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Growing up in a family that fostered: experiences during childhood and adulthood

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'A dissertation submitted to the University of Bristol in accordance with the requirements for the award of the degree of Doctor of Philosophy in the Faculty of Social Sciences and Law'

School for Policy Studies – May 2020

Word count 74,188

Abstract

In England nearly three quarters of looked after children are cared for in foster families. Despite this, relatively little is known about the experiences of foster carers' children in families who foster. This study used narrative interviews to explore the experiences of twelve adults aged 18 to 54 who had been brought up in such families. Their families had fostered for much or all of their childhood and growing up in a fostering family had had a considerable impact on them. The findings revealed that there were many benefits of growing up in a family that fostered. However, as children, they had been exposed to a range of adverse experiences, including exposure to risk or actual harm, loss of parental attention, diminution of contact with friends and relatives, and sequential losses when foster children left the family. Participants had felt that their experiences and feelings were not fully acknowledged or sometimes recognised by their parents or social workers. For some, their experiences as children continued to trouble them. For others, painful and traumatic memories continued to have an effect on their relationships inside and outside the family. Despite such adverse experiences, participants viewed some of the fostered children as siblings and continued to do so into adulthood. The analysis used the theory of family boundary ambiguity and ambiguous loss to gain a deeper understanding of participants' experiences. The findings suggest that there is a need for much greater awareness of the issues that foster carers' own children face. They have implications for decision-making about placing foster children, for training and the preparation of foster carers and their children. They also suggest that a change in the ways in which placements are supported is needed to include a greater focus on the children of foster carers.

Acknowledgements

Firstly, I would like to thank my two supervisors, Professor Julie Selwyn and Professor Elaine Farmer at the University of Bristol for their advice, wisdom, continuous encouragement, endless readings of drafts and unwavering support, without which I do not know how I would have completed this thesis. Also, to my friend and colleague, Debs, who was so often there, offering encouragement (and coffee and cake too). My thanks must also go to many of my colleagues at Newman University for their support and encouragement and to friends and colleagues who put me in contact with the participants in this study.

I would like to give my thanks to the participants in this study. For giving so generously of their time and being willing to share their stories with me so openly and honestly. I hope I have represented your views as honestly as you told me your stories.

My thanks must also go to my family and to all of my foster siblings but especially to my parents, Lillian (Lil) and John Nall, both of whom are now deceased. What wonderful people you were. You loved the children you fostered like your own and because of your love of children and fostering, I have 'foster' siblings and nieces and nephews, who will always be part of my story and my life.

Finally, my thanks go to my family for their support throughout this thesis and my career. To my two children, Harriet and Ben. Thank you for your love and support and for reminding me how important this research was to me when times were tough. To my husband, Andrew: What can I say? Thank you, for listening to me witter on when I needed to talk through ideas, for the many times you've played 'devil's advocate' causing me to think and think again. Thank you, for ensuring there was room for my laptop and books every time we went on holiday, for setting up my office, for retrieving countless drafts (that

regularly seemed to disappear from my computer), for generally sorting out my IT problems and for your love and support over the years.

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's *Regulations and Code of Practice for Research Degree Programmes* and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

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Chapter 1 Introduction

There was never a time in my childhood when my parents were not fostering in some form. From before I was born my parents were informal kinship carers for my cousin from birth. My cousin was 2 years older than me. On the day before her 5th birthday my aunt and uncle said they wanted her returned to them the following day. My parents were devastated. My mother always claimed that these events led to their decision to foster. My parents then fostered formally for over 20 years, which was all of my childhood, adolescence, and early adulthood. They retired from fostering a few years after I got married and left home. As foster carers, my parents told me they cared for over sixty children. I do not remember all of the children they fostered. What I do remember is they fostered children from newborn babies, who it was known would be placed for adoption as soon as possible, to whole groups of siblings on a long-term basis. Some children were simply incorporated within our family and stayed from when they were babies to adulthood and are still considered part of the family.

Having been brought up as a birth child in a fostering family I felt I was familiar with some of the challenges and benefits that birth children experience, albeit before I began researching this topic I believed these were unique to me. There were times when the family was disrupted due to the behaviour problems of foster children as well as children who stole things, either personal possessions or things from our home. Sometimes friends would no longer come to play because they did not like the foster children and/or they felt the foster children did not like them. Sometimes we missed family events such as weddings and parties because foster children were not invited, and my parents' view was that, if foster children were not invited then no-one went. Sometimes I simply had the desire to be

in a 'normal' family as well as experiencing feelings of loss when a fostered child went back to their birth parents or moved on. While there may have been warnings not to get too attached to a child, this was often impossible.

In the 1960s, when my family began fostering there was very little regulation and no provision for training. In 1966, my parents were asked to foster a ten-month-old girl of dual heritage on a long-term basis. My parents agreed to this. A few years later my parents were approached again to consider fostering two sisters, aged five and eight. The children had been in a children's home for some time and the older child was not thriving in that environment. Again, my parents agreed. The following year they were approached with a view to fostering the two sisters' biological brother. He had lived in a state nursery following his birth and had had one foster placement that had broken down. My parents saw the value of these children becoming a sibling group and agreed to foster the boy who was then five years of age. This was not without its challenges but all four of these children were cared for on a quasi-adoption basis and were eventually adopted by my parents when their own parents died.

During these years I recall only minimal contact with any of the children's birth families.   I do recall the mother of the 10-month-old child coming to see her at our home with a social worker. My siblings and I were not allowed to be in the room, but I do remember lots of shouting, the parent being taken away by the police, and my mother being very upset afterward. We heard the parent saying that we could keep my 'sister' until she was 12 but then she was coming for her and my 'sister' would 'work for' her. Her mother was a sex worker. My parents were constantly worried that her mother would come and reclaim my foster sister when she became a teenager.

In addition to these four children, my family were regularly asked to care for children who were considered in need of short term or emergency placements. These short term/emergency placements invariably lasted several months, sometimes years. Most of the children who needed care on a short-term basis were babies or toddlers, although occasionally there were teenagers. With these children there was much greater contact with the children's parents who often came to our home.

One child, in particular, was meant to be placed on a short-term basis but later the social worker told my parents 'Expect to still have him when he's 18'. However, the child's father remarried, and his situation changed. The foster child went to live with his father and his new family. I did see him once after he left us but while it was lovely to see him, he was living in an environment which was very dirty and untidy, he and his clothes appeared to be unwashed and it appeared that not much affection was shown to him. From a Social Services point of view reunification would have been considered to be a success but the loss of this child for my family was probably never completely resolved and we often wondered what had become of him. My parents continued to foster until the late 1980s when they eventually retired from fostering.

In my early teenage years (in the mid-1970s), similar to today, all young people had to choose 'options' when they were in Year 9 at school. The options available to the girls in my school were: domestic science (cookery); needlework or child care and development. I opted for childcare and development. Having had many babies and toddlers at home I knew that I knew quite a bit about the practicalities of looking after babies and young children before I began the course. Needless to say, I passed this course with a Certificate of Secondary Education (CSE) Grade one (the highest grade that could be awarded).

However, by the time I left school I decided I wanted nothing more to do with children and did not want to work with them. Therefore, when I left school at the age of 16 I went to work for a high street Bank where I worked for the following 13 years. I worked my way up from a bank clerk to an assistant manager. Although, I rejected working with children as a career, at that point I was still interested in children and volunteered at a children's clubs, regularly looked after nieces and nephews, and occasionally looked after the babies and toddlers my parents were caring for. After having two children of my own I decided to retrain as a primary school teacher and specialised in early childhood. I worked as a Reception Class/Foundation Stage teacher for around seven years before becoming a lecturer in Higher Education.

Although I claimed I did not want to work with children, my interest in children and young people continued, and in 2007, I began volunteering as a telephone counsellor for a children's charity in the West Midlands. My interest in families that foster was rekindled after taking calls from several children who were the birth children of foster carers. One of the strategies used by the organisation I volunteered at was to empower children by encouraging them to identify their own support network. Where children were experiencing difficulties, talking to their parents about what was causing them concern was usually one of the strategies suggested. However, all of the children who contacted the service said that they were unable to speak to their parents about the issues that were bothering them because they felt their parents already had too much to worry about taking care of the foster children; their parents were already stressed and they did not want to add to their burden, or their parents would not believe them and they had therefore contacted the service. Many of the children became distressed talking about issues, some of which were about the abuse that they were experiencing from foster children. The main message that

came through was that these children were not being listened to and sometimes, when they did speak out, they were not believed or taken seriously.

With this in mind I spoke to colleagues and acquaintances who were counsellors as I wondered if this was unique to the telephone counselling service I volunteered for. All stated that they had counselled people who were the birth children of foster carers and that as adults their clients had had cause to reflect upon their childhood and had needed to resolve a range of issues.

These experiences caused me to question what was known about the impact of fostering on the birth children of foster carers and how fostering affected this group in the longer term. As I was working in a Higher Education Institution, I began to consider some of the academic literature on this topic as well as searching the Internet. At that time there was very little literature in this area and that which was available dated back some 40 years for example Ellis (1972) and Wilkes (1974).

The literature review that follows refers to these two studies and, although in recent years, further studies have been conducted, this is still an under-researched area. The literature review is divided into three chapters. Chapter two begins by providing a brief picture of the historical background to fostering within England. The current fostering context England such as the number of children within the care system, where they are placed, information on their wellbeing, and also what is known about the families who care for them follows. Chapter three begins by providing an overview of the literature search strategy and moves on to focus on literature that considers the foster carers' own children and how fostering impacts on their daily lives, as well as the longer-term implications of being brought up in a fostering family. The chapter begins by discussing the relationships between foster children and the carers' own children, and how the foster carers' birth children need to negotiate and

renegotiate their role in the family when a foster child moves in and then examines the day to day changes which take place. Chapter four considers some of the issues that birth children experience that could have further psychological impacts on them.

Foster carers' own children have collectively been referred to as: sons/daughters, children who foster, and birth children of foster carers. For the purpose of this study this group will generally be referred to as sons/daughters. When the findings are discussed, they will also be referred to as interviewees or study participants.

Chapter 2 Fostering policy and practice

There have always been children who cannot live with their birth parents. Historically this was for several reasons, for example, the death of one or both parents or economic reasons such as the family experiencing a period of unemployment and therefore poverty.

Prior to the seventeenth century, such children were generally supported and brought up by other family members where family members had the means to do this. If this was not possible the children resorted to vagrancy and begging (Bainham 2006). The first time the state intervened with children who were not able to live with their biological parents was the 1601 Elizabethan Poor Law which made it a statutory duty for relatives to provide financially for children who were orphaned (Bainham 2006). This signalled a change in attitude with the state taking some responsibility for children's wellbeing through expectations on their relatives. Local parishes had responsibility for children who were unable to be cared for by relatives and they were usually apprenticed out (Zastrow 2016).

By the later part of the 19th Century the state had taken on greater responsibility for children who were orphaned or abandoned, and it became the practice to 'board out' children, under the authority of the Poor Law Boards, with foster parents. The Poor Law Act 1889 also enabled the Poor Law Guardians to assume all powers of parental responsibility (Barton and Douglas 1995). The 1889 Act also extended the grounds on which this action could be taken, for example, if the parent was thought to be unfit either by way of physical health, mental health, or attitude (Bainham 2006). The period between 1880 and 1918 was a critical period for child welfare reform and the emergence of state social policies relating to children (Hendrick 2005). It is estimated that in England between 1900 and 1914 over 70,000 children were accommodated in residential care settings with approximately 10,000

'boarded out' under the Poor Law and who were therefore in some form of foster care (Hendrick 1994).

In 1929 the role and powers of the Poor Law Guardians were taken over by Local Authorities who could be appointed 'fit persons' and given the responsibility to care for children removed from their parents. Therefore, local authorities acted in loco parentis (Bainham 2006). The Curtis Report (1946) (Curtis 1946) recommended the expansion of 'boarding out' as an improvement on institutional care (Hayden *et. al.* 1999). It also recommended that Children's Departments were set up in every local authority to support children who were unable to have a 'normal' home life. The subsequent Children Act 1948 saw this come to fruition (Chase and Simon 2006). In I970 these Children's Departments were subsumed into Social Services Departments, thus integrating services for adults and children, and promoting a generic model of social work practice rather than specific posts to support children (Glasby 2005, Payne 2005).

The Children Act (1989) (amended 2004) came into force on 14th October 1991 (Bainham 2006). It overhauled the law relating to children which had developed in a piecemeal fashion over several decades (Bainham 2006). The 1989 Act established that the welfare of the child was the 'paramount consideration' in all matters relating to the child. A further key principle of the 1989 Act was that 'children are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary' (H.M. Government 2010:3) and which is reflected in the notion of parental responsibility. There are two main routes for children being taken into care both of which stress the importance of working with parents. The first is under section 20 of the Children Act 1989, which is a voluntary arrangement between the local authority and the child's parent and where the parent retains parental responsibility (Cocker and Allain 2019). The

second is with the involvement of the courts. Children can be taken into care under an emergency protection order (section 44); an interim care order (section 38) or a care order (section 31) of the Children Act 1989. In all of these cases parental responsibility is shared with the local authority (Cocker and Allain 2019). Most children entering the care system will be looked after in foster homes (DfE 2018).

Preference for foster care over residential care

The preference for foster care over residential care in the 1950s can be attributed mainly to the work of John Bowlby. His work after the Second World War focussed on the effects of children being cared for in orphanages and being deprived of an attachment figure (usually the mother) (Petrie *et. al.* 2006). Additionally, several scandals and revelations of malpractice prompted a growing unease with the residential care service (Cliffe and Berridge 1991). Furthermore, it was much more expensive to keep children in residential homes and therefore 'the issue of cost was an important element in the national trend towards the increased use of foster care' (Cliffe and Berridge 1991:2). A report in 2014, by the National Audit Office (NAO), put this figure at an average cost of £2,558 per child per week in residential care, compared with £596 per child in foster care (NAO 2014). The overall number of children in residential care fell from an all-time high of nearly 40,000 in the mid-1970s to just over 14,000 in the mid-1990s (Cliffe and Berridge 1991).

Looked after children in England

As of 31st March 2018, approximately 75,430 children were in local authority care in England (Department for Education (DfE) 2018a). Over the last decade this figure has shown a consistent increase. This is in part due to an increase in the number of children coming into care following the widely reported abuse of Baby P. in 2007 (National Audit Office (NAO)

2014). Additionally, the number of unaccompanied asylum-seeking children entering care

rose from 1,950 to 4,210 between 2015/16.   During the 12 months prior to 31st March

2018, 32,050 children or young people entered local authority care and 29,860 ceased to be

looked after (DfE 2018a). It can, therefore, be seen that there is considerable movement of

children in and out of local authority care and a continuing increase year on year. The

length of time a child will spend in local authority care can vary from just a few days to all or

most of their childhood (Chase and Simon 2006). Children entering local authority care can

be placed in a range of settings. However, in England approximately 75% of children who

enter the care system are placed in foster care (DfE 2018a).

Children entering the care system

Children coming into foster care do so from a diverse range of family backgrounds. Most will

have experienced significant and often multiple difficulties within their family. National

statistics show that the main reason children enter care is because of abuse and neglect

(see Table 1) although there are often multiple contributing factors.

Table 1 Reasons for children entering the care system in England, as at 31st March 2018

Primary reason for entering care	Percentage
Abuse and neglect	63%
Family dysfunction	15%
Family in acute stress	8%
Absent parenting	6%
Other	8%

There are also many factors that can influence parenting capacity including domestic violence, alcohol and drug misuse, mental illness, and learning difficulties all of which can contribute to children entering the care system (Cleaver *et. al.* 2011).

The needs of foster children

As can be seen above, when children enter the care system they have often already experienced significant disruption and adversity in their lives (Dance *et. al.* 2002). This is the case even if they enter the care system while they are still relatively young, for example, babies and young children might have experienced multiple carers and disrupted attachments as well as experiencing other kinds of abuse and neglect (Ward *et. al.* 2012).

Foster carers not only need to be able to provide foster children with a secure base (Schofield and Beek 2005) but also support them through a range of additional challenges such as dealing with their health and medical needs, supporting their progress at school and helping with their social and emotional development: all of which can lag behind that of their peers (Steenbakkers, Van der Steen and Grietens 2018). They also need to be able to support foster children who have diverse permanency plans and ease the transitions between placements including moving to other foster carers, returning to their parents or family, or being placed for adoption.

The traumas foster children have experienced during their childhood can impact on their mental health and wellbeing (Steenbakkers *et. al.* 2018) and their ability to manage their behaviour in foster care settings (Jackson and Unwin 2011). Sinclair *et al.* (2000) state that one of the most striking and consistent findings from recent research is that many children and young people in foster care, irrespective of age, gender, or ethnicity were presenting with behavioural difficulties that challenge their foster carers. Sellick and Thoburn

(2002:19) pointed out that foster children sometimes `stretched their foster carers to their limits' and go on to state that 'over half of the children referred for placement were said to present behavioural or emotional problems' and a further 10% had a disability or health problems. Sinclair's research described some foster children's behaviour in the following terms:

> *They might steal, lie, break things, have tantrums, refuse to eat, smear walls, wet their beds, refuse to bath, continually defy their carers', set light to their bedding, take overdoses, make sexual advances to other children, expose themselves in public, make false allegations, attack others, truant, take drugs or get in trouble with the police'* (Sinclair *et al* 2000:4)

The Royal College of Paediatrics and Health (2012) report that looked after children are often some of the most vulnerable and troubled children in our society. Ford *et. al.* (2007) undertook a study with over 10,000 children. Over 46% of foster children were found to have a diagnosis of at least one psychiatric disorder, nearly 40% had a behaviour disorder, 23% had a statement of special educational needs and foster carers reported that over 39% had difficulties with literacy and/or numeracy. On the Strengths and Difficulties Questionnaire (SDQ) (Goodman 1997) which was used to assess them, only 9% of the foster children fell within the normal range on all six sub-scales (Ford *et. al.* 2007). In addition, the DfE (2018a) states that looked after children are nearly five times more likely to have a mental health disorder than other children.

The professionalisation of foster care

As can be seen, children are entering foster care with more complex needs, and partly as a result of this the nature of fostering has changed significantly, with fostering becoming an

increasingly complex task (Wilson and Evetts 2006). Due to the changing nature of foster care, the role of the foster carer has also changed. In the past, foster carers (previously called foster parents), took a child into their home and cared for him/her as a member of their own family, often on a virtually quasi-adoptive basis (Rowe *et. al.* 1984). While this was not always easy, considerably more is expected of foster carers today (Narey and Owers 2018).

The demands on foster carers have also increased due to changes in legislation and practice requirements. For example, as a result of The Children Act 1989, there has been a shift in the expectation that foster carers will 'bring children up as their own' to one where there is an emphasis on the need for birth parents to continue to play a role in their children's lives (Wilson and Evetts 2006). There is now also a requirement for foster carers to engage with more formal aspects of fostering such as attending reviews and planning meetings, keeping written records, assessing children, and undertaking life story work (Kirton 2007).

Furthermore, nationally all new foster carers need to evidence and maintain their skills. They are required to show that they have achieved the 'Training Support and Development Standards' (DfE 2012) laid down by the Department for Education within 12 months of their approval. They also need to maintain an ongoing training and development portfolio demonstrating that they have achieved the necessary skills required by the fostering service, alongside a personal development plan in relation to future training needs (DfE 2012).

The Fostering Network (2015:5) has long argued that 'the role of the foster carer is a professional one that requires skill, knowledge, expertise, self-awareness, commitment, the ability to work as part of a team, to maintain standards, and to provide a high quality, effective service to children and young people who most need it.' Despite this, there has for

some time been a debate as to whether foster carers should or should not be regarded and paid as professionals (Kirton *et. al.* 2007, Shaw 2010).

Since the early 1990s there has also been the development of independent fostering providers (IFPs) who often provide foster carers with more generous remuneration packages as well as better levels of support and training than local authorities. This can include access to educational services, better out of hours provision, and respite from fostering (Kirton 2007). This has resulted in many foster carers moving from local authority provision to IFPs.

The relationship between financial remuneration and caring for children is also complex with many foster carers arguing they do not foster for the money it provides and that moving away from fostering being a 'voluntary' to a more professional role would compromise the relationship between the foster carer and foster child (Wilson and Evetts 2006). However, a survey of over 2,500 foster carers in the UK noted that over 56% of foster carers said that their household was reliant on the income they receive from fostering (Lawson and Cann 2017). Additionally, foster carers are currently classed as being self-employed (Lawson and Cann 2017), therefore they are not entitled to claim benefits such as sickness benefit or holiday pay. However, unlike other self-employed people, foster carers in England and Wales are only able to work for one fostering agency at a time (Lawson and Cann 2017).

Some fostering agencies have called for foster carers to classified as 'employees' and recently a group of foster carers have chosen to form a union for foster carers (The Foster Care Workers Union which is part of the Independent Workers' Union of Great Britain (IWGB)) (Narey and Owers 2018). Fifty-three percent of those surveyed by Lawson and Cann (2017) stated they would prefer to work on an 'employed' basis with a further 12%

stating they would like some employment rights. However, David Williams, Chief Officer of Glasgow City Health and Social Care Partnership stated,

> *There isn't an organisation or employer in any business across the UK who could employ someone to work 24/7, for 365 days a year, for very obvious reasons. It would mean - literally overnight - the end of foster care.* (Narey and Owers 2018:47),

In their recently published review of foster care Narey and Owers (2018) take the view that foster carers should not be considered professionals regardless of how competent they are, or of their qualifications. However, they state foster carers should be treated 'professionally.' Much research suggests that even foster carers being 'treated professionally' is often not achieved, for example, they are not always treated with respect, given the information they need or appropriately involved in meetings about the children in their care (Farmer *et al* 2004, Kirton *et. al.* 2007).

Although there has been a move toward the professionalization of foster carers, the Fostering Network (2008) takes the view that it is the whole family who fosters. However, little thought has been given to how some of the changes to the role of the foster carer and the changing nature of fostering, might impact other children within the home particularly the foster carers' own children.

Foster families

The Fostering Network is the leading charity for foster care in the UK. It is said to be the 'voice of foster care' and it represents over 60,000 foster carers (Walsh and Campbell 2010). It claims that there are currently more than 45,000 foster families in England and a further

5,900 families are needed to meet the current demand for placements. In recent years a significant amount of research has been undertaken with children who are looked after but much less research has been undertaken with the families who care for them (Sutton and Stack 2012).

One of the few large-scale studies on fostering in England was conducted by Sinclair *et. al.* (2004). They undertook three linked studies of foster care in seven different local authorities over a six-year period. The research aimed to capture data from all the registered carers within the selected local authorities (n = 1528) and was completed by 944 participants.   That study found that foster carers and their families in England generally tended to be traditional, with 70% of foster carers being married. The primary carer was usually female, 27% worked full time, 13% worked part-time and the remaining 60% did no paid work outside of the home. The other partner (usually male) usually worked full time (Sinclair *et al.* 2004). However, these statistics should be treated with a degree of caution as in recent decades there has been a much greater effort to recruit foster carers from different ethnic backgrounds as well as single foster carers and foster carers who are lesbian, gay, bisexual or transgender (Brown, Sebba and Luke 2016). Furthermore, the data in the Sinclair study are now over 20 years old but, to date, no further large-scale studies have been published.

Foster carers' family life

Foster care constitutes 'a balance between professionally monitored, accountable care and family models of parenting' (Jackson and Unwin 2011:119). In his introduction, the President of the Fostering Network stated that fostering is unique and unlike any other type of family life in that foster family life is akin to 'life in a goldfish bowl' (The Fostering Network 2012 pX) He used the analogy of the goldfish bowl as every part of the foster

carer's life and family comes under constant scrutiny by a range of professionals including children's social workers, medical professionals, and birth families.

While all families are semi-public to a certain extent, for foster families the scrutiny is overt, and they could, therefore, be described as semi-public institutions and are held accountable for their actions (Nutt 2006). This scrutiny is not restricted solely to the foster carers but also involves the wider family and other family members living within the household, including their own children.

Foster carers' own children

It is unclear how many foster carers have their own children living at home while they are fostering as there are no nationally compiled statistics. However, the study by Sinclair *et. al.* (2004) estimated that 84% of foster carers had birth children, a figure similar to an earlier study by Triseliotis *et. al.* (2000) which indicated that 92% of his study participants had their own children. The Sinclair study also provides additional useful information in that it states that 56% of participants in their study had dependent children who were still living in the household while fostering. This figure may have increased over the last decade or so, with more adult children reported to be remaining in the family home due to the continuing economic situation and the difficulties faced by young people in buying or renting their own homes. Such an increase in older birth children remaining in the family home may impact on fostering families in the future due to birth children remaining in the family home and occupying bedrooms which might otherwise have been used for foster placements.

Furthermore, the average age of foster carers is rising, and the average age of a female foster carer is now 54 years old compared with 46 years old in 2001 (Clarke 2009). When Sinclair and colleagues undertook their research in the late 1990s and early 2000s, they

noted that 17% of foster carers had had a baby after they had become a foster carer, which went some way to dispelling the belief that generally foster carers had completed their own families before they began fostering (Sinclair *et. al.* 2004). However, it is unclear whether this statistic has changed significantly since that study was undertaken.

Supply of foster carers

Despite the development of IFPs, research over the last two decades has consistently highlighted a shortage of foster carers (Triseliotis *et. al.* 2000; Sinclair, 2005; Shuker, 2012; Fostering Network, 2009). There are currently 296 registered IFPs which currently account for approximately 40% of foster placements in England (Narey and Owers 2018)).

Difficulties in the recruitment and retention of sufficient foster carers have been ongoing for some time. In the late 1970s Parker (Parker 1978) highlighted that demographic issues were affecting the ability to recruit and retain foster carers and one of the reasons was that more women were becoming active in the labour market. This trend has continued and in 2018, over 71% of women were active in the labour market compared with 55% in 1978 (ONS 2018). This is particularly important as some fostering agencies look unfavourably on foster carers who work, especially those who work full time. Additionally, due to current low unemployment levels (currently 4%) alternative work is relatively easy to find in many areas of England (ONS 2018). Berridge (1997) pointed to other social factors which also decreased the likelihood of people fostering, for example, the increased incidence of relationship breakdowns with relationships ending in divorce, the rise in cohabitation and therefore lone parenthood and step parenthood which may mean children are more difficult to fit into such families. The outcome is that the pool of foster carers with whom to place children is often restricted.

The view that there is a shortage of foster carers was contradicted by Narey and Owers (2018) in their recent review of fostering. They claim there is not a shortage of foster carers but a shortage of suitably trained foster carers in appropriate locations and foster carers who are willing to take sibling groups. They claim these factors lead to a lack of appropriate placements. They also point out that 23% of all fostering places were vacant as of 31st March 2016. However, given the shortage of suitably trained and located foster carers and that consideration needs to be given to factors such as the foster child's previous history and that some foster carers prefer to only foster children younger than their birth children in an attempt to avoid their own children being dominated (Triseliotis *et. al.* 2000; Parker 1966) there is still often little choice of where to place children who come into the care system.

The shortage of appropriate placements has led to particular challenges in placing certain groups of children with foster carers. There is a shortage of places for children from minority ethnic groups, sibling groups, and children with complex needs (Parliament. House of Commons 2009). Berridge (1997) points out there is also a further area of shortage is the placement of teenagers. These shortages have implications for the matching and placement of children (Nutt 2006). The shortage of foster carers has a knock-on effect in that it affects the ability of Children's Services and fostering agencies to appropriately match foster children to foster families. This situation is not unique to the UK, and similar situations arise in the USA (DeGarmo 2017), Canada (Swain 2011), and Australia (Richmond and McArthur 2017).

Farmer *et. al. (*2004) found that when adolescents came into care there was often little choice in where they were placed. The shortage was also noted by Sinclair (2005) who claimed that in half of the cases in his study social workers said there was no choice of

placement and the child had the only placement available. A further 30% in their survey stated they 'did not know' whether there was a choice or not (which was somewhat surprising). In less than 20% of cases social workers indicated that there had been some choice of placement, a situation which Sinclair *et. al.* (2005:24) confirmed in their study stating, 'only a minority of placements were planned'. This in part is almost certainly due to many children being taken into local authority care because of some sort of crisis or emergency. Nonetheless, most social workers in Sinclair's research claimed that placements were considered 'good enough' and only 4% of placements were considered to be 'unsatisfactory'.   Sinclair *et. al.* (2005:23) note that, 'there is the widespread belief that satisfactory matching is crucial to placement success'.   However, one study found carers quite often provided types of foster care for which they felt unsuited, with around three in ten saying they had experience of children in categories they preferred not to take (e.g. teenagers when they preferred young children)' (Baker *et. al.* 2003:3). The authors go on to say:

> *This variety, together with the need to match on other factors such as ethnicity and age, meant that the few vacancies available were often not the ones needed at the time. So careful matching was very difficult and short-term placements often lasted much longer than intended while suitable long-term ones were sought.*

Sinclair *et. al.* (2005) suggest that careful matching, except in the case of long-term placements, is almost impossible and argues that this situation is likely to remain. For this to change would involve a much larger supply of foster carers and the funds to attract and retain them. This would require a very large increase in funding which is unlikely to occur.

Placement matching and placement stability

The lack of appropriate placements has implications, not only for the child or young person who is fostered, but for the whole foster family and any other children in the foster home. Placement breakdowns are distressing for everyone involved and this includes the foster child, social workers, foster carers, and other family members (Minty, 1999; Wilson, Sinclair, and Gibbs, 2000). Placement breakdown can also have serious implications for foster children and can further trigger adverse mental health outcomes (Hannon, Wood, and Bazalgette 2010).

In England eighteen percent of children experienced their first foster placement when they were under the age of four. During the year ended March 2017, this equated to 3,635 children under the age of 12 months and a further 9,450 under the age of four (DfE 2017b). Almost all of these children will have experienced some kind of neglect or abuse, and many will have entered care as an emergency (DfE 2017b). According to Sinclair (2005) these children will on average have experienced 1.5 placements in addition to being separated from their parents. The DfE (2017b) stated that although 68% of children had experienced only one placement during the year ended March 2017, 21% had experienced two placements and 10% had experienced three or more.

The proportion of young children who experience placement moves is therefore of concern. Research on brain development and early attachments highlights the importance of early satisfactory placement (The American Academy of Paediatrics 2000). For example, it has been found that the development of nerve connections and neurotransmitters in the brain, in the first three to four years of life is critical (The American Academy of Paediatrics 2000). This development governs the development of personality traits, learning processes, and coping with stress and emotions are established, strengthened, and made permanent. Brain

development can be adversely affected where children experience neglect, lack of stimulation, and negative environmental conditions within their families (Dent and Brown 2006). The American Academy of Paediatrics (2000:1145) highlights that 'paramount in the lives of these children is their need for continuity with their primary attachment figures and a sense of permanence that is enhanced by stable placements'. This has implications for how children entering the care system are treated and the importance of placement matching to avoid disruption.

Placing siblings together can present even greater difficulties. Sinclair (2005) notes that the great majority of children in care have siblings (who is considered a sibling will be discussed in more detail later in this study). While some sibling relationships are close and can be a source of security, others can be fraught and can threaten placements (Sinclair 2005). However, Jackson and Thomas (1999) and other researchers report that being placed with siblings largely promotes stability within the placement.

Foster children also have a right to request that they be placed with their siblings and, in practice, where this is in their best interest social workers will attempt to accommodate their request, although in reality this is often not possible (Sinclair 2005). If foster children are not able to be placed together they have a right to request to see their siblings.

