Preventing Placement Disruption: How do foster carers experience and explain the process?

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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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Note: Due to changing my name prior to completing this study, I am referred to by both my married name Jennifer Lear and my maiden name Jennifer Spenceley within this thesis.

ABSTRACT

Despite the importance of placement stability in promoting positive outcomes for looked after children, the number of foster placement disruptions continues to be high. Existing research has identified factors which contribute to placement disruption and success. However, the experiences of foster carers who are able to create stable placements are less well understood. The aim of this study was to examine what can be learnt from the experience of long-term, mainstream foster carers, who had been providing placements that were at risk of disruption, but which eventually became stable. The study explored how foster carers experience and explain recovery from a threatened placement, how and why they make the decision to maintain difficult placements and what processes and factors influence this. It also aimed to understand how theories of attachment and resilience contribute to the understanding of foster carers' experiences.

Seven foster carers were recruited from across two Local Authorities. They each took part in a semi-structured interview which was transcribed and subjected to a grounded theory lite methodology. The analysis generated one super-ordinate theme (layers of protection) and seven core themes (fragile context, personal investment and affirmations, expectations, special kind of love, strengthening experiences and feelings, adapt and take action and collective vs isolated). A visual model of the data was produced which represented the protective layers, which collectively mitigated the threatening elements associated with difficult placements. The findings suggested that not all participants needed or experienced all of the layers and that the importance of each layer, in maintaining the placement, was variable, depending on the situation. Clinical implications can be drawn from this study including: the importance of foster carers investment in the role, participants mixed feelings about the full disclosure of information on the child and the importance of balancing realistic expectations and maintaining hope.

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ABBREVIATIONS

BPS: British Psychological Society

IPA: Interpretative Phenomenological Approach

LA: Local Authority

LAC: Looked After Child

MTFC: Multidimensional Treatment Foster Care

MTFC-A: Multidimensional Treatment Foster Care Adolescents

NICE: National Institute for Health and Care Excellence

UK: United Kingdom

1.0 CHAPTER ONE: INTRODUCTION AND CONTEXT

1.1 Background to the Study

Preventing placement disruption in foster care is a priority for Social Care Teams in the United Kingdom (UK), given the known harmful effects of multiple placement moves on children and young people (Christiansen, Havik, & Anderssen, 2010; Rosenfeld et al., 1997). However, there are still high numbers of placement changes and unplanned disruptions within the English care system (Department for Education, 2013). Why some foster placements disrupt whilst others remain stable has been an on-going focus of research (Brown & Bednar, 2006; Fisher, Stoolmiller, Mannering, Takahashi, & Chamberlain, 2011; Newton, Litrownik, & Landsverk, 2000; Smith, Stormshak, Chamberlain, & Bridges Whaley, 2001). This research has typically scrutinised predictor and outcome variables in terms of level of risk. However, research has yet to examine what can be learned from placements which were close to disruption, but which eventually became stable. The present study aims to bridge this gap, and to offer a new perspective, by exploring the success stories of foster carers who have transitioned from an unstable to a stable placement. The study explores, from the perspective of the foster carer, the processes and experiences that threatened the placement, and then enabled the placement to transition to stability. This introductory chapter will provide the background to looked after children (LAC), introduce the statutory frameworks for fostering in the UK and outline the importance of providing stable foster placements.

1.2 Looked After Children

At the time of writing, 68,110 children in England are 'looked after' by their Local Authority (LA); 50,900 of these children are placed within foster care, with the remainder placed within a residential setting, placed for adoption, or at home under a full care order (Department for Education, 2013). Children were removed from birth families and became looked after due to: abuse or neglect (62%), family dysfunction (15%), acute family distress (9%), absent parenting (5%), parental illness or disability (4%), child disability (3%), the child's socially unacceptable behaviour (2%), or low income (<1%). Each year there is an increase in the number of children looked after by the LA, with an increase of 12% since 2009 and an increase of 16% of children residing within foster care since 2009 (Department for Education, 2013). All children looked after by their LA will have their own social worker to promote their best interests and ensure they are safe, looked after and well cared for.

It is well documented that children placed in the care of the LA experience multiple disadvantages and poorer health, behavioural and educational outcomes (Ford, Vostanis, Meltzer, & Goodman, 2007; Rosenfeld et al., 1997; Roy, Rutter, & Pickles, 2000; Simmonds, 2010). Within the LAC population, the prevalence of a mental disorder was reported to be 45% of children between the ages of 5 - 17 years old (Meltzer, Gatward, Corbin, Goodman, & Ford, 2003). When the prevalence rates of psychiatric disorders, learning difficulties and neurodevelopmental disorders were compared between the LAC population and populations of children living in private households (both disadvantaged and non-disadvantaged), the rates were higher for LAC (Ford et al., 2007). The prevalence of LAC with a psychiatric disorder was 46.4%, compared to the prevalence in private households at 14.6% (disadvantaged) and 8.5% (non-disadvantaged). Learning disability was reported in 36.9% of LAC by their carers, compared to 12.2% (disadvantaged) and 8.3% (non-disadvantaged) children living in private households. Additionally, the prevalence of neurodevelopmental disorders was only 4.5% (disadvantaged) and 3.3% (non-disadvantaged) of children in private households compared to 12.8% of LAC (Ford et al., 2007). To promote the well-being of LAC and begin to address these vulnerabilities, the UK government introduced the Children and Young People Act (2008), which brought into force the recommendations of the 'Care Matters' paper. This paper's objective was to improve the outcomes of LAC and to ensure they are receiving quality care to meet all of their needs (Department for Education and Skills, 2006; Her Majesty's Stationery Office, 2008). However, there is no known evidence that, nationally, the outcomes for LAC are significantly improving since the publication of that paper.

Whilst it is evident that LAC experience poorer psychological outcomes compared to non-LAC, it is not always clear if this is a result of abuse and/or neglect, the experience of being removed from their family and being placed within the care system, genetic inheritance, or a combination of all factors (Roy et al., 2000). However, research has shown that experiencing abuse and neglect, as the majority of LAC have experienced, is known to negatively affect a child's growth, brain development, and cognitive function, including memory and language abilities (Downey, 2007; Roy et al., 2000; Stein, 2009; Van Der Kolt, 2005). Additionally, research has showed that for maltreated children outcomes of well-being and stability are better for children who remain looked after by their LA, rather than return home, even when the return home had been stable (Wade, Biehal, Farrelly, & Sinclair, 2010), indicating that the poorer outcomes are likely to be due to their pre care experiences.

1.3 Statutory Frameworks for Fostering

Fostering is a demanding and difficult task that requires individuals to open their homes and lives to some of the most vulnerable children in society. In the UK, there are different types of foster placements including short breaks, respite care, family and friend, task centred and long-term. The focus of the current study will be long-term foster placements, where the children in placement have a plan of permanency with the referent foster carers.

Historically, in the UK, children looked after by the LA were cared for in large institutions. However, since the 1950s there has been a shift towards foster care (Fahlberg, 1994). There are now rigorous requirements placed on LA and private fostering services by the Care Standards Act (2000), the Children Act (1989; 2004), the Fostering Services Regulations (England) (2011) and the Fostering Services: National Minimum Standards (2011). The requirements centre around the fostering services being able to provide child focused placements. Additionally, they require foster carers to have on-going training and skill development (Acts of Parliament, 2000; Children's Commissioner, 2004; Department for Education, 2011a, 2011b).

The majority of mainstream foster carers are approved and supervised by LAs, although there is also a number of private agencies that provide a fostering service (i.e. screening, assessment and training of foster carers and supervising placements), which is then commissioned by the LA. The fostering services allocate a social worker to all their foster carers, who will supervise and support them and the placements they are providing. Generally, private fostering agencies charge the LA high fees for each placement they provide and are therefore less frequently used, or are sometimes only used on a short-term basis until a LA placement can be identified. All foster carers (not including private fostering arrangements or all kinship carers) receive an allowance and, often, expenses for each child they care for; there is a national minimum allowance, depending on the age of the child and geographical areas (The Department of Health, 2002), although the allowances given to foster carers varies, with private agencies often offering their foster carers a higher rate of allowance or a salary.

Following a prospective foster carer's application, assessment and reviews, a decision is made regarding the type of placement for which foster carers can be approved. Some fostering services tier their foster carers depending on their level of experience and skill; carers in the higher tiers are often expected to take more complex placements and may

receive higher allowances. The present study will focus on placements which are provided only by LA fostering services.

1.4 The Importance of a Stable Foster Placement

Placement stability is vital for LAC given the negative consequences of instability, which are well documented (Christiansen et al., 2010; Crum, 2010; Fahlberg, 1994). The definition of stability in the research and policy literature is inconsistent and has been referred to as the number of placement moves, changes, disruptions and others (Christiansen et al., 2010). The previous UK government defined placement stability as when the child has remained in the same placement for at least two years. That government set itself a Public Service Agreement Target of 80% of foster placements to be classed as 'stable placements' by 2008 (Department for Education and Skills, 2006) however, this figure was not met with only 67% of placements lasting at least two years (Children Schools and Families Select Committee - Parliamentary business, 2009). The National Statistics for England show that between 2012 and 2013, only 66% of LAC remained in one foster placement and approximately 11% experienced three or more different foster placements (Department for Education, 2013).

Literature has highlighted concerns regarding the number of children who have experienced placement moves and despite an inconsistent definition, there is a consensus that stability gives children an opportunity to form attachments, to develop a sense of belonging and thrive (Christiansen et al., 2010; Crum, 2010; Fahlberg, 1994; Meltzer et al., 2003). However, some researchers suggest that placement changes can be in the best interests of the child. In one study, approximately half of the moves between placements were planned in order to provide a 'better' placement for the child (Christiansen et al., 2010).

1.5 Reflexivity Statements

The author will be offering reflexivity statements throughout this thesis. Within qualitative research reflexivity refers to the explicit practice of self-aware exploration, which is engaged in throughout the research process to examine the impact and influence the researcher has on their work and the co-construction of their findings (Finlay, 2002). It has been suggested that by offering reflexivity, the author can provide an important level of transparency, in so far as influences that are accessible to the researcher's awareness (Finlay, 2002). Currently, there is little consistency around how reflexivity is used in qualitative research or how it should be presented within the

research (Finlay, 2002). However, for the purpose of this thesis, the author will attempt to use introspective reflexivity statements to reflect on their role in the development, choices made, and influence over the research.

Chapter two will explore the known factors, which contribute to placement success and placement disruption before considering, more briefly, the literature on attachment, resilience and positive psychology in relation to LAC and fostering.

Reflexivity Statement: Expectations of foster carers

Part of my motivation to undertake this research came from my experiences as a Social Worker. I acknowledge that I will have developed some preconceived ideas about fostering from my experiences which may have influenced how I approached this research. I was often amazed by the 'sticking power' of some foster carers I worked with, who were able to maintain placements despite very difficult circumstances. I would often read about the negatives of fostering and I felt that it was a shame success stories were not talked about more widely. This is likely to have been a factor in wanting to share positive fostering experiences as part of this research.

A further part of my experience was that a child's social worker and foster carer's social worker could communicate and work more effectively for the benefit of the child, if they were both working for the same organisation. Further, the large fee given to the private providers for the placement at times felt, to me, like an incentive for maintaining the placement, regardless of whether it was right for the child or the foster carer. I therefore felt that LA placements were a preferable option for LAC over private fostering services.

2.0 CHAPTER TWO: LITERATURE REVIEW

This chapter critically examines the research to date pertaining to the known factors which contribute to placement success, placement disruption, attachment and resilience, and positive psychology. This examination seeks to identify the factors which aid and support foster carers who are able to prevent difficult placements from disrupting. Unless otherwise stated, the research discussed in detail within this chapter will relate to studies or policies based within the UK.

2.1 Placement Success

While the overall goal of foster care is to provide a safe, healthy and nurturing environment for children in the care of the LA (The Department of Health, 2002), placement success can be viewed differently depending on whose perspective is being sought. Placements have been considered to be successful if 'permanence' for the child is established, or if the outcomes for the children are improved (Department for Education and Skills, 2007). Others have suggested that success should be viewed more broadly in the context of the placement and its intended purpose (Sinclair, Wilson, & Gibbs, 2005). The understanding of what factors contribute to placement success will now be explored.

2.1.1 Success from the perspective of foster carers

Several studies have contributed to our understanding of the factors, which may indicate that a placement is likely to be deemed successful by the foster carer. Researchers in Canada, interested in the foster carer's perspective on success, have asked foster carers, "what a successful foster placement is?" (Brown & Campbell, 2007) and "what do you [the foster carer] need for a successful foster placement?" (Brown, 2008). Both of these studies used multidimensional scaling and cluster analysis to determine the themes expressed by participants. In the Brown and Campbell (2007) study, participants consisted of 61 foster carers, all of whom were members of the Manitoba Foster Family Network. Through telephone interviews, themes that were identified as characterising a successful placement were: 'security for the children', 'family connections', 'good relationships', 'positive family change', 'seamless agency involvement' and 'child growth' (Brown & Campbell, 2007).

In the study by Brown (2008), 63 Canadian foster carers participated in interviews. Analysis suggested that, to achieve success as a foster carer, they need: the right kind of

personality and the right skills, self-care skills, a positive relationship with their fostering service, to be supported by a tailored service which meets their needs, supportive links to other carers, support that is external to the agency and support from within their own family (Brown, 2008). Brown and Campbell (2007) suggest that their findings enable a different level of understanding regarding successes in foster placements. They suggest their findings differ from other research in several ways; firstly, foster carers in this study reported on-going birth family involvement as important. Secondly, some carers interviewed in this study perceived that success is part of the process they go through with the children, their birth families and the wider system while they are providing the placement (Brown & Campbell, 2007).

Beek and Schofield (2002) undertook three focus groups with carers who had been identified as providing successful stable long term placements. The focus groups were funded by the Nuffield Foundation as part of consultations on the UK governments Adoption and Children Bill. They enabled the researchers to explore long term foster carers perspectives on their role in offering children a long-term placement in their families. The focus groups were co-facilitated by the authors. Forty foster carers identified by Family Placement Teams, from three areas in the UK were invited to participate. The authors identify that the key issues arising in the focus groups were around how foster carers balance loving and being committed to the LAC while enabling them to have a separate family identity. Additionally foster carers felt they needed to parent the LAC without having to check everything with social care, so children could feel like 'normal' members of them fostering family, and how they as foster carers continued to support the LAC after they turn 18 years old. Furthermore the authors identified that foster carers felt birth families can impact on how secure a placement can feel. The authors suggest that to create successful permanent placements the social care system needs to allow foster carers to create placements where LAC can have 'normal' lives (Beek & Schofield, 2002).

2.1.2 Success from a joint perspective

Other studies have taken a wider approach to understanding foster placement success, combining the perspectives of a number of individuals involved in the placement. A review of studies on LAC and fostering was undertaken by Sinclair (2005), he brought together the findings from 16 studies, most of which were commissioned by the UK government. He suggested that foster care only rarely provides a long term stable option for looked after children within one family. Highlighting that

increased recruitment and retention of foster carers is needed to increase the options for LAC, although he acknowledged that this is not an easy process. He suggests that government policy can make successful long term fostering a limited option, as adoption is sought for children under 5 years old and for children aged 16 or over independent living is promoted (Sinclair, 2005). However, he also reported that some placements can be successful and that in some cases the difference between long term foster placements, and some adoptions are minimal, highlighting that some foster carers continue to support LAC post 18 and into adulthood (Sinclair, 2005).

Early research aimed at predicting success in foster placements focused on temperament characteristics of the child and the foster carer. Doelling and Johnson (1990) used the temperament interaction between the carer and child to determine the 'goodness-of-fit', and to examine if a carer-child 'mismatch' predicted placement outcome. The research, based within the USA, employed validated measures (The Dimensions of Temperament Survey-Revised and the Family Environment Scale) to assess the temperament of the child and carer, the carers' expectations of the children and the characteristics of the family, in addition to a measure of placement success (the Foster Placement Evaluation Scale), which was developed by the researchers. The measures were completed by the female carer, the caseworker and by some of the children's teachers. The researchers suggest that their findings support the interactive care-child approach that predicts the success of a placement. No significant individual temperament variables were found to be predictive, but the combination of an inflexible mother (foster carer) and a child with a negative mood, predicted placement failure, increased conflict and lowered carer or child satisfaction. Additionally, carers who expected a less negative mood in children, had less successful placements (Doelling & Johnson, 1990). While these findings appear to make sense, several problems with this study have been noted. These include, the lack of agreement between the teacher and carer ratings of the children's temperament, the method for determining if a placement was either a success or failure and the method of establishing 'matches' or 'mismatches'.

Understanding of placement success was also contributed to by three linked government-funded York studies on foster care (Sinclair, Baker, Wilson, & Gibbs, 2005; Sinclair, Gibbs, & Wilson, 2004; Sinclair, Wilson, et al., 2005). The studies employed both qualitative and quantitative research techniques and were undertaken over a six year period. They involved the perspectives of LAC, foster carers and Social Workers form seven Local Authorities in England. The first study focused on a consensus and

follow-up of 1528 foster carers, which enabled researchers to develop greater understanding of foster carers and make a comparison of which carers continued to foster or not (Sinclair et al., 2004). The second study focused on what makes a placement successful (Sinclair, Wilson, et al., 2005) and the third study focused on the LAC and what happens to them (Sinclair, Baker, et al., 2005).

The study by Sinclair, Wilson, et al. (2005) examined what factors contribute to successful placements. Questionnaires were sent out on 596 LAC, in a range of placement types, to their respective foster carers, Social Workers and Family Placement Social Workers. The children were then followed up 14 months later. The questionnaires examined the characteristics of the child, the foster carers and fostering families approach to the placement, the support the foster carers received, the progress of the LAC and how well the placement was going. In addition, 150 questionnaires were received from LAC (over the age of 5 years old) to examine what LAC want from placements. The sample included LAC of all ages, 46% were female and 54% were male. The study found that at the follow-up point 44% of the children were in the same placement, 15% were in a different placement with other children either being in adoptive placements, care homes, living independently, returned home or others. The authors assessed the success of the placement in two ways. Firstly, the questionnaires asked all parties if they felt the placement had gone well and secondly, they recorded the placement disruption rates, with avoidance of disruption being viewed as a success (Sinclair, Wilson, et al., 2005).

The findings of the study indicated that at follow-up 48% of placements were deemed to have gone "very well", 37% were deemed to "have gone as well as could be expected" and 15% were described as "not going well". The rate of disruption was found to be 21%. The researchers suggested five groups of factors which influenced the outcome of the placements: the LACs characteristics, the parenting approach of the foster carer, the way the LAC and Fostering family got on, the birth parents of the LAC and factors connected to school. Within the study the authors found no clear association between contact with birth family and placement outcomes, although it was indicated that in some cases birth family contact was helpful, whereas in others it was damaging. They found that the composition of the fostering family did not appear to have an impact on the outcome of a placement success, although they recognised that it has an important role in the placement. Interestingly, they also found that foster carers who: are warmer, have clear expectations, have high levels of concern regarding the LAC, are less affected by negative behaviour and demonstrate more empathy were all associated with more

successful placements and that high levels of commitment by the carer are associated with less disruptions. Further, within the study some foster carers did attribute placement disruptions they experienced to poor support from social care. However, the authors suggest that general support on its own did not impact on the outcome of the placements. Instead, they highlight the importance of support for foster carers moral and well-being. Additionally, the amount of fostering experience or training undertaken was not significantly associated to placement outcomes (Sinclair, Wilson, et al., 2005).

Alongside other studies (Doelling & Johnson, 1990; Farmer, Moyers, & Lipscombe, 2004; Sinclair, Baker, et al., 2005; Sinclair & Wilson, 2003; Sinclair, 2005), Sinclair, Wilson, et al. (2005) highlight the importance of the interaction between the child and carer. The placement outcomes were linked to the matching of the child to foster family, the fit of the child, how well they adjusted to being in the placement and if an affinity/bond was made between the child and carer. Additionally, the authors highlighted the 'spirals of interaction' between the child and carer, where the carer reacts badly to a LAC behaviour, which in turn perpetuates the behaviour of the child, creating a downward spiral. The more problems the harder the carers found it to respond and parenting would deteriorate. Likewise, if the child is positive this can create a positive cycle (Sinclair, Wilson, et al., 2005).

Similarly, previous findings from Sinclair and Wilson (2003) on successful placements linked the characteristics of the child, the qualities of the foster carers and the interaction that occurred between them to placement success. They collected qualitative and quantitative data on 472 LAC, from reports by the children's social workers, family placement social workers, foster carers and from the LAC. The findings highlighted the views of children regarding what they wanted when choosing placements, indicating they would like placements where they were encouraged and liked by their carers. Foster carers and social workers indicated that 'chemistry' between the child and carer was important in creating successful placements. Further, placements were more likely to be a success if the child was not perceived by the carer as being difficult (Sinclair & Wilson, 2003).

This study was expanded upon in the literature by adopting an example case study, to develop a model of successful foster care (Wilson, Petrie, & Sinclair, 2003). The model focuses on the interaction between the child and carer and views the interactions in terms of 'responsive parenting' and the 'conditions' that, as well as being related to the child and carer, should relate to the wider context. The authors suggest that 'responsive

parenting' reflects the carer's ability to manage difficulties in the looked after child's attachment, behaviour and their self-esteem (Wilson et al., 2003). The example case study demonstrates: the foster carers' positive views of the child, the child's responsiveness to the foster carer and observable change in the placement. In addition, from the wider context agreement regarding expectations of the placement, birth family involvement, and positive relationships with involved professionals are factors which contribute to a successful placement.

A further study undertaken by Farmer, Moyers and Lipscombe (2004) aimed to identify what helps foster placements succeed for adolescents. This study used a year-long prospective, repeated measures design to examine what contributed to success for 68 newly placed LAC, aged between 11-17 years old in medium to long term placements. The adolescents were recruited into the study from fourteen Local Authorities and two independent fostering agencies. The authors reviewed case files, employed standardised measures and undertook semi-structured interviews with the LAC, Social Workers and foster carers. Interviews were undertaken at 3 months into the placement and then follow-up interviews were at 12 months into the placement, or at the point of disruption. The finding suggested that foster carer reluctance to taking the placement decreased the chances of placement success and that initial dissatisfaction with the placement from either the LAC or foster carer was associated with unsuccessful placements. The factors that this research identified as being associated with fewer disruptions were: the foster carers sensitivity and ability to respond to the LAC emotional age, the LACs ability to talk to the foster carers about their past, or have opportunities to talk with others about their past. Factors associated with placement success in the study were: a moderate level of encouragement from the foster carer for the LAC to learn life skills and foster carers monitoring activities outside the home to keep the LAC safe. The author also highlighted LAC who experienced low confidence in their school work and in social relationships at school were less likely to have placement success. However, if the LAC had interests and skills their chances of success increased (Farmer et al., 2004).

2.2 Placement Disruption

Placement disruption refers to when a foster placement has been terminated contrary to the child's plan of permanence (Christiansen et al., 2010). It is acknowledged that different and interchangeable terminology may also be used to describe this situation, for example, placement breakdown, or unplanned endings. For the purpose of consistency, this study will refer to this situation as placement disruption.

Approximately 39% of LAC experience a placement disruption (Christiansen et al., 2010) with most placements being terminated at the request of the foster carers. Foster carers or the LA are able to end any placement with 28 days' notice (The Department of Health, 2002). However, in emergency situations placements can be terminated sooner and it is not unusual for placements to be terminated either on the day, or within a week of the initial request, if the placement is in crisis. In addition, the looked after child may request to have a placement move; however, it is unclear how frequently this happens and when it does, how quickly a move is planned. While this section of the literature review is focused upon placement disruptions, it is acknowledged that not all placement changes are due to disruptions; some changes are carried out in planned circumstances to provide more suitable placements, reunification home or to provide permanence.

Research in this area has focused upon identifying predictors or factors which contribute towards a placement disruption. Factors which correlate with placement disruption can be broadly separated into three areas: factors which relate to the child, factors which relate to the foster carer and other factors which may relate to the service or wider environment. Each of these three areas will now be explored.

2.2.1 Factors related to the child
Behaviour

There are a number of factors relating to the child which have been linked to placement disruption including: behavioural difficulties, age of child at the time of placement and perceived risk from the child. Difficult or problem behaviour is commonly cited as a predictor or influence on placement disruption (Brown & Bednar, 2006; Chamberlain et al., 2006; Farmer, 2010; Fisher et al., 2011; James, 2004; Leve, Fisher, & Chamberlain, 2009; Newton et al., 2000; Palmer, 1996; Sinclair & Wilson, 2003; Strijker, van Oijen, & Knot-Dickscheit, 2011). The relationship between 'problem behaviour' and placement changes was investigated in a study of 415 LAC, aged between 2 and 17 years old, from a cohort of children placed in foster care for a minimum of 5 months, in a large city in California, USA (Newton et al., 2000). The researchers recorded all placement changes within the first 18 months of the children being placed in care. To examine the behaviour of the children the researchers employed the 'Child Behaviour Check List', a validated measure which identifies the carer's perception of, and frequency of, any problem behaviours. The measure was completed early in the child's placement, on average, after the child was in placement for 5 months

and repeated when the child had been in care for approximately 17 months. The analysis separated the scores into three scales: the total number of behaviour problems, internalising behaviours (e.g. withdrawal) and externalising behaviours (e.g. aggression).

Results showed that 58% of the children were reported as reaching above the cut-off point, suggesting they exhibited those behaviours, on at least one of the three scales, five months into their placements. The children who were exhibiting externalising behaviour at the five month stage were the most likely to later have a placement disrupt (Newton et al., 2000). The findings also demonstrated that behavioural difficulties can be related to the experiences of placement changes; children who did not meet the cut off points early in the study showed an increase in problem behaviours following numerous placement changes, suggesting that difficult behaviour is likely to be a result of placement changes as well as a cause. The authors suggest their findings hold some support for the theory of attachment (Newton et al., 2000) (discussed later). However, the specific policies and practices used within this city's care system may have impacted upon the number of placement moves; for example, most of the children in this study were cared for in a 'receiving facility' before foster care and therefore would have experienced at least one placement change.

