Exploring Foster Carers' Experiences and Key Factors Contributing to Placement Stability in Foster Care

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

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Chapter One: Introduction

A Note on Language

The language used to discuss fostering relationships is complex and can be stigmatising for people with experience of living in foster care, contributing to stereotypes and harmful discourses which perpetuate worse outcomes. For example, "LAC" meaning looked after child has connotations the children are "lacking" something, when all children are looked after. Careful consideration has therefore been given to the terminology used throughout this thesis, considering both my personal values and the guidelines from The Adolescent and Children's Trust (2019). Within this thesis, children living in care will be referred to in this way, or, as children. There is also a discussion about the term "foster carer" as children living in care may refer to them as foster mum/dad, or mum/dad. The current study has chosen to use "foster carer" as this reflects much of the literature included to avoid confusion of terms. It is also the language used within agencies and local authorities, so it made sense for recruitment purposes. However, it is acknowledged that within some homes, both foster carers and children prefer the term mum/dad, and this will be reflected within the accounts given in the discussion. The language of the carer will be used.

Further, language such as "behavioural problems" and "challenging behaviour" is often used within the literature. I do not align with this language or any terms which imply the child is the problem and will attempt to rectify this within the thesis. If the language is used, it is in reference to other literature within the area and is a direct quotation.

Review of Literature

This chapter commences with an initial overview of foster care, and the reasons and impact of being a child in foster care, including adverse childhood experiences and developmental trauma. Then, a literature review of risk factors and challenges to placement stability, including the challenges

of being a foster carer. The critical appraisal of the current literature highlights a gap in the area, which supports the current qualitative study.

Children may come into foster care for a variety of reasons, including neglect, parental illness, physical, emotional or sexual abuse, abandonment, parent incarceration, parental death and being unaccompanied asylum seekers (UK Fostering, n.d.) . There were 54,820 children in foster placements in the England in March 2025 (Department for Education, 2025). An increasing number of children with increasingly complex needs are entering the care system, placing greater demands on foster carers than ever before (Pithouse et al., 2004). A systematic review found children who have experienced the care system struggle in education, employment, income, housing, health, using substances and involvement with criminal activity (Gypen et al., 2017). Further, having a stable foster care placement can help improve these outcomes (Gypen et al., 2017). The impact of early life adversity on later development operates through multiple pathways over the course of life, including; biological mechanisms, where exposure to adversity induces strain, dysregulation, maladaptive stress responses, and poorer physical and mental health (Miller et al., 2011). Additionally, psychosocial pathways play a role, as secondary stressors e.g., struggling in school, contribute to a cycle of stress e.g., not gaining qualifications, low-income, "high-risk behaviour" ultimately leading to poorer health and overall functioning (Boynton-Jarrett et al., 2013). This can limit children in care's ability to access protective resources, such as social support to mitigate the effects of this (Evans & Kim, 2013). Developmental trauma is often associated with complex post-traumatic stress disorder (PTSD); however, this can be misleading, as children may experience developmental trauma without necessarily meeting the diagnostic criteria for PTSD. The term developmental trauma refers to the significant impact of repeated exposure to trauma within the family during critical developmental stages, resulting in various developmental challenges (van der Kolk, 2005). Children who have experienced trauma within their biological families are often described as having complex trauma, also known as developmental trauma, due to its profound effects on their development (Alper & Howe, 2016). The majority of children in foster care have experienced developmental trauma (Denton et al., 2017).

Foster Care

The importance of a family unit as the provider of safe, nurturing environments for children is well established in the literature (Livingston Smith, 2014). The National Minimum Standards for Fostering Services in England sets out that children are entitled to grow up in a loving environment which can meet their developmental needs (Department for Education, 2011). To grow and develop optimally, children must feel safe and secure, which is defined as receiving nurturing care (World Health Organisation, 2024). Families are complex, with foster families having more complexities than most due to foster carers providing day-to-day care for the child as well as engaging with a range of professionals (Meakings & Selwyn, 2016). The members of a foster family can change regularly and quickly, with the arrival and removal of children in an unpredictable way (Meakings & Selwyn, 2016), meaning that the dynamics within the home can change suddenly and unexpectedly.

Foster Care: The UK Context

Challenges in recruitment and retention of foster carers vary across UK regions and there is a huge recruitment drive as approved foster carer numbers have fallen 12% in the past decade (Department for Education, 2026). In this context, it is essential for the Government to focus on recruiting and retaining more foster carers (Department for Education and Skills, 2003). Foster carers are either employed by the Local Authority or an Independent Fostering Agency (Department for Education, 2026).

Despite this, numbers of foster carers continue to decline. As of 31 March 2023, there were 59,380 approved mainstream foster carers, an 8% decrease from 2019 (Department for Education, 2023). Factors found to be associated with foster carer retention are: perceptions of their own limitations within the care system; relationships with the fostering agency; and a lack of material resources to fund services for the child (Hanlon et al., 2021). In England, long-term fostering placements are defined by local authorities based on three specific conditions, with no fixed duration for such placements. In contrast, in Scotland, long-term fostering is categorised as any placement lasting over 24 months. The conditions for a fostering placement to be considered long-term in England are as follows; foster care is designated as a permanent arrangement in the child's care plan, the foster carer agrees to provide care for the child until they no longer require it, the local authority

and the child's family agree that the child will remain in the care of the foster carer (FosterCare UK, 2024).

Local authorities have legal obligations to support specific groups of children within their jurisdiction. Under Section 17 of the Children Act 1989, they are required to aid children whose health or development is unlikely to reach or maintain an adequate level, whose health or development would be significantly impaired without such support, or who are disabled. Additionally, when there is reasonable cause to believe that a child is suffering or at risk of suffering significant harm, local authorities must conduct inquiries and determine whether action is necessary under Section 47 of the Children Act 1989.

There is significant expenditure associated with the state providing care, which is exacerbated by current sociopolitical issues, such as cuts to public services and austerity, which has resulted in substantial reductions to children's social care support services, particularly in England (Webb & Bywaters, 2018). Arguably, this has created a vicious circle, whereby the cost implications of increasing numbers of children entering care are reducing the funding available for preventative services, which may in turn contribute to a greater ongoing need for care.

The Importance of Placement Stability

Given all we now know about the importance of attachment and the development of a trusting relationship between primary caregiver and child (Golding, 2015), placement stability has become a key element of foster placement development. To develop secure attachments with foster carers, this involves fostering strong bonds with adults committed to them long-term, supporting their development, and guiding them through their journey from childhood to adulthood (Department for Education and Skills, 2003). Children in foster care often have experiences of trauma and loss, connected to the reasons they have been removed from their birth family and placed in foster care (Engler et al., 2022). Being removed from their birth family can be traumatic and stressful for children (Engler et al., 2022), involving uncertainty and unpredictability, frequent placement moves and repeated disruption to the development of attachments (Font et al., 2018). Many children removed from unsafe or neglectful homes and placed in foster care often face further disruptions during their

time in care, intensifying the impact of ongoing stress, uncertainty and instability (Vreeland et al., 2020). Ensuring placement stability has become a goal and an essential measure of success for children living in foster care (Vreeland et al., 2020). Despite this, in England 2026 there has been little change in the rate of placement instability, with around 1 in 10 children experiencing high placement instability, including more than 3 placement moves (Department for Education, 2026).

Barriers to building attachments can include frequent placement disruptions, caregivers holding stigmatising views of youth, foster carers finding it challenging to connect with children living in survival mode, foster carer reactivity to developmentally appropriate behaviour and disconnects between the cultures of foster carers and their child placed with them (Storer et al., 2014).

An unplanned ending is when a placement ends earlier than originally scheduled. From 2018 to 2019, the number of children in care experiencing an unplanned placement ending decreased slightly, however despite this, there was an increase in children experiencing at least one move within 24 hours of this decision (Ofsted, 2021). Sinclair et al. (2005) found fewer placement disruptions and improvements in children's wellbeing, behaviours and relationships when fostered by warm, child-orientated carers. Similarly, longitudinal research from Asif et al. (2024) provides evidence that placement stability significantly relates to positive outcomes for children in foster care. This paper provides some evidence that placement stability significantly relates to positive developmental outcomes for children in out-of-home care.

When a foster placement ends in crisis, it can leave a lasting and harmful impact on both the child and their carers (Barber et al., 2001). For children, such experiences of placement breakdown can be disorienting and unsettling, often leading to feelings of dissatisfaction with the care system (Festinger, 1983). Placement instability is a risk factor for mental health problems in adulthood, for children in care (Gypen et al., 2017). Research has found that children experiencing a higher number of foster care placements was correlated with an increased risk of poor mental health outcomes for young people, (Lehmann et al., 2013; Okpych & Courtney, 2018; Stanley et al., 2005; Tarren-Sweeney, 2008). A recent systematic review found that placement instability doubles the risk of mental health issues for children (Varnish et al., 2025), and that placement stability can both predict and be a result

of placement instability, forming a cycle of instability and deterioration in mental health (Varnish et al., 2025).

Additionally, foster carers may experience acute distress, viewing the unplanned ending as a personal failure, which can lead to feelings of guilt and self-blame (Minty, 1999; Wilson et al., 2000). This emotional toll may result in disillusionment with their role and hesitance to consider future placements (Brown & Calder, 1999; Nutt, 2006). Similarly, frontline social workers often face significant challenges during placement breakdowns, as they work to manage the crisis and address the child's needs within the constraints of limited resources (Brown & Bednar, 2006).

Achieving 'permanence', defined as an emotional, physical, and legal sense of security, stability, and continuity (Thomas, 2013) through stable care experiences is important to children in care, care leavers and policymakers (McGrath-Lone et al., 2020). This is because children who experience placement stability have been found to experience social, emotional and behavioural well-being through a positive child development experience, long-term social and emotional support, better educational achievement and economic wellbeing (Mitchell & Vann, 2018; Trejos-Castillo et al., 2015; Unrau et al., 2008). Placement stability is crucial to providing structure for children (Semanchin Jones et al., 2016). Children who experience multiple moves are at risk for negative outcomes in adulthood such as; substance misuse, incarceration, unemployment and homelessness (Long et al., 2017; Ryan & Testa, 2005; Shah et al., 2017).

Children living in foster care experience more mental health and psychosocial challenges than the general population due to the circumstances leading to their removal and the foster care experience itself (Engler et al., 2020). To understand why placement stability is particularly important for children in foster care, it is necessary to consider in more detail the impact of adverse childhood experiences and developmental trauma on children's emotional, social, and psychological development.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) include traumatic events that happen during childhood, which directly harm a child in the home environment, such as abuse, neglect, as well as

family and social stressors, such as living in a home with substance abuse issues or domestic violence (Bellis et al., 2016). Due to the complex nature of ACEs, it is challenging to determine their prevalence. Some research has found that just under 50% of the population in the UK experiences at least one ACE (Bellis et al., 2014). Felitti et al. (1998) identified a significant link between the number of ACEs and long-term impacts on adult health behaviours, health status, and the development of chronic diseases. People who experienced four or more ACEs were at highest risk of poor educational and employment outcomes, low mental wellbeing and life satisfaction; recent violence involvement; recent inpatient hospital care, and chronic health conditions (Bellis et al., 2013). The mechanisms connecting ACEs to these outcomes often involve coping behaviours such as smoking, substance use, overeating, or risky sexual activities, as a response to stress or abuse (Felitti et al., 1998).

The Impact of ACEs

High exposure to ACEs can increase the likelihood of developing anxiety, anger, and depression in children (Felitti et al., 1998). Following abuse or neglect, children are at risk developing difficulties in regulating emotions, developing attachment relationships, development of the self-system, forming peer relationships and adapting to the demands of school (Cicchetti & Toth, 1995).

Children who have experienced ACEs are more likely to have poor school attendance, be labelled with 'behavioural problems' in school and fall below average in academic testing scores (Blodgett & Lanigan, 2018). Both singular and co-occurring adversities have been shown to affect reading ability negatively (Delaney-Black et al., 2002). Research investigating the impact of neglect found it was associated with the lowest scores on vocabulary tests, and that these cognitive deficits impact people until their sixth decade of life (Geoffroy et al., 2016; O'Hara et al., 2015). ACE risk and childhood trauma are complementary concepts, with the potential for multilayered challenges both academically and socially for children (Blodgett & Lanigan, 2018).

The impact of ACEs does not only happen through biological mechanisms but can be a potential indicator of the socialisation that happens at home, for example, environments which normalise antisocial behaviours (Neppl et al., 2016). For example, when children grow up in homes

where they are accustomed to violence and disadvantages, they may seek friends who exhibit this same behaviour which has been modelled at home (Sheikh et al., 2016). They may also fail to seek emotional or social support (Sheikh et al., 2016). Neglect is also associated with reduced relationship quality, increased risk of gang involvement, and deviant peer affiliation (Haslam & Taylor, 2022). Children with abusive, neglectful or incarcerated parents may lack parental support and positive adult role models (Wade et al., 2014). Individuals who have experienced ACEs are more likely to engage in problematic parenting practices, perpetuating a cycle of adversity through generations, and impacting their children's development (Chen et al., 2023). Hirai et al. (2025) explains that ACEs are social experiences which have consequences on social relationships at home and beyond, but ACEs also operate within social contexts which can alleviate or exacerbate their negative impacts.

The estimated health cost and financial burden of ACEs in the United Kingdom is £78.6 million (Hughes et al., 2021). Since the original Felitti et al. (1998) paper, Zarse et al. (2019) published a qualitative review including 20 years of qualitative research supporting the original findings. They concluded that ACEs generate a public health financial burden that is greater than all others. This literature highlights the intergenerational transmission from parents with high ACE scores to children who lack secure attachment, protection, and nurturing, often resulting in poorer health and reduced parenting abilities as they grow up (Zarse et al., 2019). Research indicates that positive family functioning, as defined by positive parent-child communication and low parental stress levels, can be a protective factor against the impact of ACEs (Balistreri & Alvira-Hammond, 2016).

How ACEs Connect to Developmental Trauma

Babies are born experience-dependent with certain experiences required to support optimal brain development to support cognitive, physical and emotional functioning (Bick & Nelson, 2017). These experiences should happen at specific time points in development, known as 'sensitive periods' for brains to develop optimally (Bick & Nelson, 2017). At birth, children's stress response systems are not fully developed and, like the rest of their brain, remain highly susceptible to adverse experiences (Hesterman, 2021). In environments where children are consistently exposed to stress and potential danger, their brains respond by producing excessive levels of stress hormones, such as adrenaline and

cortisol (Hesterman, 2021). Research has examined the impact of ACEs such as family violence, maltreatment, parental addiction or severe economic hardship on brain development which provided compelling evidence that significant childhood stressors disrupt healthy brain development and result in impairments to cognitive and emotional functioning (Beers & Bellis, 2002). Research also shows that neglectful experiences such as caregivers failing to support children's emotional and cognitive development and attend to basic needs are equally harmful and threaten children's safety and general wellbeing (Bick & Nelson, 2017). Emotionally neglected children may exhibit less efficient brain activity during tasks requiring inhibitory control compared to their non-neglected peers, indicating that neglect is linked to difficulties in self-regulation and response inhibition (Mueller et al., 2010).

Early traumatic experiences not only impact neurodevelopment and emotional regulation but also shape children's attachment relationships and expectations of caregivers.

Attachment Theory and Developmental Trauma

Attachment theory (Bowlby, 1969) can be used as a framework to understand the caregiving needs of children as it considers how early interactions with a primary caregiver shape a child's social, emotional, and cognitive development. The theory emphasises that infants instinctively seek attachment figures to provide safety and comfort, forming *internal working models* (IWMs) of relationships through these early experiences. These IWMs are believed to shape later mental representations of the self, others, and interpersonal relationships. Bowlby (1958) proposed attachment theory identifying five attachment related behaviours in infants: smiling, crying, clinging, following and sucking. He proposed that over time, these integrate into an attachment system which is sensitive to external and internal cues from the environment and context. This system has two functions which include; maintaining proximity to a caregiver and supporting learning and exploration (Ainsworth, 1978). Bowlby and Ainsworth's attachment theory (Ainsworth & Bowlby, 1991) emphasises that attachment behaviour, even in infancy, is sensitive, adaptive, and consistent across different contexts and stages of development.

Children who grow up in an unsafe household like many children before foster care, are often in a high state of alertness and monitor their environment carefully (Schofield & Beek, 2007).

Understandably, children with these experiences can develop a suspicious and controlling attitude, as they have learnt that adults can respond in threatening or unpredictable ways, perhaps developing a sense that they can only trust themselves (Schofield & Beek, 2005). This can impact relationships with foster carers, as they may not accept comfort or seek proximity, meaning it can be difficult to form a close relationship (Schofield & Beek, 2005). Children who have experienced maltreatment are more likely to have disrupted attachments and poorer long-term psychosocial outcomes (Smith et al., 2024).

Meeting Children's Attachment Needs

Longitudinal research into outcomes for children in foster care shows that children will benefit from a secure base model of parenting (Schofield & Beek, 2009) including dimensions adapted from Ainsworth's strange situation (Ainsworth, 1971). The dimensions in the model include; 1) availability: supporting young people in developing trust, 2) sensitivity: assisting young people in managing their emotions and behaviour, 3) acceptance: enhancing young people's self-esteem, 4) cooperation: empowering young people to feel capable, and 5) family membership: encouraging a sense of belonging in young people. Schofield and Beek (2009) found children thrive best when they are in continuous foster placements that offer secure base parenting of this model. Schofield and Beek (2005) reported that children in foster care who made good progress had foster carers who provided a secure base, enabling the child to form relationships within and beyond the family. This secure base was fostered by carers who demonstrated resilience and high sensitivity. They defined foster carer sensitivity across several dimensions, including the ability to instill trust in the carer's availability, encourage reflection on thoughts and feelings, promote self-esteem, support decision-making, and foster a sense of belonging within the foster family. While the characteristics of the child in care play a role in placement stability, the quality of the relationship between the child and the foster carer is also a significant factor.

Although attachment-informed caregiving and secure base parenting may support positive outcomes for children in foster care, maintaining stable placements can be highly complex due to the interaction between children's trauma histories, behavioural presentations, and wider systemic factors.

Why Placement Stability is Difficult

Risk Factors to Placement Stability

The Children's Commissioner (2018) report states that child characteristics which have alargeinfluence on the risks of placement instability, with children who enter care during adolescence with behavioural or emotional needs being at higher risk of instability. Traumatic experiences often leave children feeling threatened, betrayed, and powerless in their relationships with caregivers, which can hinder their ability to build and sustain relationships founded on trust, intimacy, and affection (Blaustein & Kinniburgh, 2018). Children may defend against anxiety, fears of being hurt or loneliness by using survival strategies they have learnt early in their development. This has been described in the literature by Hughes et al. (2015) and may present as difficulties forming attachments to new parents, as well as biological issues such as trouble with sleeping, eating, and overall health. Children may also struggle with regulation, either becoming dysregulated, finding it hard to calm down when overly excited or distressed or dissociating, a coping mechanism where they shut down in response to high arousal. Behaviour control can be another challenge, as children may have difficulty managing strong emotions and impulses, leading to behaviours that are challenging for both them and others. Cognitive difficulties may arise, making it hard for them to process situations, anticipate consequences, or make sense of their experiences. Additionally, issues with self-concept are common, with many children growing up feeling unworthy or unlovable, often experiencing an unstable sense of self that makes transitions particularly difficult. Hughes et al. (2015) also described that children may grow up with chronic feelings of shame, inability to manage stress and difficulties trusting others for guidance and comfort. When children have been frightened within or separated from their first attachment relationships these children can become fearful of later relationships (Hughes et al., 2015).

Externalising behaviours are a risk factor for an increased number of changes in foster placements, which leads to further externalising behaviours and negative outcomes for the child (Newton et al., 2000). Externalising behaviours are characterised by aggressiveness, disruptiveness and impulsivity (Achenbach, 1978).

Developmental trauma can undermine a child's ability to trust caregivers, leading them to interpret behavioural boundaries and discipline as signs of rejection or harm rather than care and support. Consequently, care-experienced young people may be more likely to exhibit externalising behaviours, such as aggression and defiance, as protective responses shaped by previous experiences of trauma (Golding, 2015).

Factors that Impact Placement Stability

The next section will discuss factors which have been found to impact placement stability in more detail.

Attachment Styles of Parents

Main et al. (1985) found that an adult's ability to process their own past attachment-related experiences has a direct relationship with the child's attachment security. Further, that adults with an insecure attachment style (dismissing, preoccupied or unresolved) do not sensitively react to the child in a way which meets their needs (Main, 2010). These parents may minimise attachment behaviours in children, be emotionally distant from them as the attachment behaviours can evoke feelings of vulnerability (Main, 2010). Tronick (2007) described parents with unresolved memories that are painful, frightening or shaming are more likely to be triggered by situations with their children, changing to 'unparental' states of mind. This can lead to parent disappearances or unpredictable emotional reactions, which can be dysregulating to a child, potentially causing trauma. Attachment behaviours of infants in foster care have been found to correspond closely to caregiver states of mind, referring to the way in which adults process thoughts and feeling regarding their own attachment experiences (Dozier et al., 2001). How adults will interpret and respond to the needs of children will depend on their own early experiences with caregivers (Berlin & Cassidy, 2001). This research highlights how important and influential a foster carers' own attachment experiences are when fostering a child.