Summary

This chapter has provided a brief background to foster care in the UK looking at the reasons that are given for children and young people enter the care system, the numbers entering the care system, and noted that many children entering the care system will have complex needs. Changes in legislation have meant that the role of the foster carer has also changed, and foster care is more regulated and there is greater accountability than

previously. The Fostering Network argues that fostering is a professional role, yet it is carried out in foster carers' homes and there is no dichotomy between 'work' and 'home.' Many foster carers have children of their own living in the home where they undertake their 'work' role. The next chapter will begin by considering how attitudes to listening to children have changed and move on to consider some of the day to day changes and challenges that fostering families can experience.

Chapter 3 - The experience of foster carers' own children

The main focus of this chapter is to consider some of the issues that are reported to have an impact on the lives of the birth children who live in fostering families. It starts by considering the changing attitudes to listening to children and also considers how the sons/daughters of foster carers have remained relatively invisible in policy and practice. It then highlights what is known about children's perceptions of who their siblings are and the importance of siblings but notes that the foster child/birth child relationship goes unacknowledged. The theoretical constructs of family boundary ambiguity and ambiguous loss will be applied to children's experience of living in a family that fosters, highlighting issues that can arise as a result of having ambiguous family boundaries in addition to how children in fostering families need to continuously renegotiate their roles in the family when the foster child arrives. Following this, there will be a review of research findings on how fostering can have an impact on the day to day experiences of the birth children of foster carers.

Literature search strategy

The literature review is an important part of any study, as it sets out the research that has already been undertaken, considers how the area for study has developed, in what sequence, and also helps to identify gaps in the current literature (Oliver 2012). As already stated, understanding the impact of fostering on the birth children of foster parents is an area in which literature is relatively scarce. Therefore, it was important to identify and include as many relevant studies as possible. Most of the research that has been undertaken has been conducted in the United States of America (US), UK, and Australia, although more recently studies have been conducted in other mainly European countries. The search

strategy adopted for the literature review consisted of four main approaches. These were: a search of scholarly databases; a hand search of reference lists; searches of Google and Google Scholar and conversations and/or electronic communication with individual authors.

The search of databases included those such as Cambridge Journals Digital Achieve, Childlink, CINAHL, Education Research Complete, ERIC. Humanities International Complete, JSTOR, PsycArticles, PsycINFO, Sage Premier Journal Collection, SCOPUS, Taylor and Francis Social Sciences and Humanities collection in addition to databases of thesis ProQuest and Ethos. Search terms such as 'sons and daughters of foster carers,' 'foster carers' own children', and 'children who foster' were used to identify appropriate articles. In addition, a hand search of the reference list of the articles was also undertaken to identify other appropriate resources for review. No date restrictions were applied in order to keep the search as broad as possible, but it should be acknowledged that some of the practices which are described in the earlier studies have subsequently been changed. For example, many studies refer to birth children and foster children sharing bedroom space but this practice is now discouraged. Twenty-nine records were identified which included two reviews of the literature.

To identify 'grey literature', searches of Google and Google Scholar were also undertaken using similar search terms to those mentioned above. This search identified a further seven reports, conference papers, and literature reviews that were unavailable using the search of academic databases. Conference papers and reports were also identified by talking to presenters at conferences and emailing authors for copies of their reports.

One of the disadvantages of this search strategy was that only studies that have been published in the English language were used. There was no facility to have studies from other languages translated. It might have been possible to translate these studies through

Google Translate but my experience of this software is that for long and complex documents Google Translate does not often provide a workable translation.

The importance of listening to children's voices

In recent years the attention given to children and childhood has greatly increased (Jones 2009:1). Until relatively recently 'children were silenced, their voices unheard and their experiences largely concealed' (Thorne 2002:215). However, attitudes towards the value and importance of listening to children have changed dramatically (Thorne 2002), with an acknowledgment that children are experts in their own lives, have their own world view and are able to express their preferences (Raineri *et. al.* 2018). This view is consistent with the United Nations Convention on the Rights of the Child (UNCRC 1989) to which was ratified by the UK in 1991.

One of the underlying principles of the Convention is that the child is the primary consideration in all aspects concerning that child (UNCRC 1989 Article 3). Although in the UK it is not a requirement for the UNCRC to become enshrined in law, the principles should underpin changes in the law relating to children (Bainham 2006). Children are no longer considered to be the 'property' of their parents but are seen as being individuals in their own right, involved in decisions that concern them and they have the right to be listened to (Article 12 and 13). These principles should therefore also be embedded in fostering practices. However, while foster children have been given a greater say in matters that affect them this is not the case for other children in the fostering family.

The Fostering Service National Minimum Standards, Fostering Services Regulations 2002 (Department of Health (DoH) 2002) (which were updated/replaced in 2011) supported the right of foster children to be heard stating that where it is practical to do so, fostered

children should have the opportunity for a period of introduction before they move to a new foster home so that they can have an informed view of the placement 'become familiar with the carer, the carer's family, any other children in placement' (DoH 2002:13). Section 8.3 of the standards acknowledges there may be other children in placement, but it makes no explicit mention of the foster carers' own children or the necessity of seeking their views or feelings related to the placement. The subsequent Fostering Services: National Minimum Standards (DfE 2011b) removed the explicit reference to the foster carer's family contained within the 2003 standards, although standard 11 in the latest document refers to 'others living in the household' (which could mean the foster carers' children) (DfE 2011b:23).

A Policy Paper by the Fostering Network which considered the needs of foster carers' own children (The Fostering Network 2008:11) stated:

> *Young people generally feel that they should be involved in deciding whether or not their family should offer a home to a particular child. They have told us that whether they are able to form a relationship with the child in placement and accept them into their home depends very much on how appropriately the children had been matched to their family and to what extent they understood the foster child's needs.*

The Fostering Network (2008) advocated that the views of sons and daughters of foster carers should be given greater consideration and recommends that sons' and daughters' views, feelings, and opinions are valued in all aspects of the fostering process. However, this recommendation appears to have been disregarded as 'The Fostering Services (England) Regulations 2011', (DfE 2011b) which came into force in April 2011, make no direct reference to the birth children of foster carers, in their assessment, review or any other processes, except to state that any fostering agency must gather information on who is living in the fostering household and whether the foster carer and the household is a

suitable place for the foster child to live. Therefore, as part of the most recently introduced Regulations, there is no obligation on fostering agencies to speak to the birth children of foster carers on any issue.

The lack of visibility of foster carers' own children

Despite an acknowledgment that foster care not only involves the foster carers but the whole family and that article 12 of the UN Conventions on the Rights of the Child advocates that all children have the right to express his or her views freely about everything that affects him or her, and that the child's or young person's views must be given 'due weight' depending on his or her age and maturity', the voice of foster carers' own children (or any reference to their wellbeing) is absent from all major government policies. This includes, 'Every Child Matters' (DfES 2003), the Fostering Services Regulations (England) (2003 and 2011); the Children Act 1989 (DfE 2011), and the most recent review of foster care for the Department for Education (Narey and Owers 2018).

It could be argued that the birth children of foster carers enjoy a privileged position and their parents should advocate on their behalf, but if this were this the case then they would be being treated differently to any other group of children who have the right to have their own voice heard. Additionally, research has concluded that foster carers consistently underestimate the impact of fostering on their birth children (Kaplan 1988).

Furthermore, often in literature where birth children are acknowledged this is in relation to promoting positive outcomes for their foster siblings, for example when they are referred to as a means of providing support or care to the fostered child (Martin 1993, Nuske 2010), introducing their foster siblings to family routines (Nutt 2006), acting as a 'good' role model (Twigg and Swan 2007) or a source for their foster siblings to confide 'secrets' to. Other

literature represents birth children as needing support, as otherwise placements may break down, or risk poor outcomes for the fostered child. Rarely are the foster carers' own children seen as needing support in their own right and for their own benefit (Part 1993), which includes the challenges they experience, the losses they face, and the many new siblings they regularly gain and lose.

Who are siblings?

It is important to acknowledge that children think very differently to adults (Donaldson 1978, Jewett 1997) and cognitive differences include ideas of who is and who is not a sibling (Edwards *et. al.* 2005, Child Welfare Information Gateway 2006).   It is recognised that young children can have a wide concept of family membership and consider siblings to be those children with whom they grow up and share parents (Edwards *et. al.* 2005, Caspie 2010, Ellingsen *et. al.* 2012).

Legal and dictionary definitions often focus on siblings having a biological connection (Silverstein and Smith 2009 but family structure, within the United Kingdom, is diverse, and children may not be living with their full or half-siblings due to parental separation and re-partnering (Edwards *et. al.* 2005). They may also be living in a family with 'siblings' to whom they have no biological connection or with step-siblings. Therefore, the concept of sibling has been broadened in recent years to acknowledge a much wider range of sibling relationships. Research has found that children themselves identify sibling relationships where there are no biological connections (Edwards *et. al.* 2005).   Elgar and Head (1999) highlight nine different forms of sibling relationship: full siblings brought up with both parents; full siblings brought up apart following separation in childhood; full siblings one placed away from the other(s) at birth; half-siblings brought up as one family; half-siblings

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brought up apart having been separated during childhood; a child born to one parent but never having lived with half-siblings; adopted sibling with no common genes but common history and legal status with full siblings; step-siblings with no common genes but with some common history and non-related foster children. Halpern (2009:3) takes these categories a step further and begins to consider how technology/fertility treatments might also affect understanding of 'who is 'and 'who is not' a sibling. She includes siblings who were conceived with the same sperm from the same anonymous donor and she claims that some of these 'relationships' test the limits of what it means to be a sibling.

Whether people see themselves as siblings varies in different cultures and is a socially constructed notion rather than a simple biological fact (Edwards *et. al*. 2005).   A full understanding of the biological nature of blood relations may not develop until late in childhood but children may have earlier 'intuitions about the social nature of kin relations' (Spokes and Spelke 2016:2). In a study of children in their middle childhood (between the ages of 7 and 12), Mason (2007) sought to explore how children defined relatedness. One of the findings from Mason's (2007) study was considered to be the longevity of the relationship. Furthermore, addressing a rather different issue, where children had known the child/person for an extended period (the actual length of time was not specified) and/or had shared meaningful experiences they were more likely to be considered a relative by children.   Although the children were sometimes confused by titles, they were generally able to differentiate between 'proper' and 'not proper' relatives with children considering there was usually a need for a genealogical connection before people could be considered 'proper' relatives.

Sometimes the children in Mason and Tipper's study (2008) used terms such as 'step' or 'half' to denote relationships and this was felt to indicate that this implied a lesser

relationship, but Mason and Tipper (2008) noted that 'step' and 'half' prefixes were dropped for certain 'kin' in order to identify a closer relationship. Mason and Tipper's study (2007) focussed on a variety of familial relationships and not just those with siblings, but there may be parallels with how the sibling relationship between sons/daughters and foster children develop.

Caneva (2015) found that the children in her study were active in defining their familial relationship. One of the aims of the study was to understand if and how the children (re)constructed the relationship when they were reunited with their mothers. One of the conclusions was that '*kin relations with caregivers become more important than any biological tie*' (Caneva 2015:288) but also that a sense of kinship develops as a consequence of sharing experiences of everyday life, the sharing routines and also that time is important in developing closeness and intimacy.   Although this study considered the maternal relationship, as opposed to Mason and Tipper (2007) who looked at relationships with a broader range of family members, both sets of findings highlighted the importance of the length of relationships and the necessity for shared experiences.

Both Elgar and Head (1999) and Halpern (2009) acknowledge a sibling relationship may develop between the sons/daughters of foster carers and foster children. However, their definitions do not specifically cover the relationship between sons/daughters and their foster siblings as sons/daughters have a biological relationship with one or both of their parents, but no one in the family has a biological relationship with the foster child/sibling. Nevertheless, there are resonances between this type of sibling relationship and that of other conjoined family groups where the siblings have no biological connection, although in these families the children would normally have a biological connection to at least one of the parents.

There is evidence that sibling relationships exist between birth children and fostered children and that they are valued by sons/daughters (The Fostering Network 2008). Several studies have reported birth children as stating that the loss of foster siblings when they move on is one of the most unpleasant things about fostering (Watson and Jones 2002, The Fostering Network 2008). There is also evidence that the sibling relationships between fostered children and foster carers' own children can be valued by foster children. Silverstein and Smith (2009) highlight the case of a young woman who had been 'in and out' of the care system. Shortly after leaving care at the age of 18 she became pregnant and moved in with her boyfriend. When this relationship ended, she returned to the 'only attachment figure she knew,' her foster sister who lived some 150 miles away. Narey and Owers (2018) also acknowledge that positive relationships can develop between foster children and members of the fostering family and that foster children need to be provided with the means to continue these relationships once the placement has ended.

The importance of siblings

There has been a surge in interest in sibling relationships since the early 1980s (Dunn 1988), with developmental literature indicating that siblings are an important source of emotional support throughout life and can play a vital role in helping a child adapt to stressful situations (Caya and Leim 1998, Dunn 1988, James *et. al.* 2008). The sibling relationship is emotionally powerful and can give a sense of continuity throughout life (Silverstein and Smith 2009). Regardless of whether sibling relationships are healthy or unhealthy, loving or antagonistic, they are likely to be 'the longest-lasting and most constant intimate relationships formed by human beings, lasting longer than most friendships, through the deaths of parents and beyond marriages, extending a shared history and deeply-rooted shared experience from early childhood into old age' (James 2009:509).

Sibling relationships in foster care

As already acknowledged: some sibling groups are complex; siblings may not be biologically related (James *et. al.* 2008) and there is a growing body of research which acknowledges and explores the importance of sibling relationships, particularly where children are placed in foster care (Whelan 2003; Silverstein and Smith 2009). Some research about the benefits of placing siblings together in terms of foster placement outcomes is mixed (Waid 2014), particularly where a sibling exhibits sexually abusing or violent behaviour (Farmer and Pollock 1998). Additionally, there is only limited evidence that supporting placing siblings together is associated with better mental health outcomes (Meakins, Sebba, and Luke 2017). However, as noted earlier Sinclair *et al* (2005) there is a presumption that, where possible, children entering foster care will be placed with their siblings and they have a right for this to be considered. There is general agreement about the importance of siblings remaining in contact with each other (Herrick and Piccus 2005; Whelan 2003) and children who are placed with siblings tend to have improved long-term outcomes in terms of placement stability and when reunified with their family (Waid 2014; McDowell 2015).

While there has been acknowledgement of the importance of the relationship between foster children and their siblings (usually their biological siblings), little has been written about the foster 'siblings' relationship with foster carers' children, either from the perspective of foster children or birth children. Narey and Owers (2018) have noted these relationships exist and have recommended that foster children be supported to maintain relationships with members of the foster family after they have left the placement if they wish. However, there is no acknowledgement that the relationship might also be of importance to the foster carers' children and that they too might be supported to maintain contact with their foster siblings.

There are many aspects of the sibling relationships in fostering families that resonate with normative sibling relationships. For example, it is common in many families that older children informally take care of their younger siblings (Edwards *et. al.* 2006). Forty-seven percent of the children and young people in Hojer's study (2007) said that they agreed with the statement ''My foster sibling feels just like a "real" sibling'. At the same time, it is also the case that foster sibling relationships, as with normative sibling relationships, can be characterised as being antagonistic or hostile (Bengston *et. al.* 2005), giving rise to what could be termed a 'love-hate' relationship between siblings (Bryant and Crockenberg 1980).

While sibling type relationships can and do develop in fostering families, some of the issues between foster children and the sons and daughters of foster carers are atypical of normative sibling relationships. In particular, foster sibling relationships often result in the loss of the relationship with little or no warning, when the fostered child leaves the placement.

Family boundary ambiguity and ambiguous loss

It is the nature of families that they develop and change over time. However, while some change can be positive (for example, babies being born), change can create disturbance and pressure resulting in stress (Boss 1988). Fostering families experience more changes than normative families as they regularly have foster children entering and leaving.

One way of understanding the impact of this movement is by considering how the theory of family boundary ambiguity and ambiguous loss applies to fostering families. This theory was developed by Pauline Boss in the 1970s and has its roots in family systems theory (Stewart 2005). It was originally used within the interdisciplinary research area of family stress and is:

a state in which family members are uncertain in their perception about who is in or out of the family and who is performing what roles and tasks within the family system. (Boss and Greenberg 1984:536).

While the concepts of family boundary ambiguity developed from work with families who had suffered a traumatic loss, it has also been applied to more normative life cycle events, such as children leaving home (Boss, 1999) and stepfamilies (Coleman *et. al.* 2001, Stewart 2005). Family boundary ambiguity and ambiguous loss is being increasingly used in family research to describe and predict the effects of family membership loss and change over time. The greater the level of family boundary ambiguity, the higher the level of stress will be for the family, and the greater the likelihood will be of individual and family dysfunction (Boss, Greenberg and Pearce-McCall 1990). Boss, Greenberg, and Pearce-McCall (1990) also claim that if a high degree of family boundary ambiguity persists over time, the family system is more likely to become highly stressed and subsequently dysfunctional.

The theory of family boundary ambiguity and ambiguous loss is predicated on a series of assumptions about what constitutes a family. Possibly the most significant of these in relation to this study is the notion that a psychological family exists and that this may differ from the legal definition of family (Boss 2006). Consideration should also be given to the idea that 'cultural beliefs and values will influence a family's tolerance for ambiguity and how it is perceived' (Boss 2006).

A review of the literature on family boundary ambiguity (Carroll *et. al* 2007) shows that research has found that family boundary ambiguity is experienced through loss, inclusion, and intrusion and they identify four 'types' of family boundary ambiguity.

- In 'Type I' the boundary ambiguity is created because of psychological presence within the family but a physical absence. Boss's original example of this was where a family member is missing in action. In the case of fostering, it can be likened to a fostered child who is considered part of the foster family being relocated and the foster family not knowing what is happening to the child.

- 'Type II' is where the family member is physically present but psychologically absent. This has likened to a person who has dementia (Boss 2011). In their research into the experiences of former foster carers, Thomson and McArthur (2009) claimed that Type II is not present within fostering families. However, several studies have described how foster carers can be pre-occupied with the needs of foster children (Nutt 2006; Hojer 2007) and are therefore psychologically unavailable to their own children. There is also compelling evidence from existing research (The Fostering Network 2008, Birch 2016) of how the sons and daughters of foster carers withdraw from the foster family as a coping strategy which might also be aligned with Boss's theory.

- In 'Type III' family membership changes because of inclusion. Carroll *et. al.* (2007) give the example of step-families; but, this could relate to fostering families, as there are regularly 'newcomers' to the family.

- In 'Type IV' there is stress to the family because of intrusion from outside agencies, for example when social workers, regulatory frameworks, or relatives of the foster child have an impact on how the family operates. In the case of fostering families, many decisions about how the family operates are laid down in the regulations and decisions about which fostered children are in or out of the family are made by social workers and not by the family.

Boss (2006) describes how Types I and II above equate to the two types of ambiguous loss situation. She also claims that more than one type of ambiguous loss can occur at any one time and this can be doubly stressful.

Studies that consider the theory of family boundary ambiguity and ambiguous loss largely focus on a 'traditional' family structure, such as Boss (1999) and Stewart (2005). Studies also suggest that incidents of boundary ambiguity can be resolved if there is the time and space to reach a new equilibrium (Boss *et. al*. 1990). However, within fostering families time and space to reach a new equilibrium is more difficult as there is frequently only a short period between one child leaving the family and another entering, resulting in family boundaries that are continuously changing.

Ambiguity can occur as a result of events both inside and outside the family (Boss *et. al.* 1990). From outside the family, it may be that the family cannot get or does not know the facts surrounding the event of loss (for example the MH370 Malaysian Airlines flight which was lost). From a fostering perspective this might be likened to not being able to find out how a child who has moved on is progressing or being uncertain as to when a child might be moving on (see e.g. Serbinski 2014). From inside the family it may be that family members know the facts surrounding a loss but, they ignore or refuse to accept these and consider the person to still be part of the family even though they are no longer present.

The above examples relate to when a family member is physically absent but is still psychologically present. However, the ambiguity can also be caused by a psychological absence while the family member remains physically present. Nuske (2010) also cites the views of a young person who felt he needed to learn to do things without support from his mother, a foster carer, because he felt she was too busy caring for foster children, indicating that although his mother was physically present, she was psychologically absent causing the

ambiguity.   Although this example highlights a parent who, although physically present, is psychologically absent there appears also to be a further level of psychological absence in that the birth child also appears to be psychologically withdrawing from the family possibly as a coping strategy.   Both of these situations will be discussed more fully later.

Heidburt's models of family structure

The notion of birth children withdrawing from the family resonates with a small study carried out by Heidbuurt (2004).   Heidbuurt conducted in-depth interviews with nine birth children of foster carers and a focus group with their parents.   Five of the participants were children and four young adults.   The study has limitations in that the sample size was very small although it does raise some interesting issues.   Heidbuurt does not refer to the theory of family boundary ambiguity and ambiguous loss.   However, she identified three models of family structure within the fostering families studied, and these somewhat align with Boss's theory.

The first model Heidbuurt (2004) describes as 'open boundary'.   This is where she described individuals felt that the entire family had integrated the foster children completely into their concept of family.   Family boundaries were therefore fluid.   Within this model, foster carers considered fostered children as being much the same as their birth children.   One of the issues raised by this model was that several birth children felt their own needs went unrecognised. As a survival technique, birth children separated themselves from the family. Heidbuurt (2004) termed this 'partial seclusion'.   This idea of partial seclusion can be seen in the comments of birth children from other studies as indicated by a participant in Nuske (2010:35):

We just started doing our own thing and not worrying about Mum - not asking if we could go and do this or that, we'd just go and do it... I got into trouble as I got older.

Further comments included

So everyone learns to function without each other's help – like Mum is too busy with the foster kids, so I have to learn and do all this by myself.

The second model Heidbuurt termed 'solid nucleus'. Within this model the birth children felt that their 'family' was comprised solely of the biological family. The family boundaries were fixed and any newcomers to the foster family were taken into the home but remained outside the nucleus. Within this model foster children could come and go with minimal emotional trauma to the biological children. Some foster carers felt they needed to adopt this model to protect their birth children and to compensate for the time and energy they expended on the foster children. Both foster carers and their children reported this model was often adopted as a result of feeling 'burnt out' but foster carers reported feelings of guilt around this model, as they personally preferred a more unified model that included foster children (Oke *et. al.* 2013). It is also worthy of note this model might be favoured by some foster children as they have attachments elsewhere (Heidbuurt 2004).

The third model was termed the 'Contingency Model'. The contingency model allowed for selective integration. In Heidbuurt's study the children included some, of the foster children in their concept of "family" demonstrating a selective approach towards 'which' foster children were included.

The model that Heidbuurt states provided the best outcomes for the birth children was the 'solid nucleus' where there were fixed boundaries between who was 'in' or 'out' of the family. As with Boss's theory this appeared to cause the least family stress and least stress

to the birth children but in Heidbuurt's study this was the model of foster care with which

the foster carers felt least comfortable. They favoured the 'open boundary' configuration

where fostered children were seen as full members of the family (Oke 2013). Foster carers

also believed the open boundary model was that most favoured by social workers.

Attachment and boundary ambiguity

Some of the concepts which have traditionally been seen as protective factors such as

secure attachments seem to be further stressors when coping with family boundary

ambiguity and ambiguous losses (Boss 2006).   Under normal circumstances having a secure

attachment in childhood which is thought to lead to an autonomous attachment pattern in

adulthood would normally be a protective factor. However, within boundary ambiguity

literature it appears to have the opposite effect. Boss (2006:162) has argued that people

who suffer ambiguous loss and who are closely attached experience a trauma 'even greater

than death'. This can lead to negative anxiety similar to an anxious attachment style (Boss

2006). 'This negative anxiety can result in maladaptive functioning including withdrawal and

the rejection of outside help' (McWey *et. al.* 2009:79).

According to literature which considers family boundary ambiguity, the attachment style of

family members before a traumatic incident can be important in understanding the resilience

of the family (McWey *et. al.* 2009). Family coping strategies, how they manage stress, and

decision-making abilities can also be important in understanding a family's resilience to

boundary ambiguity and ambiguous loss (Boss, 2004).

The concept of attachment patterns was first proposed by Ainsworth (1967) who undertook

experiments into the behaviour of young children on being separated from their mothers.

These experiments were laboratory-based and were designed to activate the child's

attachment system. They became known as the 'Strange Situation'. Ainsworth (1967) identified three patterns of attachment in childhood; secure, insecure anxious-ambivalent, and insecure anxious-avoidant. Main and Solomon (1986) later added a fourth category disorganised which is characterised by no obvious pattern but unusual and confused behaviours fluctuating between proximity seeking and proximity avoidance.

A secure attachment is synonymous with receiving sensitive caregiving as an infant and is generally considered to result in adults who have high levels of self-esteem Beech, Nordstrom and Raine 2012). On the other hand, an anxious-avoidant pattern of attachment in childhood is thought to result in adults who have a dismissive pattern of attachment in adulthood. This is associated with a parenting style that was remote and/or controlling and tends to result in adults who place emphasis on achievement and independence at the expense of intimacy (Beech *et. al.* 2012). A pre-occupied/anxious attachment pattern in adulthood is associated with a resistant/ambivalent pattern of attachment in childhood. This is associated with an inconsistent parenting style in childhood and where the child is uncertain of the quality of their relationship with the parent. As an adult this person may have a sense of confusion when relating to relational issues and can live in fear of rejection. They might have a heightened sense of rejection, feelings of incompetence and inadequacy (Beech *et. al.* 2012).

Disorganised attachment in childhood is most commonly associated with parental maltreatment or where primary caregivers have experienced an unresolved loss or trauma. It is characterised by a parenting style that has frightened the child and there has been conflict. This attachment style is common in people with psychiatric disorders (Davies and Beech 2012, Harder 2014) and is also associated with the parentification of children (Lyons-Ruth 2003).

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Attachment theorists claim attachment behaviours persist throughout life and have an important influence on future relationships (Bowlby 1982, McWey *et. al.* 2009). Interestingly, several studies (Kaplan 1988, Sutton and Stack 2012, Serbinski 2014 and Birch 2016) have considered the attachment patterns of sons and daughters of foster carers. It has been suggested that fostering can affect the attachment style of carers' own children due to the temporary nature of foster care placements and placement endings which can often be abrupt. These factors can cause the sons and daughters of foster carers to exercise caution and maintain distance in their relationships with friends and romantic partners (Kaplan, 1988; Serbinski, 2014).

While Boss (2006) referred to attachment theory, she also uses the term 'attachment' in a more general sense to refer to relationships not only in relation to attachment theory but also in a more general sense to refer to relationships in which refers to as 'the deep connection between individuals in couples, families or other close relationships … a person to whom you feel attached would be viewed as part of our psychological family' (Boss 2006:164).

Ambiguous loss from the perspective of foster carers' own children

Within the fostering process the birth children of foster carers might experience ambiguous loss in several ways. The first could be likened to Carroll's example of 'type II' in that while their parents are physically present they might be psychologically and/or emotionally absent due to the demands placed upon them by the foster care system and the children they foster. Several studies (Pugh 1996; Twigg and Swan 2007; Hojer 2007) reveal how the birth children of foster carers feel their parents are distracted by the fostered child(ren), and they lack their parents' attention. For example, one child stated, 'I just learned to get used

to it and spent time in my room a lot' (Younes and Harp 2007:30). This and earlier comments indicate that some birth children feel they experience the psychological loss of their parents (Boss 1988) even if their parents are physically present. These comments also support Heidbuurt's (2004) view which suggests some children appear to exclude themselves from the foster family by removing themselves psychologically.

Foster carers also note that they are often psychologically unavailable to their own children. Several studies have referred to foster carers indicating that they often focussed on the needs of foster children. A Swedish study of foster care (Hojer 2007) found that foster children absorbed so much of the carers' attention, they were left with little or no time for their own children's problems and needs. Some participants went so far as to say their own children became 'invisible to them'. Nearly a quarter (24%) of the foster carers in the study by Hojer, stated they often or quite often neglected their own children. A UK study had similar findings (Nutt 2006) where foster carers reported the needs of the foster children took precedence over those of their own children. Some foster carers described feelings of guilt both towards their birth children and the foster children claiming it was hard to find time for both, others stated that their own 'children became almost invisible to them' (Hojer 2007:44).   The implication is that some foster carers are at times psychologically absent to their birth child(ren). Therefore, while the foster carers were physically in the home and presumably meeting the physical needs of their children, they were not psychologically available to them, which has been suggested is a subcategory of neglect (Bloom 2000).

Ambiguous loss may also be present when a fostered child moves on (whether on to other foster carers or back to their birth parents) particularly where the fostered child has been within the foster home for some while and sibling type relationships have been formed. Many birth children report this as being one of the hardest aspects of fostering to cope with

(Sutton and Stack 2012). This could be characterised as (Type I) ambiguous loss where there is a physical absence but a psychological presence in that the foster child is no longer residing within they foster family, but the foster carers' sons and daughters continue to view the foster sibling as a member of their family.

In both of the above cases the birth child experiences the ambiguous loss of others, but it could also be that the birth child also psychologically or, to a greater or lesser extent physically, makes themselves unavailable to protect themselves from the effects of fostering. Clare, Clare and Peaty (2006) and Birch (2016) indicate that birth children can, as a direct result of the fostering process, withdraw from the family unit. Literature that considers birth children also indicates that foster carers' own children experience early maturation which appears to result from being brought up in a fostering family. This could be a result of them both psychologically and physically absenting themselves from the birth family.

As previously noted, Boss (2004) discusses two types of ambiguous loss (physical absence but psychological presence and physical presence but psychological absence) which can exist simultaneously. For example, sons/daughters might be experiencing the ambiguous loss of a former foster sibling (physical absence but psychological presence) at the same time their parent(s) are preoccupied with the needs of a new foster child and are therefore unavailable to support them (physical presence but psychological absence).

While this theory has primarily been related to the loss of relationships, the birth children of foster carers can also experience losses in other areas of their lives such as the loss of their role and identity within the family, as well as more practically such as in the loss personal space and belongings.

Negotiation and re-negotiation of role and identity in family

The theory of family boundary ambiguity and ambiguous loss requires family members to renegotiate their roles to a certain extent. The negotiation and renegotiation of roles within the fostering family will now be discussed.

Traditionally, the 'normative' family has been seen as a nuclear family, with two parents' one male (who is likely to be the main breadwinner) and one female. They are likely to be married and live together with their children (Williams 2004). While this is not the lived experience of many families, it is the social construction of what a family 'should' look like and the model of the family upon which much social policy has been based (Williams 2004).

Within a 'traditional' family structure when a couple decides to have children any subsequent children will be younger than the first child. However, when a further child is born into the family, boundaries and roles have to be reorganised. There is a significant literature on children's position within the family structure; but it is beyond the scope of this work to explore this. However, in foster families, children regularly join and leave the family. Each time a new family member arrives the birth child(ren) must re-negotiate their position within the family (Younes and Harp 2007). While there may be some indication of how long the fostered child will be staying with the foster family this is often far from definite, therefore not only creating uncertainty about the family boundary i.e. who is included in or excluded from the family but how long the new member will be staying with the family and what will happen to that foster 'sibling' when they move on.

Foster carers claim to feel more comfortable when they are fostering children younger than their own children (Sinclair *et. al.* 2005, Younes and Harp 2007). Birth children too report that one of the things they particularly like about fostering is looking after babies and

toddlers (Watson and Jones 2002). It may also be that this is because less re-negotiation of roles is required and this and follows a more natural change in family structure (albeit it may be more difficult for the youngest child).