A study by Fisher et al. (2011) also examined the relationships between perceived child problem behaviour on later placement disruptions. The study used the Parent Daily Report Checklist, which via telephone interviews asked carers to report which behaviours have occurred. Problem behaviours included: lying, fighting, jealousy, soiling, irritability and stealing along with many others. The study then compared 117 preschool LAC in the USA and kept track of placement disruptions in an intervention (n=57) vs control group (n=60) over a one year period. The intervention group involved training for foster carers in behaviour management. In standard care, children with fewer than five problem behaviours at the time of placement had only a low risk of placement disruptions. Each additional problem behaviour increased the chances of disruption by 10%. The findings support previous research by Chamberlain et al. (2006) on the relationship between problem behaviours and disruption. Further, Fisher et al, (2011), developed previous findings and suggested that the foster carer intervention did moderate this risk, with only seven disruptions in the intervention group compared to twelve disruptions in the standard foster care group (Fisher et al., 2011).

Similarly, Farmer (2010) sought to identify the factors associated with positive and negative outcomes for children in care. The study focused on children placed in kinship

placements and compared the outcomes for children in these placements with the outcomes for children in 'unrelated' foster placements. Farmer examined 270 file reviews of LAC from 4 LAs in England; 53% of those children were placed within kinship placements and 47% were placed with unrelated foster carers. In addition, a selection of kinship carers, birth parents, children and social workers were interviewed. Outcomes were based on the quality of the placement, with a good quality label if the placement was perceived to meet the child's needs and poor or problematic quality if concerns had been raised regarding the placement. It was also noted if the placement disrupted or not. A logistic regression was employed to develop the understanding of the placement outcomes, findings indicated that there was no significant difference in the quality of the placement between kinship and unrelated foster placements, or in the numbers of placements that disrupted across the groups. However, for children in both groups, alongside other factors, having behavioural difficulties was a predictor of placement disruption. Additionally, the more negative the behaviour exhibited prior to placement, the more likely the placement was of unsatisfactory quality. Furthermore, difficult behaviour played a greater role in the disruption of unrelated foster placements than in kinship placements. Child behaviour that was perceived as being 'out of control' was a predictor of placement disruption in both groups. Findings also indicated that differences were found between the different LAs in how the kinship placements were assessed, monitored and supported (Farmer, 2010). Although this study highlighted central features of disruption, the focus was on kinship foster carers, not unrelated carers, and the perspectives of the unrelated carers were not solicited through interviews.

Other factors related to the child

A further factor associated with the placed child and placement disruptions is the age of the child (Farmer, Moyers, & Lipscombe, 2004; Farmer, 2010; Sinclair, Baker, Wilson, & Gibbs, 2005; Sinclair, Wilson, & Gibbs, 2005; Smith et al., 2001). While findings have not always been consistent, research has often suggested that the older the child, the increased likelihood that the placement will disrupt. In a study in the USA by Smith et al. (2001), the disruption rates were studied over a 3 year period in a sample of 90 children. Over 25% (n=23) of the children experienced placement disruptions within the first 12 months. Controlling for the number of placements experienced, older children were still at an increased risk of a placement disruption (Smith et al., 2001).

Similarly, in the York studies age of the LAC was also associated to the stability of the placements, with older children having less stable placements (Sinclair, Baker, et al.,

2005; Sinclair, Wilson, et al., 2005). LAC aged between 11 and 15 were mostly likely to have negative outcomes, with 48% of placements in this age group disrupting. The majority of children under 11 years old were almost always in the same placement at the studies follow-up points, whereas only half the adolescents in the sample were in the same placement at follow-up. Interestingly, for LAC over the age of 16 years old, disruption rates reduced to 31%. It was suggested that this could be due to young people 16 and over being able to move to independent living instead of disrupting and requiring a new foster placement (Sinclair, Baker, et al., 2005; Sinclair, Wilson, et al., 2005).

Farmer's (2010) research offered only partial support for the above findings; during kinship placements the older the child on placement, the more likely the placement was to disrupt. However, Farmer (2010) found that in non-kinship foster placements, the majority (35%) of the placement disruptions occurred when the child was placed between the ages of 5 to 10 years, but only 19% of placements disrupted when the child was over 10 years old on placement. Farmer (2010) suggests that, if planned endings of placements were included, the incidence of disruption would be similar. More exploratory research is needed to fully understand the relationship between age and placement disruption.

Smith et al. (2001) identified gender as a further contributing factor in their research. They found that older girls were at more risk of experiencing a placement disruption than older boys and both younger girls and boys. However, the authors acknowledge the limits of their study without a control group (Smith et al., 2001). Further, this finding was not supported by Sinclair, Wilson et al. (2005) who found no association between gender and success rates in foster placements.

The characteristics and personality of the child were also found to be factors which influenced the disruption or success of a placement (Sinclair, Wilson, et al., 2005). Children who were categorised as 'difficult' were less likely to succeed in placements than children who displayed attractive qualities (showed admirable traits, helped others and saw tasks through) and/or had a physical disability. LAC who were emotionally and physically abused and who were described as having a 'childlike attachment' (seen attention seeking and displaying childishness) was significantly more likely to have a placement disrupt. An additional influence on the placements stability was the LAC having a desire to remain in their placements. Findings indicating that when a LAC was motivated to remain in placement and their carers believed they wanted to stay with them, they had less chance of disrupting and more chance of having a successful

placement. The LAC performance and happiness at school was also associated with placements having positive outcomes (Sinclair, Wilson, et al., 2005).

Additional factors related to the child have also been cited as predictors of placement disruption. In a qualitative study, employing a concept mapping method, the perspectives of 63 Canadian foster carers, from 50 households, were collected via telephone interviews, regarding why they would consider ending a placement (Brown & Bednar, 2006). The participants individually grouped together responses from the interviews, which were then analysed by the authors in order to identify the main themes from the data. Nine concepts were identified, several of which related to the child, with others relating to the foster carer or the systems around the placement, namely: the child's inability to adapt to the foster home, the carers inability to manage the child's behaviour, perceived danger from the looked after child, difficulties working with the fostering service, unsuccessful attempts at continuing with the placement, foster carer health problems, the looked after child's health needs, a change in foster carers circumstances, a change/deterioration of the foster carers health and a perceived lack of support (Brown & Bednar, 2006). The authors suggest that their findings were consistent with other studies, but highlight that in addition, their study identifies that foster carers take a number of factors into account when deciding whether or not to end a placement. They suggest that this decision making process has not been previously investigated and note that this would add a valuable contribution to the literature on foster care.

2.2.2 Factors related to the foster carer

Factors relating to the foster carers have also been associated with placement disruption, including different aspects of parenting. A study in America, by Crum (2010), assessed the parenting characteristics of 151 foster carers and checked these against their records of placement disruptions. Participants completed the Parenting Alliance Measure and the Parent-Child Relationship Inventory to assess parenting characteristics and the perceived alliance between the caregivers. All had been carers for at least two years and they were asked to recall the longest placement they had provided and the number of disruptions they had experienced (Crum, 2010). Parenting support and appropriate boundary settings were both predictors of longer term placement stability and communication, parenting alliance and parental satisfaction did not appear to affect placement stability. Participants did not report feeling overburdened by their role as foster parents and reported having positive support networks (Crum, 2010).

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However, foster carers were recruited from support groups or training events in America and the findings may represent the carers who feel most supported. Additionally, the study did not collect any information regarding the children in placement, and was therefore unable to comment on factors or situations that the carers were experiencing which may have contributed to the stability of the placement.

In an earlier UK study, Lipscombe, Farmer and Moyers (2003), built on the findings of the study previously detailed by Farmer, Moyers and Lipscombe (2004) on placements for adolescent children. In relation to foster carers and factors associated with placement disruption, the findings indicated that the carers' responsiveness and ability to relate to the child's level of emotional maturity was related to placement disruption. Interestingly, whether the carer 'liked' the child at the beginning of placement was not related to placement disruption; however, if dislike for the referent child continued, then the chance of disruption increased (Lipscombe, Farmer, & Moyers, 2003). A further finding was that placements were more likely to disrupt when Social Workers had not been open and honest with the foster carers about the difficulties they may face with the LAC. The authors suggest that this finding supports the need for foster carers to be given all known information about a child as foster carers could cope better with the difficulties if they knew about them in advance. The authors also highlight that placements should be carefully considered if the foster carer is already experiencing high levels of stress occurring from both the placement and when stress existed prior to the placement being made. A further finding was that difficulties with birth family contact which impacted upon the fostering family were significantly related to placement disruptions (Farmer et al., 2004).

Similarly, stress has been indicated as impacting on the foster carers providing placements (Brown & Bednar, 2006; Farmer, Lipscombe, & Moyers, 2005). Farmer et al. (2005) examined the impact of stress on foster carers who were providing placements for adolescents, by drawing on data from the Farmer et al., 2004 study. They highlighted that carers who had already experienced stress prior to the placements due to life events, such as bereavement, or previous difficulties and disruptions with placements, were more likely to experience placement disruptions than foster carers who have experienced less stress. The findings indicated that support from social workers, other professionals and friends could reduce stress that foster carers were experiencing (Farmer et al., 2005). This finding was also supported by later research by Farmer (2010), which highlighted that, alongside other factors, carer strain was also a factor indicated in poorer quality placements. Additionally, placements were more likely to disrupt when the carers were

having difficulty managing the placement, with 52% of unrelated placements and 29% of kinship placements disrupting at follow up when the carer had experienced strain. Similarly, findings indicated that carers' commitment also impacted on the outcome of the placements. Carers high commitment was related to good outcomes for the children and kinship placements were less likely to disrupt if the carers demonstrated they were highly committed to the children (Farmer, 2010).

A different consideration for the factors relating to foster carers and placement disruption is that within the government legislation (Department for Education and Skills, 2006; The Department of Health, 2002), foster carers are asked to be both 'professionals' and 'parents' when looking after the children in their care. It is possible that the perception foster carers have of their role may impact on how they make decisions, including ending a placement. The influence of allowances and payments in this is also important to consider. Kirton (2001) undertook a qualitative study with foster carers focusing on the role of payments. Twenty foster carers, all female, participated in semi-structured interviews. The foster carers had between 2 and 27 years of experience fostering and were approved to provide a range of different types of placement. Findings indicated that receiving a payment as a foster carer was generally important for the participants. Kirton identified that in some cases payment may be viewed as a form of compensation for some of the difficult situations experienced when providing a placement. However, he also found that generally payments did not impact on carers' motivation to foster. Furthermore, the participants generally indicated that the payments they received were not a factor when deciding if they should or should not end a placement (Kirton, 2001).

Additional research supports the idea that placement disruptions are due to factors relating to both the child and the foster carers. The study by Sinclair, Baker, Wilson and Gibbs (2005) focused on LAC in fostering placements. The research was the third York study highlighted earlier. Researchers followed the LAC over three points in their placements, at the initial stage, at fourteen months follow-up and again three years after the initial research period. The findings on placement disruption supported that breakdown of placements were due to: the child, the foster carer and the relationship between them and school. Interestingly, the study suggested that being in foster care led to better outcomes for children financially, materially and safety wise. They suggested that the child's adjustment to a placement depends on: themselves, how they get on in school, the foster carer, how they get on with the fostering family and factors relating to their birth family (Sinclair, Baker, et al., 2005).

2.2.3 Other factors related to placement disruption

Sinclair (2005) also highlights that where fostering becomes difficult for the wider family and problems occurred between LAC and foster carers birth children, for example, jealousy or theft foster carers are likely to withdraw from fostering (Sinclair, 2005).

Systemic issues have also been indicated in disruption. As previously suggested, a perceived lack of support can contribute to problems in foster placements. A recent study conducted by Community Care (Pemberton, 2012) demonstrated the difficulties in the working relationship between foster carers and the child's social worker, with 88 of the 100 foster carers surveyed suggesting they had experienced difficulties with the social worker and 63% of the 70 surveyed social workers reporting occasional problems when working with foster carers. This study supports findings from an earlier survey of foster carers (Gilligan, 1996) which found that carers reported concerns regarding the level of professional support they received. Additionally, the study previously discussed by Lipscombe, et al (2003), also found that the degree of supervision by fostering services was associated with placement disruption, with low or poor supervision more likely to result in a placement disruption (Lipscombe et al., 2003). Golding (2004) suggests that foster carers need good quality support from services due to the complexity of the task and offered a psychological consultation model as a method of improving support for foster carers (Golding, 2004).

The above literature has focused on the factors which contribute to placement disruption. A different approach was taken in a study which examined how placement disruption was experienced by the looked after child, the foster carer and by the social worker (Rostill-Brookes, Larkin, Toms, & Churchman, 2011). The study involved analysing interviews from a small sample of children (n=5), foster carers (n=7) and social workers (n=4) using an Interpretative Phenomenological Approach (IPA). The findings highlight that each of the groups interviewed were affected by placement disruptions. The researchers recorded negative emotional effects for the children, but additionally, also uncovered strong emotional effects for the social worker and foster carers. The authors suggested that disruptions lead to divisions and splits between the groups, which then made the negative experiences more difficult to share, process and move on from. For example, foster carers who experience difficulty after a disruption may be less likely to

discuss this with their social workers if they perceive them to have contributed to a difficult experience.

The above literature on placement disruption offers insight into factors which may contribute to placement disruptions in foster care. However, a limitation of some of the research regarding disruption is the use of age and ability to exclude children from the studies; children often have to be over a certain age (Newton et al., 2000; Palmer, 1996) and/or are specified to be within a range of 'normal' intelligence (Palmer, 1996) to be included in the studies. Due to these exclusion criteria it is likely that a percentage of disruptions are not accounted for. Therefore, future research into disruptions in foster care would benefit from addressing these issues. Additionally, the gap in the literature relating to how foster carers make decisions about whether or not to disrupt, and how they transition from being in a position of possible disruption to success was identified.

Having identified factors which contribute to placement success and failure, the following sections will now explore some of the psychological concepts and ideas which have developed this understanding including attachment theory, positive psychology and resilience.

2.3 Attachment

Attachment theory is often referred to in the literature on LAC and in research regarding placement disruption and stability, as it provides a framework for understanding social and emotional development (Fahlberg, 1994; Howe, 1995; Newton et al., 2000; Palmer, 1996; Stein, 2009; Strijker, Zandberg, & Meulen, 2002; Unrau, Seita, & Putney, 2008). As identified by Hollin and Larkin (2011), both government papers and social workers use concepts from attachment theory to explain placement success and failure. They undertook discourse analysis of language and terminology used in the government white paper 'Care Matters', and in a group discussion of social workers discussing placement disruptions. They found that whilst the concept of attachment was central in the discourses, neither described foster carers as having the 'parental role' they suggest is required for children to develop secure attachments; with social workers discourse placing this with birth parents and the discourse in Care Matters putting the parental role with the social workers (Hollin & Larkin, 2011). This section will discuss attachment theory, with the aim of developing an understanding of the experience of LAC who are placed in foster care and to consider how attachments may impact on foster placement stability.

John Bowlby was the pioneer of attachment theory and while his work is now out-dated it has been instrumental in shaping our psychological understanding of child development and relationships across the life cycle. The original theory stipulates that an attachment is an innate bond of trust, affection and loyalty, which is driven by a natural instinct for survival and protection (Bowlby, 1969, 1979; Main, 1996). The theory stipulates that an attachment figure is used as a 'secure base' and that young children will innately demonstrate attachment behaviours maintaining close proximity to their attachment figure (Bowlby, 1979). The child's psychological arousal is regulated by their caregiver whose interactions create a balance between stimulation and soothing, which enable the child to develop the framework to be able to deal with future stressful situations or make judgments and decisions (Downey, 2007). Therefore, the child's ability to control and manage their emotions is also grounded in their attachments. Children who have experienced parents/carers who have been attuned with their emotions in their early life are able to regulate their emotions and reactions; this is referred to as 'affect regulation'. If a child does not have this experience in early life, this may lead to either hyperarousal or dissociation, both of which are often seen in LAC (Downey, 2007).

It is postulated that attachments develop from pre-birth, and our early attachments and relationships with early caregivers, become the prototype or 'internal working model' of our future interpersonal relationships. The internal working model helps the child anticipate future events based on previous experiences and is used to develop an understanding of the rules of relationships and the world around us. The internal working model of the looked after child will affect how s/he feels about themselves, others and how s/he expects to be treated and it is from these early attachment representations that the child will develop expectations of others' response to their distress. The child's emotional expression is then shaped and this then influences whether the child begins to think of themselves as worthy of love or not (Fahlberg, 1994).

In young children attachment develops based on the caregivers' ability to be sensitive and attune to their child's needs. Ainsworth (1979) suggested that attachments between the caregiver and child can be classified into three categories: secure, insecure ambivalent or insecure avoidant. A secure child has received sensitive and responsive parenting and goes on to develop positive expectations about themselves and other people, furthermore, it is suggested that having a secure attachment style will help

children to develop trust and develop resilience (Ainsworth, 1979; Downey, 2007; Fahlberg, 1994) . In comparison, insecure ambivalent caregivers are likely to have been erratic in their responses to the child, leading to the child becoming anxious at separation; insecure avoidant caregivers are likely to have been angry and rejecting towards the child, so the child learns to regulate their own needs and does not seek comfort (Ainsworth, 1979; National Institute for Health and Care Excellence, 2013). Two additional categories of insecure attachment were later added: insecure disorganised and nonattachment, when a child who would usually seek security from a caregiver, but is not able to do so as they are also the object of fear (Howe, 1995).

As previously highlighted, children usually come into the care system with a history of abuse and/or neglect (Department for Education, 2013; Downey, 2007). These experiences may have resulted in unhealthy, or dysfunctional internal working models of sense of self, others and the world, which may impact how they interpret being placed within a foster family and then how they see themselves within placement. While there appears to be limited statistics available on the prevalence of attachment categories in LAC, NICE (2013) reports that approximately 8-10% of children have insecure ambivalent attachments, 20% have insecure avoidant attachment style and that approximately 80% of children who experience maltreatment are categorised as having a disorganised attachment style (National Institute for Health and Care Excellence, 2013). As many of the children who become looked after have experienced abuse and/or neglect, it can be postulated that many LAC will have an insecure attachment style. Therefore, in line with attachment theory these children may find it difficult to regulate their emotions and develop trust and resilience. This could explain why some LAC frequently display challenging behaviour, which their foster carers cannot explain. Research has demonstrated a link between severe abuse/neglect in the first year of a child's life and problem behaviour as adolescents (Lyons-Ruth, 1996), and as previous literature has suggested behaviour is linked with instability in placements.

Attachment theory has been used to understand the poorer outcomes experienced by LAC. Crum (2010) suggests that placement instability can result from the foster carer and child struggling to form secure attachments. Additional research by Schofield and Beek (2009), as part of the longitudinal 'growing up in foster care study' examined how concepts of attachment and resilience could be applied to fostering. Children use their behaviour to maximise their chances of having their needs met. Prior to being placed in foster care, children may have needed to shout loudly or fight to get the attention they needed, and once in foster care they repeat the patterns that have previously worked for

them. The researchers use the model of the secure base to explain how psychological security can be promoted and achieved through availability, sensitivity, acceptance, co-operation and family memberships within fostering families (Schofield & Beek, 2009).

The paper by Tucker and MacKenzie (2012) examines the use of attachment theory for fostering policy and practice in America. They examined the data of 3448 LAC over a 21 year period and suggested that the self-perpetuating patterns of attachment in children can result in increased rates of changes in the lives of that child, including placement changes. They also highlighted that attachment across the life span can be used as a framework to understand the changes in LAC (Tucker & MacKenzie, 2012).

Despite its widespread use within psychology, attachment theory has received some criticism, suggesting that it no longer reflects the cultural, environmental and social dynamics of society (Howe, 1995; Zuroff, Moskowitz, & Cote, 1999). However, given the long term negative consequences of insecure attachments, it is important that foster carers are able to create an environment conducive to the development of secure attachments (Fahlberg, 1994).

2.4 Positive Psychology

Positive psychology is important in this literature review, as it focuses on understanding the positive aspects of human life, and what works, which could contribute to the understanding of how foster carers maintain foster placements. However, due to the length limitations in this literature review only a brief overview of the approach will be provided, as well as an overview of a number of relevant areas in positive psychology.

The approach was founded by Seligman and was aimed at using a scientific perspective to uncover and promote factors which are needed for humans to thrive and prevent problems such as those often explored by psychology (Boniwell, 2012; Seligman & Csikszentmihalyi, 2000). It was postulated that by merely applying traditional models, psychological illness could not be prevented, instead suggesting that in preventative work research should focus on identifying and building on individuals strengths (Seligman & Csikszentmihalyi, 2000). While positive psychology is a relatively new approach it can be conceptualised on three levels; the subjective, individual and on a group level. It offers contributions on wide reaching areas including: positive coping, hope, love, resilience, motivation, wisdom and growth, which could add to our

understanding of foster placements (Boniwell, 2012; Seligman & Csikszentmihalyi, 2000). Positive psychology emphasises that research into the experience of positive emotions can be as equally important as research into negative emotions and experiences as they increase individuals thought-action repertoires, lessen negative emotions, improve resilience, increase our psychological range and can create an upward spiral (Frederickson, 2001 in. Boniwell, 2012).

Positive psychologists have given attention to optimism. It has been suggested that optimism can be beneficial and is linked to perseverance and achievement (Peterson, 2000). Peterson (2000) describes optimism as a goal, expectation or an attribution which is part of a cognitive characteristic of an individual who has strong feelings about a future event. He suggests that optimism can be viewed in terms of big and little optimism, depending on the level of the expectation, proposing that little optimism refers to the idiosyncratic expectations that people can have about daily life events, which lead to positive outcomes due to individuals taking adaptive action. Big optimism refers to larger and more general expectations, which Peterson suggests is contributed to by an individual's biological predispositions, culture and society and that positive outcomes are achieved through a general state of resilience being developed (Peterson, 2000).

A further area of interest positive psychology has focused on is love. Boniwell (2012) highlighted that love enables individuals to come together and noted that six types of love have been proposed by researchers, these include: mania - manic love, ludus - pleasant yet shallow love, pragma - pragmatic love, eros – a passionate and intense love, storge – a sharing and joyful love and agape – selfless love. However, Boniwell notes that the argument over whether these types of love co-exist or are exclusive is still not agreed upon.   Despite the focus in research being upon love in romantic relationships, love is experienced across different relationships including, family, children, friends and towards pets. Additionally, some researchers suggest that forgiveness in relationships is important for building and maintaining relationships (Boniwell, 2012).

2.5 Resilience

Resilience is a complex concept, which is now widely used within the fields of psychology, health and sociology to explain why some individuals achieve positive outcomes when faced with adversity, while others do not. While, there is no consensus regarding an operational definition for resilience (Kinard, 1998; Schofield & Beek,

2005), it has been defined as a "relative resistance to psychosocial risk experiences" (Rutter, 1999, p. 119) or an ability to "overcome the difficulties [people] have had to face" (Drapeau, Saint-Jacques, Lépine, Bégin, & Bernard, 2007, p.978). As this study is focused on overcoming difficulties in foster placements, the latter definition will be used to understand the concept of resilience within this research.

The concept of resilience has been applied within research on LAC as it includes positive ideas around capacity for coping, seeking help, self-esteem, and can help provide a framework for protective factors uncovered in fostering research. The current available literature is focused on resilience within LAC, and not within foster carers. Resilience in LAC has been noted as an important protective factor in placement stability (Oosterman, Schuengel, Wim Slot, Bullens, & Doreleijers, 2007). Due to this, building resilience is now one of the accepted goals within foster care (Department for Education and Skills, 2006; Schofield & Beek, 2005, 2009). Some LAs including Leeds and Staffordshire have developed specialist fostering services specifically around resilience which aim to provide long term foster placements for children who are 'difficult to place', as they display behaviour which is perceived to be risky or challenging. The concept for these services is developed on the understanding that building resilience in the child will enable them to overcome the adversity they have faced (Staffordshire County council, 2013).

Children in foster care have most likely experienced a great deal of adversity in their lives, often coming from a background of abuse and/or neglect. These experiences continue to impact upon their physical development, coping strategies and self-esteem (Schofield & Beek, 2005). Therefore to address this, research is now focused on ways to promote resilience and prevent or minimise negative outcomes, which could include placement disruption. Resilience can be a protective factor against psychopathology and other long term negative outcomes and is a predictor of positive outcomes in LAC (Leve et al., 2009). It is suggested that resilience occurs though 'ordinary' human processes in an individual, family and extra-familial level, including cognitive functioning, relationships, and social support (Masten, 2001). In addition, it is postulated that resilience can be built by repeatedly being exposed to small amounts of stress, while in the presence of a comforting attachment figure, which develops an internal sense of security (Downey, 2007).

A study, in Canada, compared resilience in LAC with the 'general' population. The authors defined resilience across different variables and found high levels of resilience

in both samples on health, pro-social behaviour and self-esteem, but low levels of resilience in academic success of the LAC and found mixed results in relation to mental health difficulties and friendships (Flynn, Ghazal, Legault, Vandermeulen, & Petrick, 2004).

Interventions to build resilience in LAC are being developed across both America and the UK. Leve et al. (2009) details a programme of randomised clinical trials based on resilience within LAC and an intervention programme called the Multidimensional Treatment Foster Care (MTFC), in America. The MTFC intervention is designed to create experiences that can produce resilience in LAC The intervention has four components: enhancing foster carers' parenting skills; support and training for the biological family; social skills coaching, strength building and academic support for the child and a co-ordinated service approach through school and home. The authors propose that the interventions support interpersonal relationships and create adaptive neurobiological functioning for the child to build resilience mechanisms. They suggest that the evidence they collected across four randomised trials using a MTFC intervention does lead to increased resilience, when compared to children who experience standard care. Although the study had complications in its measurement of resilience and did not solicit long-term follow-ups, it does highlight the mediating role that resilience can have for foster placement stability.