Research investigating foster carer attachment and carer role performance hypothesised that the carers' own attachment style would determine how they respond in a caregiving role (Caltabiano & Thorpe, 2007). The study categorised emotionally sensitive caregiving as; recognising the needs of

the child, responding appropriately, having flexibility with expectations, and warmth and empathy. Interestingly, placement stability or length of placement was not used as an outcome measure for carer role performance. Instead, they used to have an understanding and acceptance of the foster caring role agreed by the Queensland Department of Families, provision of basic childcare and provision of additional care for foster children. Carers were rated as very good, good or reservations about the carer. The attachment was measured using the Attachment Style Questionnaire (Feeney, 1994) which the authors recognised was limited in understanding the attachment experiences of the foster carer. The research found no distinguishable differences between attachment styles and quality of foster care. However, the criteria for measuring 'good quality' foster care neglected to ask about reflective functioning or the quality of relationship with the child in care. The participants also ranged hugely, with 66 out of 115 participants having experience fostering at least one child for over a year.

Reflective Functioning

Research indicates that a caregiver's ability to consider an infant's thoughts and feelings is linked to secure attachment. Mothers who demonstrate a "mind-minded" approach in their interactions with infants are more likely to foster secure attachments in their children (Meins et al., 2001). A caregiver's capacity for reflective functioning, evidenced through behaviour and speech that show attentiveness to the child's inner world, has been suggested to support the child's development of emotional regulation (Fonagy et al., 2002). Reflective functioning has been found to help parents and carers sustain a compassionate state of mind towards themselves, and towards a child whose behaviour may be challenging (Alper & Howe, 2016). By maintaining a caring and compassionate mindset towards the child, the child is more likely to feel accepted and safe (Alper & Howe, 2016).

Blocked Care

As a result of prolonged stress, foster carers are at risk of developing blocked care (Hughes, 2015). Blocked care occurs when a carer finds it challenging to provide the care the child needs and struggles to empathise with them or remain engaged in the relationship. Caregiving patterns involve the same brain regions as attachment, functioning best in the presence of a reciprocal role from the parent and child (Alper & Howe, 2016). When the adult's caregiving patterns are active, and there is no appropriate attachment response from the child, the parent's caregiving pattern can be impacted by

this, becoming weak or unstable (Alper & Howe, 2016). The interplay between the carer's attachment experiences and their ability to provide attuned care can influence the likelihood of blocked care occurring (Alper & Howe, 2016). Given that reflective functioning and a secure attachment base are critical for fostering stability, interventions such as Dyadic Developmental Psychotherapy (DDP) and the PACE (Playfulness, Acceptance, Curiosity and Empathy; Hughes et al., 2015) approach can support carers in maintaining engagement and responsiveness, reducing the risk of blocked care. Recognising and addressing blocked care is crucial in ensuring that foster carers remain emotionally available and resilient in their caregiving role.

These relational and emotional challenges highlight the significant psychological and emotional demands placed upon foster carers, which have increasingly become a focus within the literature on placement stability and foster carer retention.

Foster Carer Experience and Relational Demands

Fostering is not solely a caregiving role but involves navigating complex emotional, relational and professional demands (D'Amato & Brownlee, 2022). Foster carers are required to develop meaningful relationships with children while simultaneously working within a wider system involving social workers, fostering agencies, birth families, schools and other professionals (MacGregor et al., 2006). A scoping review of 22 qualitative studies identified several common experiences of fostering, including challenges relating to expectations of family life, developing bonds with children, loss, training, stress, support and the rewards associated with seeing children develop (D'Amato & Brownlee, 2022). Carers described the role as demanding, with some reporting feeling underprepared for the realities of fostering and experiencing stress not only from children's behaviours but also from navigating the wider care system. Sources of reward and motivations to continue fostering came from relationships with children and the opportunity to positively influence their lives.

These findings highlight that foster carers' experiences cannot be understood solely in terms of individual characteristics or the behaviour of the child. Foster carer experiences are shaped by the interaction between emotional relationships, expectations of the caregiving role, professional relationships and the wider care system.

Common Challenges Faced by Foster Carers

Whilst there has been very little previous research on what helps foster carers continue with long-term placements, there is some existing literature on the experiences of foster carers which helps us to understand common challenges they may face, and possible explanations for placement instability and breakdown.

Identity/Role Ambiguity

Within the research on foster carer identity, foster carers either identify themselves as parents to the children in foster care or as professional service providers to children (Broady et al., 2010). As attachments between foster children and foster carers develop, carers are more likely to identify with the parental role, this parental role was a crucial part of the foster carer's identity and had negative implications for carers' self-esteem and emotional well-being when not acknowledged (Broady et al., 2010). Foster carers who perceived themselves as committed mothers appeared to be more comfortable in the level of control they had and were therefore able to provide more long–term, stable placements (Blythe et al., 2012). Similarly, some foster carers reject the label of being a foster carer completely, as it was perceived by participants to be impersonal, detached, and require distance from the child. Instead, they refer to themselves as 'mothers' as this captures their maternal investment, characterised by deeply emotional and highly personal relationships (Blythe et al., 2012). However, typifying foster carers as either parents or professionals is oversimplifying the complex relationship they have, with foster carers describing a very particular relationship inadequately captured by either label (Southerland et al., 2009). Qualitative research found intrinsic rewards such as nurturing relationships, a collective sense of responsibility and contributing meaningfully to a child's life were crucial motivators to continue fostering (Geiger et al., 2013).

Relationship

There is a significant body of literature on the subject of placement breakdown; however, much of it focuses on types of behaviour displayed by the child rather than the quality of the relationship between the child and the carer or the carer's subjective experience. Brown and Bednar (2006) highlighted relationship factors as being associated with placement breakdown, noting it was the interaction between caregiver and child predicting placement breakdown rather than individual

child or carer characteristics. Across the body of literature on caregiving relationships, the caregiver's role in regulating an infant's distress is consistently highlighted. This foundational relationship is regarded as critical to the child's emerging personality as well as their long-term emotional and psychological well-being. Various theorists have conceptualised this in nuanced ways: Winnicott (1965) referred to it as 'holding', Bion (1962) as 'containment', Fonagy et al. (1991) as 'reflective self-functioning' and Stern (1985) as 'attunement'. While each concept presents subtle distinctions, they emphasise the importance of the primary caregiver-infant bond and the caregiver's ability to emotionally attune to the infant and share in their emotional experiences (Sloan Donachy, 2017). Fraiberg et al. (1975) referred to 'ghosts in the nursery' as a concept for vulnerable parents to become aware that their trauma or unmourned ghosts can impact successful parenting. Fraiberg et al. (1975) stated that when the parent can remember and reflect upon the ghosts of the past, they are less likely to take hold and impact the child. Foster carers can have 'ghosts' which include their own experiences of being parented, and the cumulative losses of previous children they have parented (Sloan Donachy, 2017).

Foster carers report being encouraged to create a bond with children in their care, only for it to be broken by external factors outside their control (Pickin et al., 2011). This can create vulnerability and uncertainty for foster carers. Previous negative experiences for both young people and foster carers can exacerbate difficulties in forming new relationships and attachments (Pickin et al., 2011). Marcellus (2010) has described this as 'an emotional double bind' in which families are expected to invest emotionally in an attachment to a child but also be able to release the child on short notice.

Choice and Control

Qualitative research found foster carers stated being involved in decision-making and being included as part of the child welfare team increases their desire to continue fostering (Geiger et al., 2013). Often, due to involvement of multiple stakeholders including the voice of biological parents, the child and other relatives, foster carers' voices can be left out of conversations (Eaton & Caltabiano, 2009). This can leave foster carers feeling they do not have control or support in their fostering situation (Eaton & Caltabiano, 2009), leaving them less satisfied. Earlier qualitative research

found foster carers can perceive agency workers as not trusting in their abilities to manage the children they care for (MacGregor et al., 2006). Foster carers have also reported unrealistic expectations, as sometimes they will receive minimal to no information about the children they have placed with them (Daniel, 2011). Having insufficient knowledge of the child and their background can leave carers unaware of the specific needs of the child (Leffler & Ahn, 2022) and can compromise their ability to provide good care. Daniel (2011) also found foster carers emphasising the need to be vigilant and prepared to deal with unexpected events, due to crises occurring with the well-being of children in care.

Foster carers' experiences are shaped not only by their relationships with children, but also by the wider professional and organisational context in which fostering takes place. The role involves working alongside social workers, fostering agencies, birth families and other professionals, while navigating expectations and decisions made by the wider care system. Therefore, understanding placement stability requires consideration of both relational factors and the systemic context in which these relationships develop. Research highlights that foster carer needs and experiences are often overlooked by professionals and legal decision-making (Dowdy-Hazlett & Clark, 2025).

Support/Loss

Qualitative research found foster carers felt emotional, practical and social support from friends was instrumental to their ability to continue fostering (Geiger et al., 2013). This can come from the parents' own network of family and friends but was also highlighted as important to come from case workers and agencies. Canadian research suggests when foster carers consider discontinuing fostering, they often report challenging or negative relationships, specifically with child welfare professionals (Rodger et al., 2006). Some adoptive children have similar life experiences to children in care, such as developmental trauma (Hartinger-Saunders et al., 2019). This is in line with adoption research, which found adoptive parents can experience stigmatisation, however having strong support networks can help with their overall wellbeing (Kline et al., 2006; Weistra & Luke, 2017).

Foster parents had a wish for more support, particularly with difficult transitions (Octoman & McLean, 2014). Foster carers experience a huge sense of loss when a child leaves, sometimes described as 'disenfranchised grief' in that its severity is unexpected and is not recognised by their social group or professionals. This then had implications for them that their loss was never validated or encouraged to be expressed, which can lead to foster carers ceasing to foster (Lynes & Sitoe, 2019). This is in line with other qualitative research found that foster carers reported 'missing pieces' every time a child left, they lost a part of themselves (Daniel, 2011). They reported wishing they had specific training on grieving the loss of a child when they move on (Daniel, 2011). Hebert et al. (2013) reported foster carers find it difficult to let go of children, report high levels of loneliness and felt that they should be entitled to grief counselling. They also felt the child welfare system did not consider their feelings. For retention of foster carers, it is important for child welfare agencies to better prepare foster carers for the impact of loss of a child, through training (Hannah & Woolgar, 2018). Fostering is stressful and complex, with foster carers reporting compassion fatigue, low fostering satisfaction which has been linked to being more likely to quit fostering (Hannah & Woolgar, 2018).

Stress

Research indicates that foster carers frequently experience feelings of powerlessness, being undervalued, and lacking a voice in the system (Rosenwald & Bronstein, 2008). They experience stigma from the media, lack of respect from agency staff and are socially excluded from peer groups (Blythe et al., 2012). Qualitative research into foster carer experience found that carers living in close proximity to experiences of trauma and loss, frequently felt inadequate and helpless (Sloan Donachy, 2017). The carers describe being in indirect contact with the fear and terror being projected by the children and were vulnerable to the experience of secondary trauma, a recognised risk factor for foster carers (Bridger et al., 2020). The foster carers in Sloan Donachy (2017) research experienced moments of misattunement, not only with the child but with the wider system. Marcellus (2010) suggested that a mismatch between expectations and stress can lead to dissatisfaction, which may lead to a decision to withdraw from fostering.

Creating Attachments

Schore (2012) theorised that to create stability for children it is important for carers to focus on how they choose to be, particularly when children are dysregulated, to co-create an attachment communication bond. This includes seeing the child and not just traumatic behaviours which are externalised, making deliberate efforts to recreate worth within a child and knowing they both choose each other. Finally, they are committed to healing a relationship regardless of its complexity (Schore, 2012). To be stable, a child must feel completely assured that the foster family will never abandon, re-traumatise, reject, hurt or withdraw attention from them (Schore, 2012). A review on the quality of attachments between foster carers and children from West et al. (2020) found the foster carers characteristics were often described as more important than characteristics of the child in care and placement. The most consensus was for a positive, sensitive parenting style of the foster carer being positively related to a secure attachment (West et al., 2020). Foster carers who had a motivation to help traumatised children or help in the community, were found to have stronger attachments with the children they cared for (Thompson et al., 2016). This intrinsic motivation has been positively associated with likelihood of continuing fostering (Thompson et al., 2016).

Attachment Theory and Fostering Relationships

Despite earlier literature on attachment and internal working models, there remains a significant gap in research concerning the long-term impact of foster care on attachment development (Sprecher, 2023). Children placed in foster care frequently experience disruptions in caregiving relationships and intermittent emotional bonds with caregivers, which may influence attachment development (Miranda et al., 2019). Consequently, further research is needed to examine the relationship between foster care experiences and attachment outcomes in adulthood. Such research would provide valuable evidence for legislators and policymakers, enabling them to identify and implement necessary improvements within the foster care system (Miranda et al., 2019).

The Flexibility of Attachment Style

The foster care system is based, in part, on the assumption that stable and supportive relationships with foster carers can alter the developmental trajectories of children who have experienced inadequate or harmful early caregiving (Joseph et al., 2013). Attachment theory has

traditionally emphasised the significance of early caregiving experiences in shaping internal working models of relationships (Goldsmith et al., 2004). Consistent, sensitive, and responsive caregiving may provide children with new relational experiences that challenge previous expectations of caregivers and relationships. As such, relationships with foster carers may contribute to the development or modification of internal working models, without necessarily replacing earlier attachment relationships. Instead, new attachment relationships may coexist alongside previous ones and become incorporated into the child's broader relational framework.

The human brain demonstrates considerable plasticity and resilience, meaning that adverse psychosocial experiences do not necessarily result in permanent or irreversible developmental damage (Wastell & White, 2012). Burman (2016) highlights the difficulty of establishing a direct relationship between experiences in early childhood and later developmental outcomes. This is particularly relevant when considering attachment styles, as early experiences with caregivers may influence the development of attachment patterns but should not necessarily be viewed as permanently determining an individual's attachment style across the lifespan (Smith et al., 2017). Although attachment patterns can demonstrate stability over time, the plasticity of the brain and the potential for subsequent relational experiences suggest that attachment is capable of change. Therefore, experiences such as foster care, changes in caregivers, and the development of later supportive relationships may contribute to the modification or restructuring of previously established attachment patterns (Smith et al., 2017).

Research provides evidence supporting the potential for attachment change following foster placement. Joseph et al. (2014) argued that the significant intervention represented by foster care, namely a change in primary caregivers, offers an important opportunity to examine an individual's capacity to form new attachments. Their findings demonstrated that almost half of the adolescents in foster care had formed a secure attachment relationship with their foster carers, despite reporting predominantly insecure relationships with their birth families (Joseph et al., 2014). These findings suggest that meaningful recovery in attachment security may be possible during later developmental stages, even in the absence of intensive intervention.

Furthermore, Joseph et al. (2014) extended the findings of Dozier et al. (2001), indicating that strong and reliable attachment relationships can develop despite the absence of genetic relatedness and despite adverse early caregiving experiences. These findings challenge the assumption that adolescents who have experienced maltreatment and multiple placement disruptions are less likely to benefit from sensitive caregiving within foster families. In addition, secure attachment relationships among foster adolescents were associated with lower levels of disruptive behaviour, and this relationship was found to be equally strong in foster and non-foster comparison groups (Joseph et al., 2014). Collectively, these findings demonstrate considerable potential for maltreated children and adolescents to develop secure attachment relationships later in life.

However, an important limitation of the study conducted by Joseph et al. (2014) is that it did not account for potentially influential variables such as age at placement, number of foster placements, and duration of time spent in care. Research that has controlled for these variables provides further insight into the factors that facilitate attachment security within foster care settings.

For example, Cole (2005) found that infants placed in foster care before 3 months of age and who remained in their initial placement for at least 6 months were likely to develop secure attachments, provided that foster carers responded consistently and sensitively to their needs. Similarly, Stovall and Dozier (2000) reported that infants placed before12 months of age were capable of developing stable attachment patterns after only 2 weeks in a foster placement, provided that foster carers demonstrated autonomy and responsiveness to the child's needs.

Despite expectations that age at placement would significantly predict attachment quality, findings have been somewhat inconsistent. Drawing on earlier research, Stovall and Dozier (2000) observed that foster mothers reported more insecure attachment-related behaviours among children placed at older ages during the first 2 months following placement. However, this earlier study relied on diary reports completed by foster mothers, introducing methodological differences that may account for variations in findings.

Although inconsistencies remain regarding the precise influence of age at placement and duration of care, the literature consistently highlights the importance of caregiver responsiveness. Across studies examining foster care placement and attachment security, the central finding is that attachment security is promoted by caregiving that is consistently available, sensitive, and responsive to children's needs (Dozier et al., 2001; Stovall & Dozier, 2000). Therefore, there is still further research needed in this area as the findings are mixed.

Therapeutic Support

Given the emotional, relational, and psychological demands placed upon foster carers, researchers have increasingly explored the types of therapeutic, relational, and systemic support that may promote placement stability and support foster carers to sustain long-term placements (Mallette et al., 2020).

UK Context of Foster Carer Support

While foster carers play a central role in promoting placement stability, research increasingly highlights the importance of systemic and therapeutic support structures surrounding placements (Tullberg et al., 2019).

Foster carers within the UK work on a Team Around the Child approach. This is a multi-agency and disciplinary approach to support children and families with complex needs (TAC Interconnections). Regular meetings are held with everyone involved in a child's care, including foster carer. It integrates health, education, social services and the voluntary sector if necessary.

Direct Therapeutic Support

Dyadic Developmental Psychotherapy (DDP) aims to treat psychological problems of children in care as they struggle to develop stability in their new home (Hughes et al., 2015). The model is characterised by a strong therapeutic alliance, empathy and unconditional positive regard, focusing on the relationship between carer and child. Hughes et al. (2015) argued that stabilisation with the child should be guided by the *PACE* model, allowing playful connections, acceptance of the child's inner world, cultivating curiosity about the meaning underpinning behaviour and having empathy. The PACE approach provides the connection, which is one 'hand' of parenting. The second

'hand' provides structure, supervision and boundaries; a child needs both. (Golding, 2015). The child experiences the correction in a safe and trusting manner, because they are experiencing that they matter to the parent and are loved no matter what (Golding, 2015). Within this, there is a *Pyramid of Need* model which illustrates the hierarchical needs of children who have faced trauma. It emphasises children's needs must be met from the bottom, stating with safety and security, before moving up the pyramid addressing higher level psychological needs (Golding, 2019).

Indirect Therapeutic Support

The *Foster Care Practice Guide* (Foundations, 2026) highlights a key principle in prioritising interventions that support foster carers' capacity to respond sensitively and empathically to the child. Indirect therapeutic support for foster carers can strengthen placement stability by equipping carers with the skills to pause, reflect, and respond sensitively to children's emotional needs. Foster carers reported that practical reflective tools, such as emotional thermometers and 'mind checks', supported more attuned caregiving and helped foster warmer, safer relationships with children in their care. Training and support were perceived as most effective when these practical strategies were combined with psychoeducation around trauma, attachment, and child development. Developing an understanding of how early adversity shapes behaviour enabled carers to interpret children's responses through a trauma-informed lens, recognising behaviours as survival responses rather than intentional defiance. Foster carers described this increased understanding as enhancing empathy, strengthening attunement, and supporting children to feel more secure and emotionally regulated.

The *Foster Care Practice Guide* (Foundations, 2026) also recognises the emotional demands placed on foster carers, who often hold and absorb the emotions of the children they care for. Over time, this emotional labour may impact carers' wellbeing, coping abilities, and responses during challenging situations. Consequently, supporting foster carers to attend to their own emotional needs is considered essential in sustaining safe, consistent caregiving relationships and promoting placement stability. Foster carers valued opportunities to reflect on their experiences and the emotional responsibilities associated with fostering; however, balancing children's needs, meetings, and daily responsibilities often limited the time and space available for reflection.

Despite increasing recognition of the importance of relational, therapeutic, and systemic support for foster carers, there remains limited understanding regarding the specific factors that help foster carers continue with long-term placements. Therefore, a review of the existing literature was conducted to contextualise the current study and identify gaps within the evidence base.

Literature Search to Contextualize the Current Study

An electronic database search of PsycINFO was conducted with the purpose of reviewing existing literature relevant to placement stability and breakdown. This was to identify a gap in literature.

Search Terms

Six searches were conducted and linked with Boolean operator "AND". The first search term included "Foster placement stability AND* factors AND* foster carers". The second search term included "Foster placement stability". Thirdly, terms were "Foster placement stability AND* foster carer AND* resilience". The fourth term included "Foster Carers AND* Placement Breakdown". The fifth search included "Foster Placement Stability AND* Factors". The final search included "Foster Carer Resilience".