A change in membership also often result in shifts in power, relationships, and alignments throughout the whole family (Satir 1967:38 in Pugh 1996). Nowhere is this more apparent than in a foster family as not only do foster carers' birth children experience a succession of new members but they must also learn to cope with changes in their status within the family such as being the oldest or youngest (Pugh 1996). Research by Twigg and Swan (2007:53) stated that foster carers' own children experienced a 'genuine sense of loss that related to their place and role in the family', especially regarding their relationship with their parents. Once the family begins fostering 'the hierarchical order has to be re-established, and individual members may find themselves pushed into less prominent roles'. One of the participants in Wilkes' study (1974:385) said:

> It's like your little nest and then it's sort of like disrupted ... there [are] strangers coming into your home. It is hard when they first come because you don't know who they are or what to expect ... [or] how is your life going to be changed this time.

Studies highlight how birth children's roles and position can be challenged by a new family member (Merrithew 1996, Twigg and Swan 2007, Thompson and McPherson 2011) and the family boundaries have to change to accommodate the fostered child which can lead to a high degree of family boundary ambiguity.

The benefits of being brought up in a fostering family.

Existing studies have reported that being brought up in a fostering family can bring benefits to the sons and daughters of foster carers. However, while most studies report some benefits, they predominantly focus on the challenges that sons and daughters experience, Furthermore, although some studies provide quotations from the foster carers' biological children about the positive aspects of being brought up in a fostering family, it is sometimes unclear whether these were the opinions of the majority, minority or of just one participant. Where studies mention the number or percentage of respondents who felt similarly these have been reported here.

It should also be noted that some studies reported the impact of fostering on the sons and daughters of foster carers from the perspective of the children's parents, that is the foster carers (e.g. Ellis 1972), or occasionally from the perspective of social workers (Sinclair, Gibbs and Wilson 2004), rather than from the sons and daughters themselves. In other studies, e.g. Poland and Groze (1993) and Part (1993) the sons and daughters were asked to complete questionnaires that were administered by their parents, which meant that the responses were not confidential. It is therefore uncertain whether the knowledge that their parents could view their responses had an impact on the children and young people's responses either positively or negatively. The review that follows draws on all of these studies. Some of the positive aspects of being brought up in a fostering family are discussed below and the negative aspects are discussed later in this chapter.

Hojer (2007) used questionnaires to gain the views of 394 children and young people living in Sweden about the main changes to their lives after their families began fostering. Overall 29% of the responses identified positive or mainly positive changes, a further 12% said they

had noticed both positive and negative changes but they did not indicate the ratio of positives to negatives, 11% were described as being 'ambivalent', as they felt fostering had brought about both positive and negative changes and a further 2% said they did not know. Altogether 34% of the respondents said that fostering had brought about some sort of negative change. In addition, 12% said that they had always lived with foster siblings and therefore they were unable to make a comparison.

Appreciation of family

Part (1993) and Poland and Groze (1993) used questionnaires administered by the foster carers to collect data from their children. These studies found that the biological children of the foster carers felt that one of the benefits of being brought up in a fostering family was that it encouraged them to consider positive aspects of their own family and how lucky they were to have parents who loved and cared for them, thus giving them a greater appreciation of their family. One participant was cited as saying, 'You realise how lucky you are to live in a caring family, and you get to show the kids another side to life' (Part 1993:28). It is unclear how many of the children who participated in Poland and Groze's (1993) study felt similarly, but this sentiment was echoed by another participant who claimed it 'makes me appreciate the family that I have and want to help others when possible' (Poland and Groze 1993:162).

On the other hand, one of the studies was more specific in showing that 65% of the foster parents in the study (Poland and Groze 1993) felt that fostering had caused their own children to be more appreciative of their family. Similarly, in a study by Younes and Harp (2007) despite all 26 of the participants (ten parents and sixteen children) reporting that they felt they had experienced a lack of time together, both the children and their parents

felt that fostering had caused the children to have a greater appreciation of their own family.

The statements above by the foster carers' own children, highlight that not only do the sons and daughters of foster carers benefit from a greater appreciation of their own family, but they derive benefit from the feeling they are doing something good for others; a sentiment that was also reflected in the study by Younes and Harp (2007) and which will be discussed later in this chapter.

Relationship with family members

Some studies have also argued that fostering can strengthen the relationship between sons and daughters and their parents (Serbinski 2014). Ellis' (1972) study was based upon the opinions of ten foster carers. One of the findings was that foster carers felt fostering had strengthened the relationship between themselves and their biological children. In this study the reason for the increased closeness was not discussed. However, a study by Sutton and Stack (2012), which sought the opinions of six foster carers' children, claimed the improved relationships were thought to come about, as a result of the children having open conversations with their parents and being able to share their frustrations with them. Improved relationships with parents were also noted by Younes and Harp (2007). Although it was unclear how many participants felt their relationships had improved, studies reported that it tended to be older children who felt they were closer to their parents. One of the sixteen participants in Younes and Harp's study (2007) also reported closer relationships with other biological siblings, which they thought was because they talked to each other more due to their concerns about the family fostering. Findings in this study were somewhat contradictory, as some participants reported the opposite was the case. (This latter finding will be discussed more fully later in this chapter).

Feeling valued and part of a fostering team

As indicated above, several studies have indicated that participants gained a feeling of self-worth due to being able to support their parents, help with foster children, and undertake chores related to fostering (Part 1993; Poland and Groze; Swan 2002). Some studies commented on how the sons and daughters of foster carers particularly enjoyed helping their parents and felt that looking after babies and young children was one of the most enjoyable aspects of the role (Part 1993; Serbinski 2014). These feelings were reported by twenty-five percent of the seventy-five children who took part (Part 1993). Another study (Spears and Cross 2003) claimed that some participants felt they had learned how to care for their own children by observing their parents care for foster children and by taking on caring responsibilities for younger foster siblings.

Feeling valued and part of the fostering team was reported by Sutton and Stack (2012). In that study the foster carers' own children felt they embraced the changes fostering brought about in their home and saw themselves as active members of the family who both influenced and were influenced by the changes (Sutton and Stack 2012:602). Although some of the participants in a study by Williams (2017a:1403) claimed they had 'no rights and no voice', others exhibited remarkable levels of agency when acting as advocates and support figures, often for their parents or younger siblings. Participants were specifically asked how they attempted 'to influence and impact upon the foster-care process.' One young person reported how against the wishes of social workers she accompanied her mother to a meeting to support her because her father was at work. Another attended a meeting with her mother to ensure the views of her younger birth sibling (who was being bullied) were represented.

Companionship

Birth children, who were recalling events from when they were relatively young, claimed that the companionship of foster siblings was a further positive aspect of fostering. Forty-three percent of the children in the study by Part (1993) said they enjoyed this aspect of being part of a fostering family. The notion that foster children could 'be good company and someone to play with' was a comment, which was described as being 'typical' (Spears and Cross 2003:41). Companionship appeared to be particularly important for some participants who were only children (Sutton and Stack 2012). Enjoying being part of a busy family where there was always something going on was also sometimes considered a benefit of having foster siblings (Höjer and Nordenfors 2004; Part 1993).

Personal characteristics

Fostering may also lead to children developing prosocial characteristics and social skills n (Twigg and Swan 2007). One young person claimed that fostering had taught them to be kind and stated, 'I have learnt how to be careful about what I say so that I don't hurt others' (Watson and Jones 2002:41). Ellis (1972) concluded from her study that foster carers' own children 'learn to understand and are better equipped to meet others' needs'. Not only had some children learnt to be mindful of the feelings of others, but some had learnt to understand their own emotions (Watson and Jones 2002). One child in that study said, 'I understand feelings more and I can talk to my Mum about how I feel' (Watson and Jones 2002:42). Pugh (1996:37) commented that the sons and daughters of foster carers often displayed a 'striking concern for others and an awareness of complex emotional issues beyond their years'. Foster carers' own children becoming more caring and empathic was also noted by Hojer *et. al.* (2013) who said that six percent of her participants (n = 684)

thought that their increased empathy and tolerance was the most important change in them since their family became foster carers.

Fostering can create an environment where the foster carers' own children are exposed to circumstances enabling them to experience a broad range of emotions (Sutton and Stack 2012). Exposure to these emotions can promote the development of emotional literacy which underpins success and well-being in adulthood (Sutton and Stack 2012). Improved confidence levels have been attributed to being brought up in a fostering family and were reported in seventy-five percent of the participants in a study by Spears and Cross (2003).

A greater awareness of social issues was a further benefit noted in studies. Although most studies do not report how many of those involved in the studies reported this, one young person felt he had a much greater social awareness than those children who did not foster and believed he had also matured and had become more responsible as a result (Part 1993). All of the participants in Younes and Harp's research (2007) felt that fostering had made them better people and given them a better understanding of life's complexities. This view was also confirmed by their parents, one of whom claimed that fostering had taught their 'children more about life than we could have ever taught them' (Younes and Harp 2007:36).

Several studies (Watson and Jones 2002; Campbell and Walsh 2010; Twigg and Swan 2007) have highlighted the early maturation of birth children, as a benefit of being brought up in a fostering family. Early maturation may have occurred because of the need to consider the needs of others before themselves (foster children, birth siblings, and their parents). It may also be due to taking responsibility for aspects of the caring role as mentioned above. The benefits of learning to care about the needs of others and put their needs in front of their own may also have influenced the career choices of some birth children.

Career choices

No known research focusses on the career choices of those brought up in fostering families. However, Twigg and Swan (2007) report that in a study by Swan (2000) nine of her twelve participants (seventy-five percent) reported that they intended to consider a career as a foster carer when they were older. While not as high as in Swan's study a significant proportion (thirty-three percent) of the participants in Watson and Jones's research (2002) also reported that they would consider becoming foster carers. The Fostering Network (2008) also points out that there is evidence that many of the sons and daughters of foster carers go on to become foster carers or work in caring professions. Brannen *et. al.* (2007) point out that the decision to undertake care work is often shaped in childhood as was the case for many of the participants in that study. As part of their recommendations, Hojer *et. al.* (2013) suggest that it would be useful to undertake longitudinal studies of foster carers' children to ascertain whether they do go on to become foster carers or have related careers in caring professions.

Families are complex and fostering families are no different. However, being brought up in a fostering family adds a further layer of complexity. In some ways this further layer of complexity aligns with other family types such as blended families. The above literature has highlighted many significant benefits to the sons/daughters of foster carers of being brought up in a fostering family. However, some of these benefits can also shade over into being disadvantages or can both be a benefit while at the same time being a challenge, for example, the early maturation of birth children.   Although much of the literature highlights some of the benefits of being brought up in a fostering family, as mentioned earlier, it predominantly focusses on the challenges sons/daughters experience perhaps in an attempt

to mitigate against these. The next section will look at some of the challenges the sons and daughters of foster carers experienced as part of living in a fostering family.

Changing family routines, roles and relationships

Children coming into the care system will have their own family culture and practices which will be different from those of the foster family. Furthermore, as already discussed, foster children are likely to have experienced significant trauma, and research has indicated they can require significant resources from the foster carer to help them adapt to the foster family. Any child entering a new family will create at least a temporary imbalance in the existing family structure. However, in fostering families there are also practical implications for all family members with the integration of a fostered child into the family. Some of these changes are now discussed.

Expectation that birth children will provide support to foster children

Most families will have family rules and routines such as acceptable and unacceptable behaviour at mealtimes, morning, and bedtime routines, and so on and perhaps demonstrations of affection. In fostering families, these routines are often communicated to foster children via the birth children in the foster family (Nutt 2006:65). In many foster families there is also the expectation that birth children will act as role models to fostered children (Moslehuddin 1999, Swan and Twigg 2011). Foster carers report significant benefits to fostered children in their own children modelling appropriate behaviour (Pugh 1996) and say this was usually more effective than them trying to explain household rules and expectations to the foster child. Comments from birth children such as 'My mom kind of

really counts on me to set an example ... to help out with the kids, to show them what to do' and 'We're role models' (Swan, 2000:29) were common.

A further area in which birth children, felt they had a 'significant role to play in that they could appeal to the foster child as a peer and therefore help them calm down when their parents were unable to' (Spears and Cross 2003:42). Pugh (1996) states one birth child aged 10 was 'used' by social workers to modify the behaviour of a foster child with an attachment disorder with the parent's permission. Pugh (1996) goes on to comment upon how the unusual maturity of many birth children led to them acting in a supportive way to their parents by providing both emotional and practical help, albeit this role is not always welcomed by the birth children.

Ames' (1997) research into the experiences of birth children when their parents' fostered children with disabilities stated that the birth children in her study were regularly asked to take on some responsibility for the fostered child. This could range from sitting with the child while the adult carer made a meal to taking on full responsibility when the adult carers were absent from home. Ames (1997) also found that the caring role fell more heavily on the daughters of the foster carers than the sons. In Ames' study (1997) several birth children expressed dissatisfaction at having to care for the fostered children but unlike the children in earlier studies, they were unable to distance themselves, as they either felt their parents relied upon them to undertake some of the caring responsibilities or they were too young to be able to gain much independence.

Due to the level of care, some sons and daughters provide there is an extent to which they could be considered parentified (Hooper 2007), in that their parents have an expectation that sons and daughters will undertake caring responsibilities for their foster siblings (Nutt 2006). However, parentification is more than simply children supporting parents and

siblings. There is often specific emotional or instrumental dependence on the parentified child that the parent did not receive when s/he was growing up (Boszormenyi-Nagy and Spark,1973). Furthermore, the adult is often emotionally unavailable while the child is required to be constantly emotionally available to the adult and/or their siblings (Hooper 2007). While foster carers often confess to being distracted by the needs of the foster children, sometimes negligent of their own children's needs (Nutt 2006; Hojer 2007) and there is a resonance with Boss's (1976) theory of family boundary ambiguity and ambiguous loss, the literature does not suggest that foster carers routinely relied upon their own children for this level of emotional support and therefore parentification of children, in this case, does not appear to be a major issue for this group of children and young people.

The foster carers' own children caring for foster children does not go unnoticed by the fostered children. A study by Stace and Lowe (2007) surveyed the views of 40 young people in foster care. Over half of the foster children claimed they were regularly cared for by the sons and daughters of their foster carers. Watson and Jones (2002:53) revealed that 83% of their respondents were given some degree of responsibility for the foster child such as babysitting. Approximately 19% of the responses from birth children claimed they were involved in primary care tasks, such as washing, dressing, changing nappies and bathing the foster child. If they were also taking responsibility for the intimate and personal care of babies and children, this could raise concerns around possible allegations of abuse. This will be discussed in a later chapter.

Sharing

In addition to often ambiguous family boundaries and the renegotiation of their role in the family, there can also be boundary ambiguity around personal possessions and relationships and personal space. A further issue highlighted by birth children is that of sharing (Pugh

1996). Existing literature shows that sharing their possessions and space is something that birth children can find difficult, yet they are required to do this as fostered children frequently bring little by way of their own possessions with them (Watson and Jones 2002, Clare, Clare and Peaty 2006, Swan and Twigg 2011). While 'sharing' is seen as an issue in the literature little is known about where birth children see 'boundaries' around their space and possessions.

As mentioned above sharing parental attention because of the demands of fostering was reported by birth children as a significant area of challenge when fostering (Part 1993). When a great deal of attention is given to foster children, as already seen this can lead to birth children feeling a sense of abandonment by their parents (Wilkes 1974).   A strong correlation has been found between children who did not like their parents fostering and those who felt their parents gave more attention to the foster children (Poland and Groze 1993). Birth children were also regularly reported to blame their parents for the negative aspects of a foster placement (Poland and Groze 1993).

School and friendships

There is no specific research into how fostering might affect the foster carers' own children's friendships. However, it has been reported that difficult situations can arise if birth children and foster children are attending the same school. This could be as a result of the immaturity of the foster child causing embarrassment for the birth child (Ellis 1972:168). Keck and Kupkecky (1995:148) note a child's letter to his foster sister in which he says his fostered sister steals from his friends and causes him trouble and embarrassment, so much so, that his friends will no longer go to his home because she will be there.

A small study undertaken by Younes and Harp (2007) asked ten foster carers and their children whether they felt fostering had any impact on their own children's peer

relationships. Only three foster carers said there had been an impact. One stated their own child spent less time with friends because of the desire to help out at home, and two indicated there had been conflict, as peers either teased them about the foster children or questioned their loyalties. The children's views were broadly similar to those of their parents, but it was stated more generally that friends did not come to their house due to the presence of the foster children (Younes and Harp 2007).

In a study by the Fostering Network (2003) birth children said they could not have friends to their home because of the foster child's behaviour, which might mean the foster child was violent towards them. There is also limited evidence that suggests fostering can impact on birth children's peer relationships, for example, fostered children stealing from their friends or the possibility of their friends witnessing acts of violence (Spears and Cross 2003, Younes and Harp 2007). Some birth children also said they had lost friends who believed their parents just fostered for the money (Spears and Cross 2003:43).

There might also be further difficulties with the practicalities of having friends to 'sleepover' if birth children do have to share a room as a result of having foster children. A study by the Fostering Network (2003:6) reported the view of a child who indicated 'I don't want my friends to stay - there are two young kids in the room.'

There is no research that specifically addresses the scrutiny of birth children's friends or partners. However, regulations state that anyone over the age of 18 who regularly comes into contact with foster children or who lives in the same household, should have an enhanced CRB check which could prove embarrassing for anyone with even minor offences (including the foster carers' own children).

Property/possessions/toys

Studies show that although most birth children are willing to share their possessions and toys most of the time, sharing personal possessions can be problematic (Fostering Network 2008). Birth children having possessions damaged or stolen was a concern in one study carried out in Australia (Clare *et. al.* 2006). The issue of having possessions stolen by foster children was felt by the birth children to be particularly difficult (Spears and Cross 2003). However, while birth children's possessions can be broken or stolen by foster children, they feel 'apologetic' for not always wanting to share their possessions (Clare *et. al.* 2006:58). One participant in that study stated, 'You would first feel angry that you are sharing it and then get thinking, well they have never experienced it and it was kind of special to give them something that they have never had' (Clare *et. al.* 2006:58).

A study by the Fostering Network (2008) points to inequity where fostered children are not expected to share their toys and games but there was the expectation that birth children would just be willing to share their possessions. Nuske (2006:138) raises a further issue and cites a birth child who claimed, 'You go to these special parties and all the foster kids get special presents and you just sit there going . . . [shrug]'. This raises a further issue of inequity especially given that foster carers often state they will not allow their foster children to be treated differently to birth children and therefore decline invitations which only include birth children (Nutt 2006).

Loss of privacy

The limited research that has been conducted into the impact of fostering on the daily lives of birth children acknowledges that a lack of privacy is a further concern to the birth children (Clare *et. al.* 2006). Csikszentmihalyi and Halton (1981) point out that most children tend to feel most at home in their bedrooms, which satisfies their need for autonomy and privacy.

They also point out that almost half of the 'special objects' which children, between the age of eight and fourteen, mentioned are located in their bedrooms.

There is currently much less likelihood that that foster children will share bedroom space with the foster carers' own children as most local authorities specify that foster children should have their own bedroom. This is also reflected in The Fostering Services: National Minimum Standards (DfE 2011b) which states that all children over the age of three should have their own bedroom unless it has been specifically agreed with each child's local authority that children can share a room and factors such as bullying, abuse, the children's wishes have also been considered. However, while foster children may ideally be required to have their own room this may necessitate the foster carers' own children being required to share bedrooms and therefore, personal space.

Clare's work supports the views of Csikszentmihalyi and Halton (1981) and notes bedroom space is a particular problem for older primary and teenaged children. In an older study Part (1993) notes that 23% of the children in her study said that a lack of privacy was the worst thing about fostering whether not the birth children and foster children were sharing a bedroom. She went on to show that the problem of sharing bedroom space was particularly acute when birth children are obliged to share with foster children who are close in age.

When a foster child enters the home, whether or not the birth child has to share their bedroom, personal boundaries can be breached. Some birth children said they preferred foster children to be of the opposite gender to them - because they cannot share bedrooms, there is less likelihood the foster child would borrow their possessions and it is less likely to have a detrimental impact on their friendships (Twigg and Swan 2007).

The impact of safe caring practices

There is no specific research in relation to 'safe caring' as to how, if family routines are changed to accommodate foster children, this might impact on birth children. However, 42% of carers in a study by Farmer *et. al.* (2004) stated they felt safe caring rules had a negative impact on other children in the house, for example by making young children aware of sexual issues earlier than would otherwise have been the case.

Nutt (2006) highlights an incident where the carers' young grandchild, who was staying at their house overnight, got into the grandparents' bed but then the fostered child came in and also wanted to get into bed, the grandfather had to get up and get dressed, curtailing what would have been family time. Rotherham MBC (2018) has gone so far as to recommend that foster carers do not have their own children in bed with them rather than give the wrong message to foster children.

Fear of allegations can mean that quite often considerable restrictions in lifestyle are made (Sinclair 2005). Sinclair (2005) indicates that some male foster carers ensure they are not in the same car as a female foster child without an escort. Farmer and Pollock (1998) point out that there are a range of suggestions in the practice literature on how to keep children who have been abused safe and these might include clear family rules and boundaries, avoiding family nudity, having locks on doors, alongside avoiding male foster carers bathing children or being a sole minder. While Farmer and Pollock's (1998) study relates specifically to children who have previously been sexually abused, many of the suggestions are incorporated into normal 'safe caring' practice.

Participants in Stace and Lowe's (2007) study talked about safe caring in that foster carers felt they should not demonstrate acts of physical affection such as hugs or kisses towards foster children. Given that several studies (Heidbuurt 2004, Nutt 2006:44, Oke 2013)

indicated that foster carers prefer not to differentiate between their own children and foster children it would be interesting to know whether they either ignore the safe caring guidelines in respect of the foster children or minimise acts of physical affection towards their own children.

Reduction in leisure activities and outings

Birth children also frequently mention the reduction in family outings which they attribute to fostering (Nuske 2010, Van Der Reit 2009). There might be for several reasons for this, some as simple as the pure logistics of outings with more children, costs, lack of time, or timing of visits to suit everyone's needs. A further complication might also be the behaviour of some fostered children. Participants in Nutt's study (2006) said that sometimes family outings are curtailed as a result of a child who had behaviour issues and also claims that some friends are reluctant to entertain a child who exhibits challenging behaviour.

Disclosure of 'secrets'

A further area where very little research has been undertaken is around the notion of foster children and birth children sharing secrets. Where good relationships have been built between the foster child and the birth child sometimes the fostered child chooses to make a confidential disclosure to the birth child. Children and young people in the study by Spears and Cross (2003) had been exposed to 'secret' information and worryingly birth children were uncertain of what information should be shared with their parents. Karim (2005) points out in a study undertaken in Scotland that the majority of young people understood that where there was an issue of abuse, drug, or alcohol use they should automatically tell their parents but having perhaps promised secrecy the quality of the foster/birth child

relationship was damaged. However, again there is no research on how birth children feel about their role in passing on this information.

Differential treatment and expectations

Several of the sections above have highlighted how foster children and the foster carers' own children experience differential treatment, or there are different, usually higher, expectations of the foster carers' own children. Research (Dunn and Munn 1985) claims that even relatively young children monitor their own and their siblings' relationships with their parents and that parental differential treatment is associated with greater sibling conflict (Feinberg, Solmeyer, and McHale, 2012). Additionally, when the child who is (or feels) less favoured perceives the differential treatment as unfair they can also experience poorer overall outcomes (Kowal, Krull and Kramer, 2007) and the quality of relationship with their parents can also be diminished (Feinberg and Hetherington, 2001).

A particular area in which foster carers' own children have noted there are differing parental treatment and expectations is that of behaviour, and punishment for what is perceived as unacceptable behaviour (Lemieux 1984, Pugh 1996). One birth child commented 'If I did what they did, I'd get grounded for the rest of my life . . . I have to be more strict and mature' (Spears and Cross 2003:42).

Summary

This chapter has focused on how siblings and how sibling relationships are important to children as well as how living in a fostering family requires birth children to make adjustments both physically and psychologically. Each child and family are unique and no child(ren) or families will react in the same way to the changes that need to be made to accommodate and support fostered children, nor will any two children who are fostered act

the same way in the foster family. It has highlighted some of the challenges associated with fostering from the perspective of the birth children.

The next chapter explores more fully how the behaviours of some looked after children can impact on foster carers and birth children's feelings about this. It will also discuss how allegations of abuse impact on birth children, as well as the exposure of some birth children to topics their parents might wish to protect them from. Increased risk-taking behaviour by birth children will be highlighted as well as aspects of grief and loss when foster children move on.

Chapter 4 – Emotional challenges of being brought up in a fostering family

The previous chapter considered the literature on t the day-to-day impact of fostering on birth children living in a fostering family. This chapter will briefly consider the debates on how childhood has been conceptualised, and in particular the notion of children as 'innocent'. It will then move on to consider some of the emotional challenges of being brought up in a fostering family. It will consider how children may be exposed to situations and information at a younger age than ordinarily would be considered desirable and children's ongoing worry and concerns about allegations of abuse both against the foster carers and themselves. It will also consider how birth children feel when they believe their parents are abused or treated badly by the children they are fostering or by other professionals (such as social workers).   The limited information concerning physical, emotional, and sexual abuse towards birth children will also be reviewed as well as how birth children can experience feelings of loss, concern and/or guilt when foster children move on to other carers or return to their birth parents. The literature available supports the view that birth children can also be reluctant to express their feelings, particularly to their parents for fear of burdening them. Additionally, they can also adopt a protective and almost 'parent' type role towards their own parents.

Childhood 'innocence'

The most recent literature review into the impact of fostering on sons and daughters, Hojer, Sebba, and Luke, (2013) specifically mention 'loss of innocence'. Other studies (e.g. Pugh 1996; Spears and Cross 2003; Younis and Harp 2007) also explicitly referred to a "loss". Loss of innocence referred to in these studies usually relates to sons and daughters learning about some of the harsh realities of life at a young age when it might be expected that they

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were not ready to deal with such issues. These 'harsh realities' included sons and daughters

learning about sexual matters (Spears and Cross 2003), physical and sexual abuse, neglect,

violence, substance and alcohol misuse (Pugh 1996; Mosleshuddin 1999; The Fostering

Network 2008).

Studies also note that sons and daughters experienced some of these issues first-hand such

as when they experienced violence or threats of violence towards their parents or

themselves (Swan 2002: Hojer 2007; Watson and Jones 2002; The Fostering Network

2008). Some birth children also claimed that they did not know how to deal with what they

had learnt and did not want to know about such things (Spears and Cross 2003).

The notion of children needing protection from adult concerns and being viewed as

'innocent' has existed for centuries and can be traced back to ancient Chinese and Greek

philosophies (McDowall Clark 2010). However, how children are viewed is dependent upon

the society into which they are born and the discourses of childhood that prevail at that time

(Matthews 2007).   In western cultures one of the dominant discourses is a 'romantic' view

of childhood, which conceptualises the child as being pure and innocent, with childhood

being a joyful period where children can express themselves and enjoy complete freedom

(Scraton 1997). It is then seen as the responsibility of their adult relatives to provide them

with protection from a world which might corrupt them (Scraton 1997). However, the

popularity of this discourse lies with adults who believe this is what childhood 'should' be like

rather than dealing with the reality of what it means to be a child, (Kehily 2004), which may

be rather different.

Although, a romantic view of childhood can be traced back to ancient times, more recently

this view of childhood was popularised by the writings of the 18th Century French

philosopher Jean Jacques Rousseau (McNamee 2016). In contrast to earlier puritanical and

'tabula rasa' discourses, which saw children as being inherently sinful or as blank slates needing to be moulded, Rousseau's romantic view of childhood suggested that children are inherently good and need to be nurtured and cared for, thus placing the onus of protection on the adults who care for them. However, even in Rousseau's time children were still working in factories, suggesting that his concept of childhood ignored many of the realities of the time.

There is also the issue that viewing children simply as in need of protection can have negative consequences for the actual lived experiences of children as it can present a view of children as being incompetent and vulnerable (James and James 2008). In practice, multiple views of childhood can be held simultaneously within society (Jenks 1996:121). A further view of children is that of the child as 'villain' and in need of control. These two contradictory views of children form dominant discourses of childhood (Franklin 2001) the latter where children as young as 10 can be held criminally responsible for their actions (Cunningham 2006).

Alternative views of childhood

Traditional sociological views of childhood saw children primarily as in need of socialisation where they needed to acquire the necessary skills and knowledge to become active members of society (Moss and Petrie 2005; Matthews 2007). Children were seen as being 'incomplete' or 'in process' rather than as full members of society. During the 1980s and 1990s a different view of childhood emerged with one of the key elements being the agency of children (Prout 2011). While this view concedes that children are physically immature it argues that children are able to make sense of the world around them (Matthews 2007). Advocates of the new sociology of childhood have found the traditional socialisation

frameworks inadequate as they do not recognise children's competence in interpreting their social world and their ability to interact with it (Matthews 2007).

This new framework sees children as 'beings' and argues that others (more often adults), who have spoken for children rather than viewing them as competent and able to speak for themselves, have had the effect of silencing the children (Matthews 2007). Prout and James (2015:8) state that 'children must be seen as active in the construction and determination of their own social lives, the lives of those around them and of the societies in which they live.' As mentioned earlier the UNCRC specifically states that children have the right to participate in decisions that affect their lives. However, although children's agency has increasingly been recognised, they are still often seen as having subordinate status to adults, who have access to greater resources and power over their lives (Hendrick 1997; Cunningham 2006; Mayall 2017).

As previously mentioned, given these changes in how children and childhood are viewed in recent times, it is surprising that the children of foster carers are rarely mentioned in policy or practice (Campbell and Walsh 2010). Some of the participants in a study by Williams (2017:1403) went further than this, claiming they had no rights and no voice and were seen as 'part of a family rather than individuals in their own right'.

The concept of children as being 'innocent' can clearly be disputed. However, in many societies, in today's world, there is little doubt that there are ages and stages when learning about adult issues is deemed to be inappropriate. For children coming into the care system these ages and stages may have been breached, as they will almost certainly have experienced a chaotic family life and/or a degree of trauma. However, this is also true for the children of foster carers who can also be exposed to difficult issues at a very young age either from foster children directly or indirectly from living in a fostering family.

Exposure to challenging experiences

As discussed above the sons and daughters of foster carers can be exposed to challenging situations at an age where this would normally be considered undesirable and these situations can include issues such as violence, drug abuse, sexual abuse, or suicide (Pugh 1996, Hojer 2007).

Although most of the foster carers in Pugh's (1996) study mentioned a 'loss of innocence,' when referring to their own children, most saw a positive aspect to this, with some remarking it had made their own children 'more worldly-wise'. They also pointed out the gains to their own children of comparing their family life to others who were less fortunate (Pugh 1996:178).   These views were also expressed by some of the older young people interviewed by Pugh who claimed it had made them much more open-minded or caring. However, not all views were positive. One 18-year-old claimed:

> Some of the things you hear would absolutely shock my friends; you just wouldn't be able to say it in front of them… it's quite sick really, you hear things and joke about it. It's not funny but it's a way of coping.   (Pugh 1996:178).

Pugh (1996:178) also points to other parents who felt their own children had not benefited from the fostering experience saying of their children 'They had to learn at a very early age that there was an awful world out there and kids got abused'.

In a study by Spears and Cross (2003) sons and daughters confirmed that they had been exposed to things that they did not want to know about (for example sexual abuse) and they did not know how to cope with this information. It has been suggested that realizing bad things can happen to young children can make birth children less trusting (Younes and Harp 2007). Additionally, there is evidence to suggest that some birth children can become

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angry, depressed, and even blame themselves, when coming into contact with some of the issues that affect their foster siblings. Hojer's (2007) study describes the situation of a fostered child who was sexually abused by her father over a period of time during contact visits to the parental home. The two teenage birth children blamed themselves for not noticing, with the result that one of the boys had become depressed and the other was described by his mother as 'destructive'. Research undertaken by Martin (1993) indicates that some birth children had to manage disclosures of abuse by fostered children at a young age and this could also prove challenging.