The MTFC approach was evaluated in the UK following a pilot of MTFC being introduced by the government. The pilot programme named Multidimensional Treatment Foster care - Adolescents (MTFC-A) began in 2002 and was focused on providing placements for adolescents. The evaluation study was initiated in 2005 and aimed to establish: if MTFC enhanced the outcomes of LAC with complex needs, who benefits from MTFC and what the young people thought of the approach (Biehal et al., 2012). The sample was recruited from 18 LA and included 219 LAC, aged 10 to 16 years old. Thirty-four LAC were included in a randomised control trail to compare placements utilising the MTFC model, with placements in standard care (foster care or residential placements). One-hundred and eighty-five LAC were included within an observational study. Baseline data was gathered once recruited into the study, after three months further placement information was gathered, then follow-up data was collected a year after the initial baseline. Information was gathered from different people involved with the LAC via: standardised measures, questionnaires, face-to-face and telephone interviews, reports and professional assessments on the child's health, care history and education. The evaluation findings indicate that the benefit of MTFC is limited in

relation to the LACs education, offending and overall adjustment. The authors did highlight that MTFC was better at reducing anti-social behaviour, compared to standard care and that it worked best when the young people were motivated and engaged in the programme. Additionally, the findings highlight the importance of finding appropriate follow on placements for after the LAC leave the MTFC placement, as LACs outcomes could be undermined if suitable placements were not identified. As highlighted in previously discussed research this evaluation also highlighted the importance of the relationship between the foster carer and the LAC. The authors suggest that the findings indicate that MTFC should focus on LAC who show anti-social behaviour (Biehal et al., 2012).

A number of studies have made links to both resilience and attachment. One longitudinal study examined how the needs of 52 children in long-term foster care could be met, during a period from 1997-2002. Seventy-five percent of children in this study had stable placements, while 13% had experienced placement disruptions and were currently in unstable or temporary placements (Schofield & Beek, 2005). Children in the study were assessed over three domains: secure base behaviour, (linking resilience with an attachment framework), social functioning and a sense of permanence. If the child rated highly in these areas it was deemed to be indicative of resilience. Schofield and Beek (2005) identified factors along the course of the placement which impacted upon the child's resilience, including new attachments, birth family contact and schooling, which can result in either positive or negative consequences for the child and placement, for example, a child developing a new talent or developing positive attachments with their carers were protective. The children were then categorised into three groups: those making good progress, children making uncertain progress and children who appeared to be in a downward spiral. While this study did report some placement disruptions, it also confirmed that children who were initially in struggling placements went on to thrive and make good progress in their placements, further highlighting the importance of building resilience for placement stability.

Similarly, a retrospective study, in America, interviewed 22 adults aged between 18 and 65 who had been placed within foster care as children, to gain insight into how the now adults remembered their experiences of placement moves and what impact this has had in their adult life. The findings were overall reflective of attachment and loss, expressed as a difficult time and continued negative emotional consequences, but four major themes emerged from the interviews: significant loss, shutting down/ giving up, a caring adult and guarded optimism (Unrau et al., 2008). The authors noted that while there

were similarities experienced by all participants, their coping strategies were unique and participants showed different levels of resilience. They noted that the participants reported difficulties with interpersonal relationships and trust. The authors present their findings in relation to resilience, suggesting memories of experiencing individual/personal strength, allowed them to 'bounce back' (Unrau et al., 2008). This explanation fits within both the attachment and resilience frameworks discussed in this literature review. As with similar studies regarding LAC the reliability of the findings and question of cause and effect can be challenged as all the participants had experienced emotional and/or physical abuse prior to being placed in foster care.

2.6 Summary of Literature Review and Relevance to this Research

Children who are placed in the care of the LA are likely to have experienced significant abuse and/or neglect, often by those whom they rely on to protect them and meet their needs. It is clear that having experienced this many LAC are likely to have additional needs, present with challenging behaviour, emotional needs, or experience mental health problems. Foster carers have a difficult task to manage these issues and provide a placement where the child is able to feel safe and secure, enabling them to achieve and develop into adults.

Looked after children experience a high number of placement moves and being able to provide placement stability is important for the well-being of the children (Christiansen et al., 2010; Crum, 2010; Fahlberg, 1994). The main predictor of placement disruptions appears to be the looked after child's behaviour (Newton et al., 2000), although it is acknowledged that other factors, external to the child, relating to the foster carers or the support they receive have also been linked to disruption (Brown & Bednar, 2006). Research has also identified factors which help to create a successful placement including: foster carers personality and skills, good relationships and support from external agencies and support from within their families (Brown, 2008; Doelling & Johnson, 1990; Sinclair & Wilson, 2003; Wilson et al., 2003).

The above literature on placement disruption and stability can be viewed in the context of attachment theory and resilience, which have both been used widely in the literature concerning LAC. Considering these, as well as positive psychology, helped to position the research within a psychological context, which will be drawn on to aid data analysis and referred to in the discussion. As is clear from the literature, creating stability for LAC is essential. The current study aims to bridge a gap in the literature by uncovering

the important lived experience of foster carers who have experienced a difficult placement to develop an understanding of how they have managed, despite difficult circumstances, to prevent the placement from disrupting. Additionally, it aims to explore the complex processes which may influence and impact on foster carers decisions and reasons for continuing with a placement.

2.7 Research Questions

This study aims to contribute to the understanding of how some threatened placements manage to transition to stability. The driving research question was: 'How do foster carers experience and explain recovery from a threatened placement?' Deconstructing this question into distinct objectives, the study specifically sought to answer the following:

- How and why do foster carers make decisions to maintain difficult placements?
- What are the individual, relational and system processes and factors which appear to influence foster carers experiences?
- How do the theories of attachment and resilience offer understanding of foster carers' experiences?

3.0 CHAPTER THREE: METHODOLOGY AND METHOD

3.1 Overview of Chapter

This study aimed to explore how carers experience the process of transitioning from a difficult placement, which had been at risk of disruption, to maintaining a stable placement. A qualitative approach was adopted and semi-structured interviews were chosen as the most appropriate method for data collection; interviews were analysed using a lite version of grounded theory. This chapter will provide a rationale and overview of the chosen methodology. Ethical considerations will be discussed before providing details of the three design phases of this study; the consultation phase, pilot study and the main study, along with quality and credibility checks.

3.2 Qualitative Methods

Rightly or wrongly, qualitative research methods are often considered in contrast to quantitative methods. Quantitative methods place importance on using quantifiable data to predict outcomes and explain cause and effect, whereas qualitative methods are generally adopted when the researcher is concerned with understanding and illuminating the meaning of a participants' lived experience within a specific context or phenomenon (Elliott, Fischer, & Rennie, 1999; Hayes, 1997; Willig, 2008). It has been suggested that qualitative researchers can adopt one of two philosophical paradigms, either critical or interpretive, which then directs the researcher's activity (Fossey, Harvey, Mcdermott, & Davidson, 2002). The critical paradigm emphasises socio-political discourses and the limits that historically and socially constructed contexts have on individuals (for example, adopting a Marxist perspective), whereas the interpretative paradigm places importance on the meaning of individuals' experiences (for example, phenomenology) (Fossey et al., 2002). An interpretative qualitative approach was chosen for this study as the values which underpin this form of research match the aims of the current study. This approach also provides flexibility in data interpretation, allowing patterns from participants lived experiences of maintaining placements that had previously been at risk of disrupting to be explored.

3.2.1 Considerations for data collection

Within qualitative research different approaches of data collection are possible, the choice of which needs to be carefully considered in line with the research question and epistemological and ontological positions taken by the researcher (Fossey et al., 2002; Willig, 2008). It is important to recognise the influence that these, and the

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researchers' personal perspectives and values, can have on: the choice of data collection method, the sample, the questions asked and the interpretation of the analysis. Providing an open account of the researcher's relevant perspectives and theoretical positions enables the reader of the research to take these into consideration when reviewing the work (Elliott et al., 1999). For the current study, a number of data collection methods were considered, including focus groups, semi-structured interviews and telephone interviews. All of these methods would have allowed for rich data collection, enabled a critical realist ontological position to be taken and provided participants with an opportunity to share their personal experiences of maintaining at risk placements.

A case study approach was considered for this study as they have been used previously in research with foster carers (Wilson et al., 2003). This approach would have enabled the researcher to collect data from a variety of sources, for example, case notes, photographs and interviews, for a small number of participants, generating case studies to demonstrate the phenomenon under investigation. Additionally, analysis of case studies would allow for a model of the phenomenon to be generated (Willig, 2008). A further alternative method considered for this study was focus groups. Focus groups have also been used in research with foster carers to elicit experiences and views (Beek & Schofield, 2002; Rostill-Brookes et al., 2011). However, a number of potential problems were identified with adopting this data collection method. Firstly, participants may not have felt comfortable talking about potentially sensitive information in a group format, or participants may have been drawn into making comparisons or focusing only on the difficult aspects of their experiences. Furthermore, arranging and organising a focus group is often difficult, and time constraints and differing levels of availability of foster carers would therefore have made focus groups difficult to facilitate in the current study (Krueger & Casey, 2009; Willig, 2008).

Therefore, due to the sensitive nature of the topic under investigation face-to-face semi-structured interviews were chosen as the most appropriate form of data collection. Semi-structured interviews are regularly used within qualitative research (Madill, 2012) and within research with foster carers (Brown & Bednar, 2006; Brown, 2008; Kirton, 2001; Lipscombe, Farmer, & Moyers, 2003; Schofield & Beek, 2005, 2009). They are guided interactions where through prompts and open ended questions the participant is orientated to the subject of investigation by the researcher who is able to facilitate in-depth enquiries (Madill, 2012; Willig, 2008). The researcher is then able to construct an in-depth understanding of the participants' lived experiences through their analysis of the data (Madill, 2012). In addition, employing face-to-face semi-structured interviews,

the skills of the researcher, as a trainee Clinical Psychologist, can be utilised to develop rapport with participants and help them to feel at ease during the interview (Madill, 2012). Unlike focus groups, interviews allow participants to choose a time and location convenient for them, maximising the opportunity for them to take part. The researcher develops an interview schedule or topic guide to direct the conversation between the participant and interviewer, covering the areas of interest relevant to the research question (Madill, 2012; Willig, 2008). The data generated from the interviews and the eventual meaning assigned to this data is therefore co-constructed between the participant and the researcher. Madill (2012) notes the importance of reducing the influence of the researcher in interviews and suggests avoiding leading questions, which can inevitably result in the participant reflecting the researcher's ideas. In addition, it is worth recognising that the data generated will reflect participants' accounts of their experience, captured at that particular point in time and context, which may alter depending on their current situation or recent events (Madill, 2012).

3.2.2 Approaches for analysis of data

Three approaches were considered for the data analysis in this study, namely: thematic analysis, Interpretative Phenomenological Analysis (IPA) and grounded theory, a brief overview of which will be provided in this section.

Thematic analysis was considered as an accessible method for the data analysis as it can be used to analyse large amounts of qualitative data to identify patterns in what was said by the participants. While thematic analysis has, at times, been viewed as simplistic or lacking in boundaries. Efforts have been made to create a robust and systematic method for employing thematic analysis which allows researchers to follow clear guidelines while continuing to enable theoretical freedom within analysis (Braun & Clarke, 2006; Howitt, 2010). However, unlike IPA or grounded theory, it offers only a limited framework for understanding participants' experiences and does not have a clear role for reflexivity, therefore, it was not chosen for the data analysis in this study (Howitt, 2010).

IPA has been utilised in research with foster carers and is a widely used framework for conducting research within the field of psychology (Rostill-Brookes et al., 2011;. Smith, Flowers, & Larkin, 2009). Phenomenology was founded in the early twentieth century by philosopher Hurssel, who believed that experience is central to understanding. He suggested that knowledge is facilitated by inherent conscious thoughts which are used to make meanings and that knowledge therefore only exists on the basis of how it was

perceived and made sense of by the individual experiencing it (Giorgi & Giorgi, 2003; Smith et al., 2009). Research questions attempting to understand how participants have made meanings out of their experience can therefore be answered using IPA (Smith et al., 2009). Researchers adopting an IPA methodology appreciate two distinct levels of interpretation, which is referred to as the double hermeneutic, namely, the participants' interpretation of their experience and then the researchers' (Smith et al., 2009). The approach recognises the influence of the researchers values and beliefs on analysis and promotes reflexivity throughout the research process (Smith et al., 2009). However, this method was considered less applicable to the aims of the current study, due to the focus in IPA being on making sense of individual experience, rather than the development of theoretical models based on the underlying process. IPA was therefore less well placed to understand and generate a model of how foster carers were able to transition from the placement being at risk of disruption, to stability in the placement, as it places greater focus on the core features of the experience and not how they relate to each other (Smith et al., 2009).

Based on the research questions and overall aims of this study, a grounded theory-lite approach was chosen for the analysis of the data. Employing this approach enabled the researcher to combine the strengths of the alternative approaches; allowing analysis to utilise reflexivity and to follow flexible, yet systematic guidelines from which a theory and model can be generated from the data, which demonstrates the process that participants experience when they transition from possible placement disruption to stability. This would not have been fully achievable if an IPA or a thematic analysis had been employed (Charmaz, 2006; Pidgeon & Henwood, 1997).

3.2.3 Grounded theory

The sociologists, Glaser and Strauss, originally developed grounded theory. Facilitating discovery and generating an explanatory theory of a specific social process that is 'grounded' in the data is the eventual aim of using a grounded theory approach (Charmaz, 2006; Pidgeon & Henwood, 1997; Starks & Trinidad, 2007; Willig, 2008). The approach was founded upon an inductive and positivist epistemology, which assumes that the data directly reflects the psychological and social interactions that exist in a particular context (Pidgeon & Henwood, 1997). However, limitations, with an inductive perspective including, the use of data alone to produce a theory, have led to in a shift in grounded theory towards a constructionist approach, (Charmaz, 2006; Smith et al., 2009). Constructivist grounded theory is a revised version of Glaser and Strauss'

original grounded theory. It takes a relativist position, of no absolute truth and offers a greater recognition of the role of the researcher's subjective standpoint across the methodology and in the process of analysis (Charmaz, 2006). Therefore, when taking a grounded theory approach, the analysis and theory generated will be a result of the interplay between the researcher's experience, ideas and the participant's data (Pidgeon & Henwood, 1997).

Previously some researchers adopting a grounded theory approach avoided reading and exploring the existing literature on the area under investigation prior to the analysis stage in their research, with the rationale that this would reduce the influence of these pre-existing ideas on the analysis. However, this approach would now be very difficult to achieve due to the requirements in setting up a study and the pre-existing knowledge the researcher would already hold (Pidgeon & Henwood, 1997). A further strategy traditionally employed in grounded theory is theoretical sampling, which refers to pursuing relevant data, to refine and advance the emerging categories and theory. Researchers then target additional samples continuing the process until theoretical saturation occurs (Charmaz, 2006). However, this strategy is difficult to employ in small scale studies (Pidgeon & Henwood, 1997).

One of the main advantages of employing a grounded theory approach is that it uses qualitative methodology to generate theory, thus further contributing to the knowledge and understanding of the area under investigation. While interviews are the most commonly used method, it is also possible to apply a grounded theory analysis to alternative types of qualitative data, for example, case notes (Pidgeon & Henwood, 1997). Grounded theory offers the researcher flexible processes that facilitate the acknowledgment of the researcher's own interpretations within the analysis of the data, helping the researcher to engage with the analysis on a deeper level. Therefore, the researcher becomes immersed in the data while the analytical process is developing (Pidgeon & Henwood, 1997). The process involves identifying and integrating categories of meaning from coding the data collected, by comparing data generated, in order to link themes and meanings together (Charmaz, 2006; Willig, 2008). The analysis process develops further by the use of memos, linking and redefining themes (Pidgeon & Henwood, 1997).

Within grounded theory, researchers rarely employ a full version of the method, instead opting to use only some of the techniques in the analysis phase and the understanding of the data (Pidgeon & Henwood, 1997). Within the current study this approach will be

referred to as grounded theory-lite. In this study, theoretical sampling could not be employed due to limitations in the recruitment strategy, although line by line coding, focused coding, group analysis and memo writing were employed in this study. A detailed account of the process taken during the analysis will be provided later in this chapter.

3.3 Ethical Approval

Ethical approval for this study was sought and approved by the University of Leeds Research Ethics Committee. Initial ethical approval was granted on the 13th February 2013, reference number 13-0030 (see Appendix 1). Following changes to the study recruitment strategy, the applications for ethical approval were updated, reviewed and subsequently approved on two occasions, firstly, on the 17th July 2013, university ethics reference number 13-0120; and secondly on the 1st October 2013, university ethics reference number: 13-0156.

This study complied fully with the University of Leeds' policy on data protection (University of Leeds, 2010) and in accordance with the guidance on data protection from the BPS (The British Psychological Society, 2014). All data generated from the study was stored on an encrypted storage device and transcripts and participant information were anonymised. Laptops and PC's used within the research were accessible only via a password, and no contact details of participants were stored on any mobile phones. The study was also compliant with the guidance set out by the BPS (The Ethics Committee of the British Psychological Society, 2009) and research guidance set out by the University of Leeds, including the lone working policy (The University of Leeds, 2014). Additional ethical issues and considerations will be identified and discussed as they were encountered throughout the rest of this chapter.

3.4 Design Phase One: Consultation

In order to promote this study's clinical relevance, and due to the sensitive nature of the study topic area, a consultation phase was included in the initial planning stages. The consultation phase included meeting with a service user and professionals who work with foster carers. The aims of this consultation phase were to enhance the relevance of this study for clinical practice, gain an initial understanding of individuals involved in this field (e.g. their ideas around what they felt contributed to preventing placement disruption) and to utilise the expertise of the service user and involved

professionals regarding potential questions for the interview schedule and the inclusion and exclusion criteria.

3.4.1 Consultation – Professionals

Consultation with professionals took part over two stages, with different groups of professionals. The initial meeting was with professionals from the Therapeutic Social Work Team. In attendance at the meeting was; one Team Manager, a senior Clinical Psychologist, a Clinical Psychologist, four Therapeutic social workers and two Psychotherapists/Therapeutic social workers. As this meeting was held in the early planning stages of the study, it was driven by the questions: (a) what factors did they believe contributed to preventing placement disruption? and (b)What should be asked in interviews? The professionals in this initial consultation identified factors they felt were associated with disruption and factors they believed were associated with preventing disruption (see Table 1). This consultation meeting generated initial ideas for the interview schedule, namely motivation of carers, how they understood what was happening in the placement and what support they received. However, in considering these ideas, the researcher was also conscious not to ask leading questions about the areas identified in Table 1 in the interview schedule.

The second consultation with professionals was held in the latter planning stages of this study with a focus on recruitment. The consultation meeting was held with fostering team managers; in attendance were seven team managers and one head of service. The main aim of this consultation meeting was to share information about the study and develop the inclusion and exclusion criteria (e.g. identifying the types of foster carers that should be included and how long a gap they felt participants would need between the very difficult times in placements and the interviews).

This consultation highlighted the possible difficulties with recruitment. The managers highlighted that some foster carers will have experienced very difficult placements, which may have been close to possible disruption, but that the foster carers may not have spoken to anyone about considering ending the placement and may therefore not realise they could be included in the study. The information given to potential participants was therefore re-worded to explain that participants may not have spoken to anyone about how difficult it was at the time. The team managers also highlighted that some carers may have been providing 'long term' placements that were not originally planned as such and they questioned if these placements would be included in the study.

It was clarified that for the purpose of this study, carers who were providing a placement when the child has a plan of permanence with them would be included. However, if the plan for that child was that they will be moving from the placement, they would not be included.

Table 1: **Outcomes of consultation with professionals**

Factors associated with disruption	Factors associated with preventing disruption
Age of child	Good internal and external relationships
Problem behaviour	Foster carers understanding of their own emotional/psychological well-being
Danger associated with the child in placement	Level of commitment and motivation to be a foster carer
Lack of placement preparations	Connection with the young people's emotions and sensitivity
Lack of support	Building on what's going well - reframing events
Poor quality of the foster placement	Reflective space to help understand feelings behind children's behaviour
Foster carers parenting – poor responses to the child in placement	Emotional containment
Level of motivation the foster carers have	Training and foster carers sense of competence
Poor attachment and history of the LAC	Professionals working effectively together and a good social worker
Detrimental effects of birth family contact	Having a range of coping strategies
Reciprocity – if the carer does not perceive they get anything back from the LAC	A belief they are doing this for a good reason which they can understand
A negative perception of the placement from the child and services	Experience of a range of problems
	Big heart

3.4.2 Consultation – Service User

The involvement of service users in planning and conducting research is increasing in the fields of psychology and health and social care, due to the recognition and benefit of their expertise of the subject under investigation and their offer of clinically relevant information (Involve and the National Institute of Health Research, 2014; Staley, 2012; Trivedi & Wykes, 2002). Service user involvement can be applied at different levels from consultation to active participation. Active participation is viewed

as the most desirable level of service user involvement, although there is acknowledgment that this can be time consuming and expensive (Trivedi & Wykes, 2002). Consultation in the early stages of a project is one of the common ways that service users are involved with research, where service users can offer the following: practical advice, a meaningful focus for the study, ideas for recruitment and ideas for research questions and development of interview schedules, all of which have been found to be useful in the development of research (Staley, 2012).

A consultation meeting was held with a foster carer, with the aim of drawing on their experience to identify areas that they might consider particularly sensitive to talk about, or if they felt changes should be made to the draft interview schedule. The foster carer was shown the draft interview schedule and asked if she had any concerns, queries or suggestions. The foster carer who took part in this consultation was known to, and approached, by the field supervisor of this study. This foster carer worked for a fostering agency and therefore would not have been eligible to take part in the main study. The foster carer reported that she felt answering the questions would be interesting and would give participants a chance to review how much had changed in the placements they were providing. Additionally, she did not feel any of the questions should be omitted, but she suggested that participants could be asked about their understanding of the child's perspective, as she felt this had helped her understand why some child behaviours are displayed in placement.

3.5 Design Phase Two: Pilot Study

In order to assess the suitability of the interview schedule, a pilot interview was carried out with the first participant. This pilot interview aimed to assess the appropriateness of the interview schedule and check if the approximate time frame the researcher had allowed for each interview was apt. As there were no changes made after the pilot interview, this participant's data was included within the main study. Additionally, as the interview structure did not change, details of recruitment, materials and procedure will be reported under phase three, the main study.

3.6 Design Phase Three: Main Study

3.6.1 Recruitment

Participants were recruited from two LAs in the north of England. Potential participants were identified by either the Therapeutic Social Work Team, the social workers from the two LAs, or through attendance at fostering support groups run by

fostering social workers. The principle researcher (JS) met with the designated Team Managers and a small number of available social workers from the Fostering Teams to explain the study. Fostering Teams involved with the study were given information sheets for social workers (see Appendix 2) and information leaflets for foster carers (Appendix 3). The information leaflet explained the purpose of the study and informed potential participants of how the data would be used. Minor updates or alterations were added to the leaflet as the study progressed (e.g. to add the new ethics number and altered dates). Potential participants had to opt-in to the study by contacting JS. Using this self-selection method minimised the possibility that vulnerable carers would participate. Additionally, it was made clear that participants would not be paid for participating in this study, but they would be offered a gift of a £10 voucher, as a thank you.

Potential participants were identified by the Therapeutic Social Work Team. The basic inclusion criterion was used by the team to identify potential participants (see Appendix 4 for the list of information the Therapeutic Social Work Team used to identify potential participants). Carers were excluded if they were kinship carers, foster carers for a private agency or if the child was no longer in placement due to a placement move or disruption. The remaining list of names were shared with the corresponding LA fostering Team Managers, as an additional precaution to ensure that any carers deemed to be vulnerable could be excluded before being given information on the study; this reduced the list from 31 to 26 potential participants. This process enabled the LA Social Work Team to act as gate keepers for this stage of recruitment. In April 2013, information letters (see Appendix 5) were sent out to the remaining 26 potential participants along with a copy of the information leaflet, two foster carers expressed an interest in taking part. At the beginning of June 2013 a reminder letter (Appendix 6) was sent to the twenty-four foster carers who had not responded. One potential participant expressed an interest in participating at this stage.

By July 2013, no further potential participants had expressed an interest in taking part. Therefore, the recruitment strategy was expanded; updated ethical approval was granted and social workers from the first LA were able to give out an information leaflet to potential participants they felt would be appropriate for the study. Fifty updated information leaflets were sent out to the Fostering Teams and 75 updated leaflets were sent out to the Therapeutic Social Work Team. Further, a decision was made in September 2013 to widen the inclusion criteria to include a second LA Fostering Service. It was agreed that social workers from this LA would also speak to potential

participants about the research and give them an information leaflet. Social workers from this the second LA were given 50 copies of the up-dated information leaflet and an electronic version of the information leaflet. Four potential participants expressed an interest in the study between September and the end of November 2013.

In addition to the above recruitment strategy, JS spoke about the study at two fostering support group meetings, facilitated by fostering social workers who knew the attendees. Interested carers collected an information leaflet and could then choose to opt-in to the study. In June 2013, JS attended the fostering support group run by the Therapeutic Social work Team. This group was attended by five foster carers and two social workers. Foster carers had the option of collecting an information leaflet at this group. However, no foster carers in this support expressed an interest in participating. Then in October 2013, JS attended a LA fostering support group. This group was attended by 32 foster carers and 2 social workers; 9 foster carers expressed an interest in participating after at this support group.

All potential participants made contact with JS via telephone or email, if the participants emailed the researcher a follow up telephone call was made. During this conversation the researcher established if the carers met the criteria, answered any questions they had about the research and, if appropriate, arranged a time for the interview to take place. Out of 16 potential participants who expressed an interest in participating, 7 met the inclusion criteria and were eligible to take part in the study; Table 2 shows the number of participants recruited through each strategy. Due to a limited time scale, no further recruitment efforts were made after December 2013.

Table 2: Number of participants from each recruitment strategy

	Identified by the Therapeutic Social Work Team	Identified by Fostering Social workers	Identified through attending a support group	Total
Number who expressed an interest in the study	3	4	9	16
Number that participated	3	2	2	7

3.6.2 Topic sensitivity inclusion and exclusion criteria

An important ethical consideration in recruitment and during the data collection for this study was the topic sensitivity. In interviews, participants would be asked to discuss historical problems, issues or difficulties they experienced regarding the child they were currently providing a placement for, and it is acknowledged that doing this could have brought up difficult or upsetting thoughts and memories for participants. To address this, a time frame for the difficult period in the placement to have occurred was encompassed in the inclusion criterion. It was important that foster carers were able to remember the details of their experiences, yet this needed to be balanced with ensuring current stability of the placement. The time lapse was expected to reduce the degree to which issues remained emotionally difficult for the participants.