Studies were included if they were: (a) published in English (b) related to foster placement breakdown (c) related to foster placement stability. Studies were excluded if they were related to kinship care, also known as family and friend's carer, when a person known to the young person cares for them. The nature of these placements is fundamentally different, with research showing that variables related to the breakdown of kinship care are different from foster care (López et al., 2011). This was done through screening the title and abstract. Then a manual search was conducted using Google Scholar, and the reference lists of relevant studies. The search produced 258 studies, after duplicates were removed and they were screened, 50 of which were relevant. A narrative review of the findings was completed to provide an overview of the literature relating to the topic.

The review found 50 quantitative studies looking at factors which predict placement stability or breakdown. They have been categorised into; situational factors or context of the placement and specific factors.

Situational Factors and the Context of Placement

The research found that children in foster care experience more placement moves than in kinship care, where a member of the family is a foster carer for the child (Winokur et al., 2009). Quantitative research indicates that children who had more than one placement move during their first year in foster care were more likely to experience placement instability than if they were not moved, or moved once (Webster et al., 2000). Children who had been separated from their siblings were more likely to be older children with extensive placement histories and experience more placement changes than children who were placed with their siblings or in kinship care (Waid et al., 2016). However, a recent review of the research on sibling placements found that although there are moral reasons to keep siblings placed together, the research does not consistently report positive outcomes when they are (DiGiovanni & Font, 2021). Canadian quantitative research found boys are placed in non-relative foster care more often than girls, who are more frequently placed in foster to adopt families, meaning there is an existing plan for permanence. The research revealed that children placed in foster to adopt families are less likely to face a high number of movements, even after controlling for the child's age, gender, and cumulative problems (Chateauneuf et al., 2022).

Factors Affecting Placement Stability

Age was consistently positively correlated with placement instability, meaning older children are more likely to experience placement instability (Rock et al., 2013). Research on gender differences found that males were more likely to experience placement breakdown than females (Webster et al., 2000) and older children were at higher risk than younger children (Cross et al., 2013; Vinnerljung et al., 2017). Cross et al. (2013) also identified ‘behavioural problems’, a history of institutional care, and the number of previous placements as contributing factors. For example, while females may experience a wider and more complex range of ACEs, these experiences in males are often linked to externalising behaviors such as substance abuse, whereas females are more likely to develop internalising behaviours like depression and anxiety (Hirai et al., 2025). This research is in line with research on adopted children, which found that the impact of trauma experienced by the child, may lead to adoptive parents experiencing secondary trauma or compassion fatigue (Duncan et al., 2024; Lyttle et al., 2024). Additionally, the quality of and resources for foster caregiving

impacted placement stability, as did health and mental health issues of carers (Cross et al., 2013; Eggertsen, 2008). Children with clinically significant trauma symptoms were at greater risk of placement instability (Akin et al., 2021; Clark et al., 2020).

Research on types of abuse found that children removed due to sexual or physical abuse had a higher risk of placement instability than those entering care due to neglect (Webster et al., 2000). The strongest evidence linked externalising problems to instability, with qualitative findings indicating that disruptive behaviours were particularly difficult for foster carers to manage, often resulting in rejection and blocked care (Hughes, 2015; Rock et al., 2013).

In South Africa, qualitative research highlighted 'behavioural issues', lack of resources, inadequate parenting skills, and poor carer-child relationships as key factors leading to foster care transfers (Mashiloane et al., 2023). Other contributors to instability included foster carer stress, difficulty managing multiple demands, and financial and emotional challenges (Barnett et al., 2018; Koh et al., 2014). Early research suggested that emotionally involved and stable foster carer provided greater placement stability (Walsh & Walsh, 1990), while support and training for foster carers also improved outcomes (Redding et al., 2000).

Protective factors for stability included older carers, long stable marriages, strong support networks, clear boundaries, and a child-centred approach (Rock et al., 2013). The foster carer's ability to manage a child's developmental needs was also significant (Hartnett et al., 1999) with caregiver stress identified as a crucial factor in Australian foster placements (Osborn et al., 2007).

A US quantitative study found that placement stability was associated with an involved father figure, a high-functioning primary caregiver, and above-average child intelligence. In contrast, instability was linked to highly expressive families and children with more externalising behaviours (Proctor et al., 2011). Carers shared in qualitative research that stressful experiences often stemmed from being unprepared for children's specific challenges, which was seen as a potential factor in placement breakdowns. Foster children, on the other hand, emphasised that an unconditionally caring

and patient parenting style, combined with a strong sense of acceptance into the family, fosters robust carer–child relationships (Rock et al., 2013).

To summarise, there were multiple factors associated with placement breakdown and stability from the review. Older children, males, having a history of mental health issues and a longer placement history were all risk factors for placement instability. Foster carers feeling unprepared for the children's needs, unsupported, stressed and lack of training were all risk factors for placement breakdown. Most of the studies utilised a quantitative design, with a lack of depth and understanding around why these factors make placements more vulnerable to breakdown.

These findings highlight the need for research that moves beyond identifying risk factors for placement breakdown and instead explores, in greater depth, the experiences and perspectives of foster carers who sustain long-term placements.

The Current Study

A systematic review (Rock et al., 2013) highlighted the need for a more elaborate description and understanding of the processes which impact placement stability. Foster carers often feel powerless and stigmatised in their role (Blythe et al., 2012); a challenge that kinship caregivers may not face. These differences among kinship, adoptive, and foster placements have prompted researchers to advocate for further investigation, particularly to determine whether each group would benefit from distinct types of interventions (Schoemaker et al., 2020). A review from Hanlon et al. (2021) highlighted the need to assess foster carer factors which might help with retention, which impacts placement stability.

Foster carer wellbeing and mental health have been identified as key factors for consideration. Increased stress in foster carers is associated with worse outcomes for children, yet there is a lack of literature investigating this (Whitt-Woosley et al., 2020). There is significant literature investigating children in the foster care system; but scarce studies incorporate foster carer perspectives (Thompson et al., 2016). This is a gap which needs addressing, as foster carer experience is a key protective factor which contributes to positive child outcomes (Rock et al., 2013).

Several qualitative studies have explored the challenges faced by foster carers, particularly relating to emotional strain, identity ambiguity, lack of support, and secondary trauma (Bridger et al., 2020; Geiger et al., 2013; Marcellus, 2010). However, these studies utilised qualitative methods that lacked depth, such as open-ended survey responses (Geiger et al., 2013), had a specific focus, such as grief or secondary traumatic stress (Bridger et al., 2020; Hebert et al., 2013), or had a broad focus on the emotional experience of foster carers (Pickin et al., 2011), rather than a focus on placement stability.

Lots of the qualitative research was situated in other countries, primarily the USA, Canada, and Australia. While these studies offer valuable insights, the structure of foster care systems, support services, cultural attitudes toward caregiving, and policy environments differ significantly from the UK (Ng & Indran, 2021). For instance, the role of private fostering agencies, the involvement of local authorities, and systemic challenges within the UK context are distinct (Competition and Markets Authority, 2022).

In the UK context, fostering forms part of the wider system of care for children who are unable to live with their birth families. In England, when a child enters care, their local authority is responsible for developing a care plan that considers their longer-term permanence and welfare needs. Permanence may involve reunification with birth family, long-term foster care, kinship care, special guardianship or adoption, depending on the individual circumstances of the child (Department for Education, 2017). The UK also has a specific Fostering for Adoption pathway, also known as Early Permanence Placements, whereby carers who are approved as both foster carers and adopters may foster a child who is considered likely to be adopted. This enables a child to be placed with potential permanent carers at an earlier stage, while decisions regarding adoption are progressed (Department for Education, 2013).

In the USA fostering context, “Foster to Adopt” schemes are used to achieve permanence for a child, which entails a complex interplay between child welfare agencies with their own mission, system of operations, and organisational decision-making culture, and the courts (Macomber et al.,

2004). There are also financial incentives for adoption from foster care, and the opportunity for families to pay for private adoptions which are not legal in the UK (Argys & Duncan, 2012) research is limited and may have differences that haven't been explored. While UK studies have addressed related themes (Pickin et al., 2011; Sloan Donachy, 2017) these studies had different aims and utilised different, more specific participant samples.

Overall, the literature indicates that placement stability is influenced by an interaction between child characteristics, foster carer factors, the quality of the carer–child relationship, and the wider care system. Quantitative research has identified a range of factors associated with placement instability. For example, Koh et al. (2014) found that caregiver commitment to a child's legal permanence, the absence of a child's mental health diagnosis, and placement with a relative were associated with greater placement stability. Their findings also indicated that the reasons for placement changes varied over time, with system- and policy-related factors accounting for a greater proportion of changes earlier in children's time in care, while foster family and child behaviour-related factors became more prominent over time. These findings demonstrate the multifaceted nature of placement stability, but quantitative approaches provide more limited insight into how foster carers themselves experience and interpret these processes.

Qualitative research provides greater insight into these subjective experiences. Pickin et al. (2011), using photovoice and interpretative phenomenological analysis, identified five overarching themes in foster carers' emotional experiences: 'angry frustration', 'promoting security and well-being', 'an ambiguous life', 'the impact of the children' and 'coping'. Their findings illustrate the emotional complexity of fostering, with carers describing both the responsibility of promoting children's security and wellbeing and the frustrations and uncertainties associated with the role. The theme of an 'ambiguous life' is particularly relevant to the experience of fostering, reflecting the uncertainty inherent in caring for children whose future circumstances and relationships may remain unclear. Pickin et al. therefore demonstrate that foster care is not experienced simply as a set of practical caring responsibilities, but as an emotionally demanding role in which carers must continually negotiate their own responses alongside the needs of the child.

Sloan Donachy (2017) provides further insight into the emotional demands associated with difficult foster placements. Through interviews with six foster carers whose placements had ended, the study explored carers' experiences of caring for children under five who had experienced abuse and neglect. The analysis identified a loss of the sense of self as a central theme, with carers describing the extent to which attempting to meet children's complex emotional and behavioural needs affected their internal sense of themselves and reverberated into their wider relationships. Sloan Donachy argues that understanding placement breakdown requires attention not only to external reasons for a placement ending but also to the internal emotional experiences of foster carers.

The findings of Rock et al. (2013) further demonstrate the relevance of carer and relational factors to placement stability. Their systematic review and narrative synthesis incorporated both quantitative and qualitative evidence and identified a range of factors associated with placement stability and instability. Among the protective factors identified were greater foster carer experience, stronger parenting skills and carers providing opportunities for children to develop intellectually, while externalising behaviour and having multiple social workers were among factors associated with increased instability. Importantly, the review incorporated qualitative research because of its capacity to provide insight into the processes through which placement stability may be facilitated or disrupted.

Even where qualitative research has considered placement stability more directly, there remains limited exploration of how foster carers themselves understand the factors that enable them to sustain a placement over time. Consequently, there remains limited understanding of how foster carers themselves make sense of the factors that help them maintain a placement over time.

There is a gap for qualitative research exploring what helps foster carers continue with placements despite the challenges. Furthermore, there is a need for research that allows for more in-depth exploration of experiences, using open-ended, qualitative methods that enable foster carers to share their unique perspectives, such as through creative approaches. The current research offers a novel focus on what helps foster carers to continue with specific long-term placements, rather than on their motivation to continue fostering generally. The current study utilises semi-structured interviews

and photo elicitation to gather rich, contextualised information on the factors that help UK foster carers continue with placements. This project addresses this gap and aims to generate UK-specific insights to inform support, training, and retention strategies.

Unlike prior studies that have primarily focused on the emotional toll of fostering, this research shifts the lens toward carer resilience and sustained engagement. Incorporating photo elicitation allows foster carers to express their experiences and motivations in a more personal, reflective, and nuanced way than verbal methods alone can capture. This was recognised by a clinical supervisor to be a positive, empowering experience for foster carers as usually they are in meetings and they do not hold power or control. Blythe et al. (2013) highlighted that foster carers are a vulnerable group. Identifying a range of support and resources for foster carers can enhance carer retention and overall wellbeing. These studies also highlighted key aspects of foster carers' experiences and mental health that warrant further exploration in future research. Since successful recruitment and long-term retention largely depend on carers' satisfaction, it is crucial to listen to their concerns and prioritise research into their lived experiences. Doing so can help ensure that foster carers feel supported and valued in their roles, ultimately strengthening the child welfare system.

Aims

The aim of the current research study is to investigate what helps foster carers continue offering a long-term placement. The project aimed to expand and deepen our understanding of what helps foster carers continue with placements. Foster placement breakdown is a huge issue for both young people and their foster carers. There is a large amount of quantitative research highlighting the risk factors for placement breakdown, largely focused on child factors e.g. age and behaviour. The current study aims to explore in-depth, foster carers' experiences of offering a long-term placement and what helps them with this. A deeper understanding will enable professionals to improve support for these families, and in turn better outcomes for children in care.

Chapter Two: Method

Research Design

The present study employed a qualitative research design to explore foster carers' experiences of maintaining long-term foster care placements and what helps them continue through difficulties. The study used semi-structured interviews incorporating participant-generated photographs as a photo-elicitation technique. The data were analysed using Reflexive Thematic Analysis (RTA).

Research Paradigm

The current study is situated within an interpretivist-constructivist research paradigm, which recognises that individuals make sense of their experiences within particular social and contextual settings. This paradigm was considered appropriate given the study's focus on understanding foster carers' subjective experiences of parenting and long-term placements. The current study aimed to explore how participants interpreted and made sense of their everyday realities, rather than seeking objective or measurable truths. The use of participant-generated photographs alongside semi-structured interviews enabled participants to communicate meanings that were personally significant to them. This philosophical position informed the selection of RTA, which recognises the researcher's active role in interpreting patterns of meaning across the dataset (Braun & Clarke, 2019, 2021).

Ontology

Ontology concerns assumptions about the nature of reality and whether reality is understood as independent of human interpretation or as shaped by individual and social perspectives (Braun & Clarke, 2019, 2022). The present study is grounded in an idealist ontology, which assumes that reality is experienced and understood through subjective interpretations rather than being accessible as a single, entirely objective account. Within this study, foster carers' experiences of parenting and placement stability were therefore understood in relation to their personal histories, relationships and social contexts. Participant-generated photographs were not treated as objective representations of reality, but as expressions of what participants considered meaningful within their experiences. Accordingly, participants' photographs and interview accounts were approached as situated representations of their experiences rather than as definitive accounts of an external reality.

Epistemology

Epistemology concerns the nature of knowledge and how knowledge is generated and understood. The present study adopts a social constructionist and interpretive epistemological position, recognising that knowledge is developed through interaction, dialogue and interpretation rather than discovered independently of the research process (Braun & Clarke, 2019, 2021; Varpio et al., 2021). Within this study, participants communicated their experiences through semi-structured interviews, with photographs providing additional prompts for reflection and discussion. The meanings developed from these accounts were shaped by the interaction between participants and the researcher, including the researcher's questions, professional experiences and interpretative perspectives. This position acknowledges that the researcher was actively involved in developing the analysis and that interpretations were informed by the context in which the data were generated. This epistemological position was therefore consistent with the use of RTA, in which the researcher's subjectivity is recognised as an integral part of the analytic process (Braun & Clarke, 2019, 2021).

Participants and Recruitment

Participants and Inclusion Criteria

The inclusion criteria for this study were that participants are foster carers who have signed up for long-term foster care. In England, the term 'long-term foster care' is not defined by a set amount of time, rather it is a plan for a child which needs to meet certain conditions:

- Foster care is the child's plan for permanence, as recorded in their care plan.
- The foster carer has agreed to be the child's foster carer until they cease to be looked after.
- The child's responsible authority has confirmed the arrangement to the foster carer, the child and their birth parents (The Fostering Network, 2024).

Therefore, the researcher added additional criteria that a foster carer needed to have had a placement for 12 months or longer. This was after discussions with clinical experts and the field

supervisor in the project. Because the research aims to explore what helps people continue through difficulties, it was felt that 12 months was enough time to allow difficulties to arise, with early research into trajectories of placement stability showing that most youth experience disruption within the first 6 months of placement (Wulczyn et al., 2003).

The present study excluded kinship carers, as the nature of the placements is different. Research has shown that variables related to the breakdown of kinship care are different from foster care (López López et al., 2011). Kinship placements have different complexities to foster placements, such as generational trauma, existing relationships with biological parents, and different support and expectations around long-term commitments to children within the family (Lin, 2014).

Sample Size

Information power was considered as a guide when deciding the sample size, to systematically consider recruitment, as recommended by Braun and Clarke (2022). Information power considers the study aims, specificity of the sample, theoretical background, quality of dialogue and strategy for analysis to determine an appropriate sample size (Malterud et al., 2016). The study aim was narrow and specific, requiring fewer participants. Sample specificity was broad and there is extensive established theory in the area including research on placement stability and attachments. As such, the current project could be viewed as extending existing knowledge rather than being truly exploratory, which would indicate the need for fewer participants. A sample size of between 10–15 was decided, considering this and recommendations for qualitative research and thesis size (Clarke & Braun, 2013).

Recruitment Process

The researcher approached fostering agencies and local authorities to distribute the information about the study amongst foster carers. Advertisements of the study were also posted in the monthly newsletters of The Fostering Network and the Nationwide Association of Fostering Providers (NAFP). The NAFP group comprises independent and voluntary sector fostering agencies (IFAs). The

email included a poster (Appendix 5) which contained a QR code with a link to the URL to the consent form and Participant Information Sheet (PIS).

Once completed, the researcher contacted participants on their preferred method to arrange a virtual interview using Microsoft Teams. Participants were offered a £20 voucher to reimburse them for their time.

Ethical Considerations

Ethical Approval

Ethical approval was sought and approved by the University of Leeds Research Ethics Committee for School of Medicine, reference 2710.

Confidentiality

Due to the sensitive nature of foster carer and child experiences and histories, it was important to consider the necessary steps to maintain the confidentiality of participants. Further, this was important to allow foster carers to speak freely about their experience without risk of repercussion or judgement from the agency or LA they worked for. Descriptions of participants were kept to a minimum e.g. gender and geographical area. Interview data included was anonymised, changing the names of all foster carers and children to pseudonyms. Quotes were changed minimally if they included identifiable information.

Participants were made aware of the limits of confidentiality, such as disclosing harm or abuse. Their supervising social workers' contact details were held in case of this. If they disclosed harm to themselves, this would be discussed with my supervisors, and they would be directed to appropriate support.

The process and rationale were explained clearly to each participant prior to the interview starting. Foster carers were reminded of this before the interview began. They were also reminded they could withdraw their responses for up to one week after their interview. This information was available to them in their (PISAppendix A) and consent form (Appendix B).

Potential for Distress

It was considered beforehand that participants could become distressed during the interviews, as it included potentially emotional questions around difficulties within placements and experiences of being parented. Participants were informed they could take pauses and end the interview at any point if they needed. Participants also had the option to decline to answer any question if they wished, without giving a reason. I have received clinical training and possess the skills necessary to respond appropriately to participant distress. Participants were also sent a copy of a debrief form after their interview, which included signposting to relevant support should they have needed it.

The PIS contained information about the study, including the rationale and what participants would be required to do. The consent form included information about participants' right to withdraw at any time, confidentiality and anonymity.

Materials and Data Collection

Interview Schedule and Materials

Prior to the interview, participants were invited to bring an image which represents how they have managed to continue fostering a placement that was considered long term as defined within this specific research project.

A semi-structured interview schedule was developed using relevant literature discussed in the introduction in the area. This included, support, experiences of being parented, training and personal qualities. The Interview Schedule can be found in Appendix D.

All participants were asked open-ended questions and were encouraged to speak freely in a non-judgmental environment. This was facilitated through prompts and the knowledge that the researcher was independent from the person’s fostering agency.

The researcher consulted with an expert by experience (EbE) who was an experienced foster carer of over 20 years, who supported with the refinement of the interview questions. The EbE was involved with discussions around what it might feel like to be a foster carer answering questions and

stated it might feel exposing to bring a photograph, however that with notice (provided in the PIS) that foster carers could choose whether to engage in the research process. The EbE also balanced this with discussions around foster carers feeling in control within the interview, and bringing something which is meaningful to them would be a positive experience. Therefore, it was decided to include the photograph within the interview as an opening. The EbE was not consulted after this point.

All participants were asked broad, open-ended questions and were encouraged to speak freely, with care taken to notice and explore any underlying assumptions and implied meanings. This was facilitated through prompts such as 'can you tell me more about that?' and 'can you tell me what you mean by …?'.

Photo-Elicitation

A blended method was used in the current study, using photo elicitation as a technique within a semi-structured interview. Photo-elicitation is a research method that can be used to explore and better understand populations with the method based on the idea of inserting a photograph into a research interview (Harper, 2002). Photo elicitation can be used either stand-alone or as an initial activity to help establish direction and context (Mott et al., 2020). It is a technique which can be adapted by the researcher to use flexibly for their specific project (Mott et al., 2020). A limitation of photo elicitation interviews is that photographs can result in irrelevant responses (Tinkler, 2015), silence the participant or promote lengthy accounts which are irrelevant to the subject of interest (Kyololo et al., 2023). Therefore, to combat this, a blended approach of photo elicitation and semi-structured interviews was utilised.