There is no specific research on the effect that premature knowledge of or witnessing situations such as alcohol abuse, drug abuse, self-harming, and eating disorders might have on birth children nor is there any research that indicates the long-term effects of hearing about the neglect and abuse of foster siblings. Over two decades ago Pugh (1996:178) remarked that there was 'remarkably little research into the effects of sharing day-to-day family life with a child who has undergone profoundly disturbing experiences' and concluded by asking whether birth children might at risk of or be suffering emotional harm as a result of learning of their foster sibling's experiences (Pugh 1996:179).

Additionally, foster children often exhibit increased levels of 'risky behaviour' such as; getting drunk, using drugs, smoking, self-harming, truancy, engaging in sexual activity, etc. (Coleman *et. A.* 2016). Farmer *et. al.* (2004) comment in their study of 68 newly placed young people between the ages of eleven and seventeen, that 76% had exhibited severe behaviour issues at home, 32% had a history of drug or alcohol abuse, 22% of self-harming, 3% of eating disorders, 12% of suicide, 11% of risky sexual behaviour and 16% of inappropriate sexual behaviour. It is reasonable to assume that birth children will have been exposed to some of the issues and behaviour exhibited. Furthermore, children whose older

siblings engage in these activities are far more likely to engage in risky behaviour themselves (Kluger 2011). Farmer *et. al.* (2004) noted that in 45% of placements the behaviour of adolescent foster children was reported to have had a negative effect on other children within the family.

In addition to learning about issues that they found difficult to cope with, research findings show that sons and daughters often worried and were concerned about allegations of abuse being directed at them, their parents, or other family members.

Allegations of abuse

Each year thousands of foster carers and/or members of their families have allegations of abuse made against them and the number of allegations is increasing (The Fostering Network 2006). The limited number of studies that tackle the issue of abuse within foster care are difficult to compare, as researchers have used different approaches to gather and analyse data. However, Swain (2006) estimates that 35% of all carers would experience an allegation within a 7-year period and a more recent report by Biehal *et. al.* (2014) shows that there were on average between three and a half and four allegations of abuse per 100 children in care every year. Given that there are currently 72,670 children being looked after this equates to approximately 2,500 allegations per annum.

Local authorities are required to record information on allegations against foster carers locally, but there is currently no obligation for local authorities to report full data on the allegations of abuse to the national body which, in England would currently be the Commission for Social Care Inspection (Swain, 2006). Calder (2005:252) also highlights that there is 'no reliable data on the national pattern of allegations against foster carers'. This,

therefore, makes it impossible to ascertain relationships between types of abuse and alleged perpetrators.

Birth children are often fearful that their parents, or they themselves, might be accused of abusing fostered children (Moslehuddin 1999, Twigg and Swan 2007). Twigg and Swan (2007) highlight the story of two boys, aged 14, who were the biological children of foster carers. These two young people stated they were anxious about allegations being made against them, by two little girls who had previously been sexually abused. From the Twigg and Swan (2007) study it is unclear whether the two boys had had allegations made against them or their parents or whether they were fearful of this situation occurring. Other children had had first-hand experience of allegations of abuse, in that either they or their parents had already been accused of abuse by fostered children. This concern is not restricted to the children of foster carers of course. Research by Farmer *et. al.* (2005) indicated that 60% of foster carers were fearful of allegations of abuse being made against them and this often led to a change in family routines and practices.

The alleged perpetrators of abuse

A study by Swain (2006) of over 1,000 foster carers, showed that where allegations of abuse were made against a member of the foster family the highest proportion (45%) were made against the female carer, 39% of the allegations were made against a male carer, 12% were made against the son or daughter of the foster carer and 2% of the allegations were made against another foster child. More recently Biehal *et. al.* (2014) reported that confirmed cases of abuse equated to less than one per 100 children in care.   In their study of the 88 confirmed cases, sixteen were against a lone foster carer with two thirds (66%) of the complaints against a female carer, 38 were against one carer in a couple, 24 against both carers in a couple, five were against 'another person', and one against another resident

child (it does not state whether this is another foster child or the foster carers' own child). Four of the perpetrators (approximately 5%) were the foster carers' adult birth children (Biehal *et. al.* 2014). What was similar in both studies was that there was no clear relationship between the type of perpetrator and the different forms of abuse or neglect for which they were responsible.

The extent of allegations directed at foster carers' children

As already shown, the great majority of allegations are against foster carers themselves and their partners, but a significant minority of the allegations are directed at foster carers' own children and this can be as high as 20% in some studies (Calder 2005). Biehal's most recent study does not indicate how many allegations were directed at the birth children of foster carers but does indicate the detail of those cases where abuse had been confirmed. In figures in Biehal *et. al.* (2014) were broadly in line with other similar studies. A study conducted by Minty and Bray (2001) found that of the 22 cases they considered two were against the biological children of foster carers. Both involved sexual abuse and one was upheld and the other was unsubstantiated.

There is currently no known data that specifically focuses on how many allegations are made against the sons and daughters of foster carers. However, Biehal *et. al. (*2014) estimated there were approximately 2,288 allegations of abuse during the year during the year 2011 – 2012. If between ten percent and twenty percent of these allegations are directed at the foster carers' own children, then this could mean between 229 and 458 sons and daughters of foster carers being suspected of abuse and being central to an investigation.

Impact of an allegation of abuse against foster carers' children

Research into allegations of abuse focuses almost exclusively on the outcomes, impact, and feelings of foster carers. However, The Fostering Network (2008) acknowledges that perhaps one of the most distressing experiences is when the son or daughter of a foster carer is the subject of an allegation of abuse. This has far-reaching consequences which may include other children in the foster family being removed and themselves becoming the subject of child protection investigations. The Fostering Network (2008) also notes that this situation may be the subject of a police investigation. A study carried out in Scotland highlighted that 80% of all allegations were the subject of a police interview (The Fostering Network 2006). Being the subject of a police interview was also noted by Plumridge and Sebba (2016) and one birth child was interviewed by the police at their school before their parents knew anything about the allegation which caused extreme embarrassment as all of their friends had witnessed the police car arriving at the school and they had been removed from lessons.   Having experienced an allegation against her son, one foster carer stated, 'I knew I was taking the risk for myself, but I never thought that by fostering I was taking the risk of this happening to my son' (The Fostering Network 2008:7).

There are also no known statistics about what types of allegations are more commonly directed at foster carers' birth children. There is also no data with regards to how many allegations against birth children are upheld, unsubstantiated, or are dismissed. However, both the study by Swain (2006) and Biehal *et. al.* (2014) indicated that most of the cases that had been upheld were those of sexual abuse. In Biehal *et. al.* 2014) all four cases involved male birth children of foster carers who were resident in the family home and who were between the ages of 18 and 22.

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As already highlighted, where the foster carers' own children are accused of abusing a foster child this will almost certainly result in an investigation and the investigation may involve the police. As with adults this is likely to be a traumatic and stressful experience. This might be even more traumatic and/or stressful if the child or young person were accused of a sexual offence, especially given the nature of the investigation and the intimate and possible sensitive nature of questioning. The Fostering Services: National Minimum Standards (DfE 2011b) section 22.12 states that should an allegation of abuse be made then family members should have access to support. However, Phillips and Wheal (2005) report that in their study this was often not the case, and in their study, only 38% of participants were provided with access to a solicitor prior to having a police interview. It is not clear how this figure would relate to the sons and daughters of foster carers since again there has been no research undertaken specifically on this topic.

Plumridge and Sebba (2016) undertook the first known study to consider the impact of an allegation of abuse on foster carers' birth children, albeit their research focussed on the impact of unproven allegations of abuse and was undertaken with foster carers who reported their views on the impact on their own children. There are currently no known studies that specifically focus on the birth children of foster carers who have had an allegation of abuse made against them. Nonetheless, as highlighted above, an allegation could have far-reaching implications for the birth child, not only in terms of their mental health and well-being but in more practical ways such as, for example, impact on their school or work or studies, employment, friendship groups, relationship with their parents and siblings.

Allegations directed at a child's family member.

Foster carers' own children are continually concerned about allegations being made against them and/or their parents (Twigg and Swan 2007). Swain (2006) goes on to say that the impact of allegations on foster carers, their families, and fostered children cannot be underestimated and this is the case whether the allegations are substantiated or not. Studies in the UK have highlighted the devastating effects of allegations of abuse on foster carers and their families (The Fostering Network 2006). These include: distress, illness, being scared, baffled, and fed up, unresolved grief and bitterness even as long as 12 months after the allegation (Minty and Bray 2001:340). Foster carers also indicated that they had struggled to maintain a normal family life for the sake of their own children and other foster children (The Fostering Network 2006).

In the study by Plumridge and Sebba (2016) some carers not only reported that foster children had been removed from the family home which left their own children experiencing the loss of their foster siblings but occasionally that their own children had also been removed. Sometimes the alleged perpetrator of the abuse had to leave the family home, or they were not allowed to be on their own with children including their own children and/or grandchildren all of which was extremely distressing to the whole family. Sinclair *et. al.* (2004:95) report that one foster carer who had had an allegation of physical abuse made against her acknowledged that not only had this impacted on her but also her daughter, stating 'I cannot describe the effect that such an allegation had on myself and my daughter'.

Plumridge and Sebba (2016) reported that less than half of the foster carers (who were part of a couple) in their study reported that the allegation of abuse had had a negative effect on their relationship, although other researchers found that as a direct result of allegations many foster carers reported family and relationship breakdowns (Sinclair 2005). An

allegation directed at the foster carers has a negative impact on the whole family which is likely to include any birth children, as well as any foster children remaining in the foster family. Furthermore, fear of their parents, themselves, or another family member being accused of abusing a foster child is also a real and continuous concern for birth children. Additionally, generally there was a lack of support from social workers while going through an allegation of abuse. This lack of support has also been noted more generally.

Treatment of parents by social workers and foster children

Findings from existing studies also report that a further issue for birth children is when they believe their parents are being treated badly or not listened to by professionals such as social workers or the fostered children (Gross 2007, Clare *et. al.* 2007, Serbinski 2014).

While birth children report being concerned about their own safety and the safety of their possessions, they were also concerned about threats to their parents, especially their mothers (Swan, 2000; Watson and Jones, 2002). Birth children regularly report that they fear for their parents when they were alone with children or young people who express particularly challenging or aggressive behaviour. They also expressed anger when their parents were treated aggressively by foster children (Twigg and Swan 2007). Some of the older birth children talked about attempting to intervene in such instances by taking the foster child out or trying to defuse volatile situations. Such was the desire to protect his mother, a participant in Nuske's study stated: 'We had this boy ... one time he threatened Mum to stab her when she was asleep, and he was going to stab me as well. I never went to sleep' (Nuske, 2006, p 197).

A participant in Sutton and Stack's study (2012:9) said 'I got really upset because he would, like, hit my mum and pull her hair and all that and just because you would come in, he would swipe things and everything was broken but I honestly felt really sorry for him cause he was only three and he was taken away from his mum and he was obviously confused by that'. As with this child, birth children frequently offered reasons in mitigation of foster children's aggressive behaviour. However, the impact on the foster carers' child(ren) seems to be overlooked or minimised by foster care systems (Twigg and Swan 2007).

Sons and daughters have also reported being frustrated and angry about social workers' conduct towards their parents especially when they displayed a non-supportive attitude towards them (Swan 2000). Older sons/daughters also expressed anger towards social workers who they felt had an adversarial relationship with (Gross 2007) or challenged the authority of their parents (Swan 2000) which included situations where the social worker was seen as not supporting or being respectful of their parents (Gross 2007).

Physical, sexual and emotional abuse by fostered children

Twigg and Swan (2007) report that birth children themselves face, a risk of being the recipient of aggressive acts from foster children. 'These acts may involve rude, manipulative and/or threatening behaviour; threatened, or actual, destruction of valued possessions; and actual physical acts of aggression'. Most participants in studies that consider the experiences of birth children claim that birth children have experienced violent outbursts by foster children as well as both overt and covert threats of violence (Twigg and Swan 2007). Karim (2003:45) in a study of 102 birth children, found that 38% claimed that 'aggression had become part of their lives' and others had suffered directly in the form of bullying from the children staying with them.

There is little research concerning the sexual abuse of foster carers' own children although Farmer and Pollock (1998) undertook a study with 40 young people who had experienced sexual abuse or shown sexually abusing behaviour. Seventeen of the young people were known to have sexually abused other children before entering the placement which was the subject of the research. Three of the known previously sexually abusing young people and four other young people went on to sexually abuse one or more children within the placement, some of whom were the foster carers' own children or close family members.

Grief and loss

As discussed earlier, there is a growing literature on the importance of sibling relationships while in foster care (Wojciak *et. al.* 2018). However, this largely focuses on the biological siblings of the foster children. Little attention has been given to the sibling relationships that can develop between the foster carers' own children and fostered children. Studies with the sons and daughters of foster carers consistently report that when 'foster siblings' move (whether to other foster carers, to adoptive parents or back to their birth parents) this can be particularly challenging (Sutton and Stack, 2012; Walsh and Campbell, 2010; Watson and Jones, 2002; Younes and Harp,2007).

Recently there has been more acknowledgement of the impact that a foster child moving on has on foster carers in terms of the feeling of loss they experience (Bateman 2010). Thomson and McArthur (2009) and Bateman (2010) liken this process to the grief experienced with a bereavement, with foster carers going through processes of disbelief, anger, bargaining, depression, and acceptance (Kübler-Ross, Kessler 2005). From the perspective of the foster carers they know the child or young person is 'out there' and sometimes has been returned to a situation where he or she could be at risk in the future.

Thomson and McArthur (2009) link this experience to the theory of boundary ambiguity and ambiguous loss (Boss 1977) and suggest that the ambiguous loss of a foster child and unresolved grief can produce symptoms similar to those of post-traumatic stress disorder (PTSD). Additionally, Herbert *et. al.* (2013) suggest that foster carers can experience such significant levels of grief that they would benefit from grief counselling services being made permanently available to them. However, there is no known research which has considered how the theory of family boundary ambiguity and ambiguous loss might relate to the carers' children nor has any known research suggested that counselling be provided for this group to help them overcome their losses.

Research into the effects of these losses on birth children is scant, as is the acknowledgement that birth children are often closest to foster children. When considering placement endings, Walsh and Campbell (2010) consider how carers' children cope but note that the views of sons and daughters do not usually form part of the feedback process on placement moves, and where they did so, their views were usually communicated through their parents.

Birth children have also been found to worry about: whether their foster siblings are in a safe place once they move on; may be being abused or neglected, or being hurt (Serbinski 2014). Concerns such as these were also shown in research undertaken by Twigg and Swan (2007).

Most of the participants, who were biological children of foster carers, in Sutton and Stack's study (2013) had found coping strategies to deal with the feelings of loss and sadness when foster children left the family, although not all had achieved this. Some withdrew from the family to avoid future losses (Birch 2016); others said they were determined not to get attached to foster children in the future.   Serbinski (2014), who conducted an exploratory

study into the emotions of sons/daughters and how they cope with their fostering experiences, considered that the losses experienced by birth children could also contribute to a lack of secure attachment styles in adulthood.   Sutton and Stack (2012) drawing on a meta-analysis of coping styles following psychological distress undertaken by Littleton *et. al* (2007) reports there is a consistent association between avoidance coping and distress but while avoidance strategies can reduce short term distress, they can prove to be problematic should the person become reliant upon them. Additionally, unresolved grief in childhood and a perception of vulnerability to loss have been linked to increased psychopathology in adulthood (Edmans and Marcellino-Boisvert, 2002). These findings point to the importance of further research in this area.

Reunification of siblings

There is currently no known research into the reunification of the sons and daughters of foster carers and their foster siblings. The lack of research may be due to a limited awareness that such a sibling/sibling type relationship can exist and that this relationship, as with other sibling groups, can be enduring (Cicirelli 1995). However, as has been seen earlier, those who are seen as siblings can differ greatly as between children and adults. Even though children can be physically separated from siblings, some parents are aware that their children's absent siblings can still be psychologically present in their day to day lives (Meakings, Coffey and Shelton 2017).   In terms of the reunification of sons and daughters and their foster siblings in adulthood, there may be some resonance with studies that consider the reunification of people who have been separated from siblings due to adoption and who have been reunited as adults. Generally, studies have found reunion to be a positive experience for those searching for lost family members including siblings, (O'Neill, McAuley and Loughran 2014). Surprisingly, the study by O'Neill *et. al.* (2014) also found

that being less invested in the relationship at the outset meant a greater chance that a positive relationship would emerge between siblings. However, often in the aforementioned studies the adults had spent little or no time together as children, and therefore while they had a biological connection, they did not have a shared history. In contrast, in the case of sons and daughters and their foster siblings, they have no biological connection but do have a shared history of being brought up together for a period of time. The importance of a shared history resonates with a study by Ottaway (2012:147) which found that for those children who did not have a biological connection the time as children spent together day-to-day 'laid the foundation for continuing bonds in adult life'.

Concern about voicing feelings

Sons and daughters report that they are reluctant to discuss their feelings, particularly negative feelings, with their parents as they do not want to cause them additional stress or worry (Twigg and Swan 2007, 2011). Moreover, it has been found that sons and daughters often feel guilty for having any negative feelings towards foster children (Thompson and McPherson 2011) and this too could prevent them from sharing their feelings. In contrast Reed (1994, 1997) found that sons/daughters do go to their parents with their concerns, although Fox (2001) indicated that this was primarily only in extreme situations.

It is important that the sons and daughters of foster carers are able to have an open discussion about any difficulties or emotions they are experiencing and ideally this would be with their parents (Hojer, Sebba and Luke 2013). Children and young people need to be able to express their feelings about fostering and have these affirmed and acknowledged. However, in some situations, sons/daughters felt misunderstood by their parents which resulted in some sons/daughters feeling that their family no longer felt like a family unit

(Johnston, 1989), which might at least in part have been due to the loss of parental attention they received as a result of the family fostering (Pugh, 1996; Clare, Clare, and Peaty, 2006; Younes and Harp, 2007).

Summary

Although there have been several studies within the last few years into the experiences of the sons/daughters of foster carers, little is known about the longer-term impact of being brought up in a fostering family. Issues that need to be explored include the effect of knowing at a young age about issues such as drug abuse, sexual abuse and violence towards children; the impact of continuous losses of children who sons/daughters consider siblings and not knowing what has happened to these 'siblings' who they care about.

These chapters have highlighted some of the many challenges that the birth children of foster carers face and some of the non-normative experiences they witness as a result of being brought up in a fostering family. Although being part of a fostering family brings gains it also means they experience losses on many levels, much of which appears to go unseen and unacknowledged. Some of these challenges also mean that they experience long-term exposure to stressful situations. Additionally, little is known about how sons/daughters understand their relationship with their parents when they are preoccupied with the needs of foster children or the constant worry that they or their parents will be the subject of an allegation of abuse. Working with the adult sons and daughters of foster carers this study proposes to explore some of these issues with participants.

Chapter 5 Methodology

The purpose of this chapter is to describe the research questions, philosophical assumptions, research methods, and ethical considerations that influenced the research design. It will also discuss how the data were analysed. This research aimed to explore the experiences of adults who had grown up in a family that fostered. There has been relatively little empirical research conducted in this area and therefore the study was exploratory.

In order to guide this study four research questions were developed. These were:

- How do adults, whose parents fostered when they were children, now perceive and describe their family and its structure?

- How do these adults understand and talk about their experiences of living in a family that fostered?

- What are the positive and negative elements of their narratives about these experiences?

- What meaning do these adults ascribe to key events during fostering, such as allegations of abuse, placement disruption,, and sequential experience of loss?

Researchers are called upon to be reflexive as their background and position will not only affect what they investigate but also any angle the investigation takes, the methods that are judged to be best, and the findings that are reported (Malterud 2001). Although there is an assumption that bias in a study is undesirable 'preconceptions are not the same as bias, unless the research fails to mention them' (Malterud 2001:484).

Reflexivity

Reflexivity in research is being critically self-aware of one's own impact on the research (Finlay 2011) and practising reflexivity is an important aspect of qualitative research (Morse *et al.* 2002). It is one of the ways in which qualitative researchers ensure the quality of their work and its trustworthiness (Teh and Lek, 2018). Researchers need to make clear any relationship between themselves and participants as doing this not only increases the credibility of the work but deepens understanding of it (Berger 2015). Whether the researcher has insider knowledge of the topic and/or has shared the experiences of the study participants is also considered important. (Berger, 2015; Teh and Lek, 2018).

The researcher

In the introduction to this study, I provided a detailed account of how I grew up in a fostering family and was the daughter of foster carers. Briefly, my parents fostered both formally and informally throughout the whole of my childhood, adolescence, and into adulthood. Although they initially fostered most children on a short term or emergency basis and occasionally continued to foster on this basis, for large periods of my childhood we fostered four children on a long-term basis and my family was relatively stable. All four of these children were eventually adopted by my parents.

Prior to submitting my initial research proposal, I discussed my feelings about my experience of fostering with colleagues, some of whom were professional counsellors. As a result of this I reflected in depth upon my own motivation for undertaking this study and on events from my own past that might bias my views. Although, I had experienced feelings of loss when some foster siblings moved on, I considered that I had a relatively positive experience of fostering. Part of the reason for this, for example, was that both as a child

and an adult, I am closer to my fostered/adopted siblings than to my birth siblings. However, I acknowledge that because I cannot separate myself from my own socially constructed understandings about the world, the research findings will be affected by my own beliefs, which is why these need to be made transparent (Ritchie and Lewis 2003). Furthermore, the way participants' accounts were interpreted will have been influenced by my particular interpretations, which have been driven by my own experiences and prior knowledge. Thus, while I have attempted to portray the participants' accounts as accurately as possible, I recognise that this is just one of a range of possible interpretations of their experiences (Smythe, 2007).

My work as a telephone counsellor also provided me with the basis of a further strategy to help mitigate against allowing my own biases to influence the study. During my four years as a volunteer telephone counsellor, before each counselling session I was (as were all other volunteer counsellors) required to undertake a briefing session. During each briefing session it was essential we left all prejudice and bias outside the counselling room to enable us to focus solely on the children and young people who would be calling the service and be completely accepting of what we heard. At the end of each counselling session there would also be a debrief where we 'left' any of the very challenging and distressing calls we had taken. The debrief was in part to protect our own wellbeing.

Prior to undertaking interviews or analysing data, I applied similar principles to those above which are akin to 'bracketing' (Husserl 1931), in that I put time aside to prepare for the interview and to put aside my own feelings and everyday stresses to focus solely on the participant and the interview. Furthermore, following each interview, I wrote up detailed field notes and my feelings relating to the interview which acted as a debrief. As mentioned earlier bracketing in this is way can also be used as a strategy for protecting researchers

from the cumulative effects of collecting and analysing data which is emotionally challenging (Tufford and Newman 2010). Hearing emotionally challenging content and witnessing participants become distressed was often the case while collecting and analysing the data in this study.

I have made my background known to the readers of this study and I have also detailed how I have striven to ensure that the data are presented with integrity and honesty (Rossman and Rallis 2016). The method of data collection was also influenced by my intention to put aside any preconceived ideas I might inadvertently have introduced following my reading of the literature and self-reflection. Setting aside preconceived ideas will be detailed more fully later in this chapter.

Research Design

I used Crotty's (2013) framework to inform my research design. According to Crotty (2013) there are four elements to social research. These are: epistemology, theoretical perspective, methodology, and methods and each of these elements should inform one another. In the sections below, I will outline my epistemology and the theoretical perspective which informed the methodology and my methods of data collection.

Epistemology

As highlighted by Malterud (2001) above, it is essential to acknowledge my epistemological position and how this relates to the chosen methodology (Darlaston-Jones 2007). Epistemology relates to how we know things and requires the researcher to ask themselves how they will interact and interpret the phenomenon they are interested in (Della Porta and Keating 2008). My experience of fostering will undoubtedly have shaped

my view of fostering and families. It could be argued that the fact that I have chosen to study this topic indicates that I have an awareness of issues, which people who have not had my experiences may not have. To illustrate, when talking to colleagues, family and friends about the focus of the study, I have found that many people told me that the children of foster carers is something they have never really considered. My background and beliefs all contribute to how I approached the study and the research design.

As my study aimed to understand and explore participants' views, experiences and opinions, I adopted a constructivist epistemology, as constructivism sees meaning not as something that is discovered but as something which is constructed by individuals (Crotty 2013; Denicolo, Long and Bradley-Cole 2016).

Theoretical perspective

The theoretical perspective that I adopted was interpretivist. Interpretivism is usually grouped under constructivism, and these two terms are seen as inseparable (Denzin and Lincoln 2011). It aims to 'explain human and social reality' (Crotty 2013:67) as opposed to positivism which follows 'methods of the natural sciences' in an aim to identify universal features of humanhood' (Crotty 2013:67). Whether researchers use a positivist or interpretivist paradigm tends to reflect their 'underpinning assumptions about the nature of knowledge and the best way of understanding the world' (Mukerji and Albon 2010:7).   A positivist paradigm sees the world as being based on unchanging universal laws, whereas interpretivism acknowledges that what is seen as the 'truth' varies according to the perspectives of those involved (Mukherji and Albon 2010). The nature of this study meant that there could not be one universal truth as participants' reflections and memories of their experiences will change over time as a result of hindsight, experience, and maturity.

Moreover, in the present, participants may also want to present a positive image of themselves, their siblings, parents, and families which might also influence their responses (this will be discussed more fully later in this chapter).

Therefore, in line with a constructivist epistemology, I also adopted a qualitative approach, which is:

> *an umbrella term covering an array of interpretive techniques which seek to describe, decode, translate, and otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena in the social world.* (Van Mannen 1979:520).

Put another way, qualitative researchers aim to understand what it is like to experience particular conditions and how people manage certain situations. They are interested in the meanings participants themselves attribute to events and how they make sense of their lives (Willig 2004:9; Merriam 2009; Denzin and Lincoln 2011).

Data collection within a qualitative framework

There are many ways in which qualitative data can be collected. However, qualitative research is characterised by 'flexible naturalistic methods of data collection which usually do not use standardised instruments as its primary method of data collection' (Lodico *et. al.* 2010:112). Data can be collected in the form of words or pictures or both. There is no one 'right way' of conducting research and 'the social researcher is faced with a variety of options and alternatives and has to make strategic decisions about which to choose' (Denscombe 2007:3). Denscombe (2007) goes on to point out that gains in data collection by using one method will bring losses in another but that the crucial issue is that the

researcher is transparent, the approaches selected are reasonable and are made explicit in any research report.

It can, therefore, be seen that a qualitative approach was particularly pertinent to this study, which explored the participants' recollection of the day to day realities of living in a family that fostered.

Methodology

It has been suggested that there are five key research approaches in qualitative research. These are grounded theory, ethnography, case study, phenomenology, and narrative inquiry, with each having similarities but a slightly differing focus (Creswell and Poth 2013). Each can employ similar methods of data collection albeit some tend to use certain methods more frequently than others (Creswell and Poth 2013).   A narrative inquiry approach was considered most appropriate for this study.

Over the last few decades narrative inquiry has moved beyond its literacy beginnings (Wells 2011). In addition to developing into a methodology in its own right, narrative inquiry has gained momentum in a range of disciplines such as education, medicine, philosophy, theology, economics, psychology, biology and the environmental sciences (Webster and Mertova 2007; Reismann 2008). It has also gained respect and acceptance in many academic circles (Atkinson 1998; Elliot 2005).

Although narrative studies can use data from a range of sources including literature, archived and visual materials, most narrative studies in the human sciences are based on some kind of interview (Riessman 2008). Narrative research generally focusses on the stories people tell that help them make sense and meaning of their experiences (Rossman and Rallis 2016) and takes as a premise that people understand their lives in storied forms

(Wertz *et. al.* 2011). According to Wertz *et. al.* (2011) narrative inquiry is grounded in hermeneutics, phenomenology, and ethnography and does what is necessary to enable participants to describe their lived experiences and how they make sense of these.   Salmon (2013) points out that fundamentally all narratives are co-constructed as they have to take account of the audience, what can and cannot be said and how things should be expressed.

All of the research approaches had elements that aligned to my own study, but a narrative inquiry approach allowed for in-depth narrative interviews where participants to tell their stories about their experiences and to set these in the context of their experience of fostering.

Method of data collection

Narrative interviews were chosen over other forms of data collection such as semi-structured interviews or focus groups. Narrative interviewing moves away from the traditional interview, where the researcher poses discrete questions of the participant which is typical of semi-structured interviews and focus groups, and towards a model of facilitation where the interviewee is given space to develop narrative accounts and the listener (interviewer) and interviewee (speaker) both actively and jointly constructing meaning (Riessman 2008). A further distinction between the narrative interview and more traditional interview techniques is that narrative interviewing places the control and direction of the interview almost entirely in the hands of the interviewee rather than the interviewer, with the emphasis on allowing participants to set the agenda and on listening to, rather than suppressing their stories (Elliott 2005:32). Allowing the participant to guide the content and direction of the interview and allowing them to talk about what was important to them was particularly important to me as it went some way to minimising any potential bias. Had I

used other methods of data collection, for example semi-structured interviews, I would have prepared questions around topics that I perceived as being important rather than focussing solely on the participants' narratives of the experiences they felt were the most important. The approach also had the advantage that researchers can gain a better understanding of the perspective and life-world of their research subjects (Elliott 2005).

Narrative interviews are based on the stories people tell about their lives and Atkinson (1998:121) points out that:

> telling the stories of our lives are so basic to our nature that we are largely unaware of its importance.

He also highlights that storytelling is a fundamental form of human communication and therefore participants should be comfortable with this method of data collection. It has also been noted that participants need to be given the time and space to tell their stories and explore events (Shekedi 2005).

It is considered that narrative interviews can be cathartic in that they can help participants to understand their experiences and how they feel about them and their meaning, therefore gaining a better understanding of themselves (Atkinson 1998; Bruce 2008). When we tell a story from our own life 'we increase our working knowledge of ourselves because we discover deeper meaning in our lives through the process of reflecting and putting the events, experiences, and feelings that we have lived into oral expression' (Atkinson 1998:1).

In this study, although the method of data collection did not set out to be cathartic it was evident from some of the comments the participants made that they valued the opportunity to talk about their experiences and the interview had given them time to reflect on their past experiences which hitherto they had not done. Several of the participants also said

that they had talked with their family prior to the interview and had enjoyed talking and thinking about their past experiences. Others indicated that talking with their family had produced some more negative outcomes and these will be discussed within the findings.

Several participants talked about their feelings when children who were fostered returned to their own birth families, moved to other foster carers, or where there were issues around the foster child's behaviour. Participants were also encouraged to consider whether they felt their experiences had had an impact on their lives in the longer term, for example, whether their experiences had any effect on decisions they have made in adulthood, perhaps in terms of career choices or other decisions they have taken for themselves or their families. However, the focus and direction of the interview rested with the participant.

While there are many benefits to narrative interviews such as those mentioned above, there are also some limitations and challenges, some of which I will address below.

Reliability and Validity

The use of narrative interviews meant that the focus and direction of the interview rested with the participant which went some way to contributing to the traditional notion of validity. With regard to reliability, each participant will have had their individual perspective on experiences and incidents which s/he felt was important but each of the narratives provided by participants will have been shaped by their subsequent experiences and how they had made sense of these. No two participants, even if they were to have witnessed the same event, would report it in the same way, so reliability in the traditional sense would not have been achieved.