Additionally, a protocol (see Appendix 7) was established to ensure appropriate action was taken if participants required additional support following the interview. This was not required during the course of the study.

The inclusion criteria were as follows:

- Participants must be approved foster carers for their LA.
- Participants must be currently ratified as long term mainstream foster carers.
- Participants must have been providing a long term placement between January 2011 and the end of December 2012, which they viewed as difficult and at possible risk of disruption, but is now stable.
- Participants must be still providing the same placement, or the placement must have ended in a planned way when the child moved to adoption or to independence.
- Participants should view the placement as being stable since December 2012.

Due to difficulty in recruiting participants, the recruitment strategy and original inclusion criteria was expanded to enable more foster carers to be eligible to take part. The inclusion criteria had originally only included participants from one LA, who had accessed support from the Therapeutic Social Work Team. This was expanded to cover additional LAs and to allow for participants to be identified through the different recruitment strategies outlined earlier in this chapter. Additionally, the dates when foster carers experienced the difficult periods in the placement changed from between January 2011 and June 2012 to between January 2011 and December 2012. The early date

(January 2011) was to prevent the difficult period being too long ago, and the later date (December 2012) was to ensure there had been a period of stability before the interview.

The exclusion criteria stated that carers could not participate if:

- They were family or friend foster carers
- They were deemed too vulnerable by the LA Fostering Team
- The referent placement has since disrupted.

Family and friend foster carers were excluded from this study as the process they experience when managing a difficult placement and considering if they would end a placement may be different when providing a placement for a family member or close family friend, than it would be for providing a placement for a stranger child. The ability of the LA to 'gate keep' potential participants was included in order to protect vulnerable placements.

3.6.3 Participants

Participants consisted of seven foster carers, all of whom were approved foster carers for their LA. One of the interviews was with a married couple, who chose to be interviewed together; as they shared the same experience they have been reported as one participant in this study. The basic demographic information, fostering approval status and history was reported, along with; the number of children for whom they were currently providing a placement, any employment outside of fostering and the length of time since the most difficult point in the placement/point of possible disruption. All participants were white British, six were married and one was single. One participant worked outside fostering and only one participant reported a practicing religion. A broad overview of participant information is provided in Table 3. Identifiable information has been removed and all participants have been given pseudonyms to ensure anonymity.

Table 3: Participant information

Participant	Age range	Years approved as a foster carer/s	Number of children in placement
Sarah	51-60 years	0-10 Years	1 unrelated child and a sibling group of 2
Jan and Bill	61-70 years	11-20 years	2 unrelated children
Margaret	Not disclosed	30+ years	1 child
Carol	41-50 years	11-20 years	3 siblings
Gina	41-50 years	0-10 years	2 unrelated children
Paula	51-60 years	30+ years	2 unrelated children
Alan	51-60 years	0-10 years	1 child

The referent placements that the foster carers were providing were for 9 children, consisting of 6 boys and 3 girls, 3 of whom were part of a sibling group. Two children were aged between 4 and 10 years old and the ages of the remaining children were between 11 and 18 years old.

3.6.4 Participant pen portraits and interviewer reflections

In order to contextualise the participants' transitions with the referent placements they were providing, the following section provides pen portraits of participants as captured from the interview data. In addition, reflections and impressions that were recorded following each interview are also provided.

Interview one: Sarah

The first interview was with Sarah, who had a colourful and warm home. She and her husband provided a placement for a child who was placed with them following an adoption breakdown, separation from a sibling and a move from another foster placement. For several years after being placed with them, the referent child continually displayed challenging behaviour. Sarah received continual support from therapeutic services throughout the placement, but the behaviour of the referent child had a

detrimental effect on her family and friends and a continual emotional impact upon herself. Sarah had wondered if she would be able to continue with the placement at one point, but at the time of interviewing, the placement had been stable for approximately 12 to 18 months and she viewed the child as part of the family.

The interview felt relaxed and Sarah appeared comfortable talking though her experiences about this placement. She presented as confident in her abilities, yet honest about times when she had struggled. She appeared to have an insightful and realistic understanding of the experiences of LAC and demonstrated empathy throughout the interview. I felt she was open to answering emotive and inquiring questions about her more difficult experiences and as such it felt comfortable to include these questions in the interview. It was apparent that Sarah had spent time prior to our interview reflecting on the challenges in the placement and I wondered if she had previously had similar conversations.

Interview two: Jan and Bill

At the point of interview, Jan and Bill were providing a placement for a child with a learning disability and challenging behaviour. Prior to being placed with them, the referent child had experienced a kinship placement disruption. After the referent child continued to display serious and risky behaviour they were unsure if they would be able to continue with the placement. At the point of interview, the placement had been stable for approximately 12 months with only the occasional challenge that they felt confident managing.

Jan and Bill presented as a traditional couple who appeared to take gender stereotyped roles in the family. While they had different roles and stand points, they both presented, in their own ways, as very warm and caring people who took a joint approach to fostering. Their home was neat and tidy, which did not appear to be in keeping with the placements they were providing. In the interview they were easy to engage, although they often jumped from talking about one topic to another and at times focused on negative aspects. As such I found it somewhat harder to focus on their experiences of the transition and positive experiences with the referent placement.

Interview three: Margaret

Margaret and her husband had been fostering for many years and they lived in a well presented home. Margaret was the primary care giver and took the leading role with the children in placement. She and her husband had been providing a placement for a

child not originally from the UK and while there had always been both positives and negatives with this placement; there had been a particularly difficult period approximately 12 to 18 months ago. While difficulties still arose, the placement had been considered reasonably stable since this time.

In between arranging the interview and the interview taking place a difficulty had arisen with the referent placement. Despite this being a challenge Margaret was still happy to participate in the study. Further, it was felt to be appropriate to continue as it is recognised that all placements are likely to have ups and downs which occur, but which do not mean the placement will disrupt. The recent difficulty with the placement had led to some current negative feelings for Margaret which are likely to have influenced the interview. At one point during the interview Margaret spoke about issues concerning to the referent child's status in the UK and this surprised me and left me feeling somewhat uncomfortable. I wondered if I felt this way as I had not expected this scenario to arise, or if it paralleled Margaret's feelings about this issue.

Interview four: Carol

Interview four was with Carol, who alongside her husband was providing a long term placement for three siblings. Carol was the primary carer and they have a busy, yet relaxed home. Prior to being placed with them, the siblings had experienced an adoption breakdown. All three children demonstrated different challenges and problems, and all had different and demanding needs. At times the placement had been upsetting and difficult for Carol's immediate family, as well as being emotionally draining. Although some challenges still arose, the placement has now been stable for over 12 months.

During the interview Carol presented as 'straight talking' and confident in her role as a foster carer, although as the interview progressed she appeared to demonstrate a more empathic side which I felt made me warm to her. I felt Carol was easy to engage with and ask questions, she appeared to be open and honest during the interview and she appeared to feel at ease talking about her experiences with me. Her confidence felt reassuring and I wondered if this also helped the children in placement develop a trust with her.

Interview five: Gina

Interview five was with Gina, she and her husband had been providing a placement that had presented them with multiple challenges. The referent child originally had a plan of adoption. However, following extensive, yet unsuccessful family

finding the placement with them became permanent. While the child continued to display challenging behaviour the placement had been stable for approximately 12 months at the point of interview.

Gina and her husband had a family friendly home and they were warm and welcoming during the interview. Gina presented as open, amiable, and nurturing towards the children she provides a placement for. During the interview, Gina's approach made it easy to feel comfortable as an interviewer, and despite her getting upset at one stage, she was happy to continue and wanted to tell her story. Due to her willingness and desire to take part it felt comfortable to ask her more inquiring questions.

Interview six: Paula

Paula and her husband have been providing a placement for a young child who was born with a number of health conditions. An adoptive placement was sought for this child for a number of years; however, a suitable placement was not identified and the child now has a plan of permanence with them. Frustrations and challenges in this placement led to a brief point when Paula questioned if she could continue with the placement approximately 18 months ago. However, this was only a fleeting thought and the placement had been stable since this time.

Paula's love of fostering and caring for children came across during the interview along with the passion she feels for what she is doing. Paula had a welcoming home, which appeared to also revolve around her role as a foster carer. Paula's difficulties with the placement had mostly developed from the systems used by the LA and this made it an unusual comparison to the other interviews which had focused more on how the foster carers had managed and coped with difficulties experienced with the referent child. During the interview I felt strongly that I needed to remain neutral and I wondered if this was because it felt like Paula wanted me to take her 'side'.

Interview seven: Alan

Interview seven was with Alan who has been providing a permanent placement for a child with a learning disability where a number of serious incidents had arisen as well as ongoing challenging behaviour. Despite these ongoing challenges the placement had been stable for the past 12 months at the point of interview.

Alan was a single foster carer and described himself as a very private person. During the interview he presented as nervous and somewhat shy and on a couple of occasions when

I asked more inquiring questions he stated that he was unsure what to say. However, his enthusiasm for fostering was clear which overall made interview enjoyable. Alan presented as genuine, empathic and altruistic, he talked about serious challenges in the placement that I believe the majority of foster carers would not have experienced. After the interview I wondered if his continued positive approach was a way of coping with the difficulties he faced with placement.

3.6.5 Materials

The study used an interview schedule, which is described below, as a guide during all interviews. As interviews were audio-recorded, recording equipment was required for each interview.

Interview schedule

The interview schedule provides a prompt and guide for the interviewer and as such requires careful consideration to elicit the experiences and reflections of the participants (Madill, 2012). The development of the interview schedule for this study was a process that was worked out and refined with the assistance of the academic and field supervisors of this study, and the additional expertise gained from the consultation phase of this study.

Based on the principle researchers existing familiarity and knowledge on the topic under investigation and information collected from the initial consultation meeting with professionals, the main areas of interest were arranged as draft questions. A number of interview schedules were drafted, close attention was paid to developing open ended questions that participants could be guided by, but not led (Madill, 2012). It was intended that the interview schedule for this study could be used flexibly during the interviews, with the interviewer allowing participants to direct the interview conversation. Ten questions were included in the interview schedule, with some additional notes included as prompts for the interviewer. These are represented in bracketed italics in Table 4.

Table 4: Interview schedule

Interview Schedule
• I'd like to start by asking you about what made you decide to become a foster carer?
• I'd like to know about your current placement and how it began?   *(Was it a planned placement or made in an emergency)*   *(What were the early days/weeks like?)*   *(What was it like for you?)*
• Can you describe your prominent memories and experiences of this placement?   *(Positive and negative memories)*
• If we can now think about the difficult period in the placement…Can you tell me about what happened at this time?   *(Had anything in the placement/circumstances changed?)*   *(Were there more than one difficult period? If more, go through each systematically)*
• What were your thoughts and feelings about what was happening?   *(Were you aware of others' thoughts and feelings during this time?)*
• Did you think the placement may have been close to disrupting?   *(Did you speak to anyone about it?)*   *(Were you aware of how others social workers/family were thinking?)*   *(How did you feel at this time?)*
• Then what happened?   *(What influenced you in continuing with the placement?)*   *(What was the placement like after this?)*
• How would you explain the change?   *(Are there any factors personal to you/the child which helped you maintain the placement?)*   *(Were there any experiences which contributed to the stability of the placement which came from external sources or agencies?)*
• What has been most important to you in maintaining this placement?   *(How would you describe the placement now?)*
• We are coming to the end of our interview, but I was wondering if there anything else you would like to tell me about the change in the placement that you think is important?

3.6.6 Data collection procedure

Following recruitment, participants were all offered the choice of if they wanted the interviews to take place in their home or at the University of Leeds. All the participants chose to have the interviews at their homes. This provided a natural setting which optimises how comfortable and at eases the participants felt. However, as Hayes highlights, even within natural contexts the researcher maintains control over the data as they make the decisions about what happens in the interview and what questions are asked (Hayes, 1997).

On arrival at the participants' home, the interviewer spent a few minutes chatting, going through study information and collecting basic demographic details about the

participant, prior to the audio-recorder being turned on. All participants were asked to read the information sheet (see Appendix 8) and were required to give informed consent to taking part in the study and audio-recording being taken during the interview (see Appendix 9). Having this time enabled the participants to have an opportunity ask questions or withdraw from the study prior to the main interview taking place. As extracts of interviews have been included in this study, confidentiality was not promised to participants. However, participants were informed that identifying factors would be excluded from the final thesis to ensure anonymity. Participants were advised that they could withdraw from the study at any point up until the final report was completed.

The main interviews lasted between 47 and 68 minutes, with some additional time to go through the study information, consent and confidentiality prior to the interviews commencing. Table 5 shows the interview time and length of each transcript for each participant.

Table 5: Interview lengths

Participant	Interview Length (min)	Transcript Length (pages/words)
Sarah	54	48/ 8621
Jan and Bill	66	53/ 11,857
Margaret	68	56/ 12,410
Carol	61	43/ 10,322
Gina	58.5	26/ 7246
Paula	47	35/ 8102
Alan	60.5	26/ 6607

All the interviews were audio-recorded and transcribed. Three of the interviews were transcribed by the principal researcher and four were transcribed by one of the Programme Assistants from the Doctorate in Clinical Psychology. All transcripts were then checked, re-checked and anonymised by the principle researcher. Transcription conventions were broadly based on and adapted from Jeffersonian Transcription conventions (Jefferson, 2004). Table 6 shows the conventions used to depict both verbal and non-verbal aspects of the transcripts. Interview transcripts were then analysed using a grounded theory-lite approach which is detailed below.

Table 6: Transcript conventions

Symbol	Name	Use
[text]	Brackets	Indicates the start and end points of overlapping speech
=	Equal Sign	Indicates the break and subsequent continuation of a single interrupted utterance
(number of seconds)	Timed pause	A number in parentheses indicates the time, in seconds, of a pause in speech
(.)	Micropause	A brief pause, usually less than 0.2 seconds
((italic text))	Double Parenthesis	Annotation of non-verbal activity
(text)	Parenthesis	Speech which is unclear or in doubt in the transcript.
-	Hyphen	Indicates an abrupt halt or interruption in utterance.
?	Question Mark	Indicates rising pitch.
underline	Underlined Text	Indicates the speaker is emphasizing or stressing the speech.
<text>	Less than / Greater than symbols	Indicates that the enclosed speech was delivered more slowly than usual for the speaker.
,	Comma	Indicates a temporary rise or fall in intonation.

3.6.7 Process of grounded theory-lite data analysis

Following data collection, data analysis was undertaken using a grounded theory-lite approach. This approach provided a framework and a set of tools and procedures, based on full grounded theory, which could be used to understand the process that foster carers experience when they transition from a position of possible disruption to maintaining a stable placement. The tools utilised in this study were adopted from those described by Charmaz (2006) and by Pidgeon and Henwood (1997). This section will detail the five steps undertaken during the analysis of this study, an overview of which can be seen in Table 7.

Table 7: Steps in analysis

Steps	Process
1	Read and then re-read the individual transcripts
2	Initial line by line coding of the individual transcripts
3	Focused coding of the individual transcripts
4	Memo writing – ongoing through the process of analysis
5	Group analysis and generating a theoretical model

Within the initial stages of the analysis all the data was worked on and kept as paper records. While the advantages of using electronic programmes such as NVivo 10 were recognised (for example, the audit trail of the analysis and overall efficiency (QSR International, 2014)) the researcher had no experience using this programme and it was therefore felt that the time required to become au fait with the programme would be limited. Additionally, using paper records allowed flexibility in handling the data.

The first step of the analysis in this study was the researcher reading and re-reading the transcripts, while at times listening to the recordings of the interview. This elicited some initial ideas about what themes could emerge from the data which were noted down for each participant. While this process was time consuming, it helped the researcher become immersed in that data, in preparation for the subsequent stages of analysis. This was particularly helpful as the researcher of this study was relatively new to undertaking qualitative research and it helped to establish them in the approach.

The initial line by line coding was the second step in the analysis process. It is suggested that employing this stage enables the researcher to closely study the data, helping to generate some initial ideas, but also allows the researcher to remain open to different theoretical possibilities which would refined later in the process (Charmaz, 2006). In this study line by line coding was undertaken by the researcher (see Appendix 10 for a transcript example page). This was initially a slow and tentative process which quickened in pace as the researcher gained more confidence in this process. It was noted that codes flowed easier when the pace increased and it could be postulated that this was due to the researcher initially over thinking each code. The researcher repeated this stage, but instead of coding line by line, coded small chunks or incidents in the data which represented the participants' experiences. These coded chunks were then utilised for the next stage of the process.

Step three of the analysis in this study was to begin focused coding. Due to the timing of interviews and transcripts being completed, the researcher began focused coding of some transcripts prior to initial coding being started in other transcripts, therefore the researcher moved between the stages in the study, which can be viewed as part of the process of grounded theory (Charmaz, 2006; Pidgeon & Henwood, 1997). During the focused coding stage the researcher begins to synthesise the data and develop themes generated from the data (Charmaz, 2006). In this study this stage was employed by cutting out all the initial codes from each transcript and arranging and re-arranging them until they seemed to fit into preliminary themes (see Appendix 11). This process was repeated comparing the data against other data and refining, often a number of times during this stage of analysis in this study, gradually reducing the number of themes and becoming more analytical (see Appendix 12, for an example of how the themes developed). In this study it was noticed that in the early stages of the analysis the labels for the themes started out as general descriptive terms, before developing more meaning, for example, 'challenges' developed into 'cumulative hits', showing how the challenges were experienced, not merely that they occurred. Charmaz (2006) suggests that it is at this stage that theoretical integration begins. Within this study the researcher chose not to undertake the process of axial coding, which is a process of linking themes to sub-themes, as this would have added a further complex layer in the analysis, which may or may not have been helpful to the overall outcome of the analysis (Charmaz, 2006).

Memo-writing is a process which occurs at all steps in the analysis; it refers to informal memos that are written during the different stages that refer to the researchers' thoughts or ideas about meanings in the data. Memos can later prompt and contribute to the analysis helping to develop and link the themes and ideas (Charmaz, 2006). Within this study the researcher utilised memos particularly in the early stages of the coding (see appendix 13, for a memo example). The memos often referred to impressions of the data, which were later referred back to when refining focused codes.

The above processes were repeated to form individual analysis of each transcript. The final step in the analysis of this study was to combine the themes identified in the focus coding of each transcript to develop a group focused coding stage. To do this in this study the researcher cut out all the themes generated from the individual transcripts and then shifted, moved and refined these to develop themes which represented meanings within the data corpus as a whole. This stage was contributed to by the academic and field supervisors of this study, helping to conceptualise ideas, capture meanings and check understanding. An audit trail of how the analysis progressed from the individual

transcript themes to the final themes was recorded and continually refined (see Appendix 12). From this stage the final themes were generated and developed into an interpretive theoretical model offering understanding of how participants transition from providing a placement which was at risk of disruption, to a stable placement. These will be described in detail in the results chapter. While this group analysis had been the overall goal of the process, each proceeding step in the analysis had been important in defining the core themes and theoretical model (Charmaz, 2006). Therefore it was important to ensure that enough attention was given to all stages of the analysis.

3.7 Quality and Credibility Checks

Throughout the method and methodology of this study steps were taken to ensure the transferability and quality of the findings. Guidance on producing good quality qualitative research was published by Elliott, Fischer and Rennie (1999), which formed the basis for quality checks in this study. While all recommended guidance were considered throughout the study, particular attention was given in the methodological section: 'owning one's perspective', 'situating the sample', and 'providing credibility checks' (Elliott et al., 1999). Further, as qualitative research can be viewed as intrinsically subjective (Starks & Trinidad, 2007), it is essential to acknowledge and recognise the researcher's previous experiences. Reflexivity statements are included in the introduction, method and discussion chapters. Throughout the analysis process attention was given to undertaking credibility checks, as such progress in the analysis and generated themes were shared with the supervisors of this project and peers who were also undertaking qualitative research throughout this process.

Reflexivity Statement: The researchers Perspective and Interviews

Throughout this research I have reflected on my own beliefs and values. Part of my previous role was preventing placement disruptions and managing the consequences when disruptions did occur. With some cases this task was easier than others and I valued foster carers commitment in these circumstances. I feel strongly that individuals' experiences shape how they cope in the future and the decisions they make. Therefore, I believe it is important to be aware of foster carers previous experiences.

Within the interviews I noticed elements of the placement that I would have been aware of as a Social Worker, for example, the home environment and setting. I was conscious of my reaction to these and recorded them following the interview.

4.0 CHAPTER FOUR: RESULTS

This chapter will provide the findings from the grounded theory analysis of the seven semi-structured interviews. It will present an overview of a theoretical model of the findings before describing the sub-ordinate theme, core themes and sub-themes in greater detail. For the purpose of illustrating the themes, extracts from the interview transcripts will be used. The majority of the extracts refer to the participants experience with the referent placement (i.e one child they had in mind); where extracts relate to participants' broader experiences as foster carers, this will be noted. To maintain anonymity, identifying details in extracts have been altered or omitted. Pseudonyms have been referred to in the extracts and the line numbers given from where the extracts can be found in the transcripts. To ensure the context of the extract is clear, contextual information has sometimes been added and placed within brackets [ ].

4.1 Overview of Themes Identified

The analysis of the participants as a group generated a super-ordinate theme, 7 core themes and 24 sub-themes. The super-ordinate theme that was generated from the data was *layers of protection*. The first core theme which emerged was *fragile context*. The remaining six core themes were: *personal investment and affirmations*, *expectations*, *special kind of love*, *strengthening experiences and feelings*, *adapt and take action* and *collective vs isolated*. An overview of the themes is presented in Table 8, which also indicates with an 'X' the participants who contributed to each of the sub-themes; detailed descriptions of each theme will be presented later in this chapter.

Table 8: Overview of the super-ordinate, core and sub-themes

Super-ordinate theme	Core themes	Sub-themes	Participant number						
			1	2	3	4	5	6	7
	1. Fragile Context	Cumulative hits	X	X	X	X	X		X
		Crucial incidents	X	X		X	X		X
		System hurdles		X	X		X	X	
		Ripple effect	X		X	X			X
Layers of Protection	2. Personal Investment and Affirmations	Personal meaning	X	X	X	X	X	X	X
		Determination	X	X	X	X	X	X	X
		Devotion					X	X	X
	3. Expectations	Realistic expectations	X	X		X	X		X
	4. Special Kind of Love	Meant to be	X				X	X	
		Strong attachment		X			X	X	X
		Unconditional					X	X	X
	5. Strengthening Experiences and Feelings	Instant click		X		X		X	X
		Hope			X	X		X	
		Emerging family	X	X	X	X	X	X	X
		Innate parent	X	X		X		X	
		Rewards and Pleasure	X	X	X	X	X	X	X
	6. Adapt and Take Action	Personal costs	X	X	X	X	X	X	X
		Making sense	X	X	X	X	X		X
		Rose tinted coping							X
		Reclaiming power	X	X			X		X
		Building resilience	X	X	X	X			X
	7. Collective Vs Isolated	Depleted Resources		X	X	X	X		
		On our own		X			X	X	
		Backed up	X	X			X	X	X

4.2 Theoretical Model

The theoretical model depicted in Figure 1 represents how participants were able to continue with placements that had been at risk of disrupting. The model represents the super-ordinate theme and the seven core themes. Additionally, the four sub-themes from the *fragile context* core theme have been included in the model to represent their relationship with the super-ordinate theme.
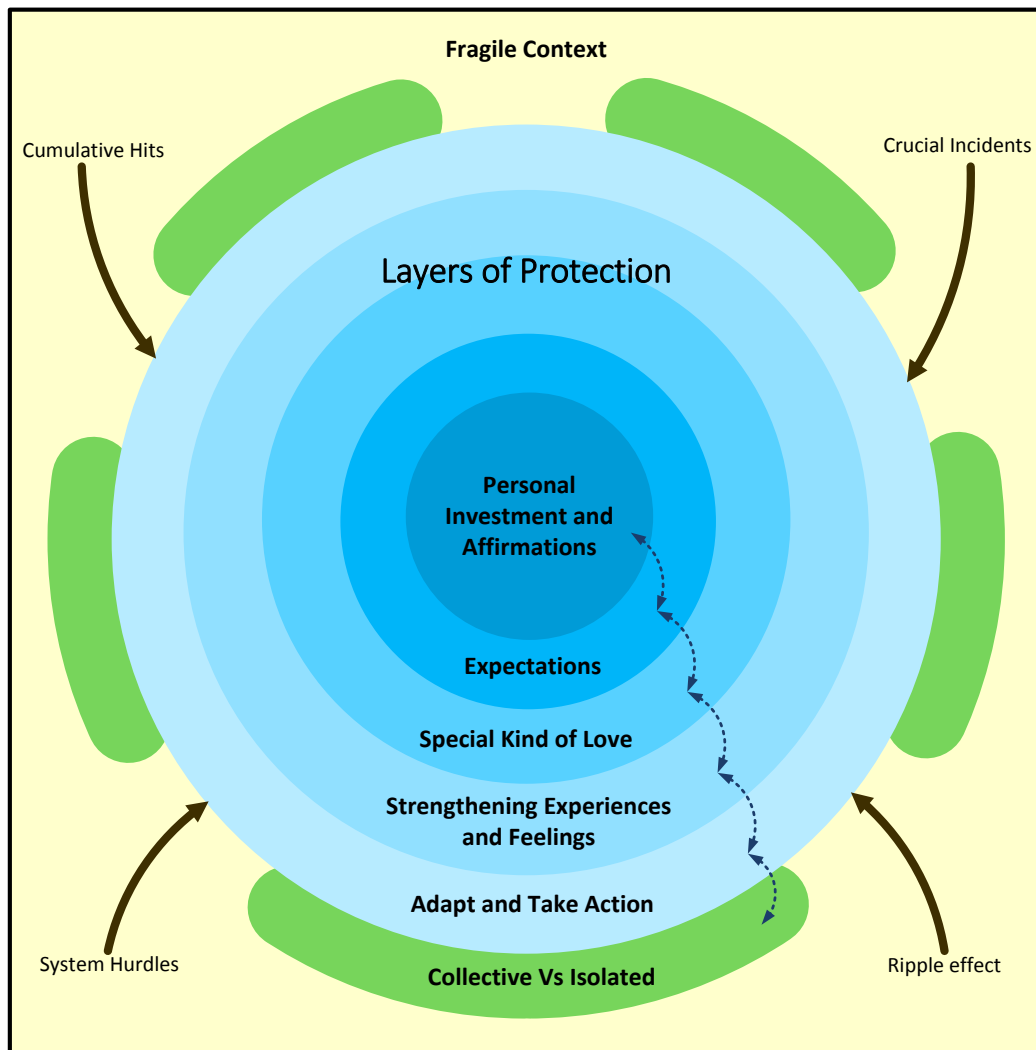
Figure 1: Theoretical Model

In the model, layers of protection are situated in a fragile context; it emerged from the difficult experiences the participants had which were outside their control that may have contributed to putting the placement at risk. The arrows from the *fragile context,* directed at the *layers of protection* illustrated the blows from each of the sub-themes: *cumulative hits*, *crucial incidents*, *system hurdles* and *ripple effect*.