The use of the participant-generated photographs gives participants control over the conversation and allows them to share what was important to them (Polo et al., 2021). This study utilised a methodology particularly well-suited for capturing the everyday experiences of parenting (Glazer et al., 2025). Research utilising semi-structured approaches alongside the traditional use of photo elicitation has found them to complement each other (Sigstad & Garrels, 2021). The study provided participants with thematic prompts to guide photo-taking, which were then used as

discussion points during interviews. This method balanced participant autonomy with structured areas, facilitating richer and more focused data collection.

Photographs act as a medium of communication between researcher and participant. The photographs do not necessarily represent empirical truths or "reality." In this sense, photographs used in the interview have a dual purpose. Researchers can use photographs as a tool to expand on questions and simultaneously, participants can use photographs to provide a unique way to communicate the dimensions of their lives. The PEI is concerned with the subjective meaning of those images for the interviewee which can disrupt some of the power dynamics involved with regular interviews. The use of photographs can offer insight into what may remain unseen (Bugos et al., 2014).

The use of photographs within interviews has been found to work well with the clinical population of foster carers (Pickin et al., 2011). It supported the data collection with the photographs supporting emotional expression in a way that words alone could not. Within this study, photographs functioned primarily as prompts for reflection rather than replacing the semi-structured interview. Their usefulness varied considerably between participants. Some participants referred to their photographs throughout the interview, using them to structure their narratives and express emotions that may have been difficult to articulate through direct questioning alone. For example, one participant brought a photograph of the child on Christmas Day, which became a powerful way of communicating the joy and emotional connection they associated with fostering. In these instances, the photographs appeared to facilitate richer reflection and supported discussion of experiences that may otherwise have remained implicit. In some interviews, the photographs were less prominent throughout the interview, e.g. one participant brought a picture of family pets as they were unsure what to bring. Instructions for the photo elicitation task can be found in Appendix G.

Interview Procedure

Participants were invited to remote interviews. Interviews were recorded on Microsoft Teams and stored securely following University of Leeds guidance and data protection. Interviews were

recorded for transcription and deleted upon transcription. All names were pseudonymised upon transcription, and any other personal information was changed. Interviews were transcribed both by the researcher and an internal transcriber. Interviews which were not transcribed by the researcher were re-watched before coding to ensure the researcher was familiar with the data.

Researcher Reflexivity and Positionality

Reflexivity

Subramani (2019) claims that engaging in reflexivity strengthens the validity of the research. Practicing reflexivity during this study allowed the researcher to reflect upon their positionality in relation to the research, fundamental in qualitative research (Olmos-Vega et al., 2022). The researcher chose the research area and question, as they have family experience of the care system. Engaging in reflexivity has allowed the researcher to think critically about their own decisions during the research process, e.g. creating the interview schedule and not asking leading questions. The researcher kept a reflexive journal to bring awareness to thoughts and feelings that came up during the research process. This was discussed during research supervision.

Reflexive Statement

Reflexivity in qualitative research refers to ongoing examination of how the researcher's positionality, assumptions and interpretative lenses shape the production and development of knowledge throughout the research process (Braun & Clarke, 2019). Further, Braun and Clarke (2019) state that RTA needs to be implemented within theoretical knowingness and transparency. The ongoing meaning-making that occurs within the interpretation and analysis is context-bound and created within the researchers' own lens. They highlight the importance of researchers locating their stance and acknowledging their position. I have made a conscious effort to demonstrate this throughout the thesis, I felt it would be important to include a statement to represent my own relationship with the research which prompted my motivation to undertake the research.

Researcher Positionality

I am a white woman in my mid-20s. I have previous experience working within Child and Adolescent Mental Health Services (CAMHS) in Manchester, including working with young people living in foster care. I witnessed the impact of developmental trauma on young people and felt emotionally pulled to do more, in a limited system. I have family experience of the care system, with a family member spending most of their childhood in foster care. Their experience included multiple, prompt placement moves for various reasons including separation from their siblings and being placed in busy residential homes. My family runs an independent fostering agency, motivated by the desire to provide better experience to young people within the care system, meaning I am regularly exposed to conversations about this. My elected specialist placement is with an Adoption Service, providing support to families who may be experiencing challenges including blocked care. My role within this is to provide indirect support to the children through consultation and parenting support.

Engaging with participants' responses prompted me to reflect on the motivations for my research, including wanting a better experience for young people in foster care. My family experiences meant I entered the research with a strong belief in the importance of placement stability and a desire to understand what enables placements to continue. This influenced the questions I asked and the aspects of participants' accounts that initially drew my attention. Throughout the analysis I remained mindful that my pre-existing investment in fostering could shape how I interpreted the data.

I noticed I was emotionally drawn towards participants' accounts of joy and reward because they aligned with my motivation for undertaking the research. This prompted me to question whether I was privileging positive narratives within the analysis. My experience within CAMHS and adoption services meant I naturally recognised concepts such as emotional regulation and trauma-informed care. I therefore questioned whether these ideas were emerging from participants' accounts or reflecting my own professional lens. I experienced tension when participants described maintaining placements through obligation rather than enjoyment. Initially these accounts conflicted with my assumptions about what sustained placements. Through reflexive discussion in supervision, I

interpreted these as a distinct aspect of commitment rather than attempting to reconcile them with positive accounts.

I aimed to acknowledge and critically reflect upon my own influence throughout the research process. Reflexive journalling, research supervision and ongoing engagement with the data enabled me to consider how my assumptions, emotional responses and professional experiences informed the development of themes, while ensuring that my interpretations remained closely grounded in participants' accounts.

Data Analysis

Rationale for RTA

RTA was chosen as it provides a rich, detailed and complex account of the data which can help to reflect on taken-for-granted understandings, unravelling the realities, which can be used to explain phenomena (Braun & Clarke, 2006; Braun et al., 2023)).

Other qualitative methodologies were considered, for example, Interpretative Phenomenological Analysis (IPA; Smith et al., 2022). However, it was decided that this would not fit with the current research question as it requires a demographically homogenous group, which would not fit the sample. Although the inclusion criteria were foster carers with experience of long-term placements, there was variability within this such as age, gender, and demographics of the child in care. IPA also uses a dual analytic focus, both focusing on thematic orientation of themes across cases and ideographically, focusing on the unique details of the case (Braun & Clarke, 2021). In RTA, the analytic focus is solely on identifying themes across the data set rather than unique cases, which is why this was decided (Braun & Clarke, 2021). It also allows the researcher to reflect on their experiences, values and how these shape meanings in the research conducted (Braun & Clarke, 2019). This felt important to include within the research, as the researcher has a personal and professional interest in promoting stability for children in foster care settings.

Stages of Analysis

The researcher followed Braun and Clarke (2006) stages of TA which include familiarisation, coding, generating initial themes, reviewing and developing themes, refining, defining and naming themes and writing up. These can be found in Table 1.

Table 1:

Stages of Thematic Analysis (Braun and Clarke, 2006)

Phase	Description of the Process
1) Familiarisation with the data	The researcher immersed themselves in the data, by transcribing interviews and rewatching recordings of interviews. During this process the researcher noted down any initial thoughts and ideas, related to the research question. This has been suggested to support with stage two, coding (Sullivan & Forrester, 2019).
2) Coding	The researcher inserted text boxes onto the transcripts and began writing codes, an example can be found in Appendix F. The researcher took an active role in creating codes, influenced by the research question, interpretive and constructivist approach and the literature explored at the beginning of the study.
3) Searching for themes	The researcher began to organise themes on a separate document with relevant quotes underneath. Some quotes felt easier to connect to themes, e.g. experiences of support. However other quotes had more nuance and took longer to think about and discuss in research supervision. The researcher went back to the transcripts and re-read the quotes in the context of the interview. At this point, the researcher merged duplicate quotes and collated similar codes together.

Phase	Description of the Process
4) Refining themes	In this stage, the researcher processed the information and continued interpreting it in relation to the overall research question. Themes were altered and changed across this part of the analysis. The researcher began to assemble initial candidate themes, which were well defined in the data. E.g. “Support” was a clearly defined theme. Within this, the researcher had subthemes such as “social worker support”, “professional support", "family support” and “not feeling isolated”.
5) Defining and naming themes	The researcher reviewed the name of the themes and checked they appropriately related to the research question. During this stage, subthemes within “support” were combined, e.g. “social worker support” was combined with “professional support” and merged into “professional containment”. The researcher revisited the transcripts to unpick the narratives around these themes and attach meaning to how they answer the research question. The researcher felt the subthemes had similar narratives around feeling contained and held by professionals involved. Themes were developed from semantic to latent. The researcher created multiple thematic maps to help organise the themes during this stage. The researcher tried to explain each theme in a short paragraph, and this aided the process. Miscellaneous themes were kept as a separate category.
6) Writing up	The researcher wrote up the report and themes continued to be amended where necessary. This stage overlapped with the previous stage, as parts of the write up were interwoven with

Phase	Description of the Process
	naming the themes and explaining them. This has been discussed as part of the process from Braun & Clarke (2012).

Chapter Three: Analysis

Sample

Twelve participants were recruited into the study. Participants' genders included seven females and five males. Full demographic information is in Table 2.

One foster carer, pseudonym Fatima, placed refugee and asylum-seeking children and had a slightly different experience as not all of her children spoke fluent English. Fatima's first language was also not English which may have impacted some of the analysis and depth from her interview. One participant, pseudonym Lily, cared for babies and infants up to the age of 5, and adopted one of the babies she was fostering. This brings a different layer of experience, compared to caring for adolescents.

One participant, Carol, is a specialist focus foster carer for children with more complex support needs who have often had previous placement breakdowns. Their team provides more intensive support to foster carers, including more regular supervision and involvement with other professionals involved in a child's care, such as psychologists.

Edward had fostered for over 40 years until his wife passed away and had married participant India who had been offering placements for over two years.

Foster Carers were from a range of locations across the country, including London, Yorkshire, Lancashire and Manchester.

Table 1

Demographic Information of Participants

Participant Pseudonym	Gender	Age Range	Length of Fostering	Length of Longest Placement
Fatima	Female	40-50	14 years	4 years
Jonny	Male	40-50	15 years	14 years
Andy	Male	30-40	5 years	2 years
Jim	Male	50+	16 years	3 years
Emma	Female	50+	10 years	7 years
Nina	Female	40-50	13 years	13 years
Lily	Female	30-40	6 years	2.5 years

Participant Pseudonym	Gender	Age Range	Length of Fostering	Length of Longest Placement
India	Female	70+	2 years	18 months
Shaziyah	Female	30-40	3 years	3 years
Katherine	Female	60-70	20+ years	13 years
Edward	Male	70+	24 years	22 years
Carol	Female	40-50	16 years	10 years

Findings

Analysis of the interview data generated five overarching themes, with subthemes. These five themes are "Support", "Commitment", "Fostering as Family", "Fostering as Joy" and "Therapeutic Caregiving". A visual representation of the themes is provided in Figure 1. Results are presented illustratively, as themes and subthemes, with quotes as examples. Relationships between themes will be discussed within the discussion section.

Theme 1: Support

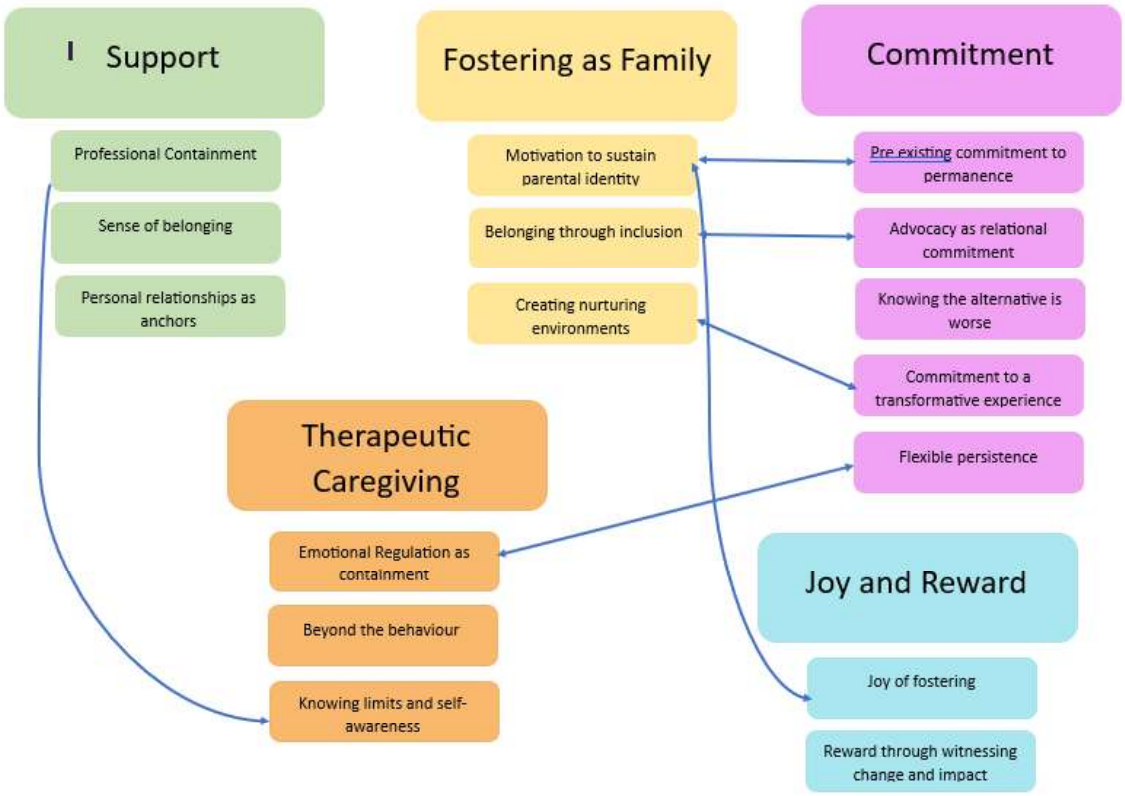
This theme encompasses foster carers experiences of support, which were fundamental to being able to continue offering placements. I constructed three subthemes within this, "professional containment", "sense of belonging" and "relationships as anchors". Foster carers described a range of support, including professionals involved with the placement which formed the first subtheme, professional containment. Foster carers felt support provided them with a sense of belonging, in a typically isolating profession. This formed the second subtheme, sense of belonging. Having relational support to provide both practical and emotional support was essential to maintaining foster carer well-being, and in turn continuing with placements. This constructed the third subtheme, relationships as anchors.

Subtheme 1.a: Professional Containment

Support from professionals provides a sense of being held and guided, allowing foster carers to manage the challenges that come with parenting a child who has experienced attachment trauma. Multi-professional input (e.g. from schools, psychologists, personal therapists and social workers) contributes to support for both child and carer.

Figure 1*:*

Thematic Map



Jim described how having a social worker recognise his family were struggling and needed respite support was crucial to them being able to continue with the placement.

"It helps massively. And, you know, just social workers recognising moments of, um, instability within placements. And like going back to that lad, em at the time when he was being so em, on a, such a destructive path. It, having two social workers that were recognising that this family just needs some respite helped us keep going, you know?" (Jim).

Emma described having professional support such as an Educational Health Care Plan (EHCP) in place, and Child and Adolescent Mental Health Services (CAMHS) to support their child helped them get through.

"He had an EHCP already sorted and he was also under the care of CAMHSk, which is a specialist children's one. On a weekly basis. So, so he did come with supports in place, so to speak, which was which was helpful in the first few days actually getting us through what we couldn't believe was happening." (Emma)

The foster carers felt contained by having other professionals involved with the care. By having an EHCP in place, the child's educational needs were being met at school and by having specialist CAMHS involvement, the child's mental health and wellbeing needs were being met. This allowed the foster carers to provide care as they felt supported.

Reflexive Box

Participants reference to joined up care and having multiple sources of support linked with ideas I have from my clinical work across CAMHS and Adopted Children's services. My experience is that people often feel more contained when there are professionals involved, working collaboratively. I have seen the benefit for families of having an Education Health Care Plan (EHCP) so it is likely these ideas resonated with me. I was cautious to not overinterpret the meaning I placed on these quotes, re-visiting what clients had stated rather than my own ideas.

"Yeah. I used to write emails to my social worker at midnight. Every night [laughs] and he'd delete them in the morning. It was my way of just like, I can't do this anymore. This child is driving me crazy. Em the risks are too high. Em … And then he'd read them in the morning. Then he'd say, "what do you want me to do?" And by the morning, you know, you're fresh again. And he would say, "all right, I'll just delete it." So, it became like a, a safe therapeutic space. Because, you know, sometimes as a foster carer, if you write an e-mail, it goes on the system. And then they hold it against you." (Katherine)

Katherine described having a safe space with her supervising social worker, where she explained being met with a non – judgemental approach. This allowed her to offload her stress at a time when she felt she could not continue, whilst being met with a nurturing and empowering response of "what do you need me to do to support you in this moment?". Knowing she had this space enabled her to continue offering placements despite the stressful elements she was experiencing.

However, one participant reported feeling irritated by all of the "professional intervention".

"Just let us be parents...I don't need all the meetings, I don't need the training, I don't need to be recording everything., I don't want a huge amount of intervention. You know, or help. So just leave me to it." (Andy).

Andy's experience did not fit with the majority of participants interviewed, however raises an interesting perspective on how sometimes too much professional involvement could feel undermining or irritating to an experienced foster carer. The professional support he was offered did not fit what he needed, therefore there was a lack of attunement between him and his social worker.

Professional containment influenced a later subtheme, "knowing limits and self-awareness" which is explained within the discussion.

Subtheme 1.b: Sense of Belonging

Emotional validation from and connection with other foster carers and family members counteracted isolation and aided motivation to continue with the placement. Feeling connected mitigated isolation and fostered self-efficacy that countered feelings of inadequacy or shame. Foster carers must maintain confidentiality of the child's information, which can lead to them feeling alone with issues non foster carer friends may struggle to understand. From the below quotes, I understood fostering as a unique and isolating lifestyle. Being unable to speak to friends about it accumulates the stress foster carers are under. Having people in their lives who understand and can offer validation helped them to continue the placement. Foster carers also described that this was impacted by COVID-19 and the virtual trainings, meaning they were meeting fewer carers face to face and having these discussions.

"I think it, I think having people around you that you can talk about it too makes you realise you're not on your own. I think it also quite often reinforces that you're doing the right thing. Or it gives you other options. You know, people will say have you tried this. Have you done this? Have you done that? But the main thing is it makes you feel as if it's not just you. You don't feel isolated because it is quite an isolating occupation." (Nina).

This quote shows how having those relationships with people can boost morale in foster carers, and how being isolated is a detrimental factor to continuing with placements, as carers don't have the same sense of belonging and community that they did pre-COVID. Nina stated that having suggestions for how to support the child is helpful and having people to tell you that you're doing a good job is fundamental for motivation. Nina discussed how the impact of the pandemic has impacted upon this.

"Since COVID, everything's gone online. We don't do the training and the meetings together that we used to.. you don't see anybody, you know there isn't there isn't a base like they used to be...that's why a lot of them leave, because you've not built up relationships with people that can help you." (Nina)

Shaziyah highlighted how having this sense of belonging and relationships with other carers is fundamental to her wellbeing and continuing with placements.

"having support groups...it's just a bunch of foster carers that have all experienced the same kind of thing...just the wealth of experience and being able to say something and feel related to... have that safe space...some issues you can't just pick up the phone and rant to your friends. Because it's confidential... It can feel very tricky on who you can and can't talk to... having other foster carers that are confidential and have confidential meetings really helped." (Shaziyah)

Subtheme 1.c: Relationships as Anchors

This subtheme illustrates how relational security can ground carers and sustain resilience. Strong personal relationships outside fostering provide stability, allowing carers to emotionally "reset" and persevere. Family support redistributes the emotional and physical demands of fostering, protecting carers from burnout. By doing this, relationships acted as an "anchor" for the foster carers, as a safe space they could return to. Edward described *"as long as you've got a bit of stability, it's, you can always take the knock backs because you've got that kind of anchor of the loving family, yeah"* (Edward).

"like I said, when we've hit those bumps in the road, our relationship has been strong enough to to get through them and over them and reflect on them. And become stronger and more resilient for the future, really." (Jonny)

Edward and Jonny both described how their relationships were central to them being able to cope with the challenges of fostering. Edward described having a loving family as his anchor, and Jim referred to his marriage. I interpreted Jim to mean that no matter what the challenges of the placement were, he could continue offering it because he had a relationship which was strong. He described utilising it to reflect on the placement and challenges, which allowed him to continue offering a placement.

"the reason I chose to bring a picture of my family is because it represents what fostering should be and what helps with long term. So first of all, it's the family around you and the support you get because you do, you need support. And secondly, it's doing things with the children that the children like to do." (Fatima).

Fatima described benefitting from family support and relationships, which I interpreted to mean by having them around was allowing her to continue with the placement.