Patton (2001) argues that reliability and validity are something that the qualitative researcher should be concerned about. However, reliability and validity are terms that are

associated with an essentially positivist epistemology (Watling cited in Winter 2000:7), with some researchers believing that the terms reliability and validity within a qualitative study are irrelevant (Golafshani 2003:600).

The terms reliability and validity are used separately in quantitative studies, but they are linked in qualitative research. It has been argued that, 'since there can be no validity without reliability a demonstration of the former is sufficient to establish the latter' (Lincoln and Guba 1985:316) and 'terminology that encompasses both, such as credibility, transferability, and trustworthiness is used' (Golafshani 2003:600).

Some qualitative researchers have argued that although the term validity does not apply to qualitative research there is the need for some kind of qualifying check or measure (Golafshani 2003). Lincoln and Guba (1985:43) suggest that in qualitative research in order to ensure trustworthiness the notion of reliability should be replaced with such terms as 'confirmability' 'dependability, credibility, and 'transferability'.

Two of the ways in which confirmability and dependability can be enhanced is by maintaining a careful audit trail throughout the data collection and analysis and by peer scrutiny of the project (Shenton 2004). Both strategies were used in this study. Throughout the process, my research supervisors were fully cognisant of the research design and processes. We also had regular debriefing sessions throughout the data collection and analysis periods with my supervisors reading through several interview transcripts.

Credibility relates to how much confidence can be placed in the research findings and the extent to which the 'findings represent plausible information drawn from the participants' original data and is a correct representation of participants' original views' (Korstjens and Moser 2018). Shenton (2004) suggests a range of strategies which can be used to enhance

credibility and, as previously noted, several of these were used within this study such as regular debriefing sessions undertaken with my research supervisors; ensuring participants' willingness to participate; giving participants the opportunity to read and comment on transcripts; peer scrutiny: where aspects of the research design and findings from the study were presented to peers and critiqued at internal conferences at Newman and Bristol Universities; a poster presentation was given at the Rees Centre, University of Oxford; a seminar presentation was given to members of the Coram BAAF Research Group and a symposium presentation was given at the EUSARF conference 2018 in Porto.

Transferability refers to the degree to which the results of the study can be transferred to other contexts. Although each participant's story was unique there were many common themes in the interviews which resonated with each other and pointed to common experiences.

Time commitment

When planning the study, I had originally anticipated that interviews would take place over one or two sessions each lasting approximately one hour. The first participants were offered this option, but their preference was for one longer interview, which may have been because of their other work and family commitments. I found this initially concerning, as I had hoped to be able to listen to the recordings and follow up any points or queries in subsequent interviews. However, following the first interview (which lasted approximately two hours) it was clear that ordinarily, two interviews would not be necessary, and participants were comfortable with one longer interview.

The security of having the interview audio recorded, and there not being the necessity on my part to take notes, allowed me to engage in active listening. This meant that I could

follow up on any points during the interview. At first, I was concerned as to whether I did this but on listening to the audio recordings I found that in the great majority of the cases where I would have wanted to follow up points I had done so. In addition to this, at the end of the interview all participants were asked whether, if I needed to follow up on any information or I needed to clarify something, I could contact them and they all agreed I could do this.

Recollections

This study asked participants to recall events that took place many years ago. Many of the events they described also took place when participants were relatively young children. All memory decays over time (Jack and Hayne 2010) and one of the challenges of using a retrospective research design is that participants may have inaccurate memories that could affect the quality of the data collected (Elliott 2005). However, research has shown that around 80% of young adults can recall events from their childhood either accurately or partially accurately (Howes, Siegel and Brown 1993) and a similar proportion of young adults recalled memories from when they were aged between one and eight years old accurately (Bruce, Dolan and Philips-Grant 2000). However, it is uncertain whether, at least in part, memories could have been 'enhanced' or kept alive by the family recalling what happened in previous family contexts also needs to be considered (Pillemar and Dickson 2014).

While the accuracy of some childhood memories has been validated (Howes, Seigel and Brown 1993; Collins *et. al.* 2007), there appears to be a tendency for participants to recall a greater proportion of negative events compared to those which were positive. In one study, 55% of participant' recollections were negative compared with only 19% which were positive (Howes *et. al.* 1993). However, the tendency to recall more negative events

appears to diminish when recalling events that took place between the ages of 16 and 18 (Collins *et. al.* 2007). The participants in this study were predominantly recalling events that had occurred in their early and mid-childhood or early adolescence it might, therefore, be that they were more likely to recall events that had evoked more negative emotions than positive ones.

A criticism of narrative interviews is that the researcher does not know how far the stories people tell are 'distorted memories or projections about past events and happenings' (Polkinghorne 2007:479). However, within narrative interviews, it is accepted that participants will be recalling events that may have happened years before the interview and that the events are always told from the interviewee's current perspective (Bold 2013). It is therefore likely that the participants' recollection of events will have changed over time. Moreover, it is also important to note that 'memory is always partial and selective, and this is acknowledged as being part of the process within narrative research' (Riessman 2008:71). Regardless of this, the issue of being able to recall events 'accurately' is something that primarily concerns those who are interested only in facts (Bold 2012). In contrast, narrative research does not claim to represent the exact truth (Webster and Mertova 2007). Rather narrative interviewing acknowledges that memory and the previous experience of telling and understanding the narrative means `that any narrative is a representation of actuality' (Bold 2012:29).

However, it was clear from comments by several participants before and during the interviews that they expected to be asked to give factual information, commenting that they had spoken to their parents beforehand to try and find this information. It was also clear that participants wanted to be seen in a positive light as being positive and knowledgeable about fostering as will be discussed below.

Social desirability bias

Although some participants told largely negative stories about their fostering experiences, all claimed that they were positive about fostering and foster carers. Social desirability bias is where participants are reluctant to reveal their true feelings and beliefs but instead 'respond in ways they think will elicit a favourable impression of themselves' (Bryman *et. al.* 2004:928). Social desirability bias is not exhibited by everyone and is more likely to be present where participants seek approval and when dealing with personally or socially sensitive issues (Bryman 2004). While this study did not set out explicitly to explore sensitive issues it may be that participants were reluctant to highlight issues that might have caused them difficulties for fear of being seen in a less favourable light (Trout 2008). The relationship between the interviewer and interviewee is of paramount importance and attempts were made to build a trusting relationship before and during the interviews. Guarantees of confidentiality and anonymity were given which may also have assisted in establishing trust and reducing social desirability bias.

Another variable in terms of social desirability was noted by Smith (2017) who undertook performance or dialogic analysis of narrative interviews with four birth children of foster carers. Performance/dialogic analysis focusses on who the speech is directed towards and when and why it is said (Kohler-Riessman 2008). It involves considering linguistic devices employed by speakers such as expressive sounds (Kohler-Riessman 2008). At the time of the interview her participants were aged between 18 and 24. She noted that every time a participant made a comment they perceived to be negative they would follow it by a 'qualifier' or they would 'juxtapose a serious statement with laughter' (Smith 2017:138). She perceived this as being a defence mechanism that was meant to convince the interviewer they were not trying to be negative about fostering or trying to undermine their

parents' decision to foster. She termed this the 'good person' performance. Although this study did not undertake performance analysis, a similar trend was noted during the interviews in this study in that, in most cases, if participants mentioned negative feelings or situations they would quickly follow this up with the positive to the situation. For example, when talking about being threatened with a knife, one participant commented on how well their parent had dealt with the situation and the other that they knew the foster child would not really harm them.

Sampling

A purposive sample of between 10 and 15 participants was sought of adults who had grown up in a family where their parents were fostering. Initially I had expected that this would be a 'hard to reach' group and that I would need to enlist the support of a fostering organisation such as The Fostering Network to assist in recruiting an appropriate sample. However, this was not necessary, and participants were recruited through a snowballing sampling strategy. I work in a Higher Education Institution (HEI) and I had the opportunity to talk to students and colleagues informally about my interest in the topic and proposed study. Several colleagues and students said that they had friends, family, or acquaintances who they knew had been brought up in fostering families and asked if I would like to be put in contact with them.

Two of the participants were recruited through personal friendships. As with colleagues, friends told me they had other friends or family members who were brought up in fostering families, and again they provided contact details after speaking to them. A third group was recruited through my talking about the proposed research at conferences. People approached me to say that they had been brought up in fostering families themselves and

volunteered to take part. Some participants also offered to put me in contact with other people who they knew who had been brought up in fostering families. Some of these contacts materialised and others did not. A snowballing sampling strategy can lead to a sample that lacks representativeness (Allen and Babbie 2009) but as representativeness was not a key feature of this study, the use of a snowballing strategy was considered appropriate.

Having said that the sample was not difficult to recruit, there were a number of potential individuals who at first offered to participate but when contacted declined. Reasons given for not continuing were concerns about recalling childhood experiences and/or their families were still fostering and experiencing difficulties. Some of the individuals felt that their accounts would be predominantly negative, and it may, therefore, be that the study recruited participants who generally felt they were more positive about their fostering experiences and therefore there may have been an element of bias within the sample.

In total twelve participants (nine females and three males) were recruited. Having fewer male participants might have introduced an element of bias to the study as the male view was not equally represented. Although Serbinsk (2014) claims previous studies have largely recruited similar males to females, her own study recruited similar ratios to those within this study as did several other studies such as: Fox (2001); Armoer (2005) and Sutton and Stack (2012). Additionally, as already mentioned the aim of qualitative research is not necessarily to recruit a representative sample. The characteristics of the participants are detailed in Table 2 below:

Table 2 Characteristics of participants

Partici-pant	Gender	Ethnicity	Age	Age at beginning fostering	Age at end of fostering	Fostering status	Type of fostering
1	F	White British	40	10	17	ceased	Single child
2	F	White British	35	6	11	ceased	Various - short, medium and long-term
3	F	White English/ Asian	25	15	ongoing	current	Various - mainly medium and long-term
4	F	Dual Heritage	35	5	11	ceased	Mainly short term, 3 long-term
5	F	White British	45	13	28	ceased	Some respite. Mainly short-term but some long-term
6	F	White British	34	5	ongoing	current	Initially some respite. Mainly long-term now.
7	M	Dual Heritage white/black Caribbean	27	Pre-birth	ongoing	current	Mainly long-term from toddlers or babies
8	M	Dual Heritage White/Black African	39	8	14	ceased	Mainly short-term, 3 long term
9	M	White British	18	9	16	ceased	Supposed to be short-term, but several long-term
10	F	White British	41	2	13	ceased	Various - emergency, short and long-term. Children of all ages.
11	F	White English/ Asian	23	12	ongoing	current	Various - short and medium-term. Some short-term emergency placements.
12	F	White British	54	3	9	ceased	Mainly short and medium-term.

The sample size is relatively small, albeit similar to that used in many qualitative studies but does contribute to the limitations of the study, as does the sampling strategy.

Cohen *et al.* (2007) caution that participants may have a range of motives for wanting to participate in research, from wanting to benefit society to wanting to take revenge. They also state that 'volunteers may be well-intentioned but do not necessarily represent the wider population' and this has to be made clear within the research (Cohen et. al. 2007:116). However, as this study is qualitative and does not aim for representativeness this was not considered a major issue.

Ethical issues

Ethical approval was given for the study from both the University of Bristol as the institution who were supervising the study and also Newman University as my employers. In this study the ethical issues to consider were: gaining written informed consent; confidentiality and anonymity and the limits of confidentiality; distress to participants; and the storage of confidential data.

Prior to any interviews taking place participants were sent an information sheet providing details of the purpose and scope of the investigation and a copy of the written informed consent form. If the initial contact was made via email, then this was emailed to them. If the initial contact was made by telephone, then they were asked whether they would like this information sent by post or in email format. All participants within the study were over the age of 18 and none were from vulnerable groups therefore it was not necessary to gain written informed consent from parents or a legal guardian.

Participants were assured that their responses would remain confidential and anonymous and used solely for the purpose of research. However, it was also explained to them, before

commencing the interview, this could only be partial confidentiality as should a safeguarding issue arise, then this would be discussed with them and with my Ph.D. supervisors and an appropriate course of action taken. Any decision as to whether a disclosure needed to be made would be communicated to the participant before a referral being made to the necessary agency. Participants were also be assured that any information they provided would also be anonymised and names/locations changed to protect the identity of all participants.

It is important to highlight that social researchers should always consider the effects of the research on participants (Cohen *et. al.* 2007). It is noted that:

> *researchers have a duty to consider in advance any likely consequences of participation and to take measures to safeguard the interests of those who help with the investigatio*n (Denscombe 2007:143).

Narrative interviews are different from other kinds of interviews due to the nature of the relationship the storyteller enters into with the researcher. The ethics of doing narrative and life story interviews are centred on being 'fair, honest, clear, and straightforward. It is a relationship founded on moral responsibility, primarily because of the gift you are being entrusted with' (Atkinson 1998:36). Several ethical issues had to be considered.

It was not intended that the study would place participants in stressful situations but not surprisingly, on recalling the past most of the participants became distressed at some point. Becoming distressed during narrative interviews is not unusual:

> *At certain points in the narration, depending on the nature of the interview, the telling might become distressful to the participant, the story provoking feelings of deep loss and grief, anger, or despair. An interviewee might cry or become too*

overwhelmed to go on. Usually when this happens, a sensitive interviewer stops the

narration until the participant regains composure. (Corbin and Morse 2003:343)

When similar situations occurred, participants were offered a break and the interview was stopped for a short while. Once the participant has regained their composure I asked if they wished to continue and all of the participants were happy to carry on.

Despite becoming distressed during the interviews most participants said that they had enjoyed talking about their experiences and indicated that they had found the interview to have been a positive experience. Many said that it had given them the opportunity to think about and reflect upon their experiences, which they had not done before.

However, it was possible that following the interview participants might experience negative emotions as a result of taking part in the study. Therefore, following the interview all participants were made aware that they might experience some negative emotions and for this reason they were provided with a list of local and national counselling services that provided counselling either free of charge or at a low cost (see appendix 2).

Recordings of the interviews were taken using a hand-held Dictaphone. These were then uploaded onto transcription software and transcribed by me. The transcripts were encrypted and held on a password-protected computer to which only I had access. Hard copies of the transcripts were anonymised and were kept locked in a filing cabinet to which I had sole access.

Data collection – the process of undertaking narrative interviews

Five of the participants chose to be interviewed at home, seven in a café or other public place. Before the interview each participant had been sent an information sheet (see appendix 1) detailing the nature and purpose of the research along with a written informed consent form. Before the start of the interview I checked that they had understood and signed the forms and that they were happy for me to audio record the interview. All participants agreed to the interview being audio recorded.

Demographic data was collected at the start of the interview, for example, their approximate age, where they had lived when they were growing up, the gender they identified with, ethnicity, how old they were when their family started fostering, whether their families were still fostering, what type of fostering their parents undertook (long term, short term, emergency, respite care). They were also asked to complete a type of ecomap (Yung 2010) which used concentric circles to detail who they considered to be in their family when they were growing up. They were asked to put themselves in the middle and other family members in the concentric circles around the inner circle with the people they felt closest to nearer the middle. Some participants asked who they should include, and I told them to include anyone important to them as they were growing up and who they might mention during the interview. It was usual for participants to include their parents and their birth siblings. Most also included at least some of the foster siblings they later went on to talk about. Others also included grandparents, aunts and uncles, cousins. Some also included close friends. This enabled me to understand who they were talking about during the interview and how close they felt to that person.

Following the collection of the demographic data and the completion of the ecomap the interview was unstructured and allowed the participant to take control of the content of the interview and tell me what they wanted to, related to their experience of fostering. I simply started the conversation by asking them to tell me about their experience of fostering. It is not usual in an unstructured interview not to have an interview schedule, but I had some 'interview questions' and prompts prepared in case participants needed a focus (see appendix 3). However, these were rarely needed during the interview.

At the outset of the interview several of the participants began to apologise because they said they could not remember all of the names and dates of the children their families had fostered. Some mentioned that they had talked with their parents before the interview to find out the information and prepare for the interview. When I told them that the foster children were not the focus of the interview and that the interview was to ask them about their experiences they seemed genuinely surprised, with several commenting that they had never been asked to give their views before.

Some of the participants asked me about my point of view as some of their family members had told them I had been brought up in a fostering family. I tried to remain neutral indicating that I felt that I had experienced both benefits and some challenges, but my main interest was to find out about their experiences.

Interviews usually lasted approximately two hours. Following the interview, the participants were offered the opportunity to have the transcript returned to them, so they could read it if they wished and add in any additional details. This will be discussed more fully in the next section.

Analysis of data

The process of data analysis began immediately after each interview. Following each interview detailed field notes were written up which included my feelings about how the interview had gone and reflections upon the key topics/themes that had emerged. These notes and transcribing the tapes formed enabled me to begin the process of analysing the data.

Transcripts

Knowing that the interview was being audiotaped enabled me to focus exclusively on the participant. Over a two to two-and-a-half-hour period it would have been impossible to write verbatim what was said, and I would undoubtedly have been unable to achieve the level of accuracy the audio recording provided. Audio recordings also have the advantage that they can be played and replayed to ensure accuracy and can also enable participants to be provided with transcripts which provide the opportunity for review and amendment, which would not be possible were only the researcher's field notes be available (Mukherji and Albon 2010).

There is the belief that the practice of audio taping interviews can be disadvantageous as it could inhibit what some participants are willing to say (Seidman 2013). However as in Seidman's experience, participants seemed to soon forget they were being recorded and the advantages of audiotaping, particularly in in-depth interviews were numerous.

Although Seidman (2013) advocates leaving the transcription of tapes until after the interviews are complete so that themes that emerge from one interview will not interfere with subsequent interviews, I felt that it would be better to transcribe each interview as soon as possible and usually prior to the next interview taking place. There were several

reasons for this. Firstly, as I personally transcribed the tapes, it enabled me to begin the

process of analysis straight away. It also meant that if there were any parts of the tape that

were difficult to hear I would be better able to recall what had been said in the conversation

and with my recollections and the information from the tape little or no data would be lost.

A further advantage was that it helped keep the workload manageable. Overall, the process

of transcribing tapes as soon as practically possible following the interview worked well.

All of the participants were advised that I would be transcribing their interview and I offered

to send them a copy, once the tape had been transcribed, They were also advised that if

wished they annotate the transcript with any additional material; explanations of what they

had said; they could also return to points where, in the interview, they had 'gone off at

tangent' and could add comments. Narrative interviews can often tend to be more like

conversations which means that topics can change before they are fully explored (Atkinson

1998). They were advised that they were under no obligation to make any further

comments. However, I made it clear that if they did provide comments I would ensure that

I would include these in the data. The process of returning transcripts to participants for

verification is known as respondent validation (Bryman 2003). Only one of the participants

requested that a copy of the transcript be sent to her. This was done within ten days of the

interview. In this case two copies of the transcript were sent out by post (one for her to

annotate and return if she wished and another to keep for her own records). These were

sent along with a pre-paid envelope for the return of the annotated/amended transcript. In

this case although the transcript was sent out an annotated version was not returned. It

was therefore assumed that the participant did not want to make any changes to the

transcript.

Personal transcription of the interviews allowed me to begin the process of data analysis as I was required to listen to what participants said (often several times) and to replay the interviews in my mind as I transcribed the data. It also meant that the data could be anonymised by the researcher during the initial transcription process. Transcription of the data typically produced transcripts of between 15,000 and 20,000 words thus providing a wealth of data to analyse. The following sections will provide more detail on how the data were analysed.

Approach to data analysis

Within narrative inquiry a range of strategies can be used to analyse the data, which include structural analysis, dialogic or performance analysis, visual analysis as well as thematic analysis (Reissman 2008). As suggested by the term 'structural analysis', the focus is on analysing the structure of the stories people tell about their lives and how the storyteller seeks to 'persuade' the listener that the event happened. This approach to analysis was inappropriate as the focus was not on 'how' participants described their experiences. A dialogic or performance analysis was also considered inappropriate as that focusses on who the 'performance' (interview) is directed towards and when and why the 'performance' is taking place (Riessman 2008).

The aim of this study focussed on exploring the experiences of the adults who were brought up in fostering families. The focus was on the content of their narratives and therefore a thematic approach to analysing the data was adopted. In thematic analysis the focus is exclusively on the content of what is said rather than on 'how' or 'why' it is said.   A thematic analysis often also requires that the researcher theorises 'across several cases by identifying common thematic elements across research participants' (Riessman 2008:74).

Although there has been a growth in qualitative research and the use of thematic analysis of data in recent years, there is little information on how to undertake this task (Attride-Stirling 2001). A lack of rigour and transparency in how themes were selected have been key criticisms of the method.

To be transparent Braun and Clarke (2006) advocate a six-phase process and I adopted this approach. These phases are: 1) familiarisation with the data, 2) generating initial coding, 3) searching for themes 4) reviewing themes 5) defining and naming themes 6) producing the report. They also caution that this is not a linear process and that there will be a lot of moving backward and forwards between the phases.

Themes within the data can be identified using an inductive or 'bottom-up' way or in a theoretical or deductive or 'top-down' way (Braun and Clarke 2006). An inductive approach means the themes identified are strongly linked to the data themselves (Braun and Clarke 2006), as opposed to a theoretical thematic analysis where the themes have already been decided. This study used a combination of both of these approaches since I brought some knowledge of the area from my academic and personal interests. The literature review and my own prior experiences ensured that I would 'have a few hunches' and bring some knowledge of the area to the analysis (Holstein and Gubrium 2012:17). However, I was continuously mindful of my own viewpoints and the need to remain open to information that might challenge my views (Bloomberg and Volpe 2012). Narrative analysis allows for knowledge of prior theory to be applied in new ways (Riessman 2008) and I felt this might be the case. Before commencing the interviews, I also knew of Boss's (1977) theory of family boundary ambiguity and ambiguous loss and in my analysis of the participants' narratives I kept this theory in mind to see if, and how far, it helped explain their narratives. Therefore, although the analysis was predominantly inductive there was an element of

deductive analysis in relation to Boss's theory.   This approach to analysis also allows for new themes to be identified from the data.

During the first part of the analysis stage, Braun and Clarke (2006) recommend immersion in the data.   Personal transcription of the audiotapes enabled an initial familiarisation with the data. This was followed by careful reading and re-reading the transcripts several times to fully immerse myself in the data. In the initial stage of the analysis I used NVivo to undertake line-by-line coding of each transcript. One of the ways in which credibility of research can be enhanced is to have more than one researcher coding the data (Mays and Pope 1995; Bloomberg and Volpe 2012) and then comparing codes. As a relatively inexperienced researcher, I made use of my supervisory team at this stage of the analytical process. Two of the anonymised transcripts along with my initial coding were sent to both of my supervisors so that they could check that the coding was consistent with the data. This process is known as 'code confirming' (King and Horrocks 2010). Discussion around the initial codes produced no major differences although I was advised to begin coding data right from the outset of the interview including the demographic questions whereas previously, started the coding from when the participant started talking about their experiences. The initial coding produced a long list of codes that were then examined several times to consider reoccurring topics and ideas within the data. Once I had generated initial codes, I switched from using NVivo to using 'pencil and paper' methods to analyse the data as I found it easier to physically group codes rather than work on a computer screen.

The next phase of the analysis involved finding themes from the list of codes. There are many ways to code and organise data and no one right or wrong way to go about organising data into themes and sub-themes (Harding 2018). I wrote all of the codes onto

post-it notes, physically grouping similar codes, looking for associations between themes and sub-themes. I found being able to visually see the data and being able to physically move codes easier than working on a computer screen. I also drew 'mind map' type diagrams to help me make these associations making links between themes.

Following initial coding of the data seven overarching themes were identified. These were: the benefits of being brought up in a fostering family; coping with complex relationships; changes in everyday experiences; exposure to risk and harm; ambiguous loss and unacknowledged grief; and being silenced. Table 5.1 provides a snapshot of how come of the codes identified from the data were combined to create sub-themes and table 5.2 provides an overview of themes and sub-themes:

Table 3 Example of how codes fed into the development of sub-themes

Sub-theme	Code
Support for parents and foster siblings.	Helping parents to prepare for new foster sibling(s); helping to settling foster siblings into the family; teaching foster sibling family routines; supporting foster children develop practical skills; introducing foster child to friends network(s) and supporting foster child develop social skills; comforting foster siblings; encouraging foster siblings; listening to foster siblings' problems; helping with homework; helping with care routines (bathing/feeding/changing nappies etc); acting as a role model for foster siblings; acting as an advocate for foster siblings; trying to stop foster siblings getting in trouble; providing advice and guidance; providing respite care for parents; acting as surrogate parent; helping to manage foster siblings behaviour; happy to support parents; feeling guilty for not wanting to support parents; acting as a confidant for foster sibling; taking foster sibling to appointments for parents; picking foster sibling(s) up from school; not willing to support parents; taking foster sibling out to give birth other birth siblings respite; withdrawal from family to avoid looking after foster sibling.

Table 4 Overview of themes and sub-themes

Theme	**Sub-theme**
Benefits of being brought up in a fostering family	Companionship Gratitude and social awareness Developing future skills
Coping with complex relationships	Seeing foster children as siblings but being different. Unable to express feelings and guilt Changes in relationship with family members Concern for parents Not understanding behaviour School friends Changes in parental attention
Changes in everyday experiences	Changes in daily routines Safe caring and security in the home Support for parents and foster siblings Foster sibling behaviour Fears and worries Reduced quality time with family
Exposure to risk and harm	Experience of abuse Feeling unsafe at home Witnessing the effect of abuse Exposure to inappropriate adult behaviour Long term effects
Being silenced	Silencing self Keeping secrets Concerns going unrecorded Suppressing information
Ambiguous loss and unacknowledged grief	Placement endings Experience of sequential loss Searching for foster siblings Effects of loss
Boundary ambiguity and ambiguous loss	Physical presence/psychological absence Physical absence/psychological presence

Now that the methodology has been described, the first part of the first findings chapter (Chapter 6) explores participants' views on the benefits of being brought up in a fostering family. It then moves on to explore their descriptions of family relationships in the fostering family. It considers how growing up in a family that fostered had an impact on relationships with the extended family and on friendships. The chapter firstly presents the thoughts of the participants reflecting on when they were children and secondly as adults. The second findings chapter (Chapter 7) focusses on how participants were placed in situations where they were in danger of, or exposed to, the risk of both physical and/or psychological harm, this occurred both when they were children and as adults. The final chapter (Chapter 8) examines the participants' experiences of placement endings and loss and how they tried to make sense of, and cope with the loss of their foster siblings.

Chapter 6 – Family relationships.

This first chapter of the findings is divided into two parts. The first part considers participants' experiences when they were children and living in the family home. The second part considers their current feelings about fostering. At the time the interviews (*n* = 12) took place only one of the participants was still living at home with their parents who were fostering. Therefore, this participant was sometimes speaking of things that had happened in the past and also their up to date experiences. Three further participants had parents who were also still fostering although they no longer lived in the family home. Therefore, although they recalled events and feelings from their childhoods their narratives also expressed their current views and feelings as adults. All of the other participants' parents had ceased fostering years earlier.

Benefits of being brought up in a fostering family

All of the participants reported some benefits of being brought up in a fostering family. The positive aspects of being brought up in a fostering family can be divided into two key areas. First, were those things the participants enjoyed about growing up in a family that fostered such as the companionship of having additional siblings and second were the additional skills they developed as children that were also beneficial when they had become adults.

Viewing foster children as siblings

One of the most striking findings was the extent to which most (n= 10) of the participants reported positive sibling relationships with some of their foster siblings. Furthermore, they frequently seemed to make no distinction between their foster siblings and their birth siblings. Participants clearly valued the positive relationships they had with their foster

siblings and described how these positive relationships were experienced in their day to day activities.

Companionship

Some participants (n=4), who were relatively young when their families were fostering, recalled that they particularly enjoyed always having other children to play with. Participant 4 recalling a foster sibling said:

She had great games! I can remember, probably a bit dodgy actually, now I think of it, but it was just more games.

Some of those (n = 4) who were older when their families were fostering gave examples of companionship and friendships. Participant 9 stated:

She genuinely was like a sister sort of thing. She was a year older than me. She didn't go to the same school but outside of school we used to hang around with the same friends and everything … it was good that she was there.

Participant 7 described how he enjoyed the 'hustle and bustle' of family life, especially on special occasions. He said:

Christmas was always fun and having massive loads of people around. There were more presents, more stuff going on … always having something to do and I think to be fair always having kids younger than me has always brought out the childish side in me … the playful side.

Enjoying playing with their younger foster siblings was also something commented upon by several other participants (n = 4).

Parental home working

Some participants (n = 2) talked about how, because their parents were foster carers and received an income from looking after foster children, it meant that the parent could also be at home for them. Participant 2 stated:

> *I think my Mom probably wanted to be at home a little bit and not have to work and she thought maybe having the foster children she would be at home for us as well and there would be more time.*

Participant 4 pointed out that her parents fostered because her mother felt 'called' to foster but that a family friend had fostered to provide financially for her own family.

Social awareness

The majority of participants described having greater social awareness than other people they knew and a greater sense of social justice, which they believed resulted from being brought up in a fostering family. Some (n = 2) said that having been brought up with children and young people who had experienced challenges made them better able to be accepting and understanding of people they worked or studied with and who experienced similar challenges. Participant 9 was at University and stated:

> *In fact, we've got someone in our halls and he's got a few like mental [health] problems and for some people they feel it's like [it's] quite humorous and that. You know it's easy to sort of pick on, but I don't sort of treat it like that. We've had people who we've fostered brought in and we've sort of (…) You know what to say and what not to say and what would upset them sort of thing. So yes, definitely it's helped me.*

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Reflecting on her experiences as a child, another participant (1) felt that she was less judgemental of others, as a result of her experience of fostering. She stated:

> *I think I was so judgemental and a lot of thinking of myself ...I think now I think a bit different.*

Parenting skills

A few participants (n = 2) claimed that being brought up in a fostering family had also had an impact on their own parenting style. Participant 1 said she felt she had brought her children up to be less judgemental and more accepting of others especially of people who experience greater challenges. She went on to say:

> *Thinking back now on how I judged him. Obviously, the aesthetics of what he looked like. I'm very aware of that and I've obviously trained that onto my own children. I'm more wary of what he went through.*

She felt that not only had she benefited from growing up in a family that fostered but that her children had benefited and had also become more accepting. Another participant (4) claimed that she felt she was a better parent, as a result of her experience of fostering:

> *I'm certainly a better Mum ... I think it makes you a better person because it makes you realise how lucky you are. It makes you hold on to your kids more.*

While a few participants (n = 2) felt fostering had helped them to become better parents others felt fostering had also had a positive impact on their career choices.

Career choices

At the time of the study none of the participants had chosen to become foster carers. Two indicated that it was something they might consider in the future. However, interestingly, both said it was not something they would consider while their own children were living at home.

One participant (5) indicated that fostering had directly influenced her choice of career. Following a positive experience of working with a social worker she said:

> *We had an absolutely fantastic social worker [name of social worker] and it's [name of social worker]'s fault really that I decided to follow a social care background. I think I saw [name of social worker], as just doing something absolutely wonderful.*

Several participants (n = 4) had worked with children and young people, albeit they did not ascribe their career choice to their childhood experience of fostering. Some participants (n = 7) felt that although fostering had not had a direct influence on their career choices, it had been beneficial in their workplace, as it had given greater insight into situations related to their work. One participant had worked in the media and felt that she was given more assignments related to children and young people because of her experience of being brought up in a fostering family.

