772–788.
- Munro, E. (2001). Empowering looked-after children. *Child & Family Social Work*, 6(2), 129–138.
- Munro, E. (2011). *The Munro review of child protection: Final report. A child-centred system*. London: The Stationary Office.
- National Conference of State Legislatures (2016). *Foster care bill of rights*. from <http://www.ncsl.org/research/human-services/foster-care-bill-of-rights.aspx>.
- Neumann, C. B. (2016). Children’s quest for love and professional child protection work: The case of Norway. *International Journal of Social Pedagogy*, 5(1), 104–123.
- O’Leary, P., Tsui, M., & Ruch, G. (2012). The boundaries of the social work relationship revisited: Towards a connected, inclusive and dynamic conceptualisation. *British Journal of Social Work*, 43, 135–153.
- Office of the United Nations (2019). *Convention on the rights of the child*. Geneva: United Nations: Office of the United Nations High Commissioner for Human Rights.
- Osborn, A. L., & Bromfield, L. (2007). *Outcomes for children and young people in care*. Australian Institute of Family Studies.
- Parton, N. (2003). Rethinking professional practice: The contributions of social constructionism and the feminist ‘ethics of care’. *British Journal of Social Work*, 33(1), 1–16.
- Petersen, T. (2012). Conceptions of care: Altruism, feminism, and mature care. *Hypatia*, 27(2), 366–389.
- Pithouse, A., & Rees, A. (2011). Care as regulated and care in the obdurate world of intimate relations: foster care divided? *Ethics and Social Welfare*, 5(2), 196–209.
- Poertner, J. (2006). Social administration and outcomes for consumers: what do we know? *Administration in Social Work*, 30, 11–24.
- Ridley, J., Larkins, C., Farrelly, N., Hussein, S., Austerberry, H., Manthorpe, J., et al. (2013). Investing in the relationship: practitioners’ relationships with looked after children and care leavers in Social Work practices. *Child aRind Family Social Work*.
- Rogers, R. (2011). ‘I remember thinking, why isn’t there someone to help me? Why isn’t there someone who can help me make sense of what I’m going through?’ ‘Instant adulthood’ and the transition of young people out of state care. *Journal of Sociology*, 47(4), 411–426.
- Sevenhuijsen, S. (1998). *Citizenship and the ethics of care: Feminist considerations on justice, morality and politics*. Routledge.
- Sevenhuijsen, S. (2000). Caring in the third way: The relation between obligation, responsibility and care in Third Way discourse. *Critical Social Policy*, 20(1), 5–37.
- Simkiss, Stallard, N., & Thorogood, M. (2013). A systematic literature review of the risk factors associated with children entering public care. *Child: Care, Health and Development*, 39(5), 628–642. <https://doi.org/10.1111/cch.12010>.
- Statista (2018). *Number of children entered foster care in the United States from 2007-2017*. Retrieved 15 December, 2018, from <https://www.statista.com/statistics/255364/number-of-children-entering-foster-care-in-the-united-states/>.
- Steckley, L., & Smith, M. (2011). Care ethics in residential child care: A different voice. *Ethics and Social Welfare*, 5(2), 181–195.
- Thrana, H. M., & Fauske, H. (2014). The emotional encounter with child welfare services: The importance of incorporating the emotional perspective in parents’ encounters with child welfare workers. *European Journal of Social Work*, 17(2), 221–236.
- Tronto, J. C. (1993). *Moral boundaries: A political argument for an ethic of care*. Psychology Press.
- van Heijst, A. (2009). Professional loving care and the bearable heaviness of being. In H. V. Lindemann, Manan, Walker, & Margaret Urban (Eds.). *Naturalized bioethics: Toward responsible knowing and practice* (pp. 199–217). New York: Cambridge University Press.
- White, S., Wastell, D., Broadhurst, K., & Hall, C. (2010). ‘When policy o’erleaps itself: The tragic tale of the integrated children’s system’. *Critical Social Policy*, 30(3), 405–429.
- Winter, K., Morrison, F., Cree, V., Ruch, G., Hadfield, M., & Hallett, S. (2018). Emotional labour in social workers’ encounters with children and their families. *British Journal of Social Work*, 49, 217–233.
- Zondervan, T., & Olthuis, G. (2015). Integrating an existential perspective in youth care: A care ethical argument. *Ethics and Social Welfare*, 9(1), 18–34.