Theme 2: Commitment

This theme of commitment encompasses a range of experiences and values of a foster carer. Firstly, an initial commitment to permanence before entering into a placement. These foster carers showed intention to have a long-term placement, which altered the way they viewed their roles as non – negotiables which sustained placements. Secondly, advocacy as relational commitment was something I noticed within certain interviews. Foster carers had a deep relational commitment to the child which was enacted through protecting the child in their care and following through on their word. Knowing the alternative is worse was a theme that sat under commitment, however, is slightly different to the other subthemes in that it is not an ideal place for foster carers to be. Foster carers at times felt unable to leave due to a moral dilemma, knowing a child would be worse off without them. Commitment to providing a transformative experience came from carers' own experiences of being parented, and this acts as a motivator to provide a different experience for a child in their care. Finally,

flexible persistence represented a way of parenting which was changeable, carers could remain committed and persevere with placements whilst adapting their approach and parenting to meet the needs of the child.

Subtheme 2.a: Pre-Existing Commitment to Permanence

This theme highlights how before the child arrived, foster carers intended to offer a long-term placement. I felt it was a personal value of the foster carers to endure the challenging times of fostering.

Carol had a strong sense of certainty in her commitment. I interpreted this to mean that for her, the placement is not a negotiable role, rather it is a fixed responsibility. Her commitment was established from the start of the placement and breakdown is not an option for her.

"I: have there been times then when things have been close to breaking down with this long-term placement? P: Never! I: Why do you think that is? P: Because that's, that's the role I went into. And I knew, I knew from the start what I was going into. But that's, that's what I do! And that's the focus thing, you know, like when they've been moved quite a lot. You're coming here! And that's it." (Carol).

Further, quotes from other participants such as *"Then at Christmas and he, he asked me at 7 years old where, where will I be next Christmas? Because he'd never been at Christmas in the same place twice. So, I went "you'll be here"* (India). I interpreted this to show how carers view fostering as a role that inherently requires perseverance. Viewing it in this way may protect against breakdown by actively countering a child's previous experience of breakdown.

Also, *"we knew that we didn't want to just provide a bedroom for a child. We wanted a young corner as young as possible, but not a baby, or we could take through to adulthood."* (Jim). By rejecting the idea of providing a bedroom for a child, their approach is different to a temporary or task-focused role. To these carers, fostering is an ongoing relational responsibility, where Jim had the personal desire and motivation to be emotionally committed to a child through to adulthood.

This subtheme had a bi-directional relationship with subtheme 3a: motivation to sustain parental identity.

Subtheme 2.b: Advocacy as Relational Commitment

This form of advocacy reflects a deep commitment to the child, which stabilises placements through deepening the emotional commitment. Foster carers take an active responsibility for protecting the child, enacted through daily actions such as speaking out and following through, which support the relationship between foster carers and their child, which in turn supports the placement continuing. It is demonstrated through an internalised commitment to the child, ensuring trust, meeting needs and protecting them. This may strengthen the caregiving relationship as adults have positioned themselves as a dependable person in the child's life, crucial to relationship building, which buffers against placement breakdown.

Participants described themselves as reliable people in their child's life, *"I think that I have been someone who's never let him down, who always does what she says and that no matter how difficult it is if I've said that I'm going to do something, I will do it"* (Emma). Emma's focus on doing what she says shows how advocacy is not only about speaking up for the child but being a dependable presence. My interpretation of this was that strengthening the child's sense of security reduces the likelihood of breakdown, as it strengthens their relationship.

Further, another participant *"I'm quite an emotional person, as in I want everything to be, if that child is in my care. You know I'm, I'm going to care for it to the best of my abilities. If something is not right for that child I will speak out."* (Lily). This quote shows Lily's willingness to actively challenge situations which are not in the child's best interests. My interpretation is that advocacy and commitment are not optional, but a moral responsibility inherent to the role.

"I'm always making sure that this child is safe…looking after this child. And I'm hoping they're coming from the same direction as well. I think that's the only time I would probably cross with somebody on that. If they're not coming on that whole, pushing in the same direction to support that child and look after that child. Keep that child safe" (Jim).

Jim views advocacy as a shared commitment between professionals. He sees is that everyone should be advocating for the safety of the child, and without this, can cause conflict as it goes against his morals and duty as a foster carer. It felt like a protective stance, which requires emotional investment in the wellbeing of the child placed with them.

Subtheme 2.c: Knowing the Alternative is Worse

This code captures how foster carer endurance is justified through imagining worse alternatives. This means the foster carer feels unable to leave, through moral reasoning. Rather than continuing with placements out of choice, foster carers describe a moral dilemma where ending placements felt impossible due to the consequences for the child. The accounts suggest that foster carers sustain placements through initial commitment, but also through ongoing moral evaluation of a potential alternative life for the child. There was a tension described between difficulties of continuing, often resolved through prioritising the child's needs over their own.

For example, Emma's account, *"but the alternative lives for him were just so bad I couldn't live with myself"*. Emma showed how she has an internalised responsibility for the child. Further, her reference to not being able to live with herself, I interpreted that as to her being a "good carer" is being a committed carer. In this case, commitment is morally bound.

Also, Lily's quote of *"I'm the only person that represents this child's mum…I can't not be that"* (Lily) shows how commitment is constructed through a sense of irreplaceability. I further interpreted this as if a foster carer feels they are irreplaceable to a child and therefore has a deep sense of commitment to the child and the continuation of the placement. This limits the possibility of ending the placement, to view herself as a representation of the child's mum has a large emotional weighting on the foster carer as they are aware of the child's history and have a sense of duty for them.

Some foster carers were aware of residential homes as a potential alternative for their child, *"the constant revolving door… it's horrific… the alternative… has had a huge impact on our decision to keep it going"* (Andy). His description of the alternative felt emotional and powerful for him, strengthening his motivation to maintain the placement. Ending the placement would mean returning the child to instability, which he (referring to the child) had previously experienced.

Subtheme 2.d: Commitment to Providing a Transformative Experience

This code reflects how foster carer's personal history shapes commitment to offering a nurturing experience for children and not giving up on them. It is influenced by their own experiences of being parented, which shaped their caregiving values. Within this, foster carers reflected on their own upbringing and experiences of rejection or emotional distance and consciously parented in a different way. I interpreted this to mean that foster carers draw on their past to actively shape how emotionally invested they are with their children.

For example, one participant described the contrast between her own experiences and what she provides for the children in her care: "*my parents rejected me…my children won't have that rejection"*. (Katherine).

Similarly, India's adverse experiences as a child had motivated her to provide something different: *"I never told anybody how unhappy I was as a child. And I think just thinking... it could have made my life better if somebody had have been there for me. And it's just that, like the sticking power of having someone in your corner"* (India).

I interpreted this to reflect a transformative experience, where commitment is strengthened through a strong emotional desire to protect children from emotional harm. This is deepened as the carer has their own personal experience of feeling rejected, and links placement stability through not wanting another child to feel the same way. It felt as though Katherine and India were motivated to remain emotionally available and accepting of the child, and any inherent challenges that come with fostering. They both chose to be foster carers due to this, and in this way their own past experiences influence their approach to fostering.

For Jonny, this was a conscious process, as he described a deliberate decision to prioritise nurture over "hardness". As part of an intentional shift in parenting values, he had re-evaluated his beliefs about and experiences of caregiving, reflecting it is different with children living in care:

"Not just being hard like my parents may well have been…You know, because the world is hard. And it's not! It's recognising that…It doesn't need to be like that. And these children, you know, the children need to be nurtured." (Jonny).

There were also similarities in Shaziyah's experience: *"I would say even before I had these children, before these children, I had to consciously decide that I wasn't going to parent the way that I was parented"* (Shaziyah). I felt these were similar ideas around foster carers being motivated by their own negative experiences of being parented, to "do things differently" by offering a positive experience for their children. Commitment to the placement occurs through a desire to provide a positive, correctional and relational experience.

There was a bi-directional link with subtheme 3c Reproducing and creating nurturing family environments based on past experiences which will be discussed later.

Subtheme 2.e: Flexible Persistence

This theme captures both the stubbornness and perseverance of foster carers, combined with descriptions of not digging their heels in. Foster carers are flexibly persisting with placements through adapting their expectations and responses to meet the needs of the children in their care. It enables carers to remain committed during difficult periods while avoiding power struggles or relational breakdowns that can arise from inflexibility. Foster carers remain determined to continue with the placement whilst adapting to the child's needs.

Katherine and Nina described their persistence and determination through stubbornness within fostering:

"I don't like losing a challenge… every child deserves a home." "Fostering is… being stubborn. It's being resilient. It's being determined… to be the voice of the child…" (Katherine).

"I don't. I don't like giving up. So I wouldn't like giving up. I wouldn't like to feel a failure. If I'm going to do something, I'm going to do it to the best of my ability." (Nina).

However, this persistence was not described as inflexible or authoritarian. Nina explicitly rejected rigid caregiving, which I interpreted as an adaptive approach, where maintaining the

placement involves compromising and working with the child's autonomy. Andy described an attuned style in which he can adapt his parenting to meet the child's needs. Integrating both persistence and flexibility appears to function as a mechanism for avoiding escalation and preserving the relationship.

"You can't dig your heels in… they're entitled to what they want… you can only help them do it safely." (Nina)

"Knowing when to push, when to pull back, when to comfort, when to put in a boundary…" (Andy).

Theme 3: Fostering as Family

Fostering as family was created as a theme which highlights how foster carers redefined what it meant to be a family and how their appraisal of their own role and the child helped sustain placements. Firstly, motivation to sustain a parental identity and continue parenting a child motivated foster carers to continue with placements. Cultivating belonging through inclusion represented how foster carers were inclusive and created a sense of belonging within their children, which supported placements.

Subtheme 3.a: Motivation to Sustain Parental Identity

Some foster carers viewed their role as an extension of their parental identity, describing a desire to continue being parents and position the child as part of their family rather than a formal, temporary arrangement. Quotes from Lily and John both show how having "empty nests" motivated them to offer placements as a way of continuing family life and their roles as parents:

"we weren't ready to stop being parents and become redundant" (Jim).

"after having our own children who reach the ages of I guess 20, 18 and 8, we decided that fostering would be something that would be good because I love being a mum, he loves being the dad and you know, we just enjoy family." (Lily).

Reflexive Box

These two subthemes were originally merged together as one, "family belonging" subtheme. However, when describing the impact on placement stability and the link to the research question, I felt that parental identity was different to creating a sense of belonging within the family. Parental identity felt more intrinsic, whereas creating a sense of belonging and an inclusive family felt like a practice/act. Therefore, it would make more analytical sense to keep them separate.

This theme also has a bi-directional influence with subtheme 4.a: Fostering as Joy, which will be discussed later.

Subtheme 3.b: Cultivating Belonging Through Inclusion

This sub-theme is about how the relationships within the family develop from a child being placed with a family-to-family membership and belonging.

Foster carers described viewing their children as family members, *"And those girls are my girls. They're still living in my house 22 years later"* (Edward). *"I can't see…me ever being done with this placement, no matter what challenges we face…they are family in my eyes,"* (Shaziyah).

Further, this involved the act of including them in decision making *"In this family we don't make decisions without talking to the children. Listen, this is what we're thinking of. What does everybody feel?"* (Andy). Also using inclusive language such as *"And we use the term this house a lot…In this house, we don't do this"* (Katherine).

I interpreted this as a practice which included the child in the family and contributed to a sense of belonging and value within the family. It felt like the children had equal "membership" to a team where their opinions were valued. I felt this contributed to placement stability by creating a sense of permanence for the child, in making them feel valued and secure could contribute to a more reciprocal, positive relationship between child and foster carer.

Subtheme 3.c: Creating Nurturing Environments

This code captures how foster carers intentionally provide opportunities for children to experience positive memories, nurturing relationships which shape the emotional environment of the placement based on past experiences. Carers provided these environments, which included safety,

support and connection. Their own experiences of being parented and receiving care informed their internal working models of care, by establishing beliefs around what it means to be a good carer. Foster carers described transferring their own family values to the children in their care.

"we give them as much as we can…not everybody has that and I just … I like to give, give to children, you know, what they may not have had…positive memories and nice things for them to remember." (Lily). By creating consistent and positive experiences, carers may help children develop trust and a sense of belonging within the placement.

"I always felt safe…just not everybody's experience…I think that that is something that we recognise as really vital for children and young people to have a safe environment, to learn about themselves and to not have to feel worried or unsafe" (Emma).

Emma described the importance of safety in her own childhood and how this shaped what she feels is important for the child in her care. I interpreted this to reflect how Emma has had experience of a safe base, to explore the world and develop her sense of self, which has in turn allowed her to provide a safe base for the child in her care. This impacts placement stability as safety can have a positive impact on the bond between parent and child, and shows she is invested in the placement as a long-term relationship.

Further, the original motivators for starting fostering and how these qualities such as patience and receiving this from parents maintain foster carer ability to continue with placements *"The reason I do all of this is because of my mum's patience with me…the patience she showed with what I was doing…how she never gave up…whilst knowing that she was always there…that had a big impact on"* (Andy).

Foster carers were drawing upon familiar caregiving experiences with the children in their care, this was a positive experience for them. This was interpreted to reinforce the stability of the placement as it allows the relationship to endure challenging times.

Reflexive Box

These codes have developed from combining codes which had the same underlying meaning, e.g. wish to offer a family and wish to include a child in family life to "motivation to sustain parental identity". I spent time reflecting on the underlying meaning of what participants were saying, and how this linked to their desire to be a foster carer and what the placement would look like.

Theme 4: Joy and Reward

This theme captured how foster carers describe positive and fulfilling emotions related to fostering. Joy of fostering came from everyday moments and interactions, and reward was linked to seeing change and progress over time. They both support placement stability through meaningful and enriching processes.

Subtheme 4.a: Joy of Fostering

This code captures how for some carers fostering is a joy, and that is what has motivated them to keep doing it as they have enjoyed it and it has enriched their lives.

"I've had a great journey...has been a fantastic experience for me and my late wife. These two kids enriched our lives more, more than ever. We've helped them. They enriched our lives." (Edward)

Edward's quote describes how fostering is reciprocally enriching; he was helping children but gaining enrichment and enjoyment from having them. Fostering was adding value, meaning and purpose to his life.

"I enjoyed thoroughly that I'm helping someone, you know. I, I'm giving some time, care, safety, love, protection. It actually brought happiness in my house to be honest. [Laughs] especially with the small children." (Fatima).

Fatima's quote highlights how fostering brings feelings of joy and fulfilment. Her description of the children *"bringing happiness"* suggests she experienced her role as a foster carer as enjoyable. My interpretation is that this enhances foster carer wellbeing, by feeling like they are doing a "good" job and getting joy from their work. By enjoying fostering, it links to placement stability as it moves

away from something to "endure" and moves towards a more positive experience and what foster carers can gain from caring for children.

"this is the photograph at the moment…That's Liam. I mean that that you can see that smile on his face… And to say it was love at first sight, will probably just about hit it on the head." (Jonny).

Jonny's quote was in response to the participants bringing photographs which represented what helped the placements continue. Jonny brought a photograph of the child, drawing attention to his smile and describing the relationship as "love at first sight". I could see the joy on Jonny's face whilst he showed me the photograph and described his journey with their child. I interpreted this to mean that joy in fostering came from small moments, such as seeing their child smile and having photographs of them. It felt that foster carers had a strong, positive emotional reaction such as joy when they were describing their child or fostering in general. This links to placement stability as it could be motivating for the foster carers to continue with placements, as it brings happiness and fulfils their life.

Subtheme 4.b: Reward Through Witnessing Change and Impact

This theme captures foster carers seeing the difference in the child, and that helps them keep going. They can compare how the child has changed and developed from when they first arrived, and it is that which contributes to motivation to keep going.

"I: What helps you carry on when times are tough? P: also the child himself. See how he's changed and people have said that, but I think a lot of it is down to his resilience, his decision, his journey of understanding about more about his birth mum and not seeing, not seeing me as a rival.. you know, he's a real character now he's known all around the area." (Emma).

"seeing the change in them in the last three years is, is worth every, every bit of effort you have to put in. The change and the, the confidence. And the ability to speak up and say when something's not okay. All of that stuff is so empowering to see. And just makes you want to do it. If I had a big enough house, I would have 50 plus children if I could." (Shaziyah).

"it's good to look back at where you were when they first arrived. And, and realise that things have progressed because of you and the effort that you've made. So, that really helps me when I'm struggling."

"And I can see the difference. I can see the difference the day he came in my house. And the, the day he is leaving." (Fatima)

These quotes describe how they keep going with placements because they can see what they are doing is making a difference. I interpreted this to mean that placement stability was supported by foster carers who find their efforts rewarding. Reward ultimately sustains motivation over time, and could potentially buffer against stressors, encouraged sustained investment in placements. Being able to reflect upon their progress serves as an important emotional resource to foster carers.

Reflexive Box

I noticed a strong emotional engagement with participants' accounts of joy and reward in fostering, which resonated with my own motivations for undertaking this research and my interest in highlighting positive fostering experiences. I felt invested in doing justice to these narratives, which may have drawn my attention more strongly to themes of enjoyment and fulfilment. It contrasted with earlier literature I had read using harmful language to describe children living in care, which reaffirmed my alignment with these narratives.

However, this contrasted with other accounts where carers described continuing placements due to moral obligation or lack of choice. Reflecting on this tension helped me to remain attentive to both the positive and more complex, emotionally demanding aspects of fostering, recognising that placement stability may be sustained through both enjoyment and a sense of duty.

Theme 5: Therapeutic Caregiving

This theme captures how foster carers enact a form of therapeutic caregiving through their everyday interactions, which actively sustains placement stability. This "therapeuticness" is constructed through foster carers meeting and understanding their children's needs. Foster carers described drawing on skills and internal resources such as emotional regulation, looking beyond a behaviour with a compassionate understanding, using their own internal resilience and knowing their own limits. These processes help to de-escalate, enhance the relationship with the child and enable

carers to manage. This theme highlights that placement stability was supported by carers' capacity to enact therapeutic, adaptive responses within the caregiving relationship.

Subtheme 5.a: Emotional Regulation as Containment

This subtheme reflects how foster carers managed their own emotions, to create space for the child's emotions. This included being accepting of emotional distress, welcoming it and supporting the child to work through their experiences. By maintaining a steady and predictable emotional presence, carers created a sense of safety that reduced the likelihood of conflict escalating to a point where placements might be at risk. Carers also described using humour and playfulness to diffuse situations, which I interpreted to be helpful and emotionally containing for children in their care.

"She just had that knack of making everything quite playful… he'd be stood there with his finger up… and she'd be singing and smiling… then it became a game…" (Jim).

Jim describes his wife as not correcting or confronting the behaviour. As a family, they used playfulness to diffuse situations and remain connected with the child. I interpreted this as them reshaping interactions to become positive, which reduces the likelihood of escalation.

"Don't sweat the little things… they don't matter… why have we got this hang up about swearing?"

(Nina)

"People say I'm very patient… I don't tend to get stressed, I just get on with things." (Lilly).

"To be calm, patient, listen to the child rather than dictate…" (Shaziyah).

Here, foster carers are positioning themselves as emotionally steady and predictable caregivers. By doing this, carers are able to absorb strong emotional reactions without contributing to an escalation of distress with the children in their care. Further, foster carers describe "picking their battles" approach, e.g. Nina with the swearing. Instead of rushing to be corrective and punitive, foster carers are able to cope with certain behaviours which others may find stressful. I interpreted this to be a helpful relational stance as it allows children to express their needs whilst remaining accepting and calm.

A small number of foster carers described how their own experiences of adversity shaped their capacity to remain emotionally steady and optimistic within challenging placements. I interpreted this as a form of resilience that underpinned emotional containment, where past hardship was utilised as a resource for managing present emotional demands.

"there's very little I haven't experienced…marriage breakup..immigration…I didn't know there was a benefits system..I just fought my way back up to where I needed to belong. But I think that's what, that resilience, it's em, it's what keeps you going." (Katherine).

"*When I look at hardship now in a way that is temporary…you might be, you might be suffering at the moment, but it will get better…there's an incredible amount of optimism there. I transfer a lot of optimism to these kids. You might be experiencing a bad moment now. But yes, come on, we can sort this out. We can resolve it. You know, we can get this, make this a better moment or a better day…They might, they might be experiencing sadness in the day, em at that moment, but they, you know, they do want that joy.*" (Jim)

For example, Katherine described a history of significant personal challenges, including relationship breakdown and migration difficulties, which she framed as contributing to her "resilience" and ability to keep going. Similarly, Jim positioned hardship as "temporary," describing how this perspective enabled him to maintain optimism during difficult moments with children and to "transfer" this optimism into interactions, offering reassurance that "we can resolve it." I interpreted this to sit within emotional containment as they are able to draw on their own personal experiences as a strength to sustain placement stability.