The circular themes: *personal investment and affirmations, expectations, special kind of love, strengthening experiences and feelings, adapt and take action* and *collective vs isolated* combined in the analysis to generate *layers of protection.* The inner five layers and core themes related to interpersonal, intrapersonal or behavioural factors associated with the participants that helped them maintain the placement when it was at risk of disrupting. Within the core theme, *adapt and take action,* adaptive shifts made by the referent child are also included. The sixth layer and core theme, *collective vs isolated,* does not fully enclose the inner layers as it acted as a mediator between the protective layers and threatening elements in the placements which created vulnerabilities. The order of the *layers of protection* were arranged contextually; as the core themes move further out of the circle, they become more about the specific placement the participants talked about, whereas themes nearer the centre of the model refer to protective elements that are more intrapersonal. For example, *personal investment and affirmations* was placed centrally in the model as the sub-themes within this largely referred to the participants' internal processes, whereas sub-theme *adapt and take action*, one of the outer layers of the circle, referred to how both the foster carer and child responded in the referent placement. The model did not assume that all participants needed or experienced all the layers, or that the importance of each layer remained static, merely participants may have experienced a combination of the layers of protection, which between them strengthened the placement to mitigate the risks of disruption. Additionally, as the arrows between the layers illustrate, layers may be used simultaneously, or participants may move between them relying more or less on them at different times.

4.3 Core Theme 1: Fragile Context

Fragile context represents the uncertain times and trying experiences of participants when the placements they are providing are difficult and the challenges are perceived as not in their control. The challenges, if not overcome or managed, would put the placement at possible risk of disruption. In the study all participants contributed to this core theme. Four sub-themes emerged: *cumulative hits, crucial incidents, system hurdles* and *ripple effect*.

4.3.1 Cumulative hits

Cumulative hits represent the relatively small but persistent demands and challenges that the participants experienced in relation to the specific placement. The

majority of the participants talked about experiencing a wide range of different low level difficulties related to the referent children they were providing placements for, which individually were manageable, but cumulatively, rendered the placement increasingly difficult to manage.

A number of participants referred to experiencing some difficulties with the referent children immediately when they were placed with them: *"so really from day one it was quite tricky cause she just didn't want to be here" (Sarah, 81-83)*. Participants were often shocked by the difficulties the children presented with at the start of the placement, so it felt like there was no time to adjust or settle in when the placement started (Extract 1).

Extract 1

Interviewer: So what was that like as a new foster carer?

Gina: Quite exciting really cause, how can I explain it, it was nice, I don't know, it was nice but still a bit apprehensive and family started coming round and what have ya and meeting him, and obviously the first few days you got the social workers hanging around and everything else. It was quite different.

Interviewer: Was it getting back into that routine that was different?

Gina: Don't know because I think we were prepared, we were prepared to take on another child, obviously his room was ready and we'd gone and got him clothes and stuff, and we had picked some of his stuff up from where he was before so it was like he was just coming home I suppose, which was nice. But a bit strange because obviously he wasn't doing anything, he wasn't chewing, he wasn't eating, and you know, that was quite hard. And it took a long time to sort of settle him (Gina, 124-146).

Participants also described how, as the placements progressed, the referent children they were providing placements for exhibited behaviours which at times they perceived as manipulative or deceitful: *"She was stealing money. She was trying to forge cheques. Erm, was very secretive, very sneaky, telling lots of lies." (Sarah, 458-462)*. Participants also explained that it felt like the children were making conscious choices about behaving in this way; Margaret stated: *"I also see 'im as very manipulative" (Margaret, 167-168)*. Other participants felt the children were trying to control what was happening in the placement: *"she'd wait until her review then say, things like 'well I want my bedroom decorated', thinking that if those people around the room fed that back to me that I'd have to do them" (Sarah, 272-276)*.

Four participants described times during the placement when the referent child displayed on-going inappropriate behaviour, which in some cases it appeared to become 'normal' and expected, creating frustration around the placement (Extract 2).

Extract 2

Interviewer: So he calms down very quickly, just as quickly as he's worked up?

Gina: Yeah. Still getting him undressed, so in a morning you're in a rush and you do lose your temper sometimes because you are in a rush and you'll say come on [child's name] we've got to get it done now, ya know what I mean, and sometimes I do have to sit him down on my knee and I'm pulling his top off cause he's just not, he just won't do it. Cleaning his teeth is a big big issue, I asked him to do it now and if he doesn't want to do it now, and if he doesn't want to do it, then I don't force the issue because I'll end up getting bitten.

Interviewer: That's not very nice been bitten.

Gina: No its not, ya know, but it's been (Gina laughs) four years of bein' bitten, head butted, spat at, ya know (Gina, 400-416).

Other participants talked about how the referent child could be violent towards them and others, and how they had put themselves in danger during the difficult periods in the placement, Jan and Bill recalled: *"And he was very, very difficult. He was only five. Erm, I mean, they used to have to restrain him" (Jan and Bill, 184-188)*; and Carol stated: *"[child] would nip her, just little things" (Carol, 1072-1073)*. This continued to have a further negative impact and a *ripple effect* on family.

Some behaviour that was not overtly aggressive or negative also became a *cumulative hit* adding to the difficulties they had to manage. Two participants talked about the children in placement wanting to do everything with them. Carol stated: *"The difficulties with her are, she is so possessive of me" (Carol, 368-370).* As well as this being difficult to manage on a practical level, it also created further difficulties with family members in the placement; linking to the sub-theme *ripple effect*.

Alongside behavioural difficulties, participants experienced ongoing regression and tumults in their relationships with the children in placement that were precipitated by contact with biological parents. This was compounded by participants also being challenged by biological parents and was experienced as hits to the evolving placement relationships, fracturing the emergent trust (Extracts 3).

Extract 3

Interviewer: It sounds difficult.

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Carol: It is difficult and then you get em settled and then something, it's usually birth mum that will cause, she'll text her or something. But she never text her and asks how she's doing, she will text her and ask how the eldest one is doing.

Interviewer: Right.

Carol: So then she's really rejected again and then we go back to following me around, she doesn't need to tell me what's happened. I know what's happened and I always know its mum (Carol, 416-427).

Even when the relationship with the referent child appeared settled, the participants' experience was permeated with unpredictability and anxiety about what challenging incidents might next descend: *"It's like you don't know what 'e's going to say next and what's going to come out. It's quite dangerous, in a sense"* (Margaret, 430-432); *"he's very emotional, unpredictable, which is a bit of a rollercoaster"* (Paula, 364-366). Participants' language here reflected their exposure and vulnerability and the extent to which they tried to fend off difficulties by being cautious and sensitive with the child: *"We were treading on egg-shells"* (Jan and Bill, 598); *"she got us dancing on hot coals"* (Sarah, 809-810).

4.3.2 Crucial incidents

Crucial incidents relate to specific 'hot' events which had a unique and often detrimental impact on the placement. Five participants talked about these events which were incredibly difficult at the time and in some cases became instrumental in the relationships with the child, or in how the participant managed the ongoing placement. Different types of incidents occurred: increasingly violent or inappropriate behaviour, allegations against the foster carers and overwhelmingly stressful events.

One participant explained how the violent behaviour displayed by the referent child became a risk to themselves as well as others and as carers they did not feel they had clear guidance on what they should do in these situations: *"I can't tell you how many meetings we've had over this"* (Jan and Bill, 385-386). When the challenges in the placements became overwhelming, participants questioned if they could carry on with the placement: *"It wa'n't that I wanted to get rid of 'im'. I just didn't want [my husband] to have to do that again"* (Jan and Bill, 656-658).

A number of participants had to accept some police involvement with their placements. One participant resorted to calling the police for support when the child's behaviour became so unmanageable they could not contain it, although explained that the police

were also unable to resolve the situation. The participant stated that when the police were there the child: *"trashed 'is bedroom and upstairs. Spat at 'em, swore at 'em, kicked 'em, tried to rip radiators off wall."(Jan and Bill, 581-584).* Despite the understanding around police involvement, situations which involved the police still came as a shock for the participants, which were difficult to cope with (Extract 4).

Extract 4
Interviewer: Has there been any other very difficult, obviously, it didn't go away, but has there been any other difficult incidents?
Alan: Since then?
Interviewer: Yeah
Alan: Yeah, there has been another one. He started climbing out of his bedroom window and err going missing, err, he'd go to [place name] and police kept having to bring him back and he didn't see a problem with that, cause he's a big lad he thinks he can look after himself. Then the latest one, he had a friend come to stay, friend come for tea, a female friend and they were in the front room and then that was on a Sunday and later that night police came knocking on the door to arrest him for allegedly raping her
Interviewer: ok
Alan: So that was another biggy (Alan, 441-456).

Participants experienced a variety of *crucial incidents*, some talked about particular stressful events that brought about positive changes in the placement. Following a significant incident Carol explained that the child: "*walked back in and she went I don't want to go, I don't want to do this anymore. And she just sat down between us and cried. [My husband] cried, I cried, she cried" (Carol, 975-979).* Whereas other, came very close to resulting in disruption; Gina talked about having a holiday that: *"was hell" (Gina, 306)* with the child in placement and how this horrendous and nerve-wracking experience almost resulted in them ending the placement as they felt they could not cope with the child's behaviour (Extract 5).

Extract 5
Interviewer: So what when you say he's kicking off does something trigger this or is it just kind of when he feels like it?
Gina: If he's doing something, if we want him to do something that he doesn't wish to do at that time, maybe we didn't prepare him enough for going on holiday? I don't know but when we came back we had his review and I was on melt down, complete melt down, I was exhausted, totally exhausted. I hadn't been well, erm I'd had an hip replacement and it was, its been going on for a long time my health issues, but when we came back we had his review and I sat there and listened to everything and, ya know, and they said is there something wrong? I said yeah if we

don't get any help he (.) he's (.) I don't know how long we can go on for, I said this placements going to break down (Gina, 313-329).

Participants reported having to endure experiences that felt alien to them and which they had no precedent for. Alan explained that the child: *"he made threats to suicide, err, he hears voices, sees shadows, erm, believes he's an assassin, he lives in his own little fantasy world and he believes what he's telling me is true" (Alan, 300-304).* And Jan and Bill discussed how: *"[referent child] sexually assaulted a girl on a number of occasions, violence, foul-mouthed, ohh, jumped out of the windows" (Jan and Bill 306-308).*
These experiences appeared to be overwhelming at the time, yet participants just had to carry on providing the best placement they could, regardless of the difficult circumstances.

4.3.3 System hurdles

System hurdles refer to the perceived frustrations and sense of injustice around the organisational policies and procedures, which participants had to negotiate, in their role as foster carers for the LA. The impact of these varied across the four participants that contributed to this sub-theme. Some participants felt they were being messed about and not given clear answers**:** *"The thing is, this restraint business is a very grey area and no one will give you a straight answer" (Jan and Bill, 394-396).* This was experienced as unjust and participants felt they were leaving themselves open to allegations being made against them. At other times participants were left feeling frustrated when it appeared services did not join up together to support the placement (Extract 6).

Extract 6
Jan and Bill: My view is the score from social care is patchy (Interviewer: ok) erm, it took us, God alone know how long to get a referral to [Therapeutic Social Work Team].
Interviewer: How long did that take you?
Jan and Bill: About a year wasn't it? Yeah
Interviewer: So was that because social services had put a referral in and then there was a waiting list, or was it trying to get a referral in the first place?
Jan and Bill: No, what they said to us, we had to do ourselves, so I took him to our GP- Who said (.) who did it? Who did it? But then they wrote back to us and said, you can't do that, the social workers got to do it. So there was a lot of time wasted (Jan and Bill, 490-509).

A different participant explained that the processes and policies put in place by the LA system were the most problematic factor in the placement they were providing. After

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social care exhausted the family finding a route for the referent child, they put themselves forward as adopters. The participant stated that it took a long time to find out that their application was not being supported by the LA due to one of the adoption policies. The participant perceived that they had been unjustly put in a difficult position with their LA whom they had always had a good relationship with*: "we were forced, I suppose, into this position that we didn't really want to be in... we still want to carry on fostering, we absolutely love it" (Paula, 377-382)*. The frustration and perceived rejection the participant experienced made them feel like the system was against them which had a de-stabilizing impact on the placement (Extract 7).

Extract 7
Paula: It just seemed like it's going on forever, and we had to keep the placement going obviously cause we loved him… We could have got really cross and said that's it, forget it, move him, but that's not fair on him. It was hard (Paula, 322-328).

However, other participants appeared to have mixed feelings about some of the systems in place. One participant talked about understanding the need for policies from social care, but felt that they sometimes go too far, suggesting policies should be more trusting of the foster carers.

4.3.4 Ripple effect
Four participants talked about the *ripple effect*. This referred to the direct impact and knock-on effect that difficulties in the referent placement had on their birth children, family and friends. Participants talked about how the *ripple effect* added to the already existing difficulties making the placement harder to manage, although one participant felt there may have been a long term benefit for their children. A particular challenge that participants referred to was the detrimental impact of the referent child on home life for the whole family. Sarah stated: *"she made Christmas really quite difficult for everybody" (Sarah, 97-98)*. Negotiating between the needs of the child in placement and family and friends became an added challenge for the placement which put additional pressure on participants in already difficult situations (Extracts 8 and 9).

Extract 8
Interviewer: What affect does it have on them?
Carol: Well they get angry and then you have got to try and explain to them what it's all about. And it's about keeping them and trying to get them to understand ya know. Cause it's alright me getting it and ya know me thinking. Ya know get over it it. It'll sort itself out and everything. But

once other peoples emotions get mixed up into it, then it gets really hard and then you're piggy in the middle (Carol, 292-302).

Extract 9

Interviewer: He's been the stable placement, I guess?

Margaret: Having said that, I have had some times think I want him to go, because we really struggle with him, you know, and every boy I've 'ad in my placement have got on really, really well with my husband and 'e's the only one who doesn't like my husband, which is very strange. 'E's very easy going my husband and 'e's the only boy that hasn't. So it's like (.) I have, you know, people 'ave said to me, other foster carers, ''E's trouble'. You want to get rid of 'im' and even my husband said, 'You're always making excuses for 'im, you know, and 'E's going to be (1) 'e's going to be a serious problem.' And I keep saying, 'No, no, I'll just keep working with this, but 'e does divide you a little bit (Margaret, 470-490).

The impact on birth children and spouses was demanding for participants and they often felt guilty and wanted to mitigate the impact of this: *"To watch her parents be abused, very difficult." (Sarah, 198-199).* Carol explained that although it was initially difficult for her birth children, this changed as the placement progressed and the referent children became part of the family: *"It was really hard work, but they have all benefitted. My children have benefitted from it" (Carol, 65-66).*

The *ripple effect* of the referent child also had negative consequences for other LAC in the same placement, who experienced stress, uncertainty and heightened tensions in their placements, Carol stated: *"And she will be upstairs crying and she will upset the other two. Erm and the youngest one he used to get so stressed out because she had gone missing" (Caro, 243-247).* In these circumstances meeting the needs of all the children became a difficult balancing act for the participants.

The impact of the *ripple effect* was reduced when there were no other family members at home. One participant talked about the advantage of being a single carer and not having to manage other people's reactions or feelings towards the referent child: *"I could adapt quickly without having to change other people as well" (Alan, 54-57).* Therefore, reducing the effort required to meet other people needs as well as the referent child.

4.4 Super-ordinate Theme: Layers of Protection

The super-ordinate theme of *layers of protection* refers to the protective buffers which helped to maintain and stabilise the *fragile context* of the referent placements. The

majority of these relate to the interpersonal, intrapersonal or behavioural factors associated with the participants; with additional factors associated with shifts within the referent child and perceived support. Core themes contributing to this super-ordinate theme included: *personal investment and affirmations*, *expectations*, *special kind of love*, *strengthening experiences and feelings*, *adapt and take action* and *collective vs isolated*.

4.5 Core Theme 2: Personal Investment and Affirmations

This core theme demonstrates how the underlying reasons why participants became foster carers and the initial and continued investment, and commitment that they put into being a foster carer offers a degree of protection against the challenges experienced in the *fragile context*. *Personal investment and affirmations* is represented at the core of the model as it begins prior to any placements being made and relates to the importance that participants place on fostering in the wider context. Three sub-themes were identified: *personal meaning*, *devotion* and *determination*.

4.5.1 Personal meaning

Personal meaning relates to the reasons why participants became foster carers and their personal motivation for continuing. Therefore, this sub-theme is not specific to the referent child in placement. As participants talked about their reasons for becoming foster carers, a number of them talked about the important influence their own childhood had on in their desire to be a foster carer: *"With our respective backgrounds, it's something I've felt that we should do" (Jan and Bill, 11-13).* A number of participants had experience of being in care system themselves, which became a motivating factor in fostering. While one participants' experience gave them a sense that being 'cared for' was helpful and could work for the children, so they wanted to give something back; another participant appeared to be motivated by their experience of having a difficult time while in the care system and wanting in a meaningful way to be a type of saviour to some children (Extracts 10 and 11).

Extract 10
Interviewer: So I'd like to start by asking you what made you decide to become a foster carer?
Sarah: Urm, well because we both had quite tough lives growing up for various reasons, mainly parental illnesses.
Interviewer: ok
Sarah: Urm, so husband D often came home to suicide notes and my mum spent long periods of time in hospital, so I spent long periods of time with different foster carers. Urm, but on the whole, I think because of people who were just good people and cared my life was ok really…so

then as we grew up and got married and had our own children and reflected on our own lives, we thought, you know, we could do that for just one child (Sarah, 1-27).

Extract 11

Interviewer: It strikes me that it takes such a lot of strength to be someone who would say, 'I just don't want to let them down. I don't want to let them down.' And I was wondering what is it about what you have?

Margaret: Probably, I felt let down in my life, yeah. So, I guess you've got to try, as much as you can, for that not to happen (Margaret, 525-534).

Other participants talked about wanting to have more children: *"Well we were quite keen to have a big family" (Paula, 12-13)*. Similarly, another participant was unable to have more children of their own and this desire to be a parent heightened the importance of becoming and continuing as a foster carer.

4.5.2 Determination

Participants were committed and driven to becoming foster carers before they were officially approved and across the interviews there was a feeling that participants had a personal calling that fostering was what they should do. This early investment led to a continued sense of determination, which offered participants a degree of protection as the placements progressed. Participants talked about how much effort they had put into becoming a foster carer and how the initial decision was long, well thought through and carefully considered by them and their wider families. Jan and Bill stated that: *"You've talked about it ever since we've been married" (Jan and Bill, 7-8)*. After participants had made the decision to become foster carers the application and assessment process also took a long time, requiring a strong commitment, even before they had any children placed with them.

A number of the participants talked about the continued investment they put into planning for placements after they had originally become foster carers, in a number of cases having to change their approval status in order to provide the referent placements; Carol stated: *"Got a phone call asking if I could take a sibling group of three? Err, but I would have to go for a change of approval" (Carol, 80-83)*. This required further assessment and judgment of them as carers and this effort that they put in appeared to buffer against challenges experienced. As well as with the participants' commitment to the role of being a foster carer, they also had a perseverance and 'sticking' factor which was part of them: *"I'm the type of person, I love crusades" (Jan and Bill, 897-898)*.

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Participants talked about being determined to make placements work for children and not wanting let them down (Extract 12), which influenced the process of continuing with the placement.

Extract 12

Alan: Yeah there were no doubt in my mind that we were going to carry on and get through it, I don't know how, but I knew we could get through it. I did have an option of saying enough is enough, but no, that weren't an option to me.

Interviewer: Do you know why it wasn't an option to you?

Alan: He's been with me for four years, it's not just the time scale he's been with me, when he came, when I came into fostering I made a commitment to whoever was placed with me and even when he becomes eighteen that commitment doesn't stop, they don't have to go if they don't want to, they can stay and come onto adult care or = and that's just the way I work (Alan, 546-559).

4.5.3 Devotion

While all the participants talked about being very committed to fostering and invested in their role, three participants appeared to have a deeper and more integral *devotion* to fostering which stemmed from their experience of being a foster carers triggering a personal change in them. They had developed their lives around fostering and it was the upmost important aspect of their lives and therefore had a huge influence over them continuing with the placement. This sub-theme is illustrated by one participant who talked about how becoming a foster carer had changed them as a person, and suggested while he'd experienced very difficult times in the role, he felt fostering was what he was destined to do (Extract 13).

Extract 13

Interviewer: You said you focus on the positives and that's how you always are. Is that how you are in other areas of your life as well, or is that specific to fostering?

Alan: No, when err, since I actually changed careers, because when I was in a factory I was nothing like I am now

Interviewer: Oh right.

Alan: Totally changed my life and I never concentrated on anything positive in my last job, well not my last job, my factory job, I didn't like that at all. This has definitely changed my life for the better (Alan, 81-92).

4.6 Core Theme 3: Expectations

The core theme of *expectations* relates to how participants' beliefs and ideas about LAC and what their role as foster carers would be, contributed to the stability of

some placements. The pre-existing expectations of what caring for LAC would be like resulted in some participants getting a shock when they first experienced the reality, whereas, other carers felt they were well prepared, and were in a better position when challenges arose. One sub-theme was generated under the core theme: *realistic expectations*.

4.6.1 Realistic expectations

This sub-theme referred to if participants had *realistic expectations* about their role and LAC, or not, and to what extent this prepared and protected them for difficulties that arose in the placements. Five of the seven participants contributed to this sub-theme; the majority of these participants talked about how their experiences had been similar to what they expected them to be and that they had understood beforehand that caring for LAC would be different than parenting birth children, due to their experiences prior to coming into care, Sarah stated: *"It's what I expected. Children in care nowadays, especially their experiences are horrendous aren't they?" (Sarah, 426-429)*. Therefore, when placements presented with challenges they were prepared for them and they could make sense of why they were happening and were able to see that it was not necessarily their fault, which helped them cope (Extract 14).

Extract 14
Interviewer: How would you say that you have managed the placement? You've gone from the point where you were being told off by the birth mum, you were managing self-harm you were managing physical and extreme verbal aggression. How would you say you have managed that?
Carol: I think when I first agreed to take the placement on erm it was quite funny I've got these three children, absolutely love them, there's no problems no issues no nothing they are absolutely main stream kids. Yeah fine no child who's gone through what they have gone through is guna be (1) they have lots of issues. But I thought I would love to have three there was no placement in [place name], (.) yeah I'll do it. They came in, butter wouldn't melt ya know? And you know the honeymoon periods coming and it all started to come out. But I just think I knew we were guna have a rocky road you can't not have (Carol, 1208-1231).

Different participants talked about how they had been surprised and shocked when they started fostering. As they were not really aware of the issues LAC faced, Jan and Bill stated: "*I couldn't believe, you know, we're in 1990 whatever and things like this were going on. Where I lived, in my city. You know in some third world country, but not in [place name], I was shocked, shocked" (Jan and Bill, 44-49)*. Participants then had to adjust quickly, which in itself became an additional challenge.

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While having *realistic expectations* of what they might experience as foster carers appeared to offer some protection for participants when experiencing challenges; several identified that they would not want to have too much information about a child prior to placement, indicating that it may have altered their behaviour towards the child once they were placed. Sarah stated: *"So, we didn't have enough information but on reflection, it's probably better, cause I think we would have tried to heal all that at once, and you just couldn't of" (Sarah, 111-115).* Participants appeared to want a balance, so they could have *realistic expectations* about what they may encounter with the LAC, but also maintain hope about the child and placement (Extract 15).

Extract 15

Interviewer: So do you, were you given a lot of information about his behaviours about the things before he was placed? (Gina: No, no) Would that have been useful or not useful to you?
Gina: I think in child J's case, it wouldn't have been useful. I think we needed to know, we needed to find out ourselves, of how child J was, and work with the way he was, rather than go off with somebody else telling us how he was, ya know I think that way we got more of an emotional attachment with him (Gina, 780-790).

4.7 Core Theme 4: Special Kind of Love

While all the participants cared for the referent children and reported an important connection with them, five of the participants appeared to have more profound deeper feelings of love for the referent children in placement. These intense feelings added to the participants' *layers of protection*, reducing the impact of difficulties or challenges on the stability of the placement. Three overlapping sub-themes were identified: *meant to be, strong attachment* and *unconditional*.

4.7.1 Meant to be

During the interviews, three of the participants perceived there to be an element of fate in the referent children being placed with them. This resulted in greater importance being assigned to the placement, therefore *meant to be* became a protective factor. Two participants talked about the LA identifying them as foster carers for the referent child: *"I think they kind of selected us for her" (Sarah, 58-59)*; this appeared to be important to the participants as it was experienced as confirmation they would be good for the child. One participant talked about the LA moving a different child to enable the referent placement whereas, another participant talked about having an epiphany, realising they could not do without the referent child, when the thought of him

moving became more of a possibility, Gina recalled: "*I think then realised I couldn't be without him. Ya know, when they did that [adoption] video, whatever it was, I just went into complete meltdown, I couldn't speak because I couldn't stop crying... and that felt like I was selling my son and that is hard work, it is hard work because nobody will know him like I know him.*" (Gina, 362-370). The importance of the referent placement and the strong feelings experienced by the participants towards the referent children enabled these carers to continue with the placements unconditionally.