> *My bosses would tell you that they would assign me stories, children's stories, because I knew… I just knew them better.*

Another participant (7) who worked in the retail industry said that he felt it was as a result of fostering that he enjoyed working with people.

It can, therefore, be seen that some participants felt they had experienced some important gains in terms of their careers.

In summary, there were many ways in which participants described the benefits of being brought up in a fostering family some of which, for example their relationship with their foster siblings which will be further discussed in the following section. Some of the benefits were short term and others have continued to benefit in the longer term and continue to benefit their families in the present. However, overall participants reported more negative experiences than those which were positive. Some of the less positive experiences are presented in the following sections.

Childhood experiences

During the interviews, participants talked about their families and how relationships with family members changed when they were growing up. It was also interesting who the participants saw as members of the family and particularly who they identified as their siblings.

Relationships with foster siblings

What was clear from the beginning of the interviews was that, when reflecting on their childhood, almost all (n=10) of the participants thought of many of the children their parents fostered as their siblings. Thinking of some foster children as siblings was evident regardless of how long the family had been fostering, how long the placement had lasted (except for placements that lasted only hours or a few days), what type of fostering the family undertook, the age that the fostered children came into the foster family or the age of the participants when the family were fostering. Participant 11 spoke for many (n=10) when she said:

I classed her as a sister.

Those participants whose families had discussed fostering with them before they became foster carers (n=3), felt that the idea of a sibling relationship had been promoted, at least in part, by their parents and by how fostering was introduced to them. One participant (9) said:

The way it was put to me was, that it was made out to be like us almost getting a new brother or sister.

The participants whose family had fostered since before their birth or who were too young to remember their parents starting to foster also viewed many foster children as their siblings. Although they did not say that their parents had actively encouraged the view that foster children were siblings, this view had not been discouraged.

While most relationships with foster children were reported to be close or friendly this was not always the case. Several participants (n=7) reported that during their childhoods they had quite acrimonious relationships with some of their foster siblings. One such example was Participant 1. Her foster sibling remained in the family home for over seven years, but the relationship was difficult from the outset. The foster sibling had learning difficulties and behaved very differently to what the participant saw as 'normal'. It was apparent that she felt embarrassed and sometimes threatened by the foster child's behaviour at home, at school, and when she was with her friends.   She said she did not invite her school friends back to her home, as she did not want them to know that the foster child was her 'brother'. She spoke to her parents about her feelings towards the foster child but felt that nothing changed.   Therefore, much of her childhood was spent resenting the foster child but at the same time feeling guilty for doing so. These feelings resonate with those reported for other

sibling groups. For example, children who have siblings with disabilities have reported similar feelings of embarrassment and guilt (Mayer and Vadasy 2007), problems with peer relationships in schools (King 2007) and not wanting school friends to come to their homes as well as feelings of guilt and anger (Mayer and Vadasy 2007).

There were many times during the interviews where participants said they had been angry, frustrated, or scared by their foster siblings. Whereas siblings in normative families can 'lash out' at their siblings verbally or physically, the participants in this study reported that they had been unable to retaliate. They were acutely aware that they could not be physically aggressive (hitting or fighting) towards their foster siblings. If they had done so, they knew they or their parents would be liable to an allegation of abuse. Thus, they were unable to express their anger as other siblings might. They also felt unable to retaliate verbally, since they thought it would be 'unkind'. Even having negative thoughts towards their foster siblings brought on feelings of guilt, as they were aware that before they came into care their foster siblings had not enjoyed the same privileges as they had.

Perceived inequity

A crucial issue in sibling relationships is that of equity (Handel 1994) and many siblings feel that one child is favoured by their parents. The findings showed that participants often felt that their parents favoured their foster siblings. They also felt they did not have access to some of the material benefits that their foster siblings enjoyed and that they were disciplined more harshly by their parents. Differential treatment may in part have been because of regulations and fostering practices laid down in legislation and by fostering agencies.

Possessions and financial allowances

While most participants (n=10) reported that they had not minded sharing their toys and possessions with their foster siblings, several (n=6) noted that while there was an expectation that they share their things, (some of which were then stolen or damaged by their foster siblings), they were not allowed to touch possessions belonging to their foster siblings. Generally, interviewees felt that there were good reasons for this, as Participant 2 recalled:

> *I remember them [foster siblings] having boxes of their own possessions and they were theirs and we weren't allowed to touch them, and I understood that. Those were important to them because they hadn't got anything of their own.*

However, while this participant understood why she was not allowed to touch the foster child's possessions, this memory about differential treatment was clearly an important part of her narrative.

Another participant (6) recalled foster children arriving with nothing and her clothes being used by her parents to dress the girls. Additionally, when these foster children left the foster family, they did not only take things that had been bought specifically for them but also clothes and toys that had belonged to her or her brother:

> *They'd arrive with bin bags and go home with a suitcase and it would be full of our stuff or new stuff. They'd get the new shoes, new clothes and it made me think 'Why haven't we got the same?' but my parents weren't financially that secure but they would give them over giving us. I now understand why because they had nothing and we had everything really, but as a child not knowing that.*

As some participants (n=4) grew older, they became aware of further areas of inequity such as the allowances given to foster children. Allowances provided by the local authority included 'pocket money', clothing allowances, and allowances for birthdays and Christmas with the amounts set out in statutory regulations. The allowances received by the foster children were reported to be significantly more generous than the foster family could afford to give their own children. The difference in the way the children were treated created feelings of injustice and jealousy, especially when the two children were of a similar age. For example, one participant reported that her foster sibling received a clothing allowance of £80 per month whereas her family could not afford to give her any clothing allowance. Not having access to similar allowances left some participants feeling frustrated and envious of their foster siblings.

Differential experiences and opportunities

Some (n=3) of the participants felt that they had been excluded from outings organised by the foster child's social worker. For example, interviewee 11 stated:

> When they, the children's social workers, came round they used to go to; Snowdonia. They used to go to the Snowdome. They used to take them to McDonalds, really nice restaurants everything and I do remember being really jealous and saying like, 'How is that fair?'

This participant went on to say that her family could not afford to provide her and her sister with similar experiences. As a child, what made this seem worse was that their foster siblings were included in all the foster family outings, holidays, and 'treats' provided by her parents.

At certain times of the year, especially Christmas and birthdays, some (n=4) participants also noted that their foster siblings received 'gifts' from several sources, typically their own birth family, fostering agencies as well as gifts from the participants' parents and their wider family. In contrast, they only received gifts from their parents and wider family. While as adults, participants acknowledged that minding about the foster children receiving more gifts on special occasions and additional outings now seems 'petty', when they were growing up, it added to their feelings of inequity.

Participant 11 described an incident where she was envious of a Christmas present her foster sibling received from her parents:

> With [name of foster child] when she was a foster child, my dad bought a phone worth about two hundred and fifty quid. Spent about £300 on her. My dad spent nearly £100 on me. That was really out of order. Even though it wasn't coming out of his own pocket it was just, 'How was she getting so much more than me?' When you're immature and - you know what I mean?

This interviewee had tried to talk to her parents about her feelings of jealousy and they had said they would relay their feelings to the social worker with a view to including them in some of the 'treats' the foster children received. However, she later found out that her parents had not spoken to the social worker because her father said it was not worth it, as it would get passed from one person to another and nothing would get done, so it was pointless. Therefore, although the participant has raised her concerns with her parents these views were not passed on, and therefore, she was effectively silenced.

It was not only in relation to material possessions that some participants felt that their foster siblings were treated differently and more favourably by their parents. Fostering agencies

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lay down guidelines for carers (governed by regulations) about the sanctions that can be imposed on foster children: often these were less stringent than those the foster carers imposed on their own children. Therefore, many (n=9) participants felt they were subject to much stricter discipline whilst their foster siblings could 'get away with' much more. Being subject to much more stringent rules and punishment than their foster siblings could create resentment. Participant 7 said:

> *The kids who they foster can get away with a lot more, you know what I mean?*
> *Without getting into trouble ... I think that got very stressful.*

There were also other situations where parents were thought to be particularly unfair to their own children. Participant 2 reported being punished for something that her parents knew she had not done. In this case her sister's doll had been damaged and her parents made her, her sister, and her foster sibling sit upstairs in their bedroom until one of them admitted to causing the damage. She recalled:

> *Feeling really annoyed and really upset … knowing my mom and dad knew it wasn't*
> *me and wasn't my sister and we're … sitting there for hours on end being blamed.*

This interviewee felt that her parents might have done this because they did not want to single out the foster child for punishment. It appeared from the interviews that such apparent injustices were rarely explained to participants.

Although occasionally participants reported raising issues of unfairness with their parents, most chose not to mention how they felt, as they felt guilty for having such feelings. Participant 2 expressed the view that although she had a close relationship with her parents:

There were still things that I possibly wouldn't have said to them, out of not wanting to upset them.

Relationships with parents

Most interviewees (n = 11) claimed to have had positive relationships with their parents, described positive family events, and admired their parents for wanting to help children who had difficult backgrounds. One participant claimed she and her siblings had a very 'open' relationship with her parents and if she wanted to know anything she said:

I just used to ask Mom. We were a very open family.

However, the participant contradicted herself later in the interview when she said she did not feel able to talk to her parents about sexual abuse which her foster sibling talked to her about. A further participant (4) was particularly proud that her parents had decided to become foster carers to support children whose families were unable to take care of them. She stated:

You kind of want to tell people that you were part of a foster family because I think it's such a lovely thing to do and not many people do it. So, I think I'm sort of proud to be part of a foster family and look after children.

Participant (7) was full of admiration for his mother and how hard she worked. He stated:

To be fair my mother is probably one of the best foster carers out there.

However, despite these positive comments and admiration they demonstrated towards their parents they also described times when they felt they received less parental attention than their foster siblings.   One participant (12) who felt this strongly, stated:

Actually, I spent my entire childhood running away from home. Having thought about that it was probably attention seeking because I didn't feel as if I got very much attention at all.

This interviewee claimed she and her long-term foster sibling were usually left to their own devices as her mother focussed her attention on the other short and medium-term foster children. She justified the lack of attention by describing herself and the long-term foster sibling as 'ok', whereas the other foster children had needed much more attention. During the interview she realised that her running away only ceased when her parents stopped fostering. The interview was the first time she had considered that the two things were likely to be connected. While most (n=10) interviewees did not go to the extreme of physically running away, feeling that they received less attention than their foster siblings was a common experience for participants.

A further interviewee 6 felt that fostering had had a significant negative and long-term impact on her relationship with her parents as a child and as an adult (her current relationship with her parents as an adult will be discussed in the next section). Before the family began fostering she described herself as having:

a really perfect childhood. Very, very happy.

Despite claiming to have positive relationships with their parents several participants (n=7) also said that at times they had been angry with their parents because of issues that arose through fostering or, as previously noted, because their parents had promised to do things or raise issues with social workers that had never materialised:

I think I more used to be angry at the fact that my mom and dad wouldn't say anything [to their social worker]. (Participant 11)

Participants had mixed feelings because they were generally also admiring of their parents who they felt were often very stressed and working hard for the foster children they were caring for.

Time spent with parents

Often (n = 8) participants highlighted specific periods when time spent with their parents had been reduced or had almost ceased. In one instance the participant said that the reduction in time was connected with a very serious impending court case where her mother was required to give evidence. Once her mother had given her evidence she continued to stay at the court to support the foster child. During the interview it was unclear exactly how long the mother was required to be away from the family home. However, the participant gave her view on the length of time it lasted and the impact it had on family life saying:

> It was a long court case. It went on for a long time actually … It was yes! It was huge. As it was coming up to the court case and they were prepping and during it and even a little bit afterwards. There was lots of things … life was very different … It was a terrible, horrible time! We didn't get our Mom as much during that time.

She also went on to say that before and during the court case she and her siblings had spent a lot of time in other people's houses.

There were a number of occasions when participants (n = 11) felt they had missed out on family time because routines had to be changed to meet 'safe caring' requirements and as children they had been indignant about this.   Interviewee 4 explained how much she enjoyed family bath times with her father bathing the children, but this stopped because of a conversation that a social worker had with him. He had been bathing a child who had been sexually abused, without another adult being present. The participant said:

They [the social worker] went absolutely bonkers and said … 'you cannot be on your

own with [name of foster child] in that way' and he said, 'I was just bathing all the

kids'. He got absolutely ripped into and I know it affected him … He stopped being

his huggy self … Dad doesn't get upset. He doesn't get upset but he really was

disturbed by the fact that anyone would think he could…. You know… Honestly it

would never have entered his head that that might be an issue. That's the stupid

thing. It's like God! I remember him being really hurt by that.

No doubt the social worker was considering the safety of the foster carer in terms of any potential allegation of abuse against him, but the incident completely changed the family's bedtime routines, as their father could no longer bath the children and put them to bed. The participant talked about how much fun her dad was and how she remembered him blowing bubbles in the bath but also his hurt at the social worker's confrontation. Bath times with her father never resumed even when that particular foster child moved on. Another participant (3) described how her mother, during a family holiday, had taken a foster child home because of challenging behaviour. It had spoiled the holiday for the whole family as their mother could no longer be with them.

There were many further accounts of when participants felt that their parents were distracted by the profound needs of foster children. One said that in their family parents focussing much or all of their attention on the foster children was the norm and she felt very strongly that her parents had continually prioritised the needs of foster children over those of her and her brother.

Several participants (n=9) explained that they felt their parents had thought they or their siblings were 'OK' and therefore focussed their attention on foster children. Interviewee 5 stated:

I think they probably felt that me and my sister were sorted.   We were OK and you know I had my traumatic time in my first year of secondary school. That was a real blip for me but that had sort of resolved itself by the time I was in the second year of secondary ... My sister is quite an outgoing type of person and she's always surrounded by friends and I think they thought she was fine. That there were you know, no problems. I think it was only afterwards that they realised that she was having this huge problem at school. So I think it was more that they were not blinkered but they were you know...

The participant said that her sister was being bullied quite badly at secondary school. The interviewee felt that her sister craved some of the support and attention that she saw her foster sibling receiving and what seemed doubly difficult for her to comprehend was that their foster sibling appeared to reject the care and attention their parents gave the foster sibling. She went on to say:

I think she couldn't understand why they were still pouring all this love and attention on a child who could sometimes be really challenging, you know could really cause chaos in the family home and outside and who would scream and shout and throw things at people and she couldn't understand why they continued to support her.

It was not clear in the interview whether her birth sibling's being bullied was in any way related to the foster child but what she did say was that regardless of her foster sibling's behaviour and her sister's reaction to the foster sibling their parents still wanted to adopt the foster child.

Impact on parents' relationship

It is well documented that stress within the family can cause relationship issues and most of the participants (n=10) felt that having foster children had at times been very stressful. In particular, some interviewees felt that their parents' personal relationship had suffered. Three mentioned that their parents' relationship had broken down while they were fostering and two of these three considered that the stress of fostering was a contributing factor. Two of these marital relationships resulted in divorce and the other couple overcame their difficulties but also ceased fostering at around the same time.

Providing support to foster siblings and parents

It is usual for siblings to support one another and this was the case in foster sibling relationships, albeit generally the support was reported to be from the participants towards the foster sibling(s) rather than vice versa. When participants offered direct support to their foster siblings, they were often also indirectly supporting their parents.

As children, participants (n = 12) provided support in numerous ways, such as, by helping to integrate their foster siblings into the family and making them aware of rules and routines such as mealtimes and bedtime routines. Interviewee 4 talked about the children her family fostered being unable to use a knife and fork when they arrived and how she and her other birth siblings had taught the children how to eat at a table. She also talked about helping their parents prepare the foster child's bedroom for when they arrived or moving bedrooms so there was sufficient space to accommodate an additional child or children:

We would all sort of change [bedrooms] dependent on what children came in.

Participants often (n = 12) commented on how they had welcomed new foster siblings into the home by playing games with them. They also reported introducing foster children to their friends playing together.

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> *If I went to play and we had another child then they would go as well.* (Participant 10)

Interviewees also talked about supporting foster siblings and indirectly supporting their parents and social workers in other ways. Participant 4 described how her foster siblings refused to go downstairs to see their birth parents. She and her older sibling created games to encourage them, as she believed her foster siblings might get into trouble if they did not co-operate:

> *We used to treat it like a goody and baddy thing. I remember [name of foster child] he wouldn't come down from the bedroom and the Social Worker used to say 'He has to come down, he has to come down, he needs to be seen, to see his Dad'. So we made it into a game. I remember [name of birth sibling] … he had a load of Star Wars guns and he'd say, 'Right' let's go and get the enemy' and we would make it into a game. [Name of foster child] eventually would come downstairs and he would see his Dad but he wouldn't go anywhere near him … I don't even know if Mom's aware of that but that's how we managed to get the boys downstairs and in that room. It was the only way.*

This example shows great ingenuity in the imaginative way the participant not only supported her foster siblings but also the social worker and her parents.

Participant 4 was also concerned about her foster sibling waking up in the night and disturbing her parents' sleep. Her foster sibling used to wake up in the night screaming and she described how she used to get into bed with her foster sibling to calm her down and she would 'snuggle' down with her foster sibling to comfort her rather than waking her parents

demonstrating care and empathy for her foster sibling and her parents. Several participants also talked about entertaining foster children and acting as role models.

Participant 9 took the view that he did not do much to support his foster siblings, as his mother did all of the work. He appeared completely unaware of the role he had played in supporting his foster sibling to build up a social network. In this case he had introduced his foster sister to his friends and invited her to 'hang out' with them. He described what happened:

> A lot of the children who came here hadn't really… they hadn't really grown up with the same social [skills], so making friends was hard for them … [Name of foster child] hung around with a lot of my friends and my friends got on really well with her. At first she came and she made and lost friends very quickly and I feel that, we were almost able to build her personality and get her to socialise a bit more. That's something that my Mom couldn't do … She's not the same age as me, but I could introduce her to my friends and my friends' friends and then from that she gained her own social group.

As they grew older participants would also look after younger foster children by way of babysitting, undertaking care routines such as washing, bathing them or changing nappies, helping with homework, or by getting siblings ready for school. As mentioned earlier most of the participants felt that the skills they developed through being brought up in a fostering family contributed to their career choices. However, while most (n=10) of the interviewees appeared not to mind undertaking these tasks several (n=5) highlighted that other siblings had found it frustrating to having to undertake these responsibilities and believed it had caused friction within the family. Fostering was also reported to cause friction in relationships with birth siblings.

Relationships with birth siblings

Generally, participants felt that they had had close relationships with their birth siblings, and except for one participant whose birth siblings were much older than her, all of the participants put their birth siblings in the concentric circle closest to them on the ecomap they completed. Participant 3 said of her relationship with her younger sister;

> We've been incredibly close. We've been close since she was born. I was like her little mom. I was so protective over her it was crazy.

She went on to describe many events where she had enjoyed social occasions and activities with her sister. When talking about how upset a foster sibling had been at the loss of her siblings, Participant 9 could empathise with her and stated;

> I mean if I was taken away from my brother at the age she was, I would be equally as upset.

He went on to say there were things he would not talk to his parents about he would only confide in his brother:

> I think that a lot of the time there's a lot of the things I would only tell my brother I wouldn't tell my parents.

However, in some cases (n = 4) fostering had put stress on these relationships during childhood. For example, some witnessed their older birth siblings move away from the family, which they saw as a direct result of fostering.   Others had a birth sibling who had a reasonable relationship with the foster child when they did not. In the case of Participant 1, these differences caused the relationship with her older sibling to deteriorate and caused a

rift between them throughout much of her childhood and adolescence. There were also

other reasons for a deterioration in relationships with birth siblings.

Spending less time with birth siblings

For some families (n = 6), once they began fostering, the way the family functioned

changed and opportunities to make shared memories with other family members, including

siblings were reduced.   Several participants (n = 7) talked about their holiday arrangements

changing or being curtailed, as a direct result of fostering. Participant 1 said that before the

family began fostering, they always spent Christmas at her grandparents' home, and she

explained that she had enjoyed sharing a bedroom with her older brother. However, once

the family started fostering this was no longer possible, due to the need to have different

sleeping arrangements and she resented this change. The participant also felt that other

opportunities to enjoy time with her brother were curtailed as holidays with family friends

also stopped. This was partly because of the foster child's behaviour, the difficulty of finding

affordable and suitable accommodation in terms of sleeping arrangements, and also

travelling to the holiday destination. The participant stated:

> [I] didn't particularly enjoy holidays [anymore]. I didn't enjoy going on holiday
>
> because we were all in the car together and holidays had changed from being a fun
>
> time to not so much. We stopped going away with the family that we'd been [going
>
> away] together [with]. And we stopped going away with them because of … how
>
> [name of foster child] sometimes was …How difficult he was… that we found it hard.
>
> (Participant 1)

Overall, she felt that fostering had had a negative impact on her relationship with her

brother during childhood.

Participant 2 talked about how, once the family began fostering, they could no longer travel to their holiday destination together, as they only had one family car. The females had to travel by train and the males by car. Participant 7, whose family had begun fostering before he was born, said that he had never been on a family holiday with his own family and attributed this, in part, to the logistics of having such a large family. When he went on holiday it had usually been with friends or friends of the family. He claimed he felt this was a good thing, reflecting on the fact that he and his brothers were 'tearaways' and might have got into trouble had they gone away with their parents. However, they did not seem to get into trouble when away with friends of the family.

Leaving the family home was also mentioned in respect of the older birth siblings of participants. For example, Participant 2 described how her older sibling left home at the age of 17, which she considered was because of the family fostering.

Relationships with friends and wider family

Some participants (n = 5) also found that being at the same school as their foster sibling could be especially challenging particularly if the foster sibling had behavioural issues. Additionally, Participant 2, who was in the same class as her foster sibling, believed her teacher favoured her foster sibling over her, which was a difficult experience.

Several participants (n = 6) said that they did not invite school friends back to their homes but instead they went to their friends' homes. In the case of Participant 1, she initially said that the reason she had not invited her school friends back to her home was not because of her foster sibling living at home, but later contradicted herself claiming that she was embarrassed by her foster sibling and did not want people at her secondary school to know

they were in any way connected.   Had she had school friends back to her house this would have meant having to acknowledge the foster child as part of her family.

Many participants (n = 8) reported that friendships with other families changed as did the frequency and quality of visits to relatives. They described these changes as being as a result of fostering and these will be discussed more fully below.

Coping strategies

Many participants (n = 9) talked about times when they or their siblings withdrew from the family. For example, participants talked about physical withdrawal such as retreating to their bedrooms, siblings leaving home early, spending much of their time at friends' homes, and also emotional withdrawal such as not being willing to actively get involved with their foster siblings.

Withdrawal was sometimes in order to protect themselves from feeling the loss of foster siblings when they moved on. After the loss of one particular foster sibling Participant 2 said she retreated to her room and read. The implication being that this was so that she did not become attached to foster children. Another participant (4) reported that her younger brother became an elective mute at around the age of eight or nine, thus withdrawing completely, following the loss of a foster sibling (this will be discussed more fully in a later section).

Other participants reported that they felt either they or their older siblings had, at times, chosen not to be involved in fostering and moved away from home or chose to spend more time with their friends in order not to engage with fostering. For example, Participant 2 said that she felt that her sister left home as soon as possible (around the age of 17) as a direct result of the family fostering:

My sister left home when I was eleven - she was seventeen - under a bit of a 'black cloud' … I don't think she was ever particularly happy with our parents fostering. I think she was probably at a much more vulnerable age. A teenager and a lot of emotions and things and she found it very difficult.

While withdrawal from the family can be a normative event for children growing up and developing independence, their withdrawal was often claimed to be as a direct result of fostering. The older sibling of Participant 9 spent a great deal of time away from his home especially when one of the foster children developed a 'crush' on him as not only was this embarrassing but could have been problematic in terms of a possible allegation.

The above section has outlined how the participants saw their relationship with the foster siblings as children and how they experienced some of the other relationships that were important to them. The participants perceived that these relationships often changed as a result of the family fostering. The next section will discuss their relationships as adults and again how they felt these changed.

Adult experiences

Some of the participants' experiences as children have been discussed above. The next section reports the participants' experiences as adults. As mentioned earlier, four of the participants had parents who were still fostering at the time of the interview. The remaining participants' parents had all ceased fostering some years prior to the interviews. It should be noted that the narratives of some participants covered decades and therefore times when they were children, adolescents, and adults.

It has already been noted that most participants (n = 10) saw many foster children as siblings when they were children but what was surprising was that they continued to view

the children their family fostered when they were children as siblings into adulthood, even though the fostered child might have left the family home decades earlier. Again, this appeared to be the case regardless of the son/daughter's age when the family started fostering, their age when they were interviewed, or what type of fostering the family undertook. The length of time the fostered child was with the family also seemed to have little relevance, as sometimes a foster child had lived with the foster family for a relatively short period (perhaps only the matter of a few months) but was still considered a sibling. Some, of the participants, viewed the children their family fostered as siblings, even though they were adults when the foster child joined the family.

Relationships with foster siblings

Several participants (n = 7) had met at least one foster sibling (now adults) or had seen them in the street. Participant 7 described how several foster siblings live locally and he occasionally recognises a former 'foster sibling' in the street. He said,

> *The weirdest part is, you almost consider them like a brother or sister but they're not. But you're still like 'Oh there's my little brother!' Well, he wasn't my little brother, but you know what I mean?*

Another participant (4) lost contact with one of her foster siblings for many years but never stopped thinking of the foster child as her sister. Although it was not entirely clear how contact was re-established, the participant stated that she had looked on Facebook for her other former foster siblings. It may have helped that she knew specific details where her foster sibling lived when she was returned to her father and his new wife. On re-establishing contact with her foster sibling, she said:

> *I've got a brilliant foster sister you know. I have got that. She's still in my life and*
>
> *I'm really lucky to have that.*

Even when the participants were not in contact with their former foster siblings, they continued to consider many of them as siblings.

Photographs

Photographs of fostered children were a regular feature of the interviews and it was clear that participants valued photographs of their foster siblings. Three of the participants showed photographs of former foster siblings they had on their Smartphones and a further participant, who was interviewed in the family home, pointed out several photographs of past foster siblings, which were around the room. Several others (n = 3) referred to photographs the family had kept of their foster siblings that they valued.

With only one exception, the family of those who showed photographs, had stopped fostering many years earlier. It was therefore interesting that the photographs of their foster siblings were on their mobile phones. It did not appear that these photographs had been uploaded especially for the purpose of the interview, as participants had to look through other images to find the ones they wanted.

Of the participants interviewed only two had no real desire to re-establish contact with any of their former foster siblings. One of these two had had a particularly negative experience of fostering. Her family is still fostering and while she said she would always be there to support the current fostered child if he needed help, she would not want to re-establish contact with any of her former foster siblings. The other said that although she would like to know that the boy her family fostered was doing well, she was afraid to re-establish contact because of the foster sibling's behaviour towards her in the past. Most participants

(n = 11) wanted to keep in contact with at least some of their foster siblings or wanted to know how their foster siblings were doing. This will be discussed in greater depth later in this section.

Support for foster siblings

Just as when they were children, when they supported their foster siblings, adult participants were indirectly supporting their parents. However, their support often took on a different form.

One participant (11) talked about how she had succeeded in dissuading her teenage foster sibling from deliberately trying to get pregnant.

> *She was saying how much she wanted a baby and I was saying 'You want to wait', just wait'. Do not do it when you're young'.*

As the participant had two small children at the time, she was able to talk knowledgeably to her about the practicalities and how stressful parenthood could be even with support. There were several other instances where participants described how they helped their parents by looking after foster children, acting as role models, and so on.

All of the interviewees, whose families continued to foster, envisaged supporting some of their foster siblings into the future. However, not all of the support for foster siblings was given willingly by these adults. Some participants (n = 2) reported that there had simply been an expectation that they would continue to help with foster siblings.

Relationships with parents

At the time this study was undertaken most of the adult participants (n = 9) reported that their current relationship with their parents was positive but this was not always the case.

Four participants had parents who were still fostering and unusually, for three of the four, their father was the primary carer. Three of the four worried about their parents in terms of how they were treated by foster children and social workers and they all had concerns about their parents' wellbeing.

As adults, all three participants were frustrated that their fathers were putting themselves at risk of harm from foster children. They all said they would like their parents to retire from fostering because of the physical risks they faced, and the stress fostering placed on them. The remaining participant's parents only fostered children on a long-term basis, and usually had started fostering them as babies. Due to the family rarely fostering children who had had very chaotic early lives they had experienced fewer of the daily challenges faced by others. Two participants (3) (11) felt that their views, particularly in relation to the wellbeing of their parents, were disregarded by social workers and this made them angry.

Participant 6 said she felt her parents had always put fostering ahead of her own wellbeing. She went on to describe incidents where she felt this had happened to the detriment of her and her daughter (their grandchild). One of these was her wedding where she felt her parents put the foster child's needs first. She said they all knew the foster child would struggle to cope at the wedding because he had severe autism, but her parents refused to use respite care, despite having used this for him previously. She went on to say that this was in case he felt "rejected".   The choice her parents made resulted in them being unable to take part in the pre and post-wedding celebrations at a hotel, which left her feeling rejected. When talking about her current relationship with her parents she stated:

> I have a very distant relationship with my parents.   They will tell you we're close. I
>
> will tell you it's quite superficial at times because there is always somebody else.

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Support for parents as adults

Several participants (n = 5) reported babysitting or taking care of children to support their parents. Most of the time they were happy to do this. One reported how some evenings rather than going out he would stay in and play games with his foster siblings to give his parents a break.

> *If my Mom's had a tough week and it's Thursday and you think well, I could go out and play football with the lads but haven't really been in the house that much, so I'll stay in tonight then. You just stay in with the kids…. Watch movies, play stupid games you know what I mean? It was a nothing evening but it helped everyone out. You had a little bit of a relax, the kids enjoyed themselves and you gave your Mom and Dad a break.* (Participant 7)

Another participant (5) said that when her family were fostering, as she was so much older than her foster sibling (who had challenging behaviour) she used to take her foster sibling out frequently, implying this was to give her parents and younger birth sibling some respite.

> *I think because I was older, and I used to take her out a lot I think she almost saw me as … you know subconsciously a surrogate mom.*

There were many other examples of participants looking after foster siblings, meeting them from school, offering advice to older foster siblings, and helping them complete homework etc. The above examples indicate how participants were often happy to support foster siblings and their parents but again this was not always the case. Participant 6 claimed that it was the expectation of her parents, that she would provide respite care for her foster sibling who had particularly challenging behaviour. She underwent training and provided

respite care for a while but felt resentful at being expected to do so. At the same time guilty when she refused:

> There was this kind of warped pressure that came on to me, so I then did the respite training for the agency to support my Mom and Dad and it was sold to me that, 'We need a break. You need to help us' … Out of duty to my Mom and Dad I got involved and did the training and I remember just before I was about to finish the training, having a bit of a wakeup call thinking I don't want this. I don't want to care for this boy. I don't want to be a foster carer myself but the guilt. I want to help my Mom because my Mom is tired and my Dad's tired and they need a break and this whole guilt all the time. It was guilt-ridden.

This participant was not the only one to have reservations about caring for their foster sibling. Several participants (n = 5) also highlighted that there was an expectation that their older siblings would also help, and this help had not always been given willingly. When talking about her sister's turbulent relationship with her parents Participant 2 stated:

> I don't think that the fostering, having that pressure … always having to feel a bit responsible for them [foster children] would have helped at all.

This pressure on the older birth siblings and her eventually leaving home clearly had an impact on the relationship between the birth siblings.