Subtheme 5.b: Beyond the Behaviour

This theme captures how foster carers were able to see beyond typically "bad" or "challenging" behaviour. This was through the ability to make sense of how the child may be feeling. Foster carers were able to consider the child in the context of their early experiences, which allowed them to not become offended or attach personal meaning to what was happening. This knowledge and practice allowed foster carers to remain empathetic towards the child and protect the relationship from rupture. This theme was developed through training, and is not necessarily intuitive.

"You look at that and analyse that… how he must feel…" (Jim).

Jim's account reflects an active process of interpretation, where behaviour is linked to the child's internal emotional experience. This is met with compassion and empathy from the foster carer which I interpreted to be a key part of this theme.

"What an average parent might see as bad behaviour… we're overwhelmed… what's going on?" (Shaziyah).

Shaziyah contrasts her approach with that of an "average parent," positioning her responses as informed by an understanding of underlying distress. I interpreted this as demonstrating how trauma-informed knowledge is a crucial component of therapeutic caregiving.

"Look at what's behind the behaviours… the children are not the behaviours." (Lily).

This quote further reinforces the separation between the child and their behaviour, which I interpreted as central to maintaining empathy and avoiding punitive responses.

"It isn't something I may have done… this could be a way before I was involved…" (Shaziyah).

"This isn't about you… they're in a really difficult situation…" (Andy).

I interpreted these quotes to sit within the same theme, as by foster carer having the trauma informed knowledge, being able to mentalize the child's distress and remain empathetic, they are actively not taking it personally. Depersonalising behaviour reduces blame and shame. I interpreted this as crucial for sustaining placements as it protects the foster carer-child relationship. Reflective functioning and maintaining empathy is scaffolded by trauma informed training.

Subtheme 5.c: Knowing Limits and Self Awareness

In this subtheme, I conceptualised foster carers' awareness of their own limits as a form of self-regulation directed toward sustaining the role over time. Foster carers described recognising when situations became overwhelming and taking steps to manage this, including seeking support or setting

boundaries. This is a necessary, protective strategy of foster carers offering long term placements. I interpreted it as a protective mechanism against burnout and protecting the relationship with the child in the moment. I felt that therapeutic caregiving was extended to the foster carer themselves. Similarly to Subtheme 5b, the current theme of knowing limits and having self awareness was strengthened through training such as compassion fatigue.

"Being vocal when it feels a bit much… I need a day off… making sure I'm not drowning." (India).

"If that gets worse, I don't think I'll be able to continue." "You need to know what you can deal with and what you can't." (Carol).

These quotes show foster carers being aware of their own limits and boundaries when it comes to either taking time off, or what they feel they are able to cope with behaviour-wise. Further, being able to vocalise it and asking for support is protective in sustaining placements as they are less likely to get to a point of breakdown. This is where the subtheme links with Subtheme 1a (Professional Containment). Having an open, supportive relationship with a supervising social worker enabled this, such as India feeling able to say when she needed a break and that demands felt too much for her.

"You can only go so far… you have to come back to the core self…" (Edward).

Edward describes the need to protect himself from situations that may be personally triggering. I interpreted this as highlighting how carers draw on their own boundaries to sustain their involvement. Foster carers would be unable to do this without a level of self-awareness and having reflected upon their own experiences and emotions. It involves both responding to the child, but taking care of themselves and their own emotional needs in order to sustain a placement.

"The compassion fatigue helped me understand that what I was feeling was normal… needing to step back… which helps you continue in the long run." (Emma).

"The training really helped me manage those feelings and recognise them." (Karen).

These quotes show how foster carers felt validated in their experiences of feeling burnt out of compassion fatigue through training. Having their experiences framed as "normal" and having a space to reflect was a protective factor contributing to placement stability. I interpreted this to mean that when their experiences were normalised, it would be less likely for them to feel incompetent and incapable, likely contributing to a self efficacy and confidence in ability to continue.

Reflexive Box

I did consider whether this subtheme would sit better within theme 1, "support". Although part of recognising their own limits involved seeking support from others, it felt larger than that with a large part of it involving care towards themselves and recognising what they need in the moment.

Chapter Four: Discussion

The current study explored what helps foster carers sustain long-term placements. The findings suggest that multiple factors help support placements, including external support, foster carers' internal commitment, seeing the child as part of the family, experiencing fostering as joyful and therapeutic caregiving practices. These themes support foster carers in managing challenges which can come from fostering. Each theme will be discussed in more detail in relation to what it means for the research question, embedded in relevant literature. Strengths, limitations and clinical implications will also be discussed.

Support

The first theme, support, helped foster carers sustain placements through an external mechanism of making them feel "not alone". Multiprofessional involvement, such as school support, psychologists, social workers, and therapists, offered "professional containment". Having distributed responsibility and multiple specialist opinions reduced the emotional burden on carers. Foster carers also benefited from having their own non-judgmental space as part of this. If the foster carer is scaffolded by multiple professionals, both for the child and themselves, when challenging situations may arise, they feel more equipped to cope. Further, their own personal relationships acted as anchors, a relational safe base they could use to help them persevere.

Professional Containment

Social work support is consistently identified as the first line of help for foster carers, although the value of specialist advice is also widely recognised (Triseliotis et al., 1995). Qualitative research by Samrai et al., (2011) on UK foster care found that professional relationships between foster carers and social workers are particularly important. Similarly, research by Sinclair et al. (2005) found that foster carers reported greater satisfaction when they received more regular visits from their social worker. Foster carers consistently reported teamwork, respect and access to efficient practical support from their case workers as factors which supported their retention (Gibbs et al., 2000).

UK research more broadly indicates that support plays a key role in promoting "placement success," defined as the continuation of a placement alongside evidence of positive outcomes for the

child, including well-being, the absence of mental health difficulties, educational attainment, and the achievement of placement objectives (Samrai et al., 2011). Within this, foster carers consistently identified the quality of their relationship with supervising or link workers as a significant factor influencing placement stability, with confidence in service agency professionals being crucial and negative relationships linked to discontinuation of fostering-(Gibbs et al., 2000; Randle et al., 2017; Rodger et al., 2006).

Support has also been highlighted as a crucial factor in foster carer retention and recruitment, as well as in reducing the need for residential placements, all of which impact placement stability (Beecham & Sinclair, 2006). This support is required to be both practical and emotional in nature (Gibbs et al., 2000), including responsive communication, such as returning calls, and maintaining honest and open dialogue. In addition, community-based support has been identified as important, with foster carers valuing assistance in accessing educational and mental health services for children in their care (Brown, 2008).

Despite the well-established literature emphasising the benefits of support, many foster carers perceive the support they receive as inadequate, unfulfilling, or insufficient (Cooley et al., 2017; Murray et al., 2011). Early research has also demonstrated that a lack of support contributes to foster carers leaving their roles, highlighting the importance of professional containment (Chamberlain et al., 1992).

The current study adds nuance to this body of literature. For example, one participant, Andy, reported a preference to be "left to it" by his social worker, describing experiences where increased involvement felt overbearing and undermining to his parenting. This contrasts with dominant narratives around support and raises questions about *how* "support" is conceptualised and delivered, particularly where approaches may be applied in a uniform manner rather than tailored to individual foster carers' needs. Andy's experience also connects to findings by MacGregor et al. (2006), who noted that some foster parents perceive professionals as lacking trust in their abilities and not providing full information, factors which can influence decisions to continue fostering.

This tension reflects broader debates within the literature regarding the role of the foster carer as either a "parent" or a "professional," and the challenges of maintaining a sense of normal family life within a highly professionalised system. Colton et al. (2009) identified a common tension between professionalism and altruism across international foster care systems. While many foster carers emphasise altruistic motivations, some seek recognition as committed caregivers (Blythe et al., 2013) whereas others support a more professionalised identity that reflects the demands of the role (Kirton, 2001; Randle et al., 2017).

In contrast, Karen's experience reflected a more balanced approach to support, which she perceived as appropriate and containing. For example, her social worker deleting emails sent during the night when she was feeling overwhelmed was experienced as a form of person-centred professional containment. This highlights the importance of relational and tailored support, suggesting that not only the presence of support, but the manner in which it is delivered, is central to foster carers' experiences.

Sense of Belonging

Further, emotional connection with other foster carer and family members through peer support provided a sense of belonging for foster carers. Having relationships which meant the foster carer felt understood and supported counteracted feelings of isolation and doubtful of their own practice. Foster carers noticed how this was impacted during the COVID-19 pandemic, with reduced opportunities to meet informally with other foster carers in an already isolating profession. This is in line with the National Institute for Healthcare and Excellence (NICE; 2021) guidance, which recommends regular, accessible peer group support for foster carers to be supported by LAs. This recommendation was made in response to a review of literature regarding barriers and facilitators for supporting placement stability, which found that carers benefitted from companionship, mutual support and problem-solving with peers. Research also found that the type of peer support foster carers may benefit from might differ according to where they are at in their fostering journey, and the opportunity to speak with someone with a similar experience can offer mutual support (Sinclair et al., 2004).

Peer contact among carers can meet a range of important support needs that extend beyond the assistance typically offered by supervising social workers, as well as family and friends. These include emotional support (such as empathy and care), instrumental support (practical help), informational support (guidance with problem-solving), and appraisal support (affirmation and positive feedback) (Langford et al., 1997). In the current study, Shaziyah's experience maps onto this, as she has experienced appraisal support from other carers in telling her she is doing the right thing. Her experience mirrors that of other foster carers who have reported fears that they are not caring for their child appropriately (Mallette et al., 2020; Roman, 2015). The current study shows how foster carers benefit from this affirmation and positive feedback from other foster carers. Parenting self–efficacy has been found to correlate with fostering satisfaction and intention to continue fostering, with self-efficacy predicting intention to continue offering out-of-home care (Whenan et al., 2009).

Additionally, engaging with peers can help reduce the sense of isolation often experienced by foster carers (Blythe et al., 2011). This was found within the current research, with participant Nina finding that speaking with other foster carers reduced her feelings of isolation and supported her ability to continue with placements.

Research which has found support to be a helpful factor included financial support (Sinclair et al., 2004). Interestingly this was not mentioned in the current study. This could be due to the researcher not asking directly about money.

Relationships as Anchors

The current literature on what foster carers need includes reference to supportive families, such as Brown and Colder (2000) who conducted qualitative research asking "what do you need to be a good foster parent?". However, the range of ways families support foster carer is not explored in detail (Brown, 2008). The current research project interpreted foster carers to benefit from these relationships as anchors, creating subtheme 3c. Families with good relational support were able to persevere the challenges of fostering, due to having an important relationship such as a marriage to come back to and hold them steady.

Social support from family is listed by foster carers as an essential factor in coping with the challenges of fostering (Lietz et al., 2016). However, research from McDonald et al. (2003) found that familial support was not enough to cope with complex issues which can arise working with children in care. Foster carers must also feel supported by professionals. This may indicate that relationships as anchors alone is not sufficient to sustain placements. Quantitative literature within the initial literature review of the current study, from Rock et al., (2013) supports this, as it highlighted long, stable marriages and strong support networks as a protective factor.

A "spillover hypothesis" from Nelson et al. (2009) refers to phenomenon where the psychological cost arising from one family relationship will affect functioning in another relationship. In particular, the quality of a marital or cohabiting relationship can affect a parent's capacity to support a child in understanding and regulating their emotions, especially negative affect. Applied to foster care, this perspective suggests that more stable and supportive circumstances within a carer's personal and family system are likely to be associated with fewer conflicts within the foster placement. This is particularly relevant given that many children living in care experience difficulties with emotion regulation (Barth et al., 2007; Cicchetti & Toth, 1995), meaning that carers in couple relationships may be especially vulnerable to personal or relational stressors spilling over into the caregiving context.

Supporting this hypothesis, research examining the relationship between carers and their partners indicates that placements tend to be more stable where foster fathers are emotionally involved, and where partner relationships are longer in duration (Walsh & Walsh, 1990). Foster carers' own accounts also emphasise the importance of a strong, cooperative partnership between co-carers (Buehler et al., 2003), suggesting that these connections can function as relational "anchors" that help sustain carers and support the placement.

Collectively, the subthemes indicate that foster carers are better able to sustain placements when supported by a network of professional and personal relationships that help them manage challenges, reduce isolation, and maintain stability.

Commitment

The second theme, commitment, was an important factor in helping foster carers continue with placements. Firstly, a pre–existing commitment to having a long–term placement meant that foster carers viewed their placements as non–negotiables, that the breakdown of a placement is not a feasible option to some of these foster carers. Further, advocacy as relational commitment involves taking an active responsibility for protecting the child, which strengthens the relationship and creates trust, benefiting the relationship. Feeling a strong moral responsibility toward the child, and awareness that the alternative would likely involve placement with other foster carers, some carers felt unable to step away and remained committed to the placement. Foster carers' personal history and experiences of being parented shaped their caregiving values and commitment to children, through experiences of feeling rejected or receiving inadequate care acting as a motivator to offer a repairing experience to a child. Finally, the ability to persist with the placement flexibly, adapting their parenting approach to the needs of the child supported carers in their placements. These experiences led to a higher emotional investment in the child, impacting placement stability. Lastly, flexible persistence was enacted, with foster carers showing both perseverance with the challenges in a placement and flexibility within caregiving approaches. This enabled carers to remain committed to the child whilst compromising, allowing the child to be autonomous and avoiding escalation.

Pre-existing Commitment to Permanence

There is existing literature showing high levels of foster carer commitment are associated with a greater likelihood of a long-term placement (Dozier et al., 2007). Research has found associations between high levels of foster carer commitment and better outcomes for children living in care, such as higher levels of adjustment (Dubois-Comtois et al., 2015) and lower symptomatology of attachment disorders (Turner et al., 2023). Low levels of commitment have been associated with foster carers who have looked after a higher number of children, (Dozier et al., 2007; Hannah & Woolgar, 2018). However, the direction of the relationship is unclear as to whether carers have more children due to placement breakdown due to their lack of commitment, or whether commitment has decreased because of compassion fatigue, for example, due to being a foster carer for many children.

It has been acknowledged that higher commitment may be more likely when the placement goal is adoption, which is common in US foster care (Bernard & Dozier, 2011). Bernard and Dozier (2011) argue that, regardless of whether a placement is short-term or long-term, "psychological adoption" occurs when foster carers develop a deep emotional investment in the child. When a foster carer demonstrates psychological adoption they describe the child as part of their own family (Bernard & Dozier, 2011). Similarly, Dozier et al. (2007) define commitment to include both emotional investment in the child and motivation to have a long relationship with the child. The current findings sit well alongside this definition of commitment and psychological adoption, with the subtheme "pre-existing commitment to permanence" describing participants entering placements with clear intentions to provide long-term care. This pre–existing commitment supports carers to continue with placements when times are challenging.

There was a bi-directional link between this subtheme and subtheme motivation to sustain parental identity. This link will be discussed later in the discussion, relevant to parental identity.

Advocacy as Relational Commitment

In a review of UK qualitative research commissioned by NICE Evidence Reviews Collection (2021) with a focus on the barriers and facilitators to placement stability, findings identified a considerable overlap between themes, and those relating to positive relationships. It was concluded that strong, positive relationships are likely the most effective intervention for preventing placement instability. The current study demonstrated how foster carers created a strong, positive relationship with the children in their care through relational advocacy. Participants described themselves as reliable, consistent figures in young people's lives, strengthening the child's sense of security and the caregiving relationship. Feeling safe and secure was identified in the literature asking children living in care about what's important to their wellbeing (Holder et al., 2011; Selwyn et al., 2017). Foster carers advocating for the children in their care was crucial to building dependable trusting relationships, meaning the child feels safe and secure within this relationship. This is crucial for children's wellbeing which can ultimately buffer against placement breakdown.

There was a bi-directional relationship between this subtheme and the subtheme cultivating belonging through inclusion, which will be discussed in that later section.

Knowing the Alternative is Worse

Qualitative Australian research has found that many foster carers continued fostering due to feeling a sense of collective responsibility for the children in their communities (Geiger et al., 2013). This highlights how foster carers can feel a sense of duty to the children in their care. This was similar to the findings in the current study with foster carers feeling unable to end placements due to a sense of responsibility for the child. The collective responsibility they experience can be a motivator for continuing placements.

From an ethics of care perspective, caring relationships can create strong moral obligations grounded in emotional connection and responsibility (Noddings, 1984). Foster carers may therefore experience ending a placement as emotionally and morally difficult, particularly where they fear further instability or rejection for the child.

This may be intensified by professional dynamics within the fostering system. Previous research found that some foster carers felt judged and blamed by social workers for difficulties experienced when caring for traumatised children, leading to reluctance to seek help or speak honestly about their emotional struggles due to fears of de-registration (Ottaway & Selwyn, 2016). As a result, foster carers may continue placements despite experiencing burnout or secondary traumatic stress, suppressing their own needs in order to maintain placements and avoid perceived professional failure. However, emotional exhaustion may reduce carers' emotional availability and therapeutic caregiving capacity, potentially impacting the quality of care provided to children

The literature on children in foster care frequently presents placement stability as a protective factor associated with reduced emotional and behavioural difficulties (McSherry & Malet, 2018). Egelund and Vitus (2009) argue stability should not automatically be interpreted as evidence of placement success or wellbeing. The current research shows that in some cases, foster carers may feel unable to end a placement despite significant strain, particularly when they believe that the available alternatives for the child may be more harmful or disruptive. As a result, placements may continue not

because they are positive or sustainable, but because carers perceive breakdown as leading to a worse outcome. This reflects the argument made by Egelund and Vitus (2009), who caution that placement breakdown is not always a negative outcome. Breakdowns may communicate from carers or young people that changes are needed to achieve a better match between the child and the care environment, and in some circumstances may be the safer or more appropriate outcome (Bombach et al., 2018).

Commitment to Providing a Transformative Experience

This theme shows how foster carers made an active choice to parent in a different way to their own experiences, reflecting on how they felt rejected or experienced inadequate parenting in their own childhoods. This acted as a motivator to provide a repairing experience for a child. Fraiberg et al. (1975) discussed "ghosts in the nursery" as a term for parents to be aware of their past traumas, which are the "ghosts" which can impact successful parenting. Sloan Donachy (2017) has described foster carer ghosts, which are any painful psychological remnants of their own experience of being parented and any unprocessed, past traumatic experiences. In foster care contexts, the idea can also extend to foster carers carrying losses from previous placements or their own earlier life experiences, which may affect current caregiving relationships. Foster carers are vulnerable to grief and loss when children living with them either move on or return to their birth parents (Edelstein et al., 2001). This is known as an emotional double bind, discussed in the introduction, in which families are expected to both emotionally invest in the child but be able to let them go on short notice (Marcellus, 2010).

Research into the experiences of adoptive parents found that their attachment history was linked to the ability to respond appropriately to children's needs (Kaniuk et al., 2004). However, research using the Attachment Style Questionnaire did not find a link between the attachment style of foster carers and the quality of care provided to children (Caltabiano & Thorpe, 2007). Although the current study did not explicitly measure foster carer attachment styles, foster carers were asked to reflect upon their own experiences of being parented and how this may impact them as a foster carer. Foster carers reflected on adverse experiences of being parented as a motivator to provide a different experience. This is aligned with research from Steele et al. (1999) which found childhood adversity in

foster carer is often a motivation for fostering, and facilitates caregiving through the ability to identify with children who have experienced ACEs.

This subtheme had a bi-directional relationship with another subtheme, 3c) creating nurturing environments which will be discussed in the later section.

Flexible Persistence

Flexible persistence captures how foster carers adapt their parenting styles to meet the child's needs. It encompasses both persistence, through persevering whilst being flexible to avoid escalation. This approach allows carers to remain committed to children in their care. Research from Oke et al. (2013) found similar concepts when investigating carer attributes in situations of unexpected placement success for teenagers growing up in long term foster care. In this study, foster carers described an awareness that they cannot apply their own developmental expectations and parenting approaches to the children in their care. Further, they discuss a recognition that these children have had a difficult start in life, combined with the value of using proactive parenting strategies such as setting boundaries, reinforcing positive behaviour and teaching alternative ways of responding. They also recognised that children often reproduce familiar relational patterns from earlier experiences, requiring thoughtful and consistent responses. Contrastingly, carers who struggled to manage different role expectations often lacked confidence in long-term foster care (Schofield et al., 2013).

Flexible persistence may protect against placement breakdown by reducing the likelihood of relational escalation during periods of conflict or dysregulation. An inflexible or authoritarian response from foster carers may reinforce children's existing expectations of relationships as unsafe, rejecting, or unpredictable. In the current study, participants described maintaining commitment to the placement whilst adapting their responses to the child's emotional and developmental needs. This appeared to allow foster carers to preserve connection and emotional safety, even when implementing boundaries or managing difficult situations. Foster carers remained emotionally engaged with the placement during conflict, were able to tolerate challenge and respond flexibly which may interrupt cycles of rejection and instability. This approach reflects Schofield et al.'s (2013) findings that carers

who were able to adapt their parenting expectations and approaches were more likely to sustain long-term placements.