4.7.2 Strong attachment

The sub-theme *strong attachment* highlighted the importance of foster carers forming good attachments to the children they were caring for, and how these attachments can contribute to help absorb some difficulties in placements. All the participants had formed an attachment with the referent children; however, for four participants this appeared to go over and above the 'caring attachment' they may have expected to feel for the referent child: "*I mean I bond with all of them, but there was just something special about him, there still is, even though he's challenging.*" (Paula, 181-184). Instead becoming deep-seated parental feelings of love for them: "*I feel like I've given birth to them*" (Jan and Bill, 1042-1043); and "*my love for them children is just enormous*" (Jan and Bill, 1053); which increased the investment the participants were making in the placement. Additionally, participants perceived that this attachment went both ways, believing that the referent child was also felt attached to them (Extract 16).

Extract 16
Interviewer: We were talking about that moment when school had told you what was happening and he was going to hospital. How did you manage that particular time?
Alan: Well, erm, obviously I was really upset and I came home and then he requested that I go with him to hospital and stay with him, which helped me, and then in the morning I had to leave and he was visibly upset, but he knew I was coming back in a couple of hours. When I went back CAMHS came and interviewed us both, assessed us both, and decided the relationship we had, it was safe for us to come home (Alan, 395-408).

The feeling of strong attachments also extended to the wider family, Gina stated: "*He's made stronger attachments to the rest of the family especially me mum. He worships me mum, they speak every day on the phone, ya know, he sings to her on the phone, ya know, nanny was the first word he ever said*" (Gina, 239-244). This shared positive relationship and shared love, appeared to strengthen the already existing attachment the

participants had with the referent child and created a sense of enjoyment around providing the placement.

4.7.3 Unconditional

Unconditional overlapped with the sub-themes *meant to be* and *strong attachment*; yet is distinctive as it represented the unrestricted lengths that three of the participants perceived they would go to with the referent child to maintain the placement. These participants appeared to have moved from experiencing great difficulties in the placement, to establishing a position where it became irrelevant what other challenges arose in the placement as they were unconditionally committed to it, due to their unconditional acceptance of the referent child. Gina said*: "he is hard work, he is hard work, but when he comes up to you and puts his arms round you and says he loves ya" (Gina, 351-354).* Participants were unwavering in their support for the referent child, highlighting the importance of this protective layer in overcoming challenges, even the most difficult times in the placement (Extract 17).

Extract 17
Interviewer: Can you explain why you didn't want that [child to be sectioned] to happen?
Alan: Because I wanted him here at home, I wanted to be the one to help, I didn't think he needed it, I was scared of him going in and bein' sectioned. Because even though it doesn't happen, your mind goes through things what'll happen when he's in there? (Alan, 356-363).

4.8 Core Theme 5: Strengthening Experiences and Feelings

This core theme referred to the positive experiences and strong feelings that strengthened the referent placement, from the placement initially being made and as it progressed. These experiences continued to add to the investments the participants used as protection against the difficulties and challenges that arise from the *fragile context* of the placement. Five sub-themes were identified: *instant click, hope, emerging family, innate parent* and *rewards and pleasure. Strengthening experiences and feelings* was the most contributed to core theme, with all participants contributing to at least two out of the four sub-themes.

4.8.1 Instant click

The sub-theme of *instant click* was contributed to by four participants. It referred to the positive interpersonal experience participants had with the referent children, when they were initially placed and which their future relationship was built on. Having a positive start to the relationship appeared to add another degree of

protection for the placement. While this sub-theme is similar to *meant to be*, participants here did not perceive there to be an element of 'fate' influencing the child being placed with them; focusing instead on initial reactions and actions, rather than distinctive beliefs. While not all participants appeared to experience this, it does highlight the importance of the early positive experiences on placement stability. Participants talked about their initial reactions to the child when they were first placed; *"The minute he walked through the door, I thought, I wanna keep him" (Jan and Bill, 136-138);* Paula added: *"I can remember saying that because there was a spark I suppose between us (Paula, 163-165).* These reactions continued as positive memories throughout the placement and could be drawn on during difficult periods (Extract 18).

Extract 18
Interviewer: We were just thinking about how the placement progressed after he was with you for his first few weeks, what that was like?
Alan: Er, like I say, really good cause err, we were both getting to know each other and get to know each other's interests, ya know, so I don't know, just err, cause we clicked straight away, we both wanted to go out and enjoy ourselves together (Alan, 150-158).

4.8.2 Hope

An additional protective element that emerged from the analysis was that participants felt hopeful about the future of the referent placement. They were optimistic that difficulties could be overcome and that they would be able to manage if further difficulties arose again in the future. Three participants talked about the hopes they have for the referent child's future: *"[I'm] hoping that he will get over this, because 'e's a teenager as well and this is like 'is hormones kicking in" (Margaret, 513-516).* Some of the participants were unable to explain where their hopes came from, whereas others believed the changes they had already seen were a good indicator, or their hopes were due to past experiences with similar placements and experiences. Being hopeful about the placement appeared to reduce the focus on the negative elements in the placement, benefitting both for the participant and the referent child.

4.8.3 Emerging family

Emerging family referred to how the participants viewed the referent children in placement. Despite all the participants experiencing significant challenges in the placements and having times when the placement was at risk of disrupting, they had all started to view the referent children as part of their own family, Jan and Bill stated: *"you can't 'ave nobody living with you all these years and not be part your family" (Jan and*

Bill, 822-824). This appeared to be felt by: the participant, the referent child and by the wider family: *"It's just they're just here. They're part of the fixings ya know? And even when things are kicking off they're still just here. It's just they fit quite well now" (Carol, 725-728;* Sarah stated: *"Now, you know, she thinks they're her two big sisters and they take her out all over. Yeah, they've grown together (Sarah, 194-196)".* This integration into the family appears to have been an important process in the placements stability, due to a sense that it would be more difficult to end a placement for someone viewed as part of your family, as opposed to a 'stranger' child (Extract 19).

Extract 19

Interviewer: Would you say he's got a good attachment with you?

Gina: Yeah

Interviewer: And obviously you guys have with him. It sounds like he's exactly where he wants to be and it's lovely.

Gina: Child B will shout down from his bedroom, night child J, love you and child J will shout up night child B love you, ya know what, he is just, ya know, and he tells everybody that he's his brother because that's child J doesn't know any different, and he really doesn't, his nanny is his nanny and his auntie is his auntie and that's it (Gina, 657-667).

4.8.4 Innate parent

Innate parent referred to the instinctive abilities participants believed they possessed which unconsciously helped them care for the children and manage and respond appropriately when difficult incidents occurred. Participants talked about their ability to foster growth and development in the referent children they were providing a placement for and participants were proud of this characteristic and ability (Extract 20).

Extract 20

Interviewer: How did you develop that understanding? Is that something that has been part of your training? Or something that you just kind of knew anyway?

Interviewer: Just sort of like get it anyway. It's like an instinct (Carol, 442-446).

Additionally, for those participants who reported that managing the difficult situations comes naturally to them; for example: *"by and large they say - that my responses are great, that it is instinctive and it's not taught and that is probably quite an important thing that perhaps therapeutic services need to acknowledge, that intuition, the instinct is quite a big part of it" (Sarah, 571-577)*; their confidence in their abilities appeared to buffer the impact of the *fragile context.* Further, participants felt that not all foster carers or parents had this 'natural' parenting style and there was a sense that having this

affirmation gave participants confidence about their ability to manage if and when difficult situations arose again in the future.

4.8.5 Rewards and pleasure

Rewards and pleasure referred to the joy and happiness that participants experienced by providing a placement for the referent child, despite the hurdles, hits and incidents they had to endure. This positive experience created some balance to the negative experiences and feelings which related to the referent children, and as such contributed to the overall *layers of protection*. All the participants contributed to this sub-theme. One of the most talked about aspects of this was how proud they were of the referent children, Carole stated: *"She got on the course she wanted for college, ya know, she's not putting herself in harm any more. She's just turned around so much I am really really proud of her. She has done so well" (Carol, 1054-1069).* Participants talked about the positive emotion experienced when the referent children are able to achieve and become successful (Extract 21).

Extract 21

Jan and Bill: And the reward in life. You know, when you see = When they achieve just the smallest thing. It = aw = I can't tell you 'ow I feel. My heart (1) I can tell you = I just feel Aw God, they're mine! I'm so proud of them.

Interviewer: …Are you Proud?

Jan and Bill: Oh yeah.

Jan and Bill: I'm very proud of 'im, of all 'e's achieved, I've got a soft spot for him, I really 'ave (Jan and Bill, 1222-1249).

Additionally participants talked about how much pleasure they feel having the referent child in placement with them. Participants, even after the difficulties they experienced, felt the referent children were charming and lovely. Sarah said: *"She's lovely now" (Sarah, 1005)* and Paula stated: *"He is very vulnerable, but he's lovely and we love him." (Paula, 699-700).* There was also a sense that participants genuinely had fun and enjoyed the time they spent with the referent children. Alan stated: *"I just enjoy what I do, it's err best job I've ever had" (Alan, 604-608).* This indicates that these positive experiences help to balance out the negative times in the *fragile context*.

4.9 Core Theme 6: Adapt and Take Action

All participants contributed to *adapt and take action*. Within the core theme five sub-themes were identified; the first *personal costs* highlights the impact the *fragile context* has on the participants and the next three sub-themes: *making sense, rose tinted coping* and *reclaiming power* represent what the participants have done to manage those *personal costs* and the final sub-theme generated under this core theme is building resilience, which referred to the shifts the referent child has made.

4.9.1 Personal costs

All participants reported a number of personal costs they had experienced as a consequence of the *fragile context* of the placement they were providing. Some participants initially felt they could not do anything right for the referent child, which made them feel both hurt and useless (Extract 22). This may have led to them questioning their role as a foster carer.

Extract 22
Interviewer: How did it feel for her to put those demands on you?
Sarah: I felt, er, like I couldn't do anything right. Because no matter what you did, where you took her, what you bought her, it was never ever good enough. But you know you can't fill that hole with material things (Sarah, 288-295).

Participants talked about the on-going distress they endured at low points in the placement, reflecting on how they expressed at the time and how it was seen by other people. For some participants openly expressing the distress appeared to have a cathartic effect, helping them to cope with the difficulties; Carol reflected that she would: *"sit in my car and cry on the corner, but and then you're right, you come back and you carry on" (Carol, 351-363).* Whereas for others, the mental effort it took for them to manage their own reactions to the challenges in placement reduced their energy and personal resources, making it more difficult to manage the challenges in placement (Extract 23 and 24).

Extract 23
Interviewer: So it was really difficult for your family and your friends and difficult to like her. How did you feel about her?
Sarah: Urm (1), I didn't like her very much, I tried really hard and then that's when you start to need some assistance, because when you're having to try so hard, to like someone that you live

with and that you've made a permanent commitment to, it can make you quite low really (Sarah, 214-224).

Extract 24

Interviewer: When it was that really difficult point and you made that decision to say actually we want to keep him, do you think other people knew how difficult it was for you at that point?

Paula: …I don't think anyone realises how exhausting it has been, it's been the hardest year ever, you know, in thirty years it's been the most difficult year and we have had difficult kids before, very difficult kids who used to fall into bed but it wasn't as exhausting, I think mental exhaustion is worse then physical exhaustion and its that mental exhaustion really that gets to you, it's been hard but you've got to keep it going for them, you know as far as child J concerned you just got to keep a normal family life going and that it all works out you know in the end (Paula, 570-609).

Participants also talked about the impact of *crucial incidents* on themselves and the referent children. Participants were frequently 'shocked' and 'frightened' by what happened and some worried if they would lose their jobs as foster carers when the child's behaviour felt out of control. Participants also talked about the fear and sadness they felt for the children they were providing placements for when the children were in distress, Gina stated that it was: *"Soul destroying, it was hard, it was hard to watch him go through it" (Gina 175-176)*; this was particularly hard for participants when the child was at overtly at risk of hurting themselves (Extract 25).

Extract 25

Interviewer: So were there any points that you questioned whether you would be able to continue with this placement?

Carol: Erm there's been points where I have locked myself in my room and cried about it but (1) I couldn't have got rid of them. Erm, when Child S started self-harming and that. That stressed me out. Cause I never dealt with a child that self-harms and I found that really hard. It was hard, as in it just made me cry so much, ya know, I just felt really really sad for her. Not that I want to get rid of ya but I just found the emotional side of it really hard (Carol, 747-762).

4.9.2 Making sense

Six participants contributed to the sub-theme of *making sense.* They all reported that they sought to understand the child and some of the behaviours, having a greater understanding led to an increased ability to manage the difficult challenges in the referent placement and was a form of protection for the participant. Participants *made sense* through seeking support from wider services, accessing advice and training and in some cases seeking medical assistance. This helped participants understand the reasons

for some behaviour and allowed them to be sensitive to the child's experiences and accept some of the behaviours without blaming the child or themselves: "*somebody said to me, but she brought all her baggage to you, you didn't take your stuff to her. And that was kind of an epiphany really" (Sarah, 227-231)*. Participants talked through how they made sense of the behaviour (Extract 26).

Extract 26

Interviewer: So when he went to high school that was the real turning point for when things became difficult?

Jan and Bill: …He's got a lot of difficulties. [Jan: He has got a lot, yeah] He's fourteen, going on six. He has learning difficulties he's inherited from his mother. [Jan: He's got erm (.)]- It's possible impairment and if you look at the reports we've had, prepared on him, we've had. He's been involved with [the therapeutic team] for I don't know how long. Er, the difficulties this lad had were unbelievable. He's fourteen going on six. He's got Reactive Attachment Disorder. Severe- [Jan: A severe Reactive (.)] 'Reactive Attachment Disorder'. And if you look that thing up, oh my God!

Interviewer: Yeah. Mm

Jan and Bill: Erm so really, you know, you can understand who he is, but that doesn't mean you got to excuse every bit of his behaviour (Jan and Bill, 252-286).

A different participant talked about how they had fought to get a diagnosis for the child in placement and then what a "*big relief" (Gina, 495)* it was once he was given one; it helped them make sense of the child's behaviour and while the behaviour continued, they were able to cope with it and manage it better. Participants also talked about how helpful training had been, Carole stated: "*I talked to social workers and said this is going on. Go on this course, it will help ya. And it definitely does" (Carol, 450-452)*. However, some participants reflected that some of the complex needs of the children they were providing a placement for went above what they were taught on training and they felt they needed additional input from other professionals at these times.

4.9.3 Rose tinted coping

Rose tinted coping referred to participants automatically taking a positive perspective on difficult events of situations that occurred with the referent placement. By taking this positive approach they did not have to dwell on the negatives, which appeared to help participants move on, buffering against the negative impact of the experiences in the *fragile context*. One participant talked about doing this by changing their outlook on life, stating that previously they had not been a positive person, but they adapted, to focus only on the positives and allowed themselves to forget the hard times

(Extract 27). This also enabled them to stay focused in the moment and stopped them from worrying about what may happen in the future.

Extract 27

Interviewer: Ok, lovely, so did you have any, you talked about bein' quite positive, did you have any negative experience of first coming into fostering and what that was like?

Alan: Yeah erm, even though I say (.) say it was err, an easy time there were difficult periods, but you tend to forget them, I just like to concentrate on the positive (Alan, 68-75).

4.9.4 Reclaiming power

Reclaiming power referred to the ways with which the participants made changes to take back some control they felt they had lost in the *fragile context*. Four participants contributed to this sub-theme and talked about making intrapersonal and interpersonal changes after experiencing difficulties with the referent placements they were providing: *"I thought, I need to get something strong and I need to get it sorted. I need a different way of doing it." (Jan and Bill, 906-909)*. It appears that doing this enabled them to feel more confident that they could overcome the challenges: *"But I feel much better equipped to manage it, and I already know that I won't end the placement, because I've been there already (Sarah, 919-923)*.Therefore, participants were less worried about the future of the placement.

A number of participants believed they had initially expected too much from the referent child, but then realised that the changes could come from them. One participant reflected on a training programme they had undertaken where they learnt to ignore negatives and focus on positives. This had a positive influence on how they interacted with the child in placement and on the stability of the placement (Extract 28).

Extract 28

Interviewer: In that period when you'd spoken together about ending the placement… How did it then continue?

Jan and Bill: …this came up, this course, I thought, 'I'll give it a go'. Well, I think the best advice we ever got was, 'You're not going to change this child. It's you that's got to change.' And the course (1)= and we have changed over the years, but the course, what it did was and you've got to do it constantly. You praise; ignore the negatives and praise the positives. Which you do anyway, but every few minutes you've got to be doing it and at first it was, 'Oh my God. It's so wearing and it's not changing him.' But I had to go every month to this support group. And, everybody else was doing the same so I thought, 'Oh, we're alright' and then it was just, you could see a difference, couldn't you? (Jan and Bill, 888-932).

4.9.5 Building resilience

Building resilience referred to changes and shifts within the referent children that were evident to the participants. Five participants reported developing the child's confidence, building trust with the child and teaching them life skills. Some of these changes in the children reduced the impact of the *fragile context* and also fed into the sub-theme *rewards and pleasure* for the foster carers. Participants who contributed to this sub-theme talked about a trust developing between them and the referent child, Alan stated: *"I know I've got the social and he's got the social, but it really matters weather he wants it to work as well, we have to work together, and sort it out" (Alan 587-590).* Building the relationship between child and carers enabled the child to feel more secure in the placement, which appeared settle the placement (Extract 29).

Extract 29

Interviewer: Its sounds like the three of them, at first had felt like, we can push them and she will give up, she will let us down. But now they have moved passed that point to a point where they trust you and they know that you're not-

Carol: Yeah they know I'm not going. They do trust me not to give up on them now. Child was in her review the other day said to them - I am actually more at home here than I've ever been anywhere in my life (Carol, 1023- 1034).

Participants also started to notice changes in the referent child after they had made changes in how they responded to and managed some of their behaviours: Bill and Jan stated: *"he just blossomed with it. You could see 'im getting taller, stickin his chest out…and it just worked for 'im" (Jan and Bill, 1153-1162).* This was not only positive for the child, but reassuring for the participants. Participants were able recognise when they had put effort into the referent placement and this encouraged them to continue, enabling a positive cycle of change.

4.10 Core Theme 7: Collective Vs Isolated

Collective vs isolated was the final core theme to emerge from the analysis. It referred to the participants' experience of receiving support and how this either contributed to the *fragile context* or supported the *layers of protection*. All of the participants talked about the support they received and how this impacted on the referent placement. Three sub-themes were identified: *depleted resources, on our own* and *backed up*. Participants moved between the three sub-themes as the level of support they received as varied, at different times during the placement and by different

professionals. Therefore, the sub-themes under *collective vs isolated* were not exclusive and participants may have contributed to more than one.

4.10.1 Depleted resources

Depleted resources referred to the times when participants felt that their 'normal' resources were reduced during the difficult period in the placement. This sub-theme of *depleted resources* added to the pressures on the *fragile context* and four participants contributed to it. Having *depleted resources* was experienced by participants as a double threat, as they perceived that not only were they dealing with a difficult situation in the placement, but they did not have access to all the personal resources or services they needed, often due to limits in the system, which put additional pressure on the placement (Extract 30).

Extract 30

Interviewer: I just wondered if there was anything you thought that was bringing about the change that we haven't talked about?

Jan and Bill: …Look, a lot of that training, as far as child is concerned, is just lightweight. You've got a child there who really, really needs professional help. We can't supply that and I know social care are hard pushed to supply it because there are so many children like him in care (Jan and Bill, 1385-1405).

Additionally, some participants missed the support they would usually have from family and friends. Participants could not rely on family or friends to help out with problems in the placement, as they would have done if they were having problems with their birth children. There were a number of reasons for this, firstly, it would not have been appropriate to discuss a LAC and secondly, as some of the difficulties may be caused by the *ripple effect* of the placement. Carol stated: *"I have got quite a few close friends and that, but I never discuss the kids because, one, it's confidential, two, I just don't think they need to know." (Carol, 794-798)*. Not being able to access this support further reduced the participants' resources. A number of participants also talked about how problems with their own health resulted in reducing their resources and had a negative impact on how they were able to manage the placement.

4.10.2 On our own

Three of the participants contributed to this sub-theme *on our own*. It referred to the isolation and abandonment participants felt at times when they were struggling with difficult placements. Some participants felt they needed to battle with the LA to get

support, whereas others appeared to be resigned to not getting more support with the placement. Participants believed they had been let down and reported that not receiving the support led to detrimental consequences for them and the child: *"social services left a huge great gapin' hole. They failed us. They failed him" (Jan and Bill, 316-318)*; and had a destabilising impact on the placement. A number of the participants also talked about needing respite to give them time to recover from the difficulties in the referent placement. One participant recognised that while a respite placement had been identified, they did not feel it was appropriate and it had not gone ahead (Extract 31).

Extract 31
Interviewer: So did they not realise at that point it had become very difficult?
Gina: No, no. If you've got your own children you can get respite, you can send them to your parents, you can send them to your sisters, you get a break, because he's not mine and because I wouldn't want to adopt him and I won't take guardianship out on him, then it was, I know that, we've had in the last four years, apart from me bein' in hospital two nights off from him. That's time for; me, my husband and our son, which is a long time because, as I said if he'd of been my own I'd have had a break. Even now they have been promising us respite for two years, it's still not happening (Gina, 331-345).

4.10.3 Backed up

While at times some participants felt they were isolated in managing the referent placement, there were other times that participants felt they were well supported; these experiences combined to yield this sub-theme *backed up*. Four of the participants experienced support when they needed it. Support was received from a range of sources: their health visitors, the LA, therapeutic services or other professionals. Participants talked about valuing the support to help the child, which in turn helped to protect and stabilise the placement, Jan and Bill stated: *"If it hadn't been for that school, that boy wouldn't be with us now. He would have gone, but school have been fantastic!" (Jan and Bill, 312-315).*

Participants also talked about the benefits of the formal support they received during difficult points in the placement, again which helped to stabilised the placement, Alan recalled: *"I have an extremely good social worker. When I ring her up, I ring her mobile, rather than mess about, if I ring her mobile she's there straight away" (Alan, 413-419).* Other participants talked about the benefits of formal psychological support; participants often had to contain a lot of feelings held by towards the referent child and their family,

as well as their own. Having an opportunity to 'off load' some of this in a formal session appeared to be beneficial for the participants emotional well-being (Extract 32).

Extract 32
Interviewer: So what would you say has been most important factor in the placement stability?
Sarah: …I honestly can say the three monthly appointments [with CAMHS] that allowed me to just go and (pluph). Because your friends don't really understand, they don't. They try but they don't …So to have someone vindicate, that for you, it's quite, it's been important for me. I don't think, if I'd not had those three monthly access I don't think we'd still, we wouldn't have got to this point (Sarah, 877-916).

The support of friends and family also emerged as an important factor in supporting participants to maintain the placements: "*We have the support of friends who are foster carers. That helps a lot (Jan and Bill, 616-618)*. Additionally, participants talked about the value of the support they received from their health visitor and the importance of the relationship they had with them: *"She was fantastic, if it hadn't been for her, I think we might not have gone on" (Paula, 344-346)*.

5.0 CHAPTER FIVE: DISCUSSION

In England there are approximately 50,900 children placed within foster care (Department for Education, 2013). Despite the known harmful effects of multiple placement moves on children and young people (Christiansen et al., 2010; Crum, 2010; Fahlberg, 1994), there are still high numbers of placement changes and unplanned placement disruptions (Department for Education, 2013). Research into foster placement stability and disruption has examined predictor and outcome variables associated with risk of placement disruption or success. Existing research has not yet studied what can be learnt from foster carers' experiences of providing placements which were close to disruption, but eventually became stable. Consequently, this study sought to contribute to the understanding of foster placement stability by examining how foster carers who came close to disruption transitioned to stability. It explored how and why they made the decisions to maintain difficult placements and it examined the processes and factors which influence their experiences. The study also aimed to understand how the theories of attachment and resilience contribute to the understanding of foster carers' experiences.

This chapter will provide a discussion of the key findings from this study and consider them in the context of the existing literature on placement disruption, placement stability and within the context of attachment, resilience and positive psychology. The strengths and limitations of this study will be deliberated, before discussing the clinical implications of the findings and directions for future research.

5.1 The Findings and Links to Literature

The group analysis of this study generated one super-ordinate theme and seven core themes which represented how participants were able to continue with placements that had been at risk of disrupting. The main finding of this study was that foster carers possessed and experienced a number of protective layers which collectively helped to mitigate the threatening elements associated with the difficult experiences in the referent placement. The themes demonstrated the individual, relational and system processes and factors which shaped the participants experiences and contributed to decisions to maintain the placements. The findings also indicated that not all participants needed or experienced all the layers and that the importance of each layer, in maintaining the placement, was variable and depended on the situation. An exploration of how the super-ordinate and core themes link to the exiting literature will now be presented.

5.1.1 Fragile context

Fragile context was the first core theme generated. It captured the difficult and challenging aspects and times in the placement, which participants experienced as being outside of their control. If the participants had not experienced the *fragile context* the referent placements would not have been at risk of possible disruption. Despite no disruptions occurring in the referent placements, participants' experiences of the *fragile context* can be linked with the findings in the existing literature on placement disruption.

While each participant experienced the *fragile context* slightly differently, the majority of participants experienced cumulative challenges or serious behaviours which were displayed by the referent child/ren. Problem behaviour was also commonly documented as a predictor of placement disruption in existing research (Chamberlain et al., 2006; Fisher et al., 2011; Newton et al., 2000; Palmer, 1996). In the current study participants talked about a huge impact the behavior of the referent child had on themselves and those around them, which was often perceived as serious and risky (e.g. sexual assault and violence). Similarly, the study by Newton et al. (2000), the presence of 'externalised' (e.g. aggressive, disruptive, or dangerous) behaviour in the referent child/ren was the strongest predictor of placement disruption.