Relationships with birth siblings

Most participants (n = 3), who indicated that during childhood they had had difficult relationships with their birth siblings due to their family fostering (n = 4), claimed their relationships had since improved. However, one felt that her relationship with her brother

has been permanently affected and it continued to be strained. In part, the strain was as a result of her having access to information about the foster child that, she could not disclose to her brother for reasons of confidentiality. Knowledge of the foster child's background meant that she would not leave her children with her parents when the foster child was in the home. Not being privy to this information, her brother allowed his children to be looked after by their parents when the foster child was present. The participant thought she was perceived as "just being difficult", which had created problems between the siblings that have yet to be overcome.

Coping strategies

Withdrawal from the family was reported to continue into adulthood, particularly for those whose families were still fostering. One participant (6) still saw her family but felt that she had withdrawn from them. She said:

> I no longer do any respite or have anything to do with the foster children in their care. I would say that over the last 10 years I have pulled back and back and back from it.

Another participant (7) who was still living at home was very supportive of his parents. However, he said that he 'house sits' for seven families regularly looking after their pets. House sitting for friends ensured that for significant periods he was absent from the fostering household providing him with the personal space he desired.

The other two participants whose families still fostered had left home when they were in their late teens to live with partners. Both participants had their own children in their late teens or early 20s, which could possibly support the findings from earlier research that

highlighted the early maturity of the sons and daughters of foster carers (Watson and Jones 2002).

Suppressed feelings and suppression of information

As when they were children, participants often talked about the suppression of their feelings now that they were adults. Participant 6 believed her inability to talk to or confide in the parents about how she felt and what she has experienced, had led to mental health difficulties. She gave two reasons for this. Firstly, she worried about the guilt she would feel if her parents knew how she had felt as a child (and continues to feel as an adult) because they would be hurt. Secondly, in partial contradiction to the first reason, she worried that her mother would ridicule what she said as being "silly" and "living in a dream world', which was how her mother reacted when she tried to raise concerns as a child. She said:

> *Anything that I tried to report to my Mom or disclose to my Mom about my own wellbeing and safety as a child...you know was dismissed. So, I didn't have a voice. I was silenced and told I was silly and I guess over time I started to think all my emotions were silly and I internalised. And it's had a massive effect.*

This interviewee implied that any concerns she raised with her mother, her mother attributed to her mental ill-health. In contrast, in her view, her experiences of fostering as a child and adult had contributed to, if not caused, her mental ill-health. Despite this she continued to protect her parents from the knowledge of her sexual abuse by one of the children her parents fostered (this will be discussed more fully in the next section). She said:

It would be like I'm punishing them. So, she'd then have to live with a lifetime of guilt for doing that and I think, 'Is it actually worth putting that onto your Mom now?'

She went on to say that occasionally it has been on the "tip of her tongue" to tell her mother, particularly about the sexual abuse, but she could not bring herself to do it because of the pain it might cause her parents. However, there might also, in the back of her mind, be the fear that this too would be dismissed or ridiculed by her mother in much the same way as her other concerns had been.

As adults, participants (n = 9) also felt they had to suppress feelings of anger about how foster children, agency workers, and social workers had treated their parents. Participants (n = 10) regularly appeared to take on a caring or protective role towards their parents and concern for their wellbeing. Furthermore, participants (n = 10) often felt their foster siblings were disrespectful and/or ungrateful to their parents and did not acknowledge how hard their parents were working for them. Whilst it may not be appropriate or necessary for foster children to show gratitude to their foster carers, most participants felt they should have at least shown respect and tried to fit in with the foster family's routines and house rules.

Participants frequently (n = 11) viewed some of their foster siblings' birth families negatively and therefore, it was difficult for them to see why their foster siblings might not want to be brought up in a foster family who cared about them. Participant 5 talked about how her birth sister had felt when a foster child in the family had been poorly behaved. She said:

The words she probably used … was 'so ungrateful' because … [the foster child had]

been given this lovely family home and [she] couldn't understand why she was

rejecting it.

Several other participants (n = 6) felt similarly and could not understand why fostered

children behaved so poorly towards their parents especially when their parents had treated

them so well - and indeed often better than they felt they were treated themselves.

Summary

This section has considered how participants viewed their relationships with their foster

siblings and other family members firstly as children and then as adults. There has also

been consideration of how interviewees felt fostering impacted on these relationships both

in the short and long term. The next chapter discusses how there were a number of

occasions when living in a family that fostered exposed participants to risk of harm. It also

discusses the changes in some of their day-to-day routines that occurred, because of

fostering and safe caring practices.

Chapter 7 - Exposure to risk and harm.

Many of the foster children coming into the families of the participants had had chaotic early lives that left them troubled. Many foster children also exhibited challenging behaviour resulting in participants being exposed to situations that put them at risk of physical and/or psychological harm. In this chapter, three types of harmful experiences are described: first, knowledge of and witnessing the effects of abuse, second, exposure to inappropriate adult behaviours and finally feeling unsafe at home.

Participants reported many situations that troubled them as children. In addition to worrying about their parents (n = 9) they often reported worrying about their own safety and the safety of their birth and foster siblings. Furthermore, they were exposed prematurely to difficult information and situations that could threaten their sense of security and contributed to a loss of 'innocence' (n = 12).

In most families, children rely on their parents to help them cope with stressful situations and parents protect their children from distress. However, the interviewees reported that, as children, they were exposed to potentially harmful experiences (n = 12). Sometimes they did not have the protection of their parents or their parents were unaware of what was happening to them. All participants (n = 12) had been directly exposed to harm such as being abused by foster children or indirectly exposed to harm by hearing about the traumatic events that their foster siblings had witnessed or experienced. Often participants were exposed to multiple types of harm. For example, one participant learned of the sexual abuse of her foster sibling and was also physically abused herself by another foster child. Exposure to these experiences resulted in the interviewees keeping difficult secrets and led to changes in family routines and behaviours.

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Learning about adult difficulties and maltreatment as children

Children in schools are made aware that there are adults who harm children through initiatives such as 'Stranger Danger'. However, participants became aware, often as young as five or six, that some adults can and do abuse children and that these adults may be the children's parents or close family members. They learnt about abuse that occurs where an adult intentionally sets out to harm a child and also where it occurs as an indirect result of parents' actions. Participants were exposed to knowledge about the emotional, physical and sexual harm that foster children had experienced in addition to other difficult situations.

Parents' visits to the family home

It is not unusual for relatively young children to have an awareness of drugs and alcohol. Drug and alcohol awareness is routinely taught in primary schools, as part of the PHSE curriculum. Furthermore, many children see their parents or other adults drinking alcohol (Jayne and Valentine 2016). However, while children may be aware of drugs and alcohol, it is less common for children to witness the negative effects of drug and alcohol misuse first-hand.

Several participants (n=4) reported first-hand experiences of foster children's parents coming to their home drunk and/or affected by drug misuse. They also said that some of their foster siblings had been the children of sex workers and parents (usually mothers) had arrived at the family home dressed in an inappropriate manner (n = 4). Furthermore, participants reported inappropriate behaviour by some of the birth parents, such as propositioning workmen while they were visiting the family home or sitting in a way that exposed genitalia when they were not wearing underwear. One participant (4) said that she remembered questioning her mother after such a visit. During the interview she said:

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She [the foster child's mother] would sit there with her legs open on the sofa and say in a deep voice 'Come on [name of fostered child]' … We were a very working-class family, but you do know that you wear knickers.

Learning about such things as sex workers was not the only unusual situation that interviewees had found themselves in.

Learning about sexual relationships from foster children

Some interviewees reported that from as young as five years old they were becoming aware of sexual relationships. Awareness developed from not only witnessing the behaviour of the fostered children's parents, but also from being given information by foster children. It was unclear whether the information was shared by foster children believing it to be normal, whether they wished to demonstrate their superior knowledge on the topic, or something more malicious. Participant 6 described how she learnt about sexual relationships from foster children. She said:

The boys made me very uncomfortable and I know now they were inappropriate, and the girls were equally inappropriate and would say things of a sexual nature. Things that I didn't understand then. I now look back and think 'Gosh. How inappropriate'… They told me things that I had no idea about. They told me about how men and women have sex and I didn't know that as a child.

Participants were not only made aware of what happened within 'normal' sexual relationships but also learnt of sexual deviations such as paedophilia and bestiality from fostered children who shared their experiences with them. Even those participants who claimed they were able to talk freely did not share their sexual knowledge with parents.

Witnessing the effect of abuse

Participant 7 described how his family fostered babies who had been born with neonatal abstinence syndrome. During the interview, the young man became distressed recalling how he had heard babies crying endlessly and witnessed first-hand the physical and mental damage his foster siblings had experienced. He said:

> Horrible, horrible, horrible to see … kids coming in who are just like basically screaming all the time because they want some form of drugs in the system just because their parents or their mother was a drug addict. Or to see how bad they struggle with mobility, like [name of foster child] who was very very immobile. He really struggled to bend his arms and legs and stuff - and that all came about because his Mom was a drug addict and things like that… you know what I mean? It's not nice to see.

During the interview he appeared traumatised by the memories. His family had fostered many such babies and had done so before he was born. He had therefore witnessed the effect of drug/alcohol misuse on babies throughout much of his life.

Another participant (4) described appalling physical abuse suffered by one foster sibling whose stepmother had allegedly stubbed out cigarettes in his mouth and on his body. She recalled how disturbing this was to hear. Several participants (n = 5) reported learning that their foster siblings had been sexually abused when they were very young. They also reported not being able to completely understand what had happened. Exposure to such information was often premature for their age. Participant (4) summed up her early knowledge and said that by the age of six she understood:

> there are really bad things out there.

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Keeping information secret

Not only did a considerable number of participants (n = 9) hear about abuse directly from their foster siblings but also sometimes from their birth siblings. One interviewee (8) explained that one of his foster siblings had told his sister how she had been sexually abused. The sister had promised the foster sibling not to reveal the secret but feeling unable to tell her parents had told her older brother. He said:

> [Name of birth sibling] would tell me some of the things. And you know when you think, 'I don't know what to do with this. I'm 10'. … It was all stored up there and I think as an adult now when you hear about these things and you hear of your Rotherhams and things like that, it still hits me. I think of what those poor girls have been through … to have … first-hand lived with someone who had been though that just after they'd been through it…

In families 'secrets' are often shared between siblings, for example about relationships but participants were aware that many of the things their foster siblings shared with them had to be shared with their parents. Participants reported that talking with their foster siblings about things that 'normal' siblings might discuss could be problematic in their families as information shared with their parents had to be passed on to social workers. One interviewee (11) said that a younger foster sibling asked her not to tell her parents about something they had discussed, knowing that the parent would have to tell the social worker. She said:

> I had to tell my mom and dad because they had to tell [the social workers] … which got back to [name of foster child]. She got told off for telling me and then she's not going to trust me then. So that was the end of it because she really started to open up … I used to say to her she could speak to me about anything …. I used to say

> *to her if you've got any problems speak to me, but she couldn't trust me ... I could*
>
> *never have kept it from my mom and dad because if it would have come back on*
>
> *me, I would have got told off for it.*

Generally, participants believed that there was a requirement they pass on information gained from their foster siblings to their parents. The necessity to pass on such information is quite different from the experience in normative sibling relationships. Some participants (n = 2) felt it created distrust within the relationship between the foster siblings and themselves. As a result, they avoided situations where the foster child could disclose information of a personal nature so that they were not in danger of having to pass such information on.

When talking about how he might cope with the information he had been given. Participant 8 stated:

> *Obviously, Mom and Dad were out of the question.*

This interviewee reported he did not share the information with anyone and kept it to himself, but he did not know how to cope with what he had learnt happened to his foster sibling. During the interview, when recalling his foster sibling's experiences, he became very distressed. This participant also felt confused by what he heard from his foster siblings in relation to his understanding of drugs and alcohol.

Normalisation of drug use

In addition to witnessing his foster sibling's parents coming to his home under the influence of drugs. Participant 8 felt he developed an unhealthy interest in drugs because of

conversations with his foster siblings. He thought the conversations had normalised drug use and encouraged him to experiment. He stated:

> I had a bit of an unhealthy interest in drugs and other things which I'd heard of. I think it was coke. I don't think crack was round at the time. The one girl, her Mom was on smack or crack or something like that. An addict … There was all the information about it. But for a kid who'd been told one thing by these foster children who had been told by their Mom, it's alright. But your peers are telling of you. 'No No!' … That intrigued me and as I say unhealthy … If I hadn't had the foster kids telling me from their experience, then I would have just trusted what I was being told at school.

He went on to say that he never tried drugs as a child but did use them when he was at University.

Concern about potential allegations

Other incidents that were troublesome to participants (n = 3) were foster siblings who developed a 'crush' on their siblings or family friends. One interviewee (9) said that a female foster sibling had wanted to develop a relationship with his older brother. It also caused concern for the family, as the foster child regularly lied and had made allegations against people in the past.   On this occasion the foster carer appreciated that her son was 'at risk' of an allegation and asked for the foster child to be removed. Once removed, the foster child accused the foster carer of 'taking her clothes off' resulting in an investigation. It was felt that this was a malicious act on the part of the foster child and was thought to have been because she had been moved away from his brother.

This was not the only reported case of fostered children behaving inappropriately with family members. Another participant (3) reported how a foster sibling had acted inappropriately with her sister's partner.

> *She was really inappropriate with my sister's partner because she wanted to be his partner … it was a bit embarrassing rather than anything because he was like 'Oh my God. I can't believe she's doing that'. She'd try and sit really close to him or she'd try to sit in between his legs on the sofa. She would like hug him and trying to be all over him all the time and she must have been literally about eleven or twelve years old … He was a very shy person, so I think he found it really awkward and didn't know what to do in the situation.*

Participants also recalled being concerned about whether they might be falsely accused by the foster child of doing something inappropriate. One participant said:

> *That was a worry for a long time with a lot of the foster children because it was something where they could say anything. Then where do you stand? Because they are obviously going to be the priority for the social workers. It always makes you worry about what you say, how you conduct yourself things like that.*

Concern for parents and other family members

Participants (n = 10) also reported being concerned for their parents' and other family members. For example, during the court case mentioned above, the participant recalled her mother returning home and vomiting, because of the evidence she had heard. Her daughter was left feeling worried for her welfare.

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A further participant reported that a teenage foster sibling had threatened her father verbally following up with threatening text messages. Her father was afraid to be in his house alone and wanted to go to the police. The participant (11) said that:

the social workers told him to wait, to not tell the police, to wait it out.

The participant was concerned about her father's safety and was angry and felt social workers were not taking the threat against him seriously. She was also concerned that the social workers had made him feel guilty for the situation arising and for wanting to go to the police. Participants also reported being infuriated by the way some social workers were not respectful towards their parents or minimised their concerns.

Another participant described how her father had been woken up in the middle of the night by a foster child who was hitting him with a stick. A few days earlier the same child had threatened the participant with a knife to her throat. During the interview she said she wondered what might have happened to her father had the foster child managed to get access to another knife. Indeed, there were many reports of other incidents where parents could have been seriously injured by troubled foster children.

There were many other reports where participants were concerned about their parents or their sibling's physical safety but there were also concerns about psychological safety. Interviewees described often worrying about the effect on their parents of foster children's behaviour. For example, one described the embarrassment she felt for herself and her father because of how her foster sibling behaved:

[Name of child] would quite often try to escape from Dad [when he was taking her to school] and would call him all the names under the sun and everybody knew that dad was … [a] foster parent. (Participant 5)

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She also said that the foster sibling's behaviour had a much greater effect on her younger sister who was also walking to school at the same time. She said that her sister, who was around 13 years old at the time, heard the foster sibling screaming and shouting at her father and was angered and embarrassed by the foster child's behaviour and found it extremely difficult to cope with.

Participant 6 described how worried she had been about her father when a foster child made an allegation against her father to his therapist. She described how it made her feel sick and how, although she knew her father would never harm a child, it created doubt in her mind. She said:

> Dad was grey because although he had dismissed it in that car journey [he had] not really realised he'd reported it to his therapist. It got bigger and bigger and the police and the interviews and the statements and everything. Then there's always that side to you that thinks 'Has Dad hurt him? Has he?' … As much as I know my Dad would never hurt a fly! [I thought] 'Has he got violent with him?' There's always that doubt because you always have to try to listen to the child's voice. … Always thinking there's no smoke without fire.

None of the participants reported a child being removed as a result of an allegation. However, a few participants (n = 2) had been interviewed by the police and knew that their parents had been interviewed too. The threat of allegations was a constant concern for their parents, themselves, and their partners.

Participants were aware that, when they were children, parents tried to shield them from some of the stresses they faced personally, particularly around allegations of abuse made by foster siblings. It appeared that, several foster carers experienced allegations of abuse but

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the information from participants concerning the allegation was often quite limited. They

reportedly knew there was something 'serious going on' and that their parents were very

stressed about an allegation but were able to provide little detail.   It is likely that their

parents had attempted to shield their children from details of the allegation, but this had not

stopped their children from being concerned about them. If the allegation occurred when

the participant was older or was an adult, they were more familiar with the detail. Not only

did they feel concern for their parents, but they also reported not wanting to cause their

parents additional stress by voicing these concerns. While suppressing their feelings and

concerns might be expected of older children and adults, many participants reported not

sharing their own concerns as young children.

Many of the issues discussed above relate to participants' feelings and threats to their

psychological safety. However, as with their parents there were also threats to their

physical safety.

Threats to safety

Most children grow up in families where they feel safe and where they know their parents

will protect them from harm. Although participants did not talk explicitly talk about their

parents not protecting them, interviewees described experiences where they were not or did

not feel safe in their own homes. Several interviewees (n=8) described incidents where they

were bullied and 'beaten up' by their foster siblings. One participant (10) stated:

> *She was quite a little ball of fury and she was quite 'physical' … I remember being*
>
> *angry at her for beating me up but I don't remember feeling kind of unjustly done*
>
> *by, if you see what I mean?*

Being bullied by siblings is not uncommon. What is uncommon was that participants were not able to retaliate either physically or verbally and this was the case for participants who knew they could not retaliate when they were bullied or abused. However, bullying was not the only threat to safety. Participants described being physically, emotionally, and sexually abused.

One participant (10) described an event where an older relative of one of the foster children held a penknife to her throat and another described how a foster child had kicked down the bathroom door while she was on the toilet and threatened her with a knife. She said:

> She *was a lovely girl but that was really our first bad experience because she ended up pulling a knife on me. She'd gone to the kitchen got a knife and she just sort of lost the plot. She pulled a knife on me and I screamed, and Mom came in and took the knife off her.*

Another participant was also attacked with a knife and a further one with a hammer. However, participants often offered mitigating circumstances for their foster siblings' actions and reported they 'understood' that the event had occurred because of the foster child's previous experience.

Participant 1 described how she did not feel safe in her home when her foster brother was at home particularly if she was alone with him. She said:

> *I didn't like staying in the house with him if Mom and Dad were going out … If Dad was away at work and Mom was out I would go somewhere else because I wasn't 100%. I had that feeling that I wasn't safe with him in the house. Just us two. Because if an argument had started then… it was just how he looked at me sometimes it was just. I just didn't feel [safe].*

During the interview the participant also implied that she was concerned about sexual violence. A year or so after this foster child moved on, he went into the shop where the participant was working. She recalls being terrified that he would see her and so ran and hid in the back of the stockroom until she was certain he was gone. She recalled how she was quite used to dealing with shoplifters and the police but was so afraid of him it provoked this stress flight response.

During one interview Participant 6 disclosed how a foster child had sexually abused her. She had never disclosed this information to her parents or other family members. She also stated that she was almost certain her older brother had also been sexually abused by a foster child, but he too has never disclosed the abuse to her or their parents. The participant described how the abuse had happened partly because her mother had insisted that she share a bed with a foster child as the foster child had requested it. Although the interviewee had not wanted to share a bed, she did not want her mother to think she was mean and uncaring. She said:

> I remember getting into that bed and feeling sick and actually her rubbing herself against me and saying things like, 'Do you want a kiss? This is what my Mum and Dad do' and references to animals and all sorts of stuff … I would hasten to say that I'm 99%, I'm pretty certain my brother would have had similar experiences. I remember my brother trying to run away when [name of foster child] came to stay and not talking about it and becoming quite insular and me saying to my brother 'I don't like [name of foster child]. I don't like the way he picks me up and I don't like the way he is with me'. My brother, I can remember him saying to me 'We can't talk about that.'

Parents often appeared to be largely unaware of many of the things their own children heard or experienced.

Parental awareness

As noted earlier, parents often try to protect their children from knowledge of adult issues, providing a safe and secure home.   Earlier sections of this study have demonstrated how little awareness some foster carers appeared to have about their own children's experiences of fostering.   Although participants admitted to not wanting to worry their parents with their concerns, parents often seemed completely oblivious to their own children's worries and the things that their children were being exposed to.

When parents became aware of a situation that put their children 'at great risk', for example when the parents of Participant 1 thought that she might be in danger of being a victim of sexual violence (see previous page), generally participants thought they had stepped in and been protected. However, in the case of participant 1 she had felt disturbed by this young man for seven years before her parents took steps to have the young person removed. A further example of a lack of parental awareness was when participant 5 claimed that she and her sister were being bullied at school (see quotation on page 132). The parents in these cases appeared to know nothing of their own children's worries or concerns. Furthermore, the parents of participant 9 (see previous page) are still unaware that she was sexually abused by her foster siblings nor that she strongly suspects her brother was also a victim of abuse. They appeared to be completely unaware they were putting her at risk. Participant 4 found out about what was going on in the family in relation to her foster siblings by listening on the stairs with her brother after their parents thought they had gone to bed. Her parents were completely unaware that she and her brother knew about the

court case and details of the sexual abuse of their foster sibling by her mother's partner. She said:

> *The grown-ups forget the kids are listening…We used to sit on the stairs and listen.*

Although as in the case of participant 1 the foster child was eventually removed from the family in order to protect the foster carers' own children, this was not always the case. For example, none of the participants who experienced being threatened with knives or hammers said that the foster child had been removed as a result, and most believed the incident had gone unreported. A further participant described how a situation had initially been thought to be about sibling rivalry, but once bullying was recognised, her parents had eventually requested that the foster child be removed. While this had a positive effect in that the bullying stopped, a negative effect was that the participant felt guilty that the child had been moved on because of her.

It is not unusual that children do not share their concerns with parents particularly when this relates to bullying and sexual abuse (Barone 2016; Goodman-Brown *et. al.* 2003). However, there were instances when participants had tried to tell their parents what was happening, but their concerns had been dismissed. Parents' lack of appreciation of the impact a foster child had on their own child was apparent for Participant 1. She had never 'got on' with one particular foster child. However, it was seven years before the foster carers requested that the child be moved. The interviewee believed her parents were only prepared to consider the foster child being moved because it was clear to them that he had reached the point of physical maturity, where it was obvious, he could physically overpower her. Even then, his removal left her with mixed feelings. While the participant felt relieved, she still described

feeling guilty at being the reason he had been removed. Where a participant disclosed that a foster child had been removed to protect them, feelings of guilt were common.

Abuse of foster carers

Some participants (n = 7) not only talked about the abuse they experienced but also the abuse of their parents, usually by fostered teenagers. There is a growing literature on child to parent abuse including abuse towards foster and adoptive parents (see for example Selwyn and Meakings 2016). Interviewees talked about their parents being sworn at, kicked, hit with objects, and spat at.   Parents had also had things thrown at them, their homes damaged, and possessions destroyed or stolen.

Participant 3 described how she felt about her foster siblings being 'rude' to her parents;

> *To see her be rude to our parents who we would never dream of being rude to.*
> *Even at that age. That was quite hard.*

She also explained how another foster child had stolen her father's telephone;

> *He did some horrible things. He took my dad's phone off the side and sold it and*
> *my dad was like…. 'You could at least have taken the sim card out and given me the*
> *sim card.' He lost everything on his phone. The phone was just a phone. It's quite*
> *annoying but it's just a phone it doesn't matter. 'All my pictures all my contacts and*
> *things like that are on there'.*

Another participant (11) recounted how a placement had ended because a foster sibling had stolen money from the foster carer. When the child had been confronted with this, she said:

As he left, he kicked my dad's really expensive radio into the wall and made a massive dent in the wall and then slammed the doors, spat at my dad and left and then sent my dad a really abusive messages, like 'This isn't over' 'Watch your back' swearing at him.

Several participants said that their parents had not reported these incidents to social services and felt it was because it would look as if the foster carer was unable to cope.

Abuse of family pets

Abuse was not restricted to human family members. Several participants (n = 5) reported that family pets had also been hurt by foster children:

My Dad used to look after my dog and you'd think a dog would be safe. I went round one day to get my dog and she had been tied up in a blanket with string around it and she was being suspended from a zip wire [name of foster child] had built from his bedroom window down to the apple tree and she was just about to be launched. Now she would have died. She would have splattered on the floor. (Participant 6)

Another participant (8) described how generally the family cat helped foster children to settle but sometimes foster children intentionally hurt it. One day he went into the room to see a foster sibling swinging the cat around by its tail. While he said:

I think one of the things that would have made me angry would have been them hurting the cat.'

He went on to excuse the child by saying that this behaviour was as a result of his previous experiences:

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He [the cat] was little and being swung around by the tail and generally abused and I suppose really as much as the kids settled in quite quickly there were still obvious traits of being mistreated in them in the first few weeks.

Summary

This chapter has discussed how participants were exposed to situations that could, and sometimes did, place them in danger of physical and/or psychological harm. Participants were exposed to the knowledge that their foster siblings had had traumatic experiences and knowledge of these experiences affected them too. Sometimes participants felt the effects of this knowledge and their experiences continued to affect them. There has also been an examination of how both as children and as adults, participants are concerned about the wellbeing of their parents and they try to protect them from any further harm that knowing about their own experiences as children might cause.

It appeared that foster carers went to a great length to provide a safe and secure environment for the foster children they cared for but threats to the safety and well-being of other children in the family seem to have sometimes been missed or overlooked. The next chapter discusses how the loss of their foster siblings also had a significant impact on the participants' wellbeing but again the effect of their losses appeared to have been overlooked.

Chapter 8 - Placement endings and loss

This chapter considers some of the experiences related to placement endings from the perspective of participants. It examines participants' feelings during childhood about their foster siblings being moved, considers how as adults they reflected on placement endings that happened sometimes decades ago.

Most participants (n = 10) described placement endings as one of the worst parts of fostering. Almost all of the participants had stories about placement endings. Rarely were their stories positive. Many placement endings were traumatic and/or distressing even when planned.

Placement endings

Interviewees reported that most placement endings were not discussed with them beforehand. Occasionally, some participants (n = 2) did recall being part of practical activities such as travelling with foster siblings to meet adoptive parents or visits to the foster child's parents if they were returning to their birth family. Interviewee 10 recalled meeting and playing with other children in the home and travelling with their parents to take their foster siblings to visit their new family. While this may have made them aware that their foster siblings would be leaving the family, none of the participants reported being involved in discussions about how they would be prepared emotionally for the loss.

During the interviews it was apparent that planned placement endings were often experienced similarly to those that were unplanned. Most participants (n = 10) described placement endings that had been planned but they felt were unsatisfactory for both themselves and their foster siblings. Almost all of the participants described how they felt

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placement endings had been handled poorly by social services and several (n – 6) claimed the handling of placement endings contributed to their parents' decision to cease fostering.

In an unusual case, one participant (4) claimed that the social worker, who removed her two foster siblings, was having an intimate relationship with the father of her foster siblings. She felt the relationship between the social worker and the child's father created a conflict of interest and influenced the social worker's decisions about removing the children from the foster family. One of the foster children felt particularly strongly that he did not want to be returned to his birth family and ran away from the foster home in an attempt to avoid being returned. The following day she reported he was "dragged kicking and screaming" to the social worker's car. The participant stated,

> They had to force [name of foster child] into the car and he was screaming. 'Don't let them take me; they are going to take me'.

It was reported that another foster sibling was reunited with her birth father, who had lost contact with her and her mother, when the foster child had been a baby. She went to live with him, his new wife and his new wife's daughter (her step-sister). Although the reunification was considered by social services to be a success story, both the participant and the foster child experienced feelings of extreme loss when the child was removed. She said of the final separation:

> Oh God! I cried and cried for God knows how long and I remember the journey really vividly. I remember saying goodbye to her in that beautiful garden and you could see her around the corner and we pulled away and I was just waving in the back window and she was waving and we were both bawling [crying].

Some participants (n = 8) described unplanned placement endings where children had been removed at short notice or occasionally with no notice at all. One participant spoke for many when she said:

> You might have seen them as your brother or sister or someone who had been around quite a bit then all of a sudden, without even getting the chance to say goodbye they're gone and there's somebody else in the house.

In another example, a foster child had been moved suddenly after living with the foster family for five years. The move came about shortly after her parents had expressed an interest in fostering the child long term. The interviewee believed the removal of her foster sibling was because her parents were considered too old to foster the child long term, as they were in their early 60s and the foster child was nine.   The foster sibling was removed as an emergency and was placed with one of the foster carer's friends, which was doubly distressing for the family.   She also described how the social worker had come to the family's holiday caravan and had taken her foster sibling away from the family screaming. She said her parents were 'absolutely devastated'. As the foster child had lived with the foster family for many years the necessity to remove her as a matter of urgency and during a family holiday is questionable.

These situations were clearly very distressing not only for the foster carers and foster children but also for the participants. Little consideration appeared to have been given to how they might deal with the loss of their foster sibling.

Social workers and placement endings.

Since social workers were seen to make the decisions about foster children's placements, understandably they were apportioned much of the blame for what were perceived to be

unnecessary placement endings. Most participants (n = 9) talked about at least one placement ending that they continued to feel was not in the best interests of their foster siblings. They described feelings of anger and frustration towards social workers. Several were disparaging of the way social workers had handled placement endings and made what they felt were poor decisions. Furthermore, many stated it was one of the reasons they had chosen not to become foster carers themselves. However, it is possible that the sons' and daughters' understanding of the rationale for placement endings may well have only been partial as they were clearly not provided with a full account of why placements had ended, nor did they have any power to affect decisions.

Some of the hostility participants felt also seems to have been transmitted via their parents because they were upset by the placement ending. Interviewee 10 talked about a child the family had fostered and who the parents wished to adopt. The child was returned to his birth parents, which was supposed to be a permanent arrangement. However, they found out later he had been returned to foster care. She said:

> *Now I can talk about [it] as a very difficult time. They were angry with social services … I think what made them angry, was it anger? Of course, they were angry, is that I know he was then fostered out and wasn't adopted. So that wasn't permanent anyway.*

Another participant (4), whose family experienced several distressing placement endings, claimed "Social Services got it wrong so many times". The long-term result of this participant's experience of placement endings as a child combined with subsequent work-related experiences as an adult, have led her to believe that 'mistakes are still being made'. Although she acknowledged that 'Social Services' (now Children's Services) now do things differently, she said:

'Oh my God' it's still going on. It's no different. … Of course, there are differences in
the way they do it. They are not quite as dumb. I had no respect for Social Services
in [name of town]. I still don't think I do have any … There weren't many authorities
I had a lot of respect for.

Participant 3 reported how a young man who her parent was fostering, and who was
making good progress, had had to be moved at the insistence of the parents of a fostered
girl who was placed in the same family. This had caused ill-feeling as the young man had
been getting on particularly well and had since been moved to a hostel where he was not
faring so well.

Although some participants (n = 4) acknowledged social workers and 'Social Services' were
overworked and under a lot of stress, there was a general lack of respect for services.
There was also a lack of understanding about the rationale for decisions that had been
taken by social workers. This was the case whether participants were talking about incidents
from the past or current decisions where the family is still fostering. Many participants (n =
10) continued to mourn the loss of their foster siblings.