Further, foster carers who were able to sustain placements demonstrated flexibility not only in their caregiving roles, but in the sensitive and attuned ways they understood and responded to the needs of children in their care (Schofield & Beek, 2005;2009). The same research suggested that these carers were able to provide a secure base within the context of family life. Similarly, foster carers in the current study balanced nurture, boundaries, and adaptability whilst remaining emotionally available to the child, potentially enabling children to experience relationships as safer, more predictable, and enduring.

Overall, these findings suggest that placement stability is strengthened when foster carers develop a deep commitment to the child and remain able to sustain this commitment through both adversity and adaptation

Fostering as Family

The third theme, Fostering as Family, shows how foster carers positioning themselves and the children as family members supports placement stability. In broad terms, the goal of foster care is to provide children with a stable, family environment enabling healthy development (Ponciano, 2010). They are not biologically related or legally empowered with parental responsibility; however provide a family–like environment when children are unable to remain with their birth families (Maluccio & Ainsworth, 2006). Foster care has the potential to provide a secure base from which children can develop resilience (Schofield et al., 2013). Within this, foster carers positioned themselves as parents and desired to continue their role as a parent, which impacted their view of placements as a fixed position. Viewing the child as part of the family and including them in activities and decisions, created a strong, reciprocal relationship which could buffer against stress. Finally, creating a nurturing environment within the home, which was influenced by the foster carer's previous experiences of being parented, strengthened the foster carer - child relationship.

Motivation to Sustain Parental Identity

Motivation to sustain parental identity was identified within this theme as a factor which supported foster carers with maintaining placements. This was due to the way in which foster carers viewed the placement, and positioning themselves as parents to the children in their care. This aligned with existing literature, where foster carers who viewed themselves as committed mothers were more able to provide a stable, long term placement for the children in their care (Blythe et al., 2013). By positioning themselves as mothers, participants were more able to love and commit to the children than those who positioned themselves as paid carers. The participants in the current study described themselves as parents, referring to a desire to continue being "mums and dads". This has been identified in the research as an initial motivator to become a foster carer in Sweden (Andersson, 2001). Also within the UK context, a desire to develop a new family role after biological children have left home was a motivation for fostering (Schofield, 1999). Including an extension of their parental identity in their fostering role helped foster carers to continue with placements, as it was seen as an intrinsic driver and their role has more implied "permanence".

This theme had a bidirectional influence with an earlier subtheme, 2a pre-existing commitment to permanence). There appeared to be a bidirectional relationship between participants' motivation to sustain a parental identity and their pre-existing commitment to permanence. Foster carers who entered fostering with a strong intention to offer long-term, stable care often described approaching the role in parental rather than temporary or professional terms. Equally, viewing themselves as parents appeared to strengthen their commitment to maintaining the placement through periods of challenge. This suggests that perceiving fostering as an enduring parental relationship may reinforce carers' determination to provide permanence, whilst a prior commitment to permanence may simultaneously support adopting parental identity and emotional investment in the child, both supporting placement stability.

Cultivating Belonging Through Inclusion

This subtheme is about how the relationships within the family develop from a child being placed with a family-to-family membership and belonging, where foster carers described viewing the child as part of their family. With these carers, there was a large sense of inclusion, which has been

supported by the literature as having a beneficial effect on placement stability (Leathers, 2006). Further, Golding (2007) explains that children need to feel a sense of belonging within a family to feel secure, which can happen through family rituals and claiming behaviours, such as letting children choose decorations or naming a family pet. This was particularly felt by the researcher, when foster carers brought family photos which included the child in their care, such as a trip to Disneyland or having Christmas dinner together. From the child's perspective, experiencing care, parenting, and affection within a family environment is crucial.

Children value opportunities to feel a genuine sense of belonging, where they are accepted as legitimate members of the family, in ways comparable to children in biological families (Biehal, 2014; Schofield et al., 2013). In doing this, foster carers would create a reciprocal relationship with the child in which they enabled them to feel part of the family, safe and secure. This strengthened the caregiving relationship between them and contributed to placement stability. However, although it was an important relationship, many looked after young people did not regard their carers as 'family' (Wood & Selwyn, 2017). Sinclair et al. (2005) describes multiple types of permanence, including subjective (in which the child feels they belong in the family) and enacted (where the child is fully included and treated as one of the family). This theme captures both types of permanence.

There appeared to be a bi-directional relationship between foster carers promoting family membership and belonging, and subtheme 2.b: advocacy as relational commitment. Foster carers who viewed children as integral members of the family often demonstrated a strong sense of responsibility to protect, advocate for, and remain emotionally committed to them. Equally, acts of advocacy, reliability, and emotional investment appeared to strengthen the child's sense of belonging and security within the family system. By consistently demonstrating dependability, inclusion, and protection, foster carers positioned themselves as trustworthy attachment figures, which may reinforce reciprocal relationships and contribute to placement stability. In turn, when children were experienced as valued family members whose voices and needs mattered, foster carers appeared further motivated to advocate for and protect them, deepening the relational bond and commitment to the placement.

Creating Nurturing Environments

This subtheme captures how foster carers intentionally sought to create nurturing family environments that offered children experiences of safety, connection, and positive memories. Foster carers described drawing upon their own experiences of being parented suggesting that personal histories informed their understanding of what children need in order to feel secure and valued. These findings align with attachment theory, which proposes that early caregiving experiences contribute to the development of internal working models that shape expectations of relationships and caregiving across the lifespan (Bowlby, 1988). Foster carers appeared to draw upon these internalised experiences when creating family environments for the children in their care.

The importance of providing a secure and nurturing base is well established within the foster care literature. Schofield and Beek (2005, 2009) argue that foster carers who are able to offer availability, sensitivity, acceptance, cooperation and family membership provide a secure base from which children can explore the world and develop emotionally. Emma's account of experiencing safety within her own childhood and recognising this as "vital" for children and young people reflects this concept. Her narrative suggests that experiencing a secure base herself may have informed her ability to provide one for the child in her care. Consistent with attachment theory, this sense of safety may support children's emotional development whilst also strengthening the caregiver-child relationship, which is associated with placement stability (Schofield et al., 2013).

There appeared to be a bi-directional relationship between foster carers reproducing nurturing family environments based on past experiences and their commitment to providing a transformative experience for children in their care. Foster carers drew upon both positive and negative experiences of being parented to shape the emotional environments they created within their foster families. Positive early caregiving experiences appeared to inform foster carers' internal working models of safety, patience, and emotional availability, which they then sought to recreate for children through nurturing relationships, consistency, and belonging. Experiences of rejection, emotional distance, or lack of support appeared to motivate carers to consciously "do things differently" and provide corrective emotional experiences for children in their care. In this way, personal histories strengthened

carers' emotional investment and commitment to placements, while the act of creating safe, nurturing, and transformative family environments further reinforced carers' sense of purpose and relational commitment to the child. These reciprocal processes may contribute to placement stability by fostering trust, emotional security, and enduring caregiver-child relationships.

Overall, these findings suggest that fostering as family involves more than providing care; it reflects the development of parental identities, family belonging, and nurturing relationships that may strengthen emotional investment and support placement stability.

Joy and Reward

This theme highlights how experiencing joy and reward from fostering was a motivator and a sustainer of placement stability. Firstly, through experiencing joy as part of the role of being a foster carer. Secondly, experiencing fostering as rewarding, due to the change and impact foster carers can see in their children.

Joy of Fostering

Foster carers described a sense of joy from what they did, and reward through witnessing change and the impact they have had on a child. In relation to the literature, overall satisfaction with their fostering situation was a strong influence on intention to continue fostering (Denby et al., 1999).

Foster carers discussed children enriching their lives and "bringing happiness" to their homes. Joy acted as a sustainer for fostering and continuing with long term placements. In the literature joy has been found as a buffer against burnout, improving resilience in long-term caregiving underscoring the role of emotional well-being in carer health (Hung et al., 2025).

Quantitative research from Malette and Elmore (2024) indicated that foster carers could be grouped into different profiles; those who experience many challenges and those who experience few challenges. They found foster carers in the low - challenge profile reported signficantly higher satisfaction with fostering and a stronger intention to continue fostering.

There appeared to be a bidirectional relationship between foster carers' experience of joy and their motivation to sustain a parental identity. Foster carers who viewed fostering as an extension of

family life and their ongoing identity as parents often described deriving significant fulfilment, happiness, and meaning from the role. Experiencing joy through caregiving, family relationships, and witnessing children's progress appeared to reinforce carers' emotional investment in fostering and strengthen their desire to continue in a parental role.

Previous literature from Schofield et al. (2013) suggests that foster carers who are able to experience both personal enjoyment and professional satisfaction within their role may navigate the potential tensions between being both a parent and a professional more comfortably, allowing these identities to enrich rather than conflict with one another. This appears consistent with the current findings, where foster carers described experiencing genuine joy, fulfilment, and meaning through relationships with children in their care. The emotional rewards associated with witnessing children's progress, creating family connections, and experiencing happiness within the home may therefore function as protective factors against stress and burnout, supporting carers to remain committed to placements over time. This suggests that foster carers who are able to experience both personal enjoyment and professional satisfaction within fostering may navigate the tensions between parenting and professional responsibilities more successfully, allowing these roles to complement one another rather than become a source of stress or conflict.

Reward Through Change and Impact

Further, qualitative research from Geiger et al. (2013) describes that continuing fostering is due to internal sources of motivation stemming from rewards they receive as caregivers. These rewards can include loving interactions with the children in their care and witnessing children heal and grow. This mirrored participants' experience of seeing the change and difference in a child, recognising their role in this and finding it extremely rewarding. Participants could draw upon this positive reflection in difficult or more challenging times to enable them continuing with placements.

Both fostering as joy and reward through change and impact fit with Frederickson's (2004) "broaden and build" theory, which states positive emotions broaden an individuals ability for psychological flexibility and problem solving capacity. Further, frequent positive emotions, such as joy, build a reserve of personal resources which helps to sustain well-being during stressful times.

This can explain the current findings in why fostering being a joyful and rewarding experience helps to sustain placements.

Overall, these findings suggest that the emotional rewards of fostering, both in everyday family life and in seeing positive change in children, may act as important protective factors that support carers to maintain placements during periods of difficulty.

Therapeutic Caregiving

This theme captures the ways in which foster carers adopted emotionally attuned, reflective, and trauma-informed approaches to caring for children who had experienced adversity and relational trauma. Therapeutic caregiving was characterised by carers' ability to remain emotionally available, interpret behaviour as communication of underlying need, and provide consistent emotional containment during periods of distress. Importantly, therapeutic caregiving also involved carers' awareness of their own emotional responses and limitations. Participants described the importance of recognising their own needs, accessing support, and taking breaks in order to remain emotionally available to children over time. Knowing personal limits appeared to function as a protective and self-regulating strategy that supported placement stability and reduced the risk of burnout or blocked care.

Emotional Regulation as Containment

Research highlights how children who have experienced developmental trauma are less able to use their own resources and rely on external factors, such as foster carers, to maintain their wellbeing (Ungar, 2013). This is due to the effects of ACEs often impacting children's expectations of caregiving relationships, affecting how they signal emotional needs and respond to support from adults (Bruce et al., 2019).

A key factor identified in placements characterised by positive progress was the presence of sensitive parenting, demonstrated by one or both carers (Schofield & Beek, 2005). From an attachment perspective, this sensitivity supports the child's experience of the carer as a secure base (Ainsworth, 1971; Bowlby, 1982). They defined foster carer sensitivity across several dimensions, including the ability to instil trust in the carer's availability, encourage reflection on thoughts and feelings, promote self-esteem, support decision-making, and foster a sense of belonging within the

foster family (Schofield & Beek, 2005). This sensitivity was present in the interviews of the current study, in foster carers using an emotionally accepting and containing approach with children in their care. Foster carers would use playfulness and humour to diffuse situations.

Children need co–regulation with a trusted adult to help regulate strong, complex and conflicting emotions (Golding & Hughes, 2012). Baylin and Hughes, (2022) found when the caregiver is adopting a PACE approach, the adult's mind can hold the child's inner world, including thoughts and feeling and convey this to the child. Further, when the child experiences this, the child can trust that the adult accepts and understands their world, therefore begins to trust the motives of the adult.

Foster carers also demonstrated a mantra known as "connection before correction" embodied in the PACE approach, by not jumping to dictate to the child or tell them they are wrong. This can be seen in Jim's quote about his wife turning a child's behaviour of swearing gestures into a song and a game, rather than telling him off. Within such caregiving environments, children were observed to be less anxious and more able to regulate their emotions, behaviour, and engagement with learning (Fonagy et al., 2002). This may be particularly important within foster care contexts, given that placement instability has consistently been associated with poorer mental health outcomes for children and young people (Lehmann et al., 2013; Okpych & Courtney, 2018; Stanley et al., 2005; Tarren-Sweeney, 2008). Varnish et al. (2025) further proposed a bi-directional relationship between placement instability and mental health difficulties, whereby instability both contributes to and results from emotional and behavioural difficulties, creating a cycle of deterioration. The current study suggests that emotionally containing and attuned caregiving approaches, such as prioritising connection before correction, may help interrupt this cycle by supporting children's emotional regulation, reducing anxiety, and preserving the caregiver-child relationship during moments of distress.

Interestingly in the current study, foster carers spoke of their own experiences of adversity and how this enabled them to to remain emotionally containing for the children in their care. This past

adversity had provided them with a resource they could use to manage the emotional demands of the caregiving role, and some of the challenges which may come up.

Beyond the Behaviour

This theme captures how foster carers were able to see a child's behaviour as a communication of need, rooted in the context of their early experiences. This linked to the foster carer's ability to maintain empathy for the child, and protect themselves from potential rejection as they were able to not take the behaviours personally. This allowed them to remain emotionally involved with the child, attuned to their needs and empathetic to their distress.

Fonagy et al. (2008) describe mentalisation as a parent's capacity to understand and reflect upon an infant's internal experiences. In this context, attachment relationships are considered fundamental to children's developing understanding of how mental states influence behaviour. Mentalisation is thought to involve an imaginative process through which parents attempt to interpret the intentions, emotions, needs, and motivations underlying behaviour. As another person's internal experiences can never be known with complete certainty (Fonagy & Target, 2006) mentalisation also requires authenticity, openness, and reflective engagement within caregiving relationships (Taylor, 2012).

This perspective helps explain how foster carers who were able to mentalize a child's behaviour could remain empathic and emotionally available, despite experiencing challenging behaviours within the caregiving relationship.

Research from Baylin and Hughes, (2022) states that when foster carers can embrace this knowledge, the child is able to be in a holding environment where adults are sending messages of safety rather than triggering a defensive response. This is due to the carer embracing this knowledge having a better chance of supporting a mistrustful child learn to feel safe, to recover from blocked trust. This helps carers resist going into "blocked care", the unintended suppression of a caring state for a mistrustful child. Therefore, helping the relationship not be a cycle of mutual mistrust. It was crucial for the current foster carers to sustain the relationship with the child.

Research has found even when trauma-informed or resilience-focused approaches have been introduced, their long-term effectiveness is weakened by inconsistent staff training, high employee turnover, and poor coordination across sectors (McGovern et al., 2024; Sutcliffe et al., 2017; Wojciak et al., 2018). This highlights the need for joined-up, integrated systems within foster care.

Knowing Limits and Self-Awareness

Knowing limits was conceptualised as a self-regulating, protective strategy that foster carers would use to sustain placements over time. Qualitative research identified that fostering can test families' limits, and the stress can result in placements breaking down (Ottaway & Selwyn, 2016). Carers felt this could have been avoided if they had adequate support for both themselves and the child, better matching of families and professionals having an understanding of the demands of traumatised children. The carers in the current study recognised that support was a crucial part of knowing their own limits and feeling supported in upholding them. Therefore, these themes were closely linked, however it sits under therapeutic caregiving as it was a way of therapeutically caring for themselves. In offering themselves the same caregiving, it was an embodiment of this theme and quality.

In the current study, carers described knowing their limits in relation to what they could and could not tolerate, and included examples of what they did to take breaks and look after themselves.

Professional containment appeared to support foster carers' ability to develop self-awareness and recognise their own emotional limits within the caregiving role. Having supportive relationships with professionals, particularly supervising social workers, created spaces where carers felt able to reflect upon their emotional experiences, vocalise when situations felt overwhelming, and seek support without fear of judgement. This external containment underpinned foster carers' capacity for self-regulation, enabling them to identify signs of stress, compassion fatigue, or emotional overload before reaching a crisis point. It was underpinned by experiences of support, and also training such as compassion fatigue. Having the knowledge and validation that their emotions were normal, and they weren't alone in their feelings, was a helpful experience.

Taken together, the subthemes indicate that placement stability may be strengthened when foster carers adopt reflective, emotionally attuned, and trauma-informed approaches that support both the child's emotional needs and their own wellbeing.

Strengths and Limitations

The strengths of the current study include the methodology, and consulting with an EbE to think about what questions are important, and what would feel important to foster carers to share. This added nuance to the current study.

Secondly, a key strength of inviting participants to bring a photograph representing how they had managed to continue with placements was that it created a more participant-led and empowering research process. This is because it gave an opportunity for foster carer voices, and for them to bring something which has helped them continue with a placement, which may not have been included in the interview schedule. It allowed a connection between myself and the foster carers, to get to know them better and build up rapport quickly within a short interview.

The photographs enabled foster carers to communicate experiences, emotions, and meanings that may have been difficult to articulate through words alone, often generating richer and more reflective narratives. This approach also helped participants to influence the focus and direction of the discussion, reducing the extent to which the researcher solely controlled the interview agenda. This approach supported (Tisdale, 2003) view that participants have the right to social power and empowerment that comes from contributing to knowledge production and having their stories heard. A fully equal power relationship between myself and the participants would not have been achieveable, the use of participant – selected photographs negotiated a balance of power as participants could choose what to share. This strengthened the authenticity of the data collected.

Further, I was a separate researcher to the organisations from which participants were recruited, which meant that foster carers could speak freely. I felt throughout that foster carers responses were honest and genuine, and a true reflection of their fostering journey.

Although photo-elicitation generated rich data, the photographs may have influenced which aspects of fostering participants chose to discuss. Participants may have been more likely to select images that represented positive experiences, meaningful relationships, or achievements, potentially shaping the interview narrative towards particular aspects of placement stability. This may have limited exploration of more difficult or less visible experiences. Reflecting on my own personal use of what I choose to photograph, it would be more positive aspects and memories within my life. Therefore, using photographs could bias the interview to a more positive account.

It is important in qualitative research for researchers to be immersed in their data, with a strong reflection upon the data, and this relies on the researcher's thorough understanding of and engagement with the data (Polit & Beck, 2010). The photographs supported my immersion in this data and added a strong personal component to each transcript, which was further supported by the reflexive journal I kept throughout.

Qualitative research does not aim to be generalisable, but the data collected in this study provides insight into conditions in which placements thrive. There were both similarities and differences between the accounts which the themes show, and are likely transferable to other samples as they are within the literature. This study adds to the existing literature of foster carer experiences, and what helps foster carers to continue offering a long term placement in a UK context.

A limitation of using Reflexive Thematic Analysis is that the study did not seek to generate a formal explanatory theory of placement stability. Given the interconnected nature of the themes, a Grounded Theory approach may have enabled the development of a theoretical model (Corbin, 2017) describing the processes through which foster carers sustain long-term placements. However, the current study prioritised understanding and interpreting participants' experiences rather than theory generation.

There were several limitations regarding the sample of the current study such as no exclusions on age or gender, which from the literature review were found to be important factors in placement stability. This means that the foster carers in this study had a broad range of experiences. There could

be an avenue for future research to have a more specific focus on the type of placement, e.g. adolescent boys or younger children.

Further, participants self-selected into the study after seeing advertisements through fostering organisations and agencies. As a result, the sample may have been biased towards foster carers who were actively engaged with fostering services, felt positively about fostering, or were motivated to reflect on their experiences. Foster carers who had experienced placement breakdowns, left fostering, or felt dissatisfied with support may have been less likely to participate. Consequently, the findings may reflect the perspectives of foster carers who have been relatively successful in sustaining placements.

A further consideration is how the interview schedule may have shaped the findings generated within this study. The schedule was informed by the existing literature and therefore included areas such as relationships, support, stress, and factors contributing to placement stability. Consequently, participants may have been encouraged to reflect on experiences within these predetermined areas, potentially limiting the extent to which issues outside the researcher's anticipated areas of importance were explored. This is particularly relevant within qualitative research, where the questions asked can influence the aspects of participants' experiences that are brought to the foreground. Nevertheless, the use of semi-structured interviews and photo elicitation allowed participants flexibility to introduce experiences that were not directly anticipated by the researcher. The findings therefore reflected both areas identified within the existing literature and participants' own accounts of what was important to sustaining their placements.

The study explored placement stability solely from foster carers' perspectives. The views of children and young people, birth families, supervising social workers, and other professionals were not included. Placement stability is likely influenced by multiple relational and systemic factors, and the findings therefore represent only one perspective on this complex phenomenon.

