

What might we see during tricky times?

- 'Pushing away' safe adults through their behaviours
- Spending time away from shared spaces/in their bedroom
- Negative behaviours towards, or allegations made about carers
- Physical behaviours towards self or others
- Withdrawal from others
- Risky or impulsive behaviours, such as going missing or substance misuse

Why might we see this?



References

Signposting

Podcasts

- The Therapeutic Parenting Podcast
- Able to Care Podcast
- Holistic Child Psychology

Videos

- ISP Fostering: PACE Therapeutic Parenting in Foster Care
- Foster Parent Partner: Foundational Parenting Skills for Foster Parents

Books

- Capstone Foster Care: 20 most recommended books for foster carers and children in care
- BookTrust: Books about children in foster care (for children aged 5-14 years)

Organisations

- The Fostering Network, the UK's leading fostering charity
 - Foster Talk, UK foster carer membership organisation
- Lots of free downloadable resources, videos, tips and guides.*

Call

- Foster line England: 0800 040 7675
- Operated by The Fostering Network on behalf of the Department for Education*

*Discussions and data provided by GCC and Virtual School team



Supporting Placement Stability

Information for Carers

The data

National data shows 10% (1 in 10) of children in care experience high placement instability (3+ placements yearly).

In Gloucestershire, this increases to 14%. This data shows a direct correlation between higher placement moves and lower school attendance.

What does this tell us?

- Reducing placement moves supports school attendance and positive outcomes.
- Placement moves impacts school experiences (e.g. relationships, engagement in learning, academic progress).
- Placement instability is associated with mental health difficulties/wellbeing (e.g. risk-taking, anxiety, withdrawal).
- School moves in Years 10 or 11 associate with five grades less at GCSE.
- Young people living in foster care achieved over six grades more than those in residential or another form of care at age 16.

What can we do?

- Re-frame behaviours (e.g. “attention-seeking” as “attachment seeking”) – what is their behaviour telling us?
- Show interest through whole body listening, curiosity, remembering the ‘small things’.
- Communicate and share information with your child.
- Advocate for their views – be their champion!
- Celebrate efforts – “I’m proud of you”.
- Involve them in family life and decision-making – keep them “in the loop”.
- Genuineness and empathy – show them that you care about them even at times of challenge.
- Predictability in communication, routines, responses, boundaries to help support feelings of safety.



During/after tricky situations

- Clear, neutral language (e.g. “you are safe”, “I am here with you”).
- Reducing pressure (e.g. “shall we have some space and check-in later?”).
- Regulate our emotions (slower speech, calm body language, steady responses).
- Choices and equal power dynamics (e.g. “how can we find a safe way through this?”).
- Connection without pressure (e.g. sitting nearby, checking-in later, suggesting low pressure activity).
- Separate the child or young person from events (e.g. “Yesterday was tough. I care about you”).
- Solution-focused reflections (e.g. “what helped a little bit that we could try again?”).

The 4 Rs

Dr Bruce Perry/Louise Bomber