Other participants spoke about the detrimental impact of repeated and on-going 'low level' behaviours (e.g. telling lies) which individually participants felt they could easily cope with, but when taken together were unrelenting and draining. Fisher et al. (2011) examined the relationship between displayed problem behaviours and predictors of placement disruption. They employed the Parent Daily Report Checklist to focus on the occurrence of problem behaviour and disruption rates. Their findings suggested that each additional problem behaviour increased the chances of disruption by a further 10%. This finding resonates with the accounts of participants in the present study which highlighted the destabilising influence the build-up of behaviours, which were seen as manageable on their own, can become increasingly difficult to cope with when experienced cumulatively or repeatedly. Further, there appeared to be a sense that participants resources and strength were being depleted, which made managing the placement increasingly difficult at times when they did not know how much more they would have to face. However, the Fisher et al. study did not consider the impact of other factors such as those discussed and instead they treated all behaviours equally, noting the number of behaviours which occurred, not which specific behaviours were experienced.

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The study by Farmer (2010) also highlighted behavioural difficulties as a contributing factor in placement disruption. This study compared placement disruption in kinship foster placements and unrelated placements. While overall there were no differences in the numbers of disruptions, the findings suggested that challenging behaviour played a greater role in the disruption of unrelated foster placements than in kinship placements (Farmer, 2010). Interestingly, in the present study, participants saw the experience of the placed child becoming part of their family as a protective factor. When viewing this finding in the context of the research on kinship foster placements, it could be, that the process experienced by the participants in this study became akin to the feelings, commitment and motivation to continue, experienced by kinship carers. Therefore if the referent child becomes integrated into the family, it may help to strengthen placements and reduce the risk of disruption.

Existing literature suggests that attachment difficulties may contribute to the behavioural difficulties displayed by LAC (Newton et al., 2000) and could therefore account for some of the experiences which contributed towards the *fragile context*. It is therefore important for this study as attachment representations will shape the emotional expression and experience of the referent children, as well as their perceptions of themselves as deserving of emotional care from their foster carers. Howe (2001) suggested that challenging behaviour can be viewed in the context of attachment theory stating: "*for many children who have suffered abuse and neglect, care can imply hurt and danger. Being cared for and protected is therefore avoided or dealt with aggressively*" (Howe, 2001, p. 235). Further, Schofield and Beek (2009), suggest that LAC use their behaviour to get their needs met, identifying that prior to being placed in foster care, children may have needed to use loud or aggressive strategies to get the attention they needed, and it would therefore make sense that once children are in foster carer they try and utilise the strategies which had previously worked for them. While the histories of the referent children in the current study were not specifically examined, it is likely that the majority had experienced abuse or neglect. It is therefore possible that some of the referent children in this study were using strategies that had previously worked for them prior to placement. Indeed, some participants talked about the children testing them or having a sense that the children were doing things to get a reaction from them.

Some researchers have suggest that children known to exhibit problem behaviour, as some of the referent children in this study did, should be identified and placed within intervention programs or therapeutic foster care placements, in order to reduce the number of placement changes (Fisher et al., 2011; Newton et al., 2000; Palmer, 1996). However, in the current study, all the participants were providing 'mainstream' placements and while a number of the participants had many years of fostering experience, none were providing treatment or therapeutic placements and none of the placements disrupted. While this is only a small sample of foster carers, it is possible that some of the experiences of *special kind of* love or *strengthening experiences and feelings* created a similar stabilising influence on the placements, as some of the intervention or treatment foster placements aim to, for example, developing trust, confidence and resilience in the LAC.

Also within the *fragile context* some participants felt frustration and a sense injustice around the organisational policies and procedures they had to negotiate in their role as foster carers (e.g. feeling like they were not given clear answers, or that they needed to go to social care to ask parenting questions). Similar frustrations had been seen in existing literature around the bureaucratic elements of providing placements for social care in both foster carers and the LAC (Sinclair, Wilson, et al., 2005).

A finding that also resonates with existing literature was that participants reflected on the wider negative impact that fostering could have on their family and friends, the *ripple effect*, which, as well as being distressing for all involved, resulted in the participants in this study juggling the needs of their birth children, spouses, family and friends as well as the already complex needs of the referent children. The participants felt a sense of responsibility to meet the differing needs of those around them and appeared to feel guilt when they were not always able to do this. The importance of the impact on others was similarly recognised in previous research. Wilson, Sinclair and Gibbs (2000), explored foster carers experience of stressful events in the placements (for example, allegations, disagreements with social services) and the impact of these events on foster carers level of stress, their future plan in continuing fostering and how satisfied the carers felt in their role. Their findings recognised the frustrations and the negative impact placements can have on birth children and spousal relationships, and suggested that when foster carers families suffer as a result of the placed child, the placement becomes at increased risk of disrupting. However, a slightly later study suggested that while the relationship between foster carers birth children/family and the LAC are important, it does not by itself have a direct impact on if the placement will disrupt or

not (Sinclair, Wilson, et al., 2005). This research reflects the findings in the current study; participants had clearly considered the effect fostering would have on their family prior to becoming carers. However the actual experience of this often had a greater impact than they had anticipated. Although it did not cause the placement to disrupt.

Interestingly, a number of the themes identified in the study by Brown and Bednar (2006), on why foster carers said they would consider ending a placement, were reflected in the experiences that contributed to the *fragile context,* namely: participants' experiences of finding it difficult to manage the referent child's behaviour, difficulty and challenges in relation to the fostering service, foster carers' reduced resources and a perceived lack of support. Undoubtedly, these experiences did have an impact on the foster carers in the current study; although in the experiences appear to have been mitigated by other factors. Brown and Bednar (2006) had asked carers a hypothetical question and it may be possible that these carers too may have had factors which would have mitigated the impact of the factors they identified if the placements they were providing did actually come close to disruption. The explanations for why the similarities between the factors identified in the existing literature on disruption and the challenges in the fragile context did not lead to placement disruption are discussed in the context of the *layers of protection* and identified core themes as this chapter progresses.

5.1.2 Layers of protection

While the *fragile context* placed the referent placements at risk of disruption, all the participants in this study possessed and experienced a number of *layers of protection* which helped them to transition to a stable placement. This super-ordinate theme referred to the interpersonal, intrapersonal or behavioural experiences of the participants, shifts within the referent child and participant, and how the participant perceived support. Along with factors associated with disruption, existing literature has also been concerned with creating stability in foster placements (Brown, 2008; Doelling & Johnson, 1990; Farmer et al., 2004; Sinclair, Wilson, et al., 2005). This literature will now be explored in relation to how it differs and links with the findings under *layers of protection* from the current study.

5.1.3 Personal investment and affirmations

Personal investment and affirmations, one of the core themes under *layers of protection,* related to the underlying reasons why participants became foster carers including the initial and continued investment and the commitment they put into the

role. Some existing literature has separated out foster carers commitment into two distinct areas, commitment to fostering in general and commitment to specific LAC, with the suggestion that foster carers who continue to foster are more likely to be committed to the specific LAC they are caring for (Sinclair et al., 2004). While this distinction in commitment was not specifically explored in this study, there was a sense that for some participants the commitment was to fostering in general, as well as the referent placement. The sense that fostering in general was important to the participants was evident in the analysis, with most participants sharing their reasons for becoming foster carers (e.g. having experiences of being in the care system as a child or wanting a larger family) as well as talking about wanting to help the referent children or not wanting to 'let them down'.

Similarly, the importance of commitment was also highlighted in additional existing research. With one large study suggesting high levels of foster carer commitment were associated with less placement disruptions (Sinclair, Wilson, et al., 2005). However, this finding has not always been consistent. Farmer (2010) scrutinised the placement files to look for evidence of the carer putting the needs of the child before their own, and evidence that the carers were motivated and determined to continue, even if challenges arose in the placement. Her findings indicated that high levels of commitment were seen as a protective factor against placement disruption in kinship placements, but not in unrelated placements (Farmer, 2010). In the current study while all participants felt a strong sense of commitment to fostering and clearly invested a lot of their lives, time and energy in the role, a number of participants appeared to have a deeper and more integral *devotion* to fostering, which had resulted in fostering becoming one of the upmost important aspect of their lives. Experiencing this level of investment appears to have given a sense of purpose to those individuals and as such extended the degree of protection for the referent placement.

5.1.4 Expectations

Participants described that challenges and difficulties were easier to face, when the experiences in placement had met with their *expectations*. Suggesting that 'being prepared' or having *realistic expectations* was a factor that contributed to the *layers of protection.* This finding supports previous literature about the need for foster carers to be prepared. The Fostering National Minimum standards stipulates that the LA should provide foster carers with adequate training prior to foster carers becoming approved and that all the necessary information about a child's circumstances that the fostering

service hold should be provided to foster carers prior to placement (Department for Education, 2011a). Further, research suggests that carers expectations about the referent children could influence eventual outcomes, As carers who had expected children to display more positive moods were less successful in providing placements (Doelling & Johnson, 1990).

However, some findings in the current study appeared contradictory to existing literature; as a number of participants also stated that they did not want to know *all* of the child's potentially negative behaviours before they were placed with them. Participants indicated that knowing all of the details could put them off providing a placement, or may have negatively influenced how they interacted with the child. However, existing literature has identified that placements were more likely to disrupt when Social Workers had not been open and honest with the foster carers about the difficulties they may face with the LAC. The contradiction in this finding could be due to the specific carers in this small sample that took part in this study, or it could be suggested that these participants wanted to know, in the wider context, what experiences children placed may have had and what behaviours they could see as a result of these experiences, as opposed to full disclosure of all negative events and behaviours of the specific child being placed. Further exploration of this issue would need to take place before conclusions could be drawn.

5.1.5 Special kind of love

Despite experiencing considerable challenges with the referent placements, it was evident that all participants cared for, and felt a connection to, the referent children. However, a number of participants appeared to have more unique and profound feeling of love for the referent child than other participants. This was experienced as a *layer of protection*, moderating the impact of challenges and having a clear and important influence on participant's decisions to maintain the placement.

For some participants this *special kind of love* had become unconditional, making the negative experiences irrelevant, so ending the placement felt like it was no longer an option for the participants. In these circumstances participants appeared to be able to maintain the difficult placement, even when the displayed behaviour of the child did not change. Instead there was a sense that the participants had changed how they viewed and coped with the behaviour; for example, they focused on the positives in the placement, or the behaviour became irrelevant. However, earlier research has highlights that not

addressing the behaviour may actually lead to less good parenting (Quinton & Rutter, 1988). Quinton and Rutter (1988) undertook a retrospective/prospective study to examine intergenerational influences on parenting problems. This research compared parents who either had children in the care system or where they had themselves experienced care, with a control group from the general population. The retrospective study compared 48 families from an inner London bough where their children were in care with a control group of 47 families, 90% of the mothers from both groups were interviewed. The prospective study employed interview and observation techniques, it followed up 93 women who had been in a care home in 1964, 89 of them were interviewed, 51 women from the control group were followed up, 41 of them were interviewed. One of the findings from this research indicated that parenting breakdown was associated with difficulties handling the children's behaviour, for example parents who had ineffective or inconstant control, suggesting that not addressing the behaviour may lead to less good outcomes (Quinton & Rutter, 1988). However, these findings should be considered within the wider context of the research, taking into account the additional influences on the samples overall parenting, which is likely to differ from that of the foster carers in this study.

In the current study some participants identified that they loved the referent children, in the same way they loved their birth children, and had developed strong attachments to them. Similar relationships between foster carers and LAC have been described in existing literature (Sinclair, Wilson, et al., 2005). While there was only limited use of the terms attachment and/or resilience by the participants during the interviews, these theories offer particular relevance to the understanding this core theme *special kind of love*. Attachment theory provides a framework for understanding social and emotional development and is frequently referred to in the literature on foster care (Howe, 1995; Newton et al., 2000; Palmer, 1996; Stein, 2009; Strijker et al., 2002; Unrau et al., 2008). Participants in this study talked about experiencing a deep bond, a shared emotional understanding between them and the referent child which enabled them to love, develop a trusting relationship and contain the anxieties of the child/ren. This essence of attachment is of particular importance in understanding these participants where this unique love appeared to have an central role in participants' decisions to maintain the placement. Interestingly, this *special kind of love* appeared to be a two way process experienced by both the participant and the child, which could suggest that an attachment was being developed between the LAC and foster carers in these cases, with existing research also supporting the importance of a two way connection between the

child and foster carers, with some LAC wishing to take the foster carers surname as their own (Sinclair, Wilson, et al., 2005).

A number of the participants who contributed to *special kind of love* identified that they experienced the same parental feelings for the referent child as they had done with their birth children. While they clearly understood they were not the child's 'birth parent', this feeling evidently buffered the difficult challenges experienced in the placements. However, within government legislation (Department for Education and Skills, 2007; The Department of Health, 2002) foster carers are asked to be both 'professionals' and 'parents' when looking after the children in their care. Additionally, Hollin and Larkin (2011) identified that, despite government papers and social workers both referring to the importance of secure attachments, neither describe foster carers as having the 'parental role' associated with developing attachments (Hollin & Larkin, 2011). While the important role of birth parents should not be minimised, the role for the foster carers in supporting the development of secure attachments could potentially be confusing. Interestingly, existing literature on the impact of birth parent contact may support the confusing of foster carers role in terms of parenting LAC. With findings suggesting that the contact with birth family can create be detrimental to some LAC (Sinclair, Wilson, et al., 2005).

Additionally, in the current study there appeared to be a sense that some participants who contributed to *special kind of love* believed 'fate' had a role in the referent children being placed with them. This heightened the importance assigned to the placement as it was acknowledged and confirmed that they could 'help' and be 'good' for the child, further buffering against the *fragile context*. There is no known existing literature connecting the role of 'fate' in placements. However, literature does emphasise the importance of the relationship between the foster carer and the LAC and the interaction between them (Sinclair, Wilson, et al., 2005; Sinclair, 2005). This finding overlaps with the findings on *strengthening experiences and feelings* and will be discussed further later in this chapter.

5.1.6 Strengthening experiences and feelings

Strengthening experiences and feelings referred to the important positive experiences and emotions that participants had providing the placement. This process added to the perceived investment in the referent placement and could then be used as protection against the difficulties and challenges that arose from the *fragile context* of

the placement. Within this core theme some participants recalled an *instant click* when the referent child was first placed. This instant connection corresponds with findings in existing literature on placement stability and the foster carer/child interaction (O'Neill, Risley-Curtiss, Ayón, & Williams, 2012; Sinclair & Wilson, 2003). Doelling and Johnson (1990) suggested that a 'goodness-of-fit' between the temperaments of the child and foster carer was important for placement stability (Doelling & Johnson, 1990). With both foster carers and Social Workers indicating that a 'chemistry' between the child and carer were important in a later study (Sinclair & Wilson, 2003). Additionally, the 'spirals of interaction' between the child and carer have been identified as important in the interaction between the LAC and foster carer, where the positive or negative behaviour can create positive or negative cycles between the LAC and foster carer (Sinclair, Wilson, et al., 2005). Having a positive start to the relationship appeared to add another degree of protection for the placement as it created positive memories and shared experiences between the referent child and carer/s.

In the present study, a further protective experiences generated in the analysis was *rewards and pleasure*. This is also in line with earlier research, where the majority of foster carers suggested that fostering was satisfying and enriching (Sinclair et al., 2004). All of the participants in this study referred to the enjoyment they experienced through providing a placement for the referent child, despite the challenges and difficulties they had to cope with. Participants talked about shared interests and enjoying joint activities. These positive experiences appeared to create a balance to the negative experiences and as such contributed to the overall *layers of protection*. For example one participant talked about serious incident occurring with the referent child and then at the same time about go on bike ride or drives together. However, not all previous research has had similar findings. In the study undertaken by Crun (2010), 40% of the participants reported that they felt very little enjoyment or satisfaction from their role as a foster carer, although findings indicated that foster carer enjoyment and satisfaction did not predict either placement disruption or stability. It is possible that differences in the findings around enjoyment are due to the small sample in this study, or due to the differences in the aims of the current study and research by Crum (2010). In Crum's study the focus was on parenting characteristics, whereas, in the current study participants were asked to share both their positive and negative experiences of the placement.

In the current study the positive interpersonal experience between the participants and the referent children provided a basis for their future relationship. Building on this,

participants discussed how the referent child was becoming part of their family, making it more difficult to end the placement. Earlier research also resonates with the findings around *emerging family*. Brown and Campbell (2007), identified important features of successful placements, including: security for the children, 'family connections', 'good relationships', 'positive family change', 'seamless agency involvement' and 'child growth' (Brown & Campbell, 2007). In this study, participants' talked about the children beginning to trust them, and starting to feel secure in the placement, which was experienced as a positive family change and appeared to strengthened the investment in the placement.

Additionally, while some participants talked about developing new skills, others talked about using their own strengths as parents to help them maintain the placements, which could be seen in the sub-theme *innate parent*. Participants referred to the instinctive abilities and skills they possessed, which helped them to respond in a confident yet sensitive manner to meet the challenges and needs of the children in placement. This draws on the principles of positive psychology that emphasis and attention should be placed on building on individual strengths, not on what they are not doing well with (Seligman & Csikszentmihalyi, 2000). The findings around *innate parent* correspond to the importance of the responsiveness of foster carers which has been highlighted in a number of earlier studies on placement stability and disruption (Brown, 2008; Farmer et al., 2004). It could be argued that having these skills and confidence in their own abilities helped them to contain situations which may have otherwise been detrimental to the placement. Brown (2008), suggested that to achieve success foster carers need: the right kind of personality, self-care skills, a positive relationship with their fostering service, a tailored service which meets their needs and can support them and the placement, positive links to other foster carers and additional support from their own family.

Some participants felt hopeful about the future of the placements which enabled them to remain positive despite challenges. Positive psychology suggests that hope can be beneficial to perseverance and achievement (Peterson, 2000) and this appeared to be reflected in this study. *Hope* was a sub-theme that was contributed to by a number of participants who talked about being hopeful about the future of the referent placement and optimistic that they would be able to overcome any difficulties that continued to arise. It is possible that by focusing on this hope, these participants were able to reduce some of the negative feelings around the placement, allowing them to take a more positive approach to the placement.

5.1.7 Adapt and take action

Participants explained that the impact and costs of the *fragile context* made them feel inadequate, hurt and distressed. In order to cope, participants had to make shifts in how they thought, responded to and made sense of what was happening in the referent placement. Being able to understand why a child displayed particular behaviours appeared to become a protective process which contributed to the *layers of protection*. Within the context of this study, the resilience of the foster carers could be used to develop our understanding of how the participants were able to maintain a placement despite the difficulties and challenges which arose. Mastern (2001), suggested that resilience occurs though 'ordinary' human processes and through relationships and social support (Masten, 2001). Furthermore, literature suggests that resilience builds when an individual experiences manageable amounts of stress, while in the presence of a comforting and trusted person, which through repeatedly facing and overcoming the stress, enables the individual to build up an internal sense of security (Downey, 2007). It could be proposed that the participants' resilience is being built, as they are experiencing stressful situations, which in these cases was eventually overcome and the placement continued. It could be suggested that the participants in this study did this by seeking to understand what was happening in the placement by attending training courses or seeking advice from specialists. The Fostering National Minimum Standards require all foster carers to undertake ongoing training and development (Department for Education, 2011a). While training was one way participants could seek to understand what was happening in placemen; as previously seen in literature (Pithouse, Hill-tout, & Lowe, 2002), for some participants, attending training did not feel adequate and some sought out additional professional advice in order to understand the often complex needs of the child/ren. One participant in the current study had found accessing regular sessions with a child psychology service of particular benefit for helping them to make sense of what was happening in the placement. This appeared to build their resilience, providing them with a sense of security when the placement was particularly difficult. However, as there was only one participant who had access to this particular service, conclusions cannot be drawn about its benefit.

In some literature resilience within the referent child has been put forward as a protective factor in maintaining placement stability and maintaining long term positive outcomes for the LAC (Leve et al., 2009; Oosterman et al., 2007). This study holds some support for this finding as participants talked about witnessing a positive shift

within the referent child/ren as the placements progressed. Participants described their experiences of developing trust and confidence in the referent children, with the aim of nurturing their personal development to help them achieve and overcome difficulties. Also a number of participants talked about being able to contain the referent child's anxiety, which would support the children building an internal sense of security and resilience. This shift made the participants feel proud and hopeful about the future of the placement and had a positive influence of participant's decision to maintain the placements.

Intervention and training programmes for foster carers which aim to promote and build the resilience in LAC, have been introduced across local authorities in England, including in the local authorities that took part in this study. While only one participant in this study talked about attending one of these training programmes, they believed it to be an important part of their transition to a stable placement, indicating that it changed the way they parented the referent child which both supported the child and benefitted the placement as a whole and appeared to build resilience in both the referent child and participant. The success of interventions aimed at promoting resilience was detailed in the study by Leve et al. (2009) who suggested that using the Multidimensional Treatment Foster Care intervention leads to increased resilience in LAC, when compared to standard foster care placements (Leve et al., 2009) .

5.1.8 Collective vs isolated

Collective vs isolated, experiences contributed to either the *fragile context* or supported the *layers of protection*, depending on how participants perceived it. Generally, participants' experiences of the available support fluctuated across placement duration. Some participants talked about not being able to access the same support they may have done with their birth children (e.g. turning to friends or wider family for a break or to talk over difficulties), as it would not have always been appropriate for LAC. Additionally, when participants were finding the placement particularly difficult and resources and support from social care was not available, participants felt let down, isolated and in some cases resigned to not getting more support with the placement. At these times the *fragile context* may have left these placements more vulnerable. These vulnerabilities are reflected in earlier studies which recognise the complex task foster carers have, the contribution of stress and the impact of perceived lack of support when disruptions occurred (Farmer et al., 2005; Gilligan, 1996; Golding, 2004; Lipscombe et al., 2003; Pemberton, 2012). However, there were other times that participants felt they

were *backed up* and supported by: health visitors, the LA, therapeutic services as well as other professionals. Participants talked about the importance of receiving support, to validate their experiences and help to stabilise the placement. Interestingly, the current findings on support appear to be reflective of previous research findings, which suggested that while support is important for foster carers, in terms of their moral and personal health, by itself support from social care is not a defining feature of if the placement succeeds or fails (Sinclair, Wilson, et al., 2005).

5.2 Strengths and Limitations of the Study

5.2.1 Strengths

This study contributed to existing literature on foster placements and provided an understanding of how foster carers who experienced threatened placements can transition to stability. Furthermore, the current study offered insight into the lived experiences of foster carers who, despite the very difficult challenges faced, were able to create a stable placement.

The positive approach taken in this study, focusing on the success stories of foster carers, was an additional strength. In much of the literature on fostering there appears to be an emphasis on placement disruptions and what can go wrong, which can create a sense of negativity around fostering. However, this study highlights that positive outcomes can be achieved for placements, despite often very challenging circumstances. Furthermore, the success stories shared in the interviews could potentially act as motivation for future success stories, by showing that difficulties can be overcome and stability can be achieved.

A number of meetings were held prior to data collection commencing in order to utilise the knowledge and contributions of the clinicians who work with foster carers, these meetings contributed to the development of the aims for this study. It is hoped this has enabled to study to offer more applicable findings, which clinicians can then consider when working with placements which may be at risk of disrupting. The insight from the foster carers experiences around how they overcame the difficulties and what influenced their ability to do this may help to aid clinicians' understandings when supporting this type of placement.

Employing semi-structured interviews allowed flexibility in data collection and enabled the researcher to consider and take into account the sensitivity of the topic, while also

being able to facilitate in-depth enquiries, with interviews lasting between 47 and 68 minutes, allowing for a wealth of data to be generated (Madill, 2012). All the interviews were undertaken in the participants' homes, which appeared to help the participants feel more at ease and open in sharing their experience and enabled the participant to hold some power in the interview dynamic (Madill, 2012). Furthermore, adopting a grounded theory lite approach in the analysis of the data enabled the researcher to follow a set of systematic, yet flexible guidelines from which a theory and model were generated (Charmaz, 2006; Pidgeon & Henwood, 1997). Pidgeon and Henwood (1997), suggest that the quality of research employing a grounded theory methodology should ensure that the researcher and participants subjectivity is acknowledged within the study. They highlight that the researcher needs to remain close to the data, the theory generated needs to provide a deep level of understanding of the phenomenon, that is the theory is transferable, additionally, that the researcher needs to be acknowledge their role in the co-construction of the research and data collected (Pidgeon & Henwood, 1997). Within this study, the researcher utilised credibility checks, supervision, memo writing and ongoing reflection throughout the analysis process which helped the researcher to engage with the data, ensuring reliability of the data, that the theory was a good fit to the data (Elliott et al., 1999).

5.2.2 Limitations

There were a number of limitations of this study, some of which relate to the inclusion and an exclusion criterion. The criteria was put in place in order ensure that the participants had experienced the phenomenon under investigation, to protect against vulnerable placements and to ensure participants experiences could not have been accounted for by other reasons, for example, being a family member. However, the inclusion criteria appeared to become restrictive for a number of reasons. Firstly, defining a placement as 'being at risk of disruption' was not clear, some participants may have wondered if they could continue, but not spoken about this to anyone, whereas other participants may have spoken to their social workers about ending the placement. Additionally, 'placement stability' means different things for different foster carers. Some carers would only consider the placement 'stable' if they were no longer experiencing challenges, whereas other foster carers may consider a placement to be stable if they no longer consider ending it. In this study it was the principle researcher's role to ensure that potential foster carers met this criterion after the carers put themselves forward. However, it would have been helpful if clearer definitions of these terms were shared with social workers who spoke to potential participants about study, as it is

acknowledged some participants may have thought they were not eligible to take part, for example, if they'd had fleeting thoughts about ending the placement, but not spoken to anyone about these.

Further, the inclusion criteria included specified time frames, during which potential participants should have experienced the near disruption. This time frame was included to balance the needs of topic sensitivity, but also to ensure that the difficult periods were not so long ago that participants would struggle to remember them in the interview. On reflection, it may have proven more effective to stipulate in the inclusion criteria that participants should have experienced a minimum period of time after the most difficult phase in the placement (e.g. 10 months), rather than specify dates.