Clinical Implications

It has been recognised in the literature that the level of support required may vary according to the foster carer's skills and experience, as well as the specific needs of the child in their care,

meaning some carers will require more intensive support than others (Randle et al., 2017). Agencies should monitor foster carers needs closely to ensure that additional support can be provided where necessary and that this is tailored to individual needs within a placement. Importantly, these needs may fluctuate over the course of a placement, further highlighting the importance of ongoing review and responsiveness.

A growing expectation of fostering agencies is that their carers work within a therapeutic framework (Harkness 2019). The current study showed how foster carers benefitted from specific trainings, including the PACE model and increased knowledge and understanding about the impact of trauma. Further, compassion fatigue training was beneficial and should be offered to foster carers and supervising social workers so that this is kept of the agenda for support for foster carers. This can help boost their self-efficacy which is important when continuing with a placement.

Following this training, it should not be the sole responsibility of the foster carer to recognise and respond to experiencing compassion fatigue and blocked care. Foster carers reported it was helpful when the supervising social worker could recognise that they were struggling and offering appropriate support. Supervising social workers should be trained to recognise compassion fatigue and intervene, especially due to foster carers reporting they may not always ask for help due to fear of repercussions. Local authorities and agencies need to embed a culture in which it is acceptable to ask for support and be supported in a non-judgmental way.

This research also considered that placement stability is not always the gold standard and best outcome for children or foster carers. By creating an environment in which foster carers may feel they are “failing” by ending a placement can have harmful consequences for both foster carers and children. Again, supervising social workers need to recognise when foster carers and placements may not be the right fit, and have a normalising attitude to foster carers struggling.

The research highlighted how important a sense of community was for foster carers, and how this has been impacted by COVID-19 and most events moving to virtual. It is important for foster carers to have an opportunity to connect with other carers, either through a mentoring system with a

more experienced carer or peer support groups. Agencies and local authorities could facilitate this and host events and activities which support this sense of community in person, in a way which is accessible for foster carers.

The research highlighted how important joy and reward were in continuing with a placement. Often, carers may not always feel appreciated and have a sense they are doing a good job from the child, due to the nature of developmental trauma and how this can impact future relationships. There needs to be positive feedback and reinforcement to foster carers that they are doing a good job, including time to reflect upon placements and recognise their positive impact. This could be done in supervision spaces or visits with the agencies or local authorities.

Future Research

The findings of the current study suggest several areas for future research and clinical practice. Future research could explore whether the factors identified by foster carers as supporting long-term placements are consistent across different types of fostering arrangements, age groups and stages of placement. It would be interesting to hear from foster carers offering placements which would fall under the "high risk factors for placement instability" e.g. older children, males and high numbers of previous placements. Further research could examine how relationships between foster carers and children develop and change over time, and how carers sustain their commitment when placements become challenging. Longitudinal research may be particularly valuable in exploring how foster carers' experiences and relationships with children evolve, rather than capturing these experiences at a single point in time.

Clinically, the findings highlight the importance of supporting foster carers not only to manage challenging behaviours, but also to develop and maintain the relational capacity required for long-term caregiving. Support may therefore benefit from creating opportunities for foster carers to reflect on their experiences, relationships and emotional responses within the wider context of the fostering system. The findings also suggest that professionals should recognise foster carers as active participants in the care team and consider their experiences when developing support and intervention.

Future research could build upon the current study by exploring how these different people within the system e.g. children living in care or social workers understand and experience placement stability. It would be insightful to hear how children living in care align or do not align with the findings. Although the sample size in the current study was adequate, it may be helpful to replicate with a larger sample size for a more representative sample. Further, this sample could be more representative of different ethnicities as the current study was predominantly white.

Future research could also consider using photo elicitation as the primary method rather than combining it with a pre-determined interview schedule. This may provide greater opportunity for foster carers to identify and explore aspects of their experiences that researchers have not anticipated. In the current study, although photo elicitation enabled participants to reflect on personally meaningful experiences, the interview schedule provided areas of discussion based on existing literature.

Conclusion

This study provides a nuanced account of how foster carers continue with specific placements, utilising their voice within the methodology in them bringing a photograph which was meaningful to them. Findings show that it is a multi-layered experience which supports foster carers in continuing with placements, beyond individual characteristics. Support from professionals, other foster carers and within relationships was crucial to them continuing. Further, pre- existing commitment and intentions mapped out what the foster carers' expectations for a placement would be, including how they viewed the child as an extension of their own family. Their own attachment, histories and experiences of being parented influenced this, both by acting as a blueprint for creating a nurturing environment and acting as a motivator for children not to experience rejection they may have done as a child. Foster carers describe their roles as joyful and rewarding, which were sustainers of placements. Lastly, their therapeutic caregiving towards both the child and themselves was fundamental to sustaining placements. The findings underscore the importance of investment in foster carers, such as training and support to enable placement stability.

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Appendices

Appendix A: Participant Information Sheet

Exploring Foster Carers' Experiences and Key Factors Contributing to Placement Stability in Foster Care.

You are being invited to take part in a research project. Before you decide if you would like to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide if you wish to take part.

What is the purpose of the project?

The project aims to explore what helps Foster Carers continue fostering. Foster placement breakdown is a huge issue for both young people and their foster carers. A deeper understanding of what contributes to placement stability will enable professionals to improve support for foster families, and in turn lead to better outcomes for children in care.

Why have I been chosen?

You have been chosen as you are a foster carer in the UK. The project intends to interview between 6-12 participants.

Do I have to take part?

No. It is up to you to decide if you wish to take part or not. If you do decide to take part, you will be given this information sheet to keep (and be asked to sign a consent form) and you can still withdraw up to one week after your interview without having to give a reason

What do I have to do?/ What will happen to me if I take part?

You will be invited to attend a virtual interview, via Microsoft Teams for approximately 60 minutes.

You will be asked to bring a photograph(s) which represents how you have managed to continue offering placements, and show this to the interviewer over teams. The researcher will not store this photograph, you will show this to the researcher through the camera during your online interview.

This can be a photograph you already have, or one you take in response to the question.

You will then be asked open ended questions about your experience of offering long-term foster placements, and potentially placement breakdown or crisis points. You will be asked to reflect upon support you have had, and personal qualities you may possess which have impacted upon your ability to foster. You will be asked to think about your own experiences of being parented, and how this may impact upon your parenting style.

You may request the questions in advance, should you wish to look over them before consenting to take part.

What are the possible disadvantages and risks of taking part?

The questions may bring up feelings of distress if you have had an upsetting experience fostering or growing up. You will be signposted to sources of support should you need them.

What are the possible benefits of taking part?

Whilst there are no immediate benefits for those people participating in the project, it is hoped that this research will encourage you to reflect upon your strengths and abilities, to make a difference to a child in care's life. We will use the findings from the research to make recommendations about how best to support foster families. Therefore, by taking part, you will be contributing to this work.

Compensation

You will be offered a £20 voucher for your time.

Withdrawing from the study

You may withdraw your responses up to one week after your interview; after this, your responses will have been transcribed with all personal information changed.

Use, dissemination and storage of research data

The research will be used towards a qualification in Clinical Psychology. The University publishes all Doctoral Theses on a website called the White Rose, therefore, the research project will have open, public access. All interview transcripts will be pseudonymised therefore, protecting your identity. No interview transcripts will be published, the report will use quotes which you will not be identifiable from.

Researchers are required to report harm or abuse if this is disclosed during the interview; this is why we ask for the name and contact information of your supervising social worker. We will not pass on any other information or responses to your supervising social worker, this is only if harm or abuse is reported.

What will happen to my personal information?

The interview transcript will be written up and your name will be changed to a pseudonym (a different name). All of your personal, identifiable data will be stored securely on a University of Leeds OneDrive. The data will be deleted upon completion of the qualification by the researcher in September 2026.

What will happen to the results of the research project?

All the contact information that we collect about you during the research will be kept strictly confidential and will be stored separately from the research data. We will take steps wherever possible to anonymise the research data so that you will not be identified in any reports or publications.

Sometimes it is not possible to keep everything confidential, for example if you disclosed an intention to harm yourself or others. The research data may solicit information about potential harm to children in foster care, or other abuse situations such as experiences of being parented. The researcher is obligated to report harm or abuse.

Who is organising/ funding the research?

The research is part of a Doctoral Thesis for a qualification in Clinical Psychology at the University of Leeds.

Contact for further information

Grace Hopkins – Primary Researcher umgho@leeds.ac.uk

Dr David Turgoose Academic Supervisor D.Turgoose@leeds.ac.uk

Dr Kirsty Hughes Academic Supervisor k.hughes1@leeds.ac.uk

Ethics approval: Ethical approval has been sought from the School of Medicine Research Ethics Committee under reference number SoMREC Project ID 2710

Will I be recorded, and how will the recorded media be used?

The audio and/or video recordings of your activities made during this research will be used only for analysis. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings. The original recordings will be deleted upon transcription.

Please contact the Information Governance Team at DPO@leeds.ac.uk for any data related queries regarding the use of images in research and for any ethics related queries contact ResearchEthics@leeds.ac.uk in the first instance.

Privacy Notice

To read the full privacy notice, please go to the following link

https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research-Privacy-Notice.pdf

Rights as a data subject

The UK GDPR provides you with the following rights in relation to your personal data:

- *The right to access the data we hold about you*
- *The right to rectify the data we hold about you*
- *The right to have the data we hold about you erase.*
- *The right to restrict how we process your data.*
- *The right to data portability*
- *The right to object to us processing the data we hold about you*

Please note the extent to which these rights apply may vary and in some circumstances rights may be restricted when the data is being used for research purposes. We will always try to respond to concerns or queries that you may have. If you wish to exercise these rights, please contact us using the information provided in 'Contact for further information' section below'

Concerns or Complaints

Participants with any concerns or complaints should be contact the Research Ethics Team should be contacted via ResearchEthics@leeds.ac.uk who will then consider next steps.

Finally …

Thank-you for taking the time to read through the information. You will be sent a copy of the information sheet and consent form to keep.

Appendix B: Consent Form

Participant Consent to take part in Exploring Foster Carers' Experiences and Key Factors Contributing to Placement Stability in Foster Care	If you agree to the statement please sign with your initials below
I confirm that I have read and understand the information sheet dated 3/3/25 version number 1 explaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary and that I am free to withdraw at any time, and up to 1 week post-interview. I know I can withdraw without giving any reason and without there being any negative consequences,	
In addition, should I not wish to answer any question or questions, I am free to decline. Data already provided can be deleted up to one week after interview.	
I understand members of the research team (and any authorised parties as identified in the PIS) will have access to my identifiable responses.	
Where my data has been anonymised/pseudonymised I understand I will not be identified or identifiable in the report/s or publications that result from the research.	
I understand that other researchers may use my words (direct quotes) in publications, reports, web pages, and other research outputs, only if all direct identifiers (such as names, locations, birth dates and contact details) are removed and I cannot be identified.	
I understand that relevant sections of the data collected during the study, may be looked at by auditors from and on behalf of the University of Leeds	
I understand that the researcher is obliged to report any abuse or harm to my supervising social worker	

Name of participant	
Participant's signature	
Date	

Name and email of supervising social worker:	
Name of lead researcher	Grace Hopkins
Signature	
Date*	

Appendix C: Confirmation of Ethical Approval

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18 July 2025

Dear Grace

Your research ethics application reference: SoMREC 2710

Your research project: Exploring Foster Carers' Experiences and Key Factors Contributing to Placement Stability in Foster Care

I am pleased to inform you that the above research ethics application has been reviewed by the Research Ethics Committee for School of Medicine which has issued a favourable ethical opinion based on the application submitted. **Please retain this email in your project file as it is evidence of the Committee's approval.**

Matters you should note:

- Ethics approval does not infer you have the right of access to any member of staff or student or documents and the premises of the University of Leeds. Nor does it imply any right of access to the premises of any other organisation, including clinical areas. The Committee takes no responsibility for you gaining access to staff, students and/or premises prior to, during or following your research activities.
- It is your responsibility to comply with all relevant Health and Safety, Data Protection and other legal and professional requirements and guidelines.
- You are expected to keep a record of all your approved documentation, as well as documents such as sample consent forms, risk assessments and other documents relating to the research project. This should be kept in your project file.
- Audits are undertaken on approved ethics applications. Your project could be chosen for such an audit. You should therefore ensure your project files are kept up to date and readily available for audit purposes. You will be given a two week notice period if your project is selected.
- Please always include the above research ethics application reference in any correspondence with the Research Ethics team.

If you need to make **amendments** to the original submitted research project, you are expected to seek approval from the Committee before taking any further action. Changes could include (but are not limited to) the project end date, project design or recruitment methodology, or study documentation. Please go to https://secretariat.leeds.ac.uk/research-ethics/how-to-apply-for-research-ethics-amendment/ or contact the Research Ethics team for further information at Research Ethics.

I hope your research project goes well.

Yours sincerely,

Ms Sou Sit Chung, Research Ethics, Governance & Compliance (formerly Secretariat), University of Leeds

On behalf of Dr Klaus Witte, Chair, SoMREC

Appendix D: Interview Schedule

Introduction to the interview and rapport building

Hello and welcome to your interview, thank you for taking part. My name is Grace Hopkins, and I am training at the University of Leeds, interviewing you about your experience of offering long-term placements. I am going to turn the recording on now. Are you ready?

(wait for response and turn on recording if participant is ready)

Can I just confirm for the recording that you have consented to take part in this interview?

The interview should last around an hour, if you wish to end the interview at any point then you are free to do so. Please let me know. You do not have to answer any questions you do not wish to. You can choose not to answer a question. You can also take pauses of silence if you need time to think too. If I ask a follow up question and you have nothing more to say on that part of the interview then please say.

If for some reason we experience technological issues then we will monitor to see if these subside, but if they persist or we lose connection then I will hang up and try to re-establish a connection. If re-establishing a connection is not possible then I will e-mail you to re-schedule. Just to explain that I am also in a room by myself, to protect your confidentiality.

You can stop the interview at any time, without giving a reason.

Does that all sound okay? Are we okay to start? Can I start by just confirming your name

Great,

General questions for opening

Can you tell me about your journey as a foster carer so far. (How long have they been a foster carer? Are they a single carer or part of a couple/wider family? How many children have they fostered? What led them to becoming a foster carer? What long-term placements have they had? How long are/were they?)

Focus on specific placement stability

If they have had lots of placements – Oh wow so you have had a real range.

This interview will focus on long-term placements and stability specifically, not your commitment to fostering generally.

I will ask questions around resilience and continuing with a placement.

If you could bring a long term placement to mind please, to use when answering the questions. I can prompt you on this throughout.

Could you show me the photographs you brought and talk me through what they mean to you or represent?

have there been times when things have been close to breaking down with your long-term placements?

(if they say yes) - what helped you to keep going?

Areas of interest to ask about

Support/relationships

What support have you had throughout your fostering journey?

Are there any relationships which have been helpful throughout?

How would you describe your relationship with the supervising social worker/agency?

Personal Qualities

Being a foster carer can be extremely stressful, and some placements have to end due to this. What is it about you that you think helped the placement continue?

How do you hold compassion for the child if they may be acting in a way which is stressful for you? (reflective functioning)

OR

How do you manage in a situation if the child is acting in a way which may be stressful for you?

How do you think your own experiences of being parented impact this if at all?

How do you think previous placement experience, including loss, impacts upon this if at all?

Parenting style

(Questions taken from DDP Interview)

What do you think influences your parenting style? (what has influenced your ability to be resilient as a parent?)

What strengths do you think you have brought to parenting that have come from your experience of being parented?

Are there any things you find difficult or challenging about parenting that you think have come from your experience of being parented?

Training

Have you received any training as part of your role and if so,

has this impacted your practice?

Prompts

If one placement ended, one did not – what was the difference. What was it about XYZ that was helpful.

What was helpful about this?

Can you give an example of a time this was helpful?

Is there anything else that would have been helpful?

Could you give an example of this?

Could you say a bit more about that?

Appendix E: Recruitment Poster

Research Project
Foster Carers

UNIVERSITY OF LEEDS

Exploring Foster Carers' Experiences and Key Factors Contributing to Placement Stability in Foster Care.

What's involved?

Foster Carer in the UK?

Had a placement for longer than 12 months?

Want to discuss your experience of offering placements?

Time for a 1 hour virtual interview?



Your voice can help to improve placements and outcomes for both young people and other foster carers.

£20 Voucher for participating

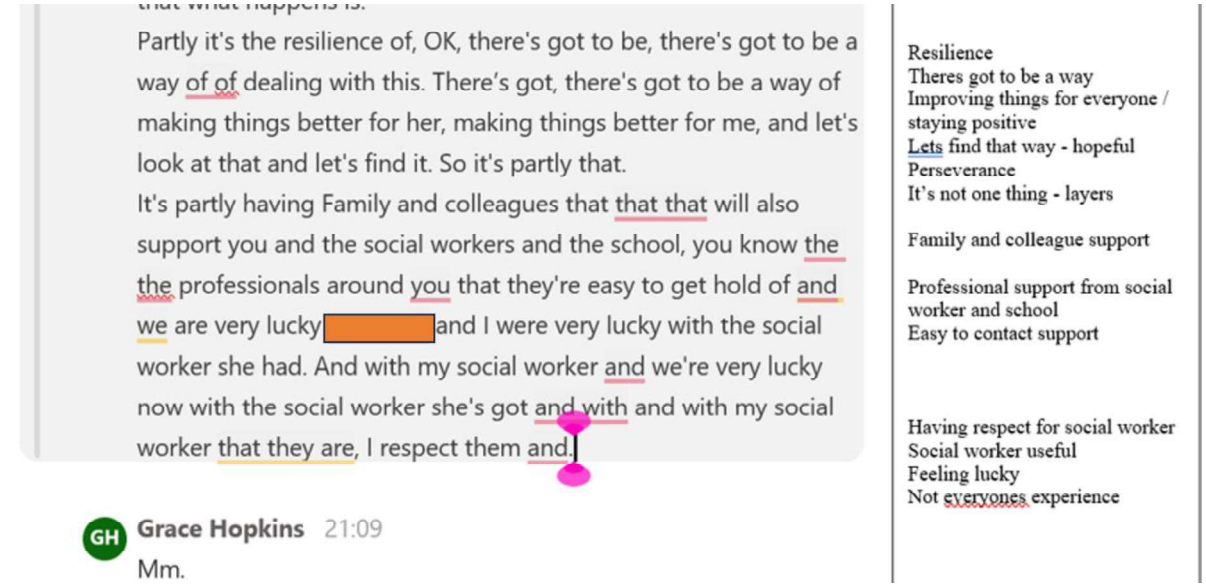


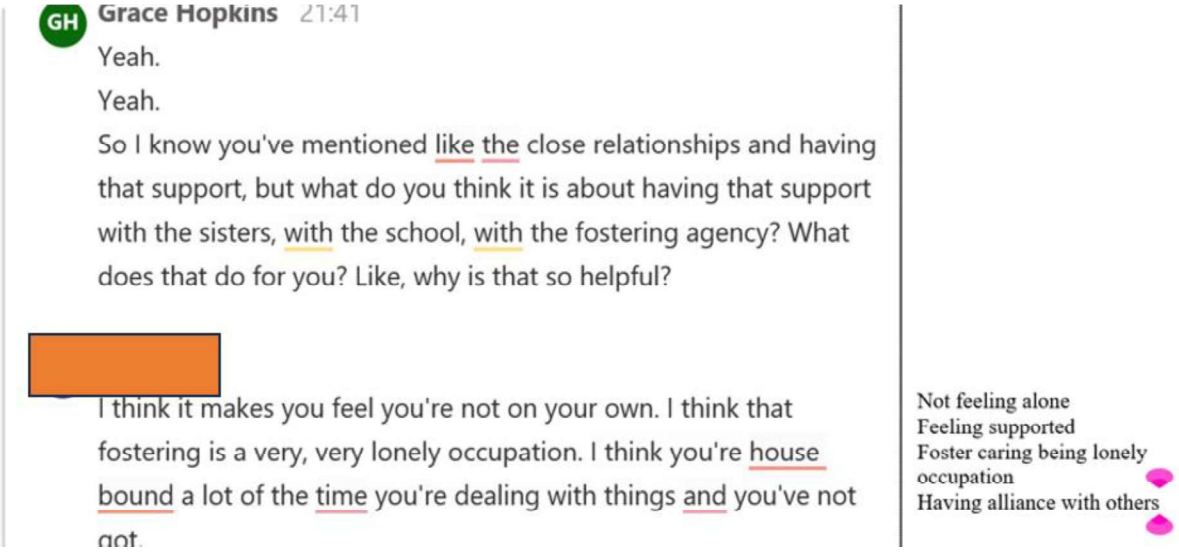
Want more information?

Contact Grace Hopkins, Lead Researcher - umgho@leeds.ac.uk

Ethical approval has been sought from the School of Medicine Research Ethics Committee under reference number SoMREC Project ID 2710

Appendix F: Example of Coding Process





Appendix G: Photo Elicitation Instructions

Please bring a photograph(s) which represents how you have managed to continue offering placements, and show this to the interviewer over teams. The researcher will not store this photograph, you will show this to the researcher through the camera during your online interview.