Other limitations related to the recruitment of participants. Firstly, allowing social care to gate keep the list of potential participants may have resulted in some sample biases, as it is possible carers may have been ruled out who had different, perhaps more negative experiences than those who participated. Additional biases in the sample will present due to the self-selecting nature of the participants. Further, due to the difficulties in recruiting participants for this study, only seven participants took part, which is a relatively small sample. While the participants shared a wide range of experiences and were providing placements across different circumstances and for age groups, the small sample size means the findings can only offer tentative implications and hypothesis for use in clinical practice.

While the focus of this study was to understand how foster carers experienced these situations, it is acknowledged that the retrospective accounts shared in the interviews are the foster carers interpretation of what happened at that point in time, which may have been influenced/altered by whether they have re-told this story, or by current events in placement. Employing a mixed methods design and reviewing case files alongside the interviews would have given the researcher access to a wider range of the population of carers, and would have enabled the researcher to compare the experience that the participant shared with the LA view of what was happening in the placement. However, this would have been beyond the limits for this study and would have shifted the focus away from the foster carers perspective.

Although the study focused on the experience of the foster carers, the analysis only represented a limited number of elements that the child brought exclusively to the placement. It may have been expected that more data on the children would have been

generated during the interviews. While *building resilience* referred to the changes which occurred in the referent children and *rewards and pleasure* referred to the joy that the participants got from providing a placement for the referent child/ren; along with references to the children in other themes, it may have been pertinent to have placed some additional emphasis on the role the LAC had in shaping the participants experiences.

A further limitation was that this study did not account for the impact or influence of the age of the child on the placement. As we have previously noted, researchers have suggests that age is associated with placement disruption, with increasing age associated with increase in risk (Sinclair, Wilson, et al., 2005; Smith et al., 2001). However, this finding was not always consistent. Farmer (2010) reported that while this was true for kinships carers, for non-kinship foster placements, the majority of disruptions occurred when the child was placed between the ages of five to ten years, not in the older children and in Newton et al.'s (2000) study, age was not related to the risk of placement disruption. While the present study did not focus on the ages of the referent children, the age at placement ranged from infancy to adolescence, therefore further examination of the influence of age may have been beneficial.

A final limitation of this study was that the generated model does not show what 'hits' are managed by which 'layers of protection'. Therefore, the model does not offer suggestions about how to manage specific problems or difficulties. Addressing this gap in the model may have led to an increased application to clinical practice. Additionally, the analysis did not enable any consideration of difference between the participants' experiences from the two participating Local Authorities, which has previously been found in some studies (Farmer, 2010; Sinclair, Wilson, et al., 2005).

5.3 Clinical Implications

The participants in this study represented success stories of LA foster carers and as such can offer insight and understanding to professionals who work within this and related fields. However, it is recognised that this study sought to understand the experiences of a small number of mainstream foster carers who had been providing long term placements for the LA only and as such findings should be viewed within this context. A number of clinical implications can be suggested from this study.

An important protective factor highlighted in the present study was participants' reasons for initially becoming foster carers and their subsequent investment in the role. These reasons appeared to feed into participants' beliefs and level of determination to keep going when the placements presented them with challenges and, in a small number of cases created a level of devotion to the role, which offered further protection against difficulties. While reasons for becoming foster carers are already explored with potential foster carers, particular attention could be paid to these reasons when assessing the suitability of long term placements. The processes for providing long term and short term placements are likely to differ for foster carers, with the impact of a disruption in a long term placement, being potentially greater. Additionally, existing stresses on potential carers could be considered as it is possible these would also have an impact on possible future placements. All the participants in this study had thought about fostering for a long time and had personal meanings and motivations for fostering that were important to them.

While it is acknowledged that limitations can occur when matching children and placements, the importance of this for the placements in this study was evident. When participants were able to develop loving and inherent bonds with the referent children, maintaining the placement appeared to be easier. Additionally, for participants feeling like they had been specifically chosen for the referent child due to their skills or background contributed to the *layers of protection* for the placement and gave the participants confidence in their ability to manage these children. Therefore, when approaching foster carers about potential placements, consideration could be given to sharing with the potential foster carers reasons why they would be a good match for the specific child. Further, having shared enjoyment with the LAC and gaining pleasure from providing the placement was important in protecting the placement. professionals working with foster placements may consider being alert to placements where the foster carer is not taking pleasure from the placement, as it is possible additional support or consideration of what is happening in the placement may be appropriate.

Participants in the current study appeared to find that some difficulties in the placement reduced when they had developed a stronger relationship with the LAC. Consideration may be given to how long term foster carers can develop supportive and positive attachments with children in placement, while at the same time recognising the existing relationships and attachments the LAC has with their birth family.

The benefit of being able to make sense of the difficulties in the referent placements was also seen in this study. Participants found it useful not only to know how to reduce or change a child's behaviour, but also to understand why they had displayed the behaviour. Training courses were taken up and used by the participants in this study, but often the training courses did not cover the complex needs of the children in placement. Feeling like they could access support from a specialist, or just feeling like they were *backed up* in these circumstances made it easier for the participants to manage difficulties that arose. While it may not be applicable for all foster carers, further consideration could be given to the level of available training offered to foster carers and how, if appropriate, foster carers could access higher level courses in a timely way. When participants in this study were not able to do this they experienced feelings of isolation, frustration and abandonment by the LA, which compounded often already difficult situations.

While this study offered some support for full disclosure of all information about potential placements, with participants feeling more confident managing challenges when they were expected, some participants had mixed feelings about this. What appeared to be important to the participants was that they had a good in-depth knowledge and preparation about the experiences of LAC in general and the possibilities that come with these, so they can then identify with what is happening at the time. Additional consideration could be given to how foster carers can balance being well informed, psychologically minded carers who are able to maintain hope and recognise their role in creating positive change. While it is likely that preparation courses for potential foster carers have developed since some of the participants in this study attended these courses, particular consideration could be given to extending depth of the initial training for potential foster carers, to ensure they feel well equipped when they start their role.

5.4 Future Research

This study was an initial exploration of participants lived experience of recovery from a threatened placement. As such the findings offer some initial insights and understanding of how foster carers transition from a position of possible disruption to stability. As there is already a pool of existing research on factors which contribute to placement stability and disruption, future research could focus on foster carers experience of overcoming challenges. It would be of particular interest to understand if the different *layers of protection* identified in this study are needed, more or less,

depending on the presenting challenge in the placement. For example, do foster carers rely more on the *special kind of love* when facing *system hurdles*, or do they utilise the processes in *adapt and take action* when faced with *cumulative hits*?

Additionally, as this was the first of this kind of study examining foster carers transitions, similar studies could be employed to ensure the transferability of the results. Future research could also be developed to explore other people's perspective of placements that are able to transition from being at risk to a position of stability. For example, of how the LAC or other family members experience this recovery. Similarly, case files could be reviewed of the foster carers and LAC to triangulate their perspectives with that of the LA. This would serve to increase understanding and offer a wider perspective, although it is acknowledged that careful consideration would need to be given to how these children or family member were selected, in order to protect vulnerable placements.

5.5 Conclusion

Overall, this study offered initial insight into the unique success stories of seven foster carers, who were able to maintain difficult placements, in order to create stability for the children they were providing a placement for. The analysis generated a model to explain how foster carers in this study experienced and explained recovery from a threatened placement. This model situates the foster carers' *layers of protection* within the once *fragile context* of the referent placement. The *fragile context* was generally consistent with previous research on what contributed to placement disruption. However, the participants in the current study were able to use the experiences and processes which contributed to the *layers of protection* and buffered against the difficulties. It also helped them overcome and cope with challenges and provided them with the determination and commitment to continue with the placement for the referent child/ren. These experiences included: an initial and continued investment in the role, a feeling of 'being prepared' and having the right knowledge to be a foster carer, a profound and deep feeling of love for the referent child, ongoing positive experiences and feelings while providing the referent placement. Additionally, participants were able to make shifts in how they were thinking, responding to and making sense of what was happening in the referent placement as well as being able to see positive shift within the referent children. Finally, participants wanted to feel supported with the placement. The model suggested that not all participants needed or experienced all of these layers and that the importance of each, in maintaining the placement, was variable.

Reflexivity Statement: Final Thoughts

My previous training and employment in fostering is likely to have shaped how I viewed the foster carers and the placements they were providing. Prior to undertaking this study and the associated reading, my experience had led me to consider that foster carers level of commitment, training and the quality of support offered to them as the important factors in helping them maintain difficult placements. However, this research has highlighted that while these factors do feature, the experience for foster carers is vastly more complex, with a number of factors, processes and experiences, all combining, to enable the carer to create a stable placement.

I continue to find each story and experience shared in the interviews for this study inspiring and is my hope that this study will offer professionals, who work with foster carers, insight into foster carers experiences of providing difficult placements and how they are able to mitigate these experiences to maintain the placement.

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APPENDICIES

Appendix 1: Ethics certificate

Certificate of ethical approval #13-0030

Title: Preventing Placement Disruption: How do foster carers experience and explain the process?
Supervisor: Siobhan Hugh-Jones

Date of approval: 12 February 2013

This certificate confirms that the named project has received approval from the ethics committee. This certificate can be used in student projects. The name of the student will not be listed, but can be requested from the ethics committee.

Ethics committee of the Institute of Psychological Sciences, Leeds University

APPROVED 2012

<u>Information for social workers (minor changes added September 2013 regarding the ethical approval number and new timescales)</u>

There are over 50,000 children in England, placed in foster care and these children are at risk of multiple disadvantages. As you will be aware placement stability for looked after children is vital and the additional negative consequences of placement disruptions are well documented. The proposed research focuses on foster carers' experiences of providing placements that have been at threat of disruption in the past. It will explore the experiences foster carers go through when the placement they are providing is at risk of disruption, but the concerns, issues or difficulties are overcome and the placement continues. It also hopes to share some of the success stories and unique experiences foster carers have had and build on these to develop our understanding of their decision making processes around continuing with placements which have been at risk of disruption.

Foster carers' thoughts, feelings and memories about these situations are extremely valuable and as such this research hopes to interview approximately 8 foster carers. Carers will be interviewed for one hour and will be asked open ended question about their experiences. All information from interviews will be kept anonymous. However, foster carers will be informed that if they disclose any information which suggests they have put themselves or any other person at risk of harm, it will be my duty to share this information with their social worker or the appropriate person.

Foster carers who are identified by the team managers or their supervising social workers will be sent a letter informing them of the research and asking if they would like to take part. If foster carers participate they will be given a £10 voucher as a thank you.

Foster carers will be eligible to take part if they:

Experienced difficulties with a long term mainstream foster placement, between January 2011 and December 2012.

Are still providing the same placement, or foster carers who were still providing the same placement that was very difficult when the child was either placed for adoption or moved to independent living.

Have had a period of stability in the placement since the most difficult time.

Recruitment for this research is on-going and it is anticipated that the interviews will take place until December 2013.

The research will use grounded theory for the analysis of the data and will be written up for a doctorate thesis in Clinical Psychology, it is also hoped it will be submitted for

publication. Ethical approval was granted for this research on the 12th February 2013 by the University of Leeds. Ethics number: 13-0030.

Thank you for taking the time to read this information if you have any further questions you can contact the principle researcher Jennifer Spenceley.

(Contact details for the principle researcher and supervisors provided)

Appendix 3: Information leaflet

Presented in leaflet format:

This research hopes to share some of the success stories and unique experiences of foster carers. If you are interested in taking part please contact the principle researcher Jennifer Spenceley on (contact number).

Background to the Research

Foster carers have a demanding and difficult role looking after children in the care of the Local Authority. This research focuses on exploring the experiences foster carers go through when the placement they are providing has been difficult and may of come close to disruption, but the issues or difficulties are overcome and the placement continues (foster carers may, or may not have spoken about the difficulties at the time).

The research hopes to develop our understanding of how foster carers experience these situations and what helps foster carers at these times.

Am I eligible to take part

Foster carers will be eligible to take part if they feel they experienced a difficult time with a placement between January 2011 and December 2012. At this time foster carers may have wondered how long they could carry on with the placement.

Carers will not be eligible to take part if the placement ended at a later date due to disruption.

What would I have to do if I took part?

Foster carers who participate will be interviewed by the principle researcher. The interviews will last approximately one hour and you will be able to choose if you would like the interview to take place at your home, or at the University of Leeds.

During the interviews you will be asked about your experiences as a foster carer and asked to share your story.

As all the information foster carers share in the interviews is of great importance, foster carers will be asked if they are happy for an audio-recording to be taken of the interview. Quotes from interviews may be used in the write up of the research, but foster carers will not be identified. All identifying details will be kept strictly confidential.

What are the possible benefits of taking part?

It is hoped that foster carers will enjoy sharing their stories and in the long term the findings may help improve support for foster carers.

As a thank you for taking part foster carers will be offered a gift of a £10 voucher

Do I have to take part?

It's up to you if you decide to take part. If you choose to participate you will be asked to sign a consent form before the interview. To participate please contact the principle researcher Jennifer Spenceley on (contact number)

(If you choose to take part, but then change your mind, you can withdraw at any time).

What will happen to the results of the research project?

The outcomes of the research will be shared with the Local Authority Fostering Teams who have taken place and the Therapeutic Social Work Team. It is hoped it will increase our understanding of carers experiences and what helps during difficult placements. It is also hoped that the report will be submitted for publication in order to help support more foster carers in the future.

As you may also find it interesting to learn the outcome of the research, you will be asked if you would like to receive a summary of the findings at the interview.

Please take the time to read this information carefully.

Feel free to contact me on (contact number) if there is   anything that is not clear or if you would like any further information.

We hope that you will find this information helpful.

(Contact details for the principle researcher and supervisors provided)

Thank you for taking the time to read this information

The research has been commissioned by the University of Leeds as part of a thesis in Clinical Psychology.

Ethical approval was granted for this research on the 12th February 2013 by the University of Leeds. Ethics number: 13-0030

Appendix 4: Information used in recruitment

The information used in the recruitment via the Therapeutic social Work Team: Name of the foster carers, number of times the carers attended the fostering surgery, what type of foster carer they are (including private foster agency, kinship carers or local authority carer and the level approved), if the fostering support officer attended, if the social worker for the child attended, the length of time the child has been in placement, and if the child is still in placement (at 3 months, 6 months and 12 month follow ups). (Information accessed by team members only)

Appendix 5: Letter for foster carers

<u>Up-dated version of the 'Dear Carer' letter (with the University ethical approval number)</u>

Dear Carer,

            I am sending you this letter because I would like to invite you to take part in important research the University of Leeds are doing, alongside the fostering team, as part of a Clinical Psychology doctorate project.

The Research

Foster carers have a demanding and difficult role looking after children in the care of the Local Authority. This research is keen to learn about the process that foster carers go through when the placement they are providing has been very difficult and may have come close to disruption, but when the concerns, issues or difficulties are overcome and the placement continues. This research hopes to identify some of the success stories and unique experiences of foster carers and build on these to support carers in the future. Foster carers own thoughts, feelings and memories about these situations are extremely valuable. I am hoping to interview foster carers who have had an experience where the placement they were providing was very difficult and may have come close to disruption. Foster carers may not have talked to anyone about it, but may have wondered (either at the time or when they look back at it) if they would have been able to carry on with the placement, if it had continued to be very difficult.

I would welcome your input and would like to interview foster carers who:

- Experienced difficulties with a long term mainstream foster placement, between January 2011 and December 2012.

- Are still providing the same placement, or foster carers who were still providing the same placement that was very difficult when the child was either placed for adoption or moved to independent living.

What role can I have?

Your input would be greatly appreciated. If you choose to take part in this research interviews will take place either at your home or at the University of Leeds. You will be offered an interview time and date which is convenient for you and it is anticipated that the interviews will last around one hour.

As a thank you foster carers will be offered a £10 voucher for taking part.

Other Information

Ethical approval was granted for this research on the 12th February 2013 by the University of Leeds. Ethics number: 13-0030

If you are interested in being interviewed please read the enclosed leaflet for further important information.

To take part contact the principle researcher Jennifer Spenceley, on (contact number), who can discuss this with you further.

Yours Sincerely

(The field supervisor and principle researcher)

Appendix 6: Reminder letter

Dear Carer,

         I am sending you this letter to remind you about some research you have been invited to take part in. A letter was sent to you in April to tell you about some important research the University of Leeds are doing, alongside the Therapeutic Social Work Team.

The research is keen to learn about the process that foster carers go through when the placement they are providing has come close to disruption, but when the concerns, issues or difficulties are overcome and the placement continues.

So far, two fostering families have been interviewed and the information collected has been really important for the research. Your participation would be greatly appreciated and valuable in helping the research progress.

If you choose to take part interviews can be arranged for a time and date which is convenient for you and it is anticipated that the interviews will last around one hour.

As a thank you foster carers will be offered a £10 voucher for taking part.

To take part in the research or if you have any questions please contact the principle researcher Jennifer Spenceley, on (contact number).

Yours Sincerely

(Field supervisor and principle researcher)

Foster carer becomes distressed
- Remind carers they do not have to continue with the interview (if appropriate offer another appointment).
- Discuss with the carer the importance of speaking to their social worker regarding the concerns raised. If required support them to do this.
- Remind carers they can self-refer to the Fostering Surgery for additional support if required.
- Offer the contact details of support groups: Fosterline England (run by the fostering network) 0800 040 7675, or online at https://www.fostering.net/advice/england (9am – 5pm Mondays to Fridays).

If a carer discloses harm
- (If appropriate) remind carers that as they have disclosed information which suggests they have put themselves or any other person at risk of harm, it is my duty to share this information with their social worker or the appropriate person.
- Inform the appropriate person.
- Inform my supervisors of the situation and what my actions have been.

Appendix 8: Information sheet for foster carers

Before you decide if you want to take part in the study, it is important that you are given all the information on how the data from the interviews will be used. Please take the time to read this information carefully and contact the principle researcher Jennifer Spenceley on the details below if there is anything that is not clear or if you would like further information. We hope that you will find this information helpful.

Eligibility

Foster carers are eligible to take part in this study if they experienced difficulties with a long term mainstream foster placement, between January 2011 and December 2012. Foster carers may not have talked to anyone about it, but may have wondered (either at the time or when they look back at it) if they would have been able to carry on with the placement, if it had continued to be very difficult.

Carers will not be eligible to take part if the placement ended at a later date due to disruption or if there is currently any risk of the placement disrupting. If you are unsure if you are eligible to take part, or not, please do not hesitate to contact Jennifer Spenceley to discuss this.

Do I have to take part?

You can decide if you would like to take part in this study. It is anticipated that interviews will take place between April 2013 and December 2013, and you will be able to join the study at any point during this time. If you do decide to take part you will be asked to sign a consent form before the interview. Your decision to take part, or not, will not affect the support you receive from your social worker.

What would I have to do if I took part?

The interviews will last approximately one hour and you will be able to choose if you would like the interview to take place at your home, or at the University of Leeds. As all the information foster carers share in the interviews is of great importance, audio-recordings will be taken so the information can be looked at later. Audio-recordings will be kept in secure cabinets until they are typed up, following which they will be deleted. During the interviews you will be asked about your experiences as a foster carer and asked to share your story. You do not have to answer the questions, without having to give a reason, and this will not affect your participation in the rest of the study.

Due to the nature of the interview topic, it is possible some difficult memories or feelings may be brought up while taking part. Your social workers are aware of the

study. If following the interview, you feel you would like some additional support you can speak with your social worker.

No names will be included in information from interviews and no identifiable information will be shared with your social worker. However, if you share any information which suggests you have put yourself or any other person at risk of harm, it is my duty to share this information with your social worker or the appropriate person. I would keep you informed of this procedure, if it arises.

Can I withdraw from the study?

You can withdraw from the study at any time, until the point of publication and you do not have to give a reason. It is anticipated that the study will be completed for publication by the end of April 2014. Withdrawal from the study would not affect any support you receive.

What are the possible benefits of taking part?

Whilst there may not be any immediate benefits to taking part in the study, it is hoped that foster carers will enjoy sharing their stories and in the long term the findings may help improve support for foster carers and placements. You may find it interesting to learn the outcome of the research, at the interview you will be asked if you would like to receive a summary of the findings.

As a thank you for taking part foster carers will be offered a gift of a £10 voucher.

Will my taking part in this project be kept confidential? / What will happen to the results of the research project?

All of your personal information that I collect during the course of the interviews will be kept strictly confidential (eg name, address etc.). What any participant says during the interview may be reported in a thesis I am required to write. It is hoped that the report will also be submitted for publication so the findings of the study can be shared in order to support other foster carers. If I quote anything from your interview, your name will not be attached to it and I will alter any identifying details (eg name of social workers, children's names, place names etc). You will not be able to be identified in any reports or publications.

Who has commissioned the study?

The study is commissioned by the University of Leeds as part of a thesis in Clinical Psychology. Ethical approval was granted for this research on the 1st October 2013 by the University of Leeds. Ethics number: 13-0156.

Thank you for taking the time to read this information.

(Contact details given for the supervisors and principle researcher)

Appendix 9: Consent sheet for taking part

	If you agree please tick next to each statement
I confirm that I have read and understand the information sheet explaining the research and I have had the opportunity to ask questions.	
I understand that my participation in this research is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences.	
I understand that should I not wish to answer any particular question, I do not have to do so and I do not need to give a reason.	
I give permission for the interview to be audio recorded for subsequent data analysis. I understand that the audio file will be kept safe and secure in accordance with the University of Leeds Sensitive Data Protocol.	
I give permission for the use of anonymised interview quotations in the thesis and potential publication that result from the research (no names or identifiable details used).	
I understand that If I share information which suggests I have put myself or any other person at risk of harm, the researcher has a duty to share this information with the appropriate person.	
I agree to take part in the foster carer research.	

Name of participant	
Participant's signature	
Date	
Name of project lead	
Signature	
Date*	

*To be signed and dated in the presence of the participant.

(Example from participant - Gina)

Left margin handwritten notes:
- attachments (relationships) with family important
- Very pleased – adoptive did not progress
- heart breaking
- If a adoption had failed for him – destroy us
- adoptive placement – if not success – we will take him
- I know him best
- the progress/change in J amazing
- Time love + effort put into helping J
- speech therapist – recommendations followed
- hard work + progress made it worth it.
- Adaptions for J.

Main transcript text:

246 attachment they have is amazing it really is
247 amazing. Ya know and I thought, somebody did
248 came forward to adopt him [I: right] but then they
249 realised he had issues. Too many issues and
250 decided against it, thankfully.

251 I: Sounds like it was heart breaking the whole-

252 P: it was heart breaking, but the thought of him
253 going to somewhere and, what is it ten weeks
254 they have lea way, and then them turning round
255 and saying we can't cope with him and that's what
256 got me, really really got me, because that would
257 just destroy him and it would it would us, ya
258 know, and from us finding out these people had
259 come forward and we'd said look if it doesn't work
260 out we want him back I don't want him placed
261 down in ████, ya know, in with other foster
262 carers because they never knew him like we knew
263 him. Ya know this child when he came he couldn't
264 speak, he couldn't do anything, he couldn't walk,
265 the amount of times we sang five little monkeys
266 bouncing on the bed to strengthen his leg muscles
267 up so he could walk, I mean we did that for nearly
268 three years, ya know sitting him down and getting
269 him to eat and getting him to chew, we used to,
270 erm, speech therapist gave us these chew things
271 chewing them all day long so that child I would sit
272 there and chew it himself and it was like, ya know,
273 it was hard but the progress that they made was
274 massive, it was absolutely massive, ya know and
275 they'd originally given us a forward facing
276 pushchair, but he wasn't able to listen to us taking
277 to him, that means, so we got it all turned round
278 and then we could talk to him and sing to him. We

Right margin handwritten notes:
- Positive relationships amazing
- prospective adopters x – too many different
- pleased
- heart breaking
- short-term changing mind – fear world cope with x upsetting
- so detrimental
- found out it may not work
- want him with us
- I know him when came
- developmentally delayed
- sang – encouraged development
- helped him walk long time
- Developing his eating
- SALT input.
- encouraged
- hard – but progress massive ++
- given push chair wrong way
- got it turned to sing to x.

9

Appendix 11: Analysis process

(Example of how initial themes were developed and grouped)

Appendix 12: Extract of theme how the themes were grouped and revised

(Example taken from participant - Sarah)

Themes	Groupings	Explanations
Adapt and take action	Shifting X	Slow changes in X's behaviour. We can see the difference. Never felt good enough before – powerless. Life story work was important. Boundaries. Trust. Creating normality.
	Determination to understand (X's behaviour and personal learning/seeking knowledge)	Seeking understanding of her behaviour and knowledge. This insight means that I do not take it personally. Enabled me to take some control and make sense of what she did.
Fragile Context	Personal costs (emotional impact)	Significant emotional impact. Hard to manage. Hurt, rejection… hard to see the light at the end of the tunnel.
	Ripple Effect	Impact on birth children, relationship family and friends. They didn't like X. Don't have to like. Managing other people's responses/ feelings towards her is difficult.
Strengthening Experiences and Feelings	Achievement and Pride	Need both highs and lows. X is loving. I'm proud of her. Now we are stable.
	We are a family	Feels like X is part of our family. Accepted by everyone now.

(Example of memo's written during the initial coding process - Sarah)

Pg 17 – Adopter's were bad/abusive/lacked understanding
I'm different.

Pg 18
Line 397-399 – Social class – financially stable – Is this presented as a good or bad thing?

Pg 20
Lines 452-453 – Is feeling sorry so bad? why is she so against this?

Pg 21
Line 478 – Differentiating between Difficult + very difficult.

Pg 22
Line 497 – Wanting me to know there was more negatives.

Pg 24
Line 548 – "Other people can't manage" – I can? – she has some understanding

Pg 25
Line 580 – R Wanted to remain some control – knew something (CAMHS input) would be important. She was able to fight to keep it.

Pg 26
Line 590 – felt the empathy with adoptive family was misplaced

29
line 666 – She is different, better a more natural parent?

Pg 30
line 682-683 – Externalised problem away from R.

p 4
line 965-967 – Some PC don't treat professionals with respect.
– (implied by the PC).