Experience of loss when moves occurred: the impact on sons/daughters

Fortunately, relatively few children in western cultures experience the 'loss' of a sibling.
Usually if children do experience such a loss, it is through bereavement and would have
been preceded by a period of illness or as the result of an accident or violent incident. If
children experience loss through family breakdown, it would generally be thought best for
siblings to remain in contact with each other. Foster children can be separated from their
birth siblings, but if placed separately there is a recommendation that where it is in the best

interest of the children contact should be maintained to promote their wellbeing. However, it should be noted that looked after children do not always succeed in maintaining contact with siblings and were less likely to do so in the past than is the case now (Dickson *et. al.* 2009).

In contrast, the participants suffered the loss of foster siblings on a regular basis and there was no acknowledgment of the loss they had experienced. Furthermore, many lived in the hope that their foster siblings would be returned to the family if the new placement failed. Holding on to the hope that a foster sibling might be returned to the family, gives rise to a situation that aligns with the theory of family boundary ambiguity and ambiguous loss described by Boss (1977). Ambiguous loss is described as being worse than experiencing an actual loss because the ambiguity surrounding it can create an inability to move on and this appeared to be the case for many of the participants within this study.

Coping with loss

If a child experiences the loss of a sibling, there is generally some acknowledgement of the loss. The loss might be acknowledged through rituals, as in the case of bereavement there might be a family gathering and a funeral. It is also likely that staff at the child's school would be made aware of the loss where provision or support could be made available to the bereaved/separated sibling. Although many participants had experienced the loss of children who had been significant in their lives (so much so that some participants still became distressed when talking about their loss), none described family rituals when foster siblings left the family home. Nor did it appear that there was any acknowledgement by parents, social workers, or teachers that participants would experience any sense of loss. Although, participants often commented that their parents were very distressed at their foster siblings leaving.

One participant (4) described how the trauma of two foster siblings being removed from the foster family affected her brother so badly that he became an elective mute for over twelve months. She thought it had taken him all of his childhood, adolescence and early adulthood to come to terms with what happened to his 'brother';

> *He went completely silent for a year. He just wouldn't speak. He was so angry … He was so cross that he'd lost his friend. Then eventually became vile and he started taking weed and stuff. Hanging out with the wrong people. Being picked up by the police on street corners smoking weed. He was just horrible … He needed somebody. But the thing was my Mom and Dad were in a state over this, so it can't have been them. They needed help too quite frankly … I think it made him a vile teenager … He's brilliant now but he went through hell. I think most of it came from this [loss].*

Occasionally, participants said that when they had felt distressed by the loss of a foster sibling they had talked to their parents about it but, as stated by Participant (4) earlier, some knew their parents were also distressed so were reluctant to add to their parents' burden by expressing how they felt. Generally, participants did not identify any helpful strategies for dealing with their losses when they were children although some say they spent time in their bedrooms alone.

Although most participants (n = 7) found the loss of babies and small children particularly difficult, most of the traumatic reactions to the loss of a foster sibling appeared to occur were where the participant and the foster sibling were of a similar age, (as in the example above of the child above who became an elective mute). Participant 7 also said he felt he particularly felt the loss of babies and young children. However, as an adult he was able to begin to rationalise his feelings by stating, it was his mother's 'job' and, therefore, he did not

have the right to experience this feeling. While acknowledging the distress he and his brother felt when children moved on, he also claimed that they rarely had time to grieve the loss of the foster sibling before the family needed to accommodate new family members. The latter experience was shared by many of the participants:

> I think it was two days we had in between and then we got two girls [name of foster child] and [name of foster child] who were very young, and we kept them for four years. And it was just like you didn't even get time to get over it.

This participant also coped with his feelings of loss by focussing on his belief that his foster siblings had gone on to a situation that was better for them and they were *all* doing well. Whilst this may or may not have been the case it appeared a further coping strategy for him.

It was also apparent that in adulthood several participants continued to mourn the loss of their foster siblings. When asked whether she ever thought about her foster siblings one participant (3) responded:

> All of the time!

Undoubtedly some participants felt less distressed when some children moved on than others. Occasionally there was the expectation from the outset that the children would move on such as when the family were undertaking respite care or fostering while a parent was in hospital, but these instances were rare. More often short-term placements went on to become medium-term or long term and it was sometimes years before a child was moved. Therefore, it was not unusual that the family grew so attached to the foster child that they wanted them to remain with the foster family, and in several cases, adopt the

foster child. Most of the participants (n = 7) talked about their family's desire to adopt at least one of the children the family fostered.

Continuing to view foster children as siblings

Chapter 5 noted that when the participants were children most saw foster children as siblings. What was surprising was the extent to which many interviewees continued to see foster children as siblings into their adulthood. Although most interviewees had not seen or heard from their foster siblings since they had left the foster family, they continued to refer to them as 'my brother/sister' or my 'foster brother/sister' in the present.

Participant 4 told a story of how there were still photographs of two of their former foster siblings on the wall of the family home. She said:

> They are still up on the wall. A few times Mom has been like… shall we take them down and we say 'No' because they are part of our life. They were our brothers. They should have stayed with us and they should have been our brothers forever.

Continuing to view children who they have been brought up with as siblings resonates with studies of children who have been brought up together but are not biologically related (e.g. Ottaway 2012: Angel 2014). However, the perspective of the sons/daughters on their enduring sense of a sibling relationship with many of the foster children is not recognised in policy or practice.

Concern for former foster siblings

All of the participants in the study indicated that, at some point, they had been concerned about one or more of their foster siblings after they left the foster family. Most wanted to know about them, about their transition into adulthood, and what they were doing now.

They were also eager to know about them even where the relationship as children had not been particularly good. Participant 1 said she wanted to know about the boy the family fostered as she was concerned he had not had a 'good life'. She had used social media to search and find answers to her questions.

A further participant talked about how she had been upset when her foster sibling had a failed reunification home and re-entered care. Another who had had a difficult relationship with the young person her family fostered, was still concerned about him when he left care, as she felt his birth family would abuse him, manipulate him and take his disability allowance. Another had been disappointed when she had found out that a former foster sibling had been in trouble with the police as while he had been with the foster family he had made good progress.

Searching for foster siblings

Almost all of the participants indicated they would like to find some of their foster siblings. Many had also already attempted to trace some foster siblings through social media such as Facebook, or search engines such as Google. One participant (4) had 'messaged' some of her foster siblings not received a response. She felt this was due to the placement ending and her foster sibling believing the family had 'abandoned' him. Others had been more successful and had re-established relationships with their former foster siblings. Conversely, one participant, in particular, felt that it would be inappropriate for them to attempt to contact their former foster siblings as the former foster sibling might not want to be reminded of their time in care or might not want to be in contact with them.

Any information about foster siblings was almost universally welcomed, even if the news was less positive it caused them concern. Those participants who said they did not want to

re-establish a relationship with any of their foster siblings still said they would like to know how their foster siblings were and that they were doing well, although they feared this would not be the case. Fearing that their foster sibling(s) were not doing well was the reason one participant gave for not attempting to contact their former foster sibling. In one instance one of the foster siblings regularly visited her mother's workplace and, although her mother and the former foster child do not acknowledge each other, her mother provides feedback to the family.

Summary

These findings show how the interviewees viewed their family life growing up in a fostering family. They describe complex relationships with their foster siblings although the foster sibling relationship remains largely unacknowledged. The findings also show that participants were aware of inequities between themselves and their foster siblings and that they feel unjustly treated or experience feelings of jealousy. However, when they do have these feelings, they feel guilty for having them in the light of their foster siblings' disadvantages. In this situation participants also generally kept these feelings to themselves.

Interviewees learned about very serious issues, often at a very young age, but felt unable to share with their parents and the harm and risks they were exposed to. Not only were they exposed to harm and risks themselves, but participants also worried about their parents' well-being and physical safety both as children and as adults. They also expressed concern for the well-being of their foster siblings when they moved on and wondered what had happened to them, hoping that they were safe and happy.

Many participants also experienced feelings of profound loss when some of their foster siblings moved on. In some cases, if they were pleased or relieved the placement had ended they also experienced feelings of guilt. Many of these feelings of loss, responsibility, and guilt have continued into adulthood. As with other groups who have lost contact with siblings, many participants have tried to seek out their former foster siblings but, unlike other groups, there are no agencies or organisations to support them in this search.

All of the participants claimed to view fostering positively and took the view that foster carers were generally people who were altruistic, selfless, and provided a very necessary role within society. When participants did have negative feelings towards fostering, it was against a backdrop of being aware that their parents were 'doing good' for others, and they often experienced guilt about their negative feelings this is evidenced through several of the narratives highlighted. There was also the sense that the participants often kept their feelings to themselves but when they had tried to voice their concerns and opinions, but they were rarely listened to. Sometimes their voices seem to have been silenced.

The next chapters will consider these findings through various theoretical lenses in an attempt to try to understand these issues in more depth. In particular, the theory of boundary ambiguity and ambiguous loss will be used to try to understand the 'losses' involved in foster care relationships. Ideas around the silencing of sons/daughters will also be examined in order to consider why this may have occurred.

Chapter 9 - Discussion

In this study twelve adults were interviewed to understand their perspectives on growing up in a family that fostered. The participants were aged 18 to 54 years old. The study aimed to understand: how the adults perceived and described their family relationships, their family boundaries and structure during childhood and adulthood**;** the advantages and disadvantages of growing up in a family that fostered; how they described and understood typically occurring events during fostering such as foster children's challenging behaviour, placement disruption, sequential experience of loss or allegations of abuse and whether they felt their experiences had continued to have an impact on their lives.

This chapter will be divided into five sections. The first section will consider relationships between the foster children and the interviewees. The second examines the clarity of family boundaries and movements in and out of the family. The third section explores the impact on interviewees of growing up in a foster family home, which was also their parents' workplace. The fourth part focuses on some of the long-term impacts of being brought up in a fostering family and the final section on how participants' voices were minimised and many of their concerns went unheard or were not addressed.

Sibling relationships

One of the key findings from this study was the extent to which sons and daughters viewed many of the children their family fostered as siblings. Viewing foster children as siblings occurred not only when the foster child was living with the family, but the participants continued to see foster children as siblings into their adulthood. It raises the need to consider extending current definitions of who is considered a sibling across the lifespan, to

include more fully sibling relationships between the sons and daughters of foster carers and foster children.

During the interviews occasionally some participants prefixed 'brother or sister' with the term 'foster' to denote a difference between biological siblings and foster children but essentially, they were viewed similarly. Continuing to view foster children as siblings once they have left the fostering family is in contrast to Serbinski's (2014) study. Several of her participants stated that their relationship to foster children was limited or they saw foster children as being part of the family only while they resided within the family home but when they moved on the relationship ended. However, the findings from this study resonate with broader sibling studies where siblings have been separated, but the siblings remain psychologically present within their lives (Meakings *et. al.* 2017).   As with other studies (Ottaway 2012; Clapton 2018), which consider groups of separated siblings, this study found there was a desire to retain or reinitiate contact with siblings.

It is not altogether surprising that the sons and daughters of foster carers viewed foster children as siblings since they were encouraged to do so by their parents. The notion of foster children being seen as siblings is also promoted in literature published by organisations such as Coram BAAF (see e.g. Argent 2011), which is explicitly produced for the purpose of introducing fostering to the children of foster carers.

For siblings who have been brought up together the relationship is likely to be one of the longest-lasting and enduring that they have, for example, longer-lasting than relationships with parents, partners, or friends (Cicirelli 1995). However, although interviewees saw (and many still did see) foster children as siblings, it seemed that foster children often viewed the relationship somewhat differently. It appeared from the perspective of those interviewed that similar to the sons and daughters in Serbinski's (2014) study once foster children had

left the placement, for many of them, the sibling relationship ended. The two groups likely

had different perspectives of the relationship as, for most foster children, foster care is often

only a short to medium solution, with the intention of reuniting the foster child with their

birth family or moving them to another more permanent placement (Neil *et. al.* 2019). In

contrast sons/daughters emotionally invested in the relationship and saw it quite differently.

It is perhaps understandable that in many cases after leaving the foster family, foster

children did not want to engage or remain invested in the foster family including the children

in whose families they had been placed. So, whilst it appeared that the foster children had

often 'moved on' after leaving the foster family, in contrast the participants retained the

sense of their foster siblings as important members of their families and were saddened by

the loss of these relationships. Further research is needed to understand whether foster

children had invested less and 'moved on' or whether the loss of another important

relationship contributed to the poorer mental health of looked after children.

These were quasi-sibling relationships with a key difference being that the care of foster

children was governed by legal and regulatory systems that sometimes created challenges

within the sibling relationships. Implementing the statutory regulations and 'Fostering

Services: National Minimum Standards' (DfE 2011b) meant that the sons and daughters of

foster carers were often treated differently to foster children, for example receiving less

generous allowances, fewer treats and sometimes harsher sanctions, which led to

participants feeling that foster children were treated more favourably than they were.

Differential treatment has also been noted in previous studies (Pugh 1996, Spears and Cross

2003) and where children are treated differently this can cause resentment (Feinberg,

Solmeyer, and McHale, 2012). However, unlike other studies, differential treatment was not

out of parental choice but was as a result of foster carers being required to adhere to regulations.

Most children and parents agree that children should be treated equitably, and children are often particularly vigilant about whether they are being treated fairly (Feinberg, Solmeyer, and McHale 2012).   Where children perceive they are being treated unfairly this can also lead to poorer sibling relationships, poorer parent/child relationships, and a poorer sense of well-being, which for a child can continue throughout their life (Kramer and Conger 2011).

Most foster carers advocate treating their own children and foster children similarly (Nutt 2006). However, this study revealed that, due to fostering regulations, they were unable to do so. It also showed that parents were frequently unaware of their children's feelings about unfairness, especially if the children had not expressly talked to them about it. Even when their own children did let their parents know, the foster carers were powerless to make changes since things such as the allowances foster children received and sanctions that could be applied came about as a result of rules laid down in statutory guidelines rather than any desire on the behalf of their parents to treat them differently.

Differential treatment sometimes led to feelings of frustration and jealousy, which was compounded if the foster child was also poorly behaved, since it was as though foster children were being rewarded for their poor behaviour. One theory (Festinger 1954) is that individuals compare themselves to others in order to learn about and evaluate aspects of themselves and in this way children begin to develop a sense of self and associated feelings of self-worth (Feinberg *et. al.* 2000). Generally, it is thought (e.g.Loeser *et. al.* 2016) that self-esteem is enhanced when children believe they are being treated more favourably and reduced when they believe they are being treated less favourably than their siblings. Loeser *et. al.* (2016) showed that when participants reported having received less favourable

treatment this was associated with depressive symptoms, risk-taking behaviours, and jealousy, as well as negatively correlated with self-worth. Interestingly, only one participant in this study reported feeling that they were treated more favourably than any of the other members of the family (both birth siblings and foster siblings), whilst many reported the opposite.

What made things even more difficult was that their feelings were difficult to acknowledge as they also felt guilty about feeling angry or jealous and therefore did not feel able to speak out. Research (e.g. Milevsky2016) on the views of children growing up with a disabled sibling provides some parallels, as they too find it difficult to acknowledge negative emotions about a sibling. There are other similarities between those growing up in a fostering family and those with a disabled sibling, for example, demands on parental time and attention and the need to contribute to the care of their sibling (Giallo *et. al.* 2012), embarrassment at their sibling's behaviour in public (Hastings 2014) and feeling their needs were put to one side by their parents (Abell and Gecas 1997). There is a growing awareness of the need to support siblings of children who have disabilities (Giallo *et. al.* 2012, Hastings 2014) and this needs to be extended to other similar groups. Furthermore, in the case of sons and daughters, they were also sometimes aware that their family was dependent upon the income from fostering and felt that were they to say anything it might also affect their parent's employment and the family income.

Participants in this study also knew that in contrast to their foster siblings they were lucky to have a 'good' family, but had conflicting emotions,   On the one hand, they were sometimes jealous of or frustrated by their foster siblings but at the same time felt guilty for having these feelings. They were aware that their foster siblings had experienced many difficult circumstances, often having little in the way of possessions or positive experiences.

Therefore, they felt that they needed to put their feelings aside to do what they thought was best for their parents and the foster children. In effect they had embraced their family's ethos of caring and giving, at some expense to themselves.

In summary, although the sons and daughters viewed foster children as siblings, legislation and guidance meant foster children had to be treated differently to other children in the family which could lead to jealousy and anger. Even though sons and daughters were undoubtedly aware that at some point their foster siblings would move on they invested in the relationship, as though foster children were their blood siblings. Making such an investment in the relationship meant that they often acutely felt the loss of their foster siblings. They spoke movingly about how they had felt when a foster sibling left the family and indeed in some cases participants had tried to make contact with them many years later. These findings relate to the next theme which emerged from the study, which is about the ambiguous nature of the losses that the foster carers' children experienced.

Unclear boundaries and ambiguous losses

The nature of many fostering placements is that they are intended to be for only a limited time (Neil *et. al.* 2019). Many interviewees reported sudden and traumatic endings to their relationship with their foster siblings and they often felt that their loss was due to decisions taken by social workers. It may be that social workers and/or the parents did not understand the extent to which the sons and daughters viewed foster children as siblings and therefore had not thought about the impact of placement endings on the foster carers' children. On the other hand, the participants said that their parents often knew they felt sad, but they had not wanted to add to their parent's distress by showing how they were

feeling so they kept their feelings to themselves. Of course, their parents were usually trying to deal with their own feelings about the loss (Thomson and McArthur 2009).

These repeated experiences of sequential loss for the children of foster carers were not straightforward. The theory of family boundary ambiguity and ambiguous loss (Boss 1977) was used as a lens to help understand the narratives of those interviewed, including how the movement of children in and out of the family was experienced by the participants. It has been used in the past in relation to foster children (Lee and Whiting 2007) and foster carers (Thomson and McArthur 2009) but this is the first time, to my knowledge, that it has been applied to the experiences of foster carers' own children.

In brief, this theory centres on the situation of a family member when s/he is uncertain about who is in and who is outside the family. Most research (e.g. McWey *et. al.* 2009) focuses on two main types of ambiguity; the first, which is Type I is physical absence but psychological presence, and the second, Type II, which is physical presence but psychological absence. In this section the application of Types I and II will be examined. However, it should also be noted that two other types of boundary ambiguity and ambiguous loss have been identified by Carroll *et. al.* (2007). These are 'Type III' where family membership changes because of the inclusion of a new member as in fostering situations and 'Type IV' where there is stress to the family because of intrusion from the outsiders, such as rules and regulations because of the involvement of Children's Services. The findings from this study suggest that in addition to the first two types of boundary ambiguity and ambiguous loss, Types III and IV had also been experienced by some of the interviewees growing up in families that fostered.

Whilst it was clear that some of the losses experienced by the interviewees could be described as straight forward 'actual' losses such as damaged toys or stolen possessions,

there were other losses that were less straightforward and indeed 'ambiguous'. In ambiguous loss Type I the family member is physically absent but still psychologically present in the minds of the family. As highlighted earlier, the study showed that participants often continued to think of the foster child(ren) as their siblings although they had left the family (physically absent), in some cases, decades earlier.   Foster siblings were still considered to be part of their family (psychologically present) and remained 'out there' somewhere with the possibility of the foster sibling returning to the family at a point in the future.

 Research has recently begun to acknowledge the impact that losses in fostering can have on foster carers (e.g. Herbert *et. al.* 2013). However, there has been little acknowledgement about how experiencing the frequent loss of foster siblings might affect the sons/daughters of the foster carers. However, over twenty years ago Pugh (1996) argued that sons and daughters of foster carers are likely to be affected by problems with attachment and loss and could suffer emotional harm as a result of the grief they experience. This has more recently also been noted in a study by Serbinski (2014).

Furthermore, in this context, the participants' grief at the loss of their foster siblings can be seen as 'disenfranchised' (Doka 2002; Riggs and Willsmore 2012) as there was usually no acknowledgement of their loss either publicly or within the family, with sons and daughters experiencing losses time and time again (Sumner-Mayer 2006). These ambiguous losses and the extent to which their accompanying grief was disenfranchised were evident in the participants' narratives, as was the lack of any 'rituals' to mark the foster children leaving the placement and the lack of time between the ending of one placement and a new placement beginning. Disenfranchised grief has been considered in relation to foster carers' experience of loss and grief when foster children leave their homes (Lynes and Sitoe 2019).

However, it had not before been considered in relation to the sons and daughters experience of grief even though they are often the closest to their foster siblings and spend the greatest amount of time with them.

Whilst foster children moving out of the family was a common experience, there were also occasions, when participants experienced ambiguous loss in relation to their parents. It was quite common for parents to be physically unavailable to their children when, as foster carers, they had to be elsewhere with the needs of the foster children taking precedence over those of their own children. Indeed, as they were growing up some of the participants talked about how they had frequently felt uncertain whether or not their parents would be available when they needed them.   Lack of parental availability has also been found in studies examining the views of foster carers. For example, Hojer (2007) and Nutt (2006) noted that foster carers said they were often physically not available for their own children and they sometimes felt guilty as a result. However, the demands of fostering meant they felt they needed to support the foster children who they saw as having more pressing needs.

Participants in the study also experienced ambiguous loss Type II.   This type of ambiguous loss was felt particularly strongly in relation to the psychological absence of the participants' parents. A key narrative of the interviewees was of parents being preoccupied with the needs and challenges of providing for the foster child(ren). Reports of parental psychological absence are replicated the findings of other studies, (e.g. Nutt 2006; Hojer 2007), where foster carers indicated they sometimes neglected their own children's needs. Interviewees attributed their parent's psychological absence to the stress they experienced, the behaviour of foster children, allegations of abuse by foster children, the actions of Children's Services, or other aspects of the foster carer role. However, the paradox revealed in the interviews

was that whilst the foster carers were using their parenting skills to help foster children, sometimes their own children felt that the parenting they had received had been compromised.

In addition, many foster children integrated well into the foster family but there were occasions when, although foster children were physically present in the foster family, they appeared psychologically absent and unwilling to engage. This may have been because they remained psychologically invested in their own families. Some foster children's reluctance to engage with the foster family was also noted by Nuske (2010). In this study participants found this very difficult to cope with and could not understand why, despite their family welcoming them, the foster child(ren) appeared to reject them. As children, the participants had felt angry at this perceived rejection.   This may have been one of the reasons some interviewees indicated a preference for their families to foster younger children and babies who may have found it easier to become 'part of the family'.

At a broader level, although participants said that it was easier to integrate babies, toddlers, and younger children into the family, even in these cases interviewees described how fostering had changed the family dynamics and altered how family members functioned and related to each other. They also talked about changing relationships, reduced interactions, and thus sometimes the loss of deep relationships with the extended family and family friends. As outings and visits lessened because of fostering, the quality of those relationships could also diminish.

Thus, during their childhood, participants experienced significant, and for some, frequent losses many of which were not straightforward. These losses evoked a mix of complex feelings, in part, because the loss was not always clear cut as in the case of parental loss of attention and lack of parental psychological and emotional availability. In the next section,

some of the ways in which the family and home changed as a result of fostering, will be discussed.

Family as a workplace

In the previous section the theory of family boundary ambiguity and ambiguous loss was used to understand some of the experiences of the participants. However, more generally, Samuels (2009) suggests that foster children can experience the ambiguous loss of their home and this was also true of some of the sons and daughters who described how their home and family changed when they became a fostering family. Some experienced a loss of certainty about their place or position in the family, loss of friends, birth siblings, and personal space, what might be called a loss of 'innocence' as well as less parental attention.

In fostering families there is no distinction between the workplace and the family as, not only are the workplace and family situated together, but there is a symbiotic relationship in that the one is dependent upon the other. The family is often dependent upon the income they receive from fostering but the underpinning principle of fostering is based upon the foster child being cared for in a family environment.

There are other professions where the home and the workplace are linked, (for example the clergy and childminders) and where there are expectations concerning the behaviour of employees' family members (Finch 1983). However, where the home and workplace are one, the home becomes part of the public domain despite family members sometimes believing that the two should be separate (Finch 1983). The home of the foster family becoming part of a public domain and subject to rules laid down in legislation and by Local Authorities and fostering agencies, was noted by Nutt (2006). In fostering families these restrictions can lead to there being a lack of physical and emotional space for family

members, which Ottaway and Selwyn (2016) found could be a contributing factor to compassion fatigue. There are professions where employees can work from home and new technologies are enabling facilitation of home working for at least part of the time (Moen 2003; Van der Lippe and Lippenyi 2019). However, fostering is unique in that no other professions/jobs rely on the role permeating every aspect of family life nor do other jobs rely on an employee's children being an integral part of the employee's role. Indeed, many foster carers acknowledge that they depend on the role their own children play in supporting then to care for foster children (e.g. Nutt 2006).

In addition, although foster carers have overall responsibility for foster children, it is the carers' own children who are usually in closest proximity to the foster children and for the greatest length of time. Sons and daughters can be with their foster siblings almost every waking moment, particularly if they are of similar ages and attend the same school but living in such close proximity means they can also witness upsetting incidents. A particularly difficult aspect of growing up in their parents' workplace were the occasions when participants witnessed acts of violence towards their parents and other family members at the hands of their foster siblings. However, much of this violence went unreported to social workers or the police. There were also claims that social workers encouraged the parents not to report violent incidents to the police, leaving sons and daughters feeling very concerned about the safety and wellbeing of their parents.

Child to parent violence is one of the most hidden and stigmatised forms of family violence (Ibabe 2019) and many incidents go unreported (Selwyn *et. al.* 2014). It not an easy topic to raise with social workers due to the 'self-blame' felt by parents (Selwyn *et. al.* 2014). In one study adoptive parents had been 'beaten, suddenly attacked, threatened, intimidated and controlled' and some adoptive parents said they were living in fear (Selwyn *et al.*

2014:278).   Research relating to children witnessing parent to parent domestic violence

acknowledges that it can lead to stress and depression and post-traumatic stress in children

(Tsavoussis *et. al.* 2014). However, there is no known research which considers the effect

on other children of witnessing child to parent violence (Simmons *et. al.* 2018) and further

research is needed to understand how witnessing child to parent violence could affect all

children in fostering and other types of families.

In addition, often because of their close relationships with their foster siblings, interviewees

learned of their foster siblings' lives before they came into care. They found out about

alcohol and drug misuse, violence, neglect, and the sometimes horrific sexual and physical

abuse of their foster siblings. Knowledge of these issues, sometimes termed 'loss of

innocence' (Hojer, Sebba and Luke 2013), left them angry about what their foster siblings

had endured. It also left them trying to deal with thoughts and feelings which they found

difficult to cope with, particularly when they did not confide in their parents. Their

reluctance to share what they had heard may have been due to their young age and

possible embarrassment about talking to parents about difficult and/or sexual matters.

Some of the interviewees still experienced high levels of distress when they recalled this

information, suggesting that these incidents could have long-lasting effects that had not

been resolved.

Recent research (Bridger *et. al.* 2020, Ottaway and Selwyn 2016; Cieslak *et. al.* 2014) has

shown that foster carers and other professionals can experience secondary traumatic stress

on learning of the experiences of children who have been abused or suffered neglect.

However, nothing is known about the long-term effects on sons and daughters of learning of

their foster siblings' experiences before they came into care. Further research is therefore

needed to examine whether learning of the traumatic experiences of foster siblings could affect the foster carers' own children or any other foster children in the family.

Sons and daughters also reported that they too could also be the victim of abuse and violence themselves, but these incidents had also generally not been reported to social workers or the police. Maclean (2016) acknowledges that the children of foster carers can be victims of violence and argues that few effective protective strategies can be offered, other than to end the placement, which may not be in the best interests of the fostered child. As a result, sons/daughters could remain vulnerable in the fostering family. The loss of their home as a 'safe place' was noted in several of the interviews and highlights what can be the very real tensions between trying to meet the long-term needs of fostered children and affording adequate protection to the children of foster carers themselves.

However, except for the participant who was sexually abused, most of the participants minimised the risk of harm or potential harm to themselves. It is difficult to understand how foster carers would not have noticed some of these incidents but as mentioned earlier, it may have been that they were preoccupied with the needs of the foster child(ren) and did not appreciate the seriousness of some of the situations experienced by their own children.

Given that their family was their parents' workplace on a day to day basis, the interviewees undertook to help the family business in many ways. Participants provided support to their parents and foster siblings in various ways depending on the needs of the family and foster child. Most participants also said that they had acted as a role model for foster children. Those who were older modelled appropriate behaviour and offered important advice. Foster carers relied on their own children to act as role models and although most were happy to do this, it put pressure on them as children, and even as adults (for those whose parents were still fostering).   Sometimes when acting as role models they appeared to experience

'role confusion' or 'role conflict' (Goffman 1959), for example, they were required to be accepting of their foster sibling and behave appropriately regardless of the foster child's behaviour towards them and how they were feeling. Unlike in other roles where actors have a 'front stage' where they are in role and 'backstage' where they can relax and recuperate (Elkington and Gammon 2013), participants were expected to be 'on duty' all of the time.

What was interesting was that for the majority of the time the support role was seen by the participants as 'normal' behaviour and they did not recognise how supportive their actions were. Most participants indicated that there was simply an expectation that they would be supportive, and they complied. However, they were sometimes undertaking tasks associated with a parenting role.

Parentification is a term that encompasses a type of role reversal and boundary distortion between parents and their children whereby children or adolescents assume developmentally inappropriate levels of responsibility within their family that go unrecognized and unsupported (Chase 1999; Hooper *et. al.* 2011). Parentification can prove especially harmful to children when they believe the levels of responsibility go unacknowledged or are felt to be unjust (Hooper *et. al.* 2011). The interviewees in this study were not required to assume the role of the parent but they often carried out tasks that formed part of the parental role.

The fact that the children of foster carers provide support to both foster carers and their foster siblings is given some acknowledgement in the literature but the levels of support seen in this study are rarely reported or acknowledged, particularly in official documents (e.g. Fostering Services: National Minimum Standards (DfE 2011b)). However, it needs to be acknowledged that whilst, as children, participants were generally happy to support their parents with practical tasks, many had experienced levels of concern for both their foster

siblings and parents that were developmentally inappropriate. These levels of concern have rarely been reported in the literature and there has also been little reference to the changes that the children of foster carers have to make in relation to the implementation of safe caring regulations.

Before a family begins fostering foster carers are required to undertake training in safer caring practices (DfE 2011b). However, a paradox emerged in that, despite safe caring regulations for foster children, the participants themselves were exposed to a wide range of risks. Therefore, safe caring regulations designed to protect everyone involved in the fostering process clearly failed to protect sons and daughters, their birth siblings, and parents.

Safe caring regulations, which included having police checks carried out if boy/girlfriends were spending significant periods in the family home, could be a source of 'embarrassment' as could having external locks on bedroom doors. Some of these practices became normalised in their home but they felt the difference when visiting the homes of family and friends which were much more relaxed and where they did not have to concern themselves about keeping their personal possessions safe.

The physical safety of foster siblings was also a matter of concern for participants. They were continually conscious, particularly with younger foster children, that their foster siblings might fall and hurt themselves or have an accident, especially if they were playing with them or were looking after them, meaning they were worried even while trying to help their parents. In addition, the implementation of some safe caring practices curtailed their activities, for example, holidays and meeting with friends. This was because family members did not engage in activities that might be judged not to be safe for the foster child under the regulations. Since the carers did not want foster children to feel different or excluded these

activities were often dropped completely. Thus, safe caring practices also meant that some enjoyable family times were curtailed. They also commented that they were conscious of the possibility of foster siblings making a complaint against their parents, themselves, or their partners/friends, and several had foster siblings who had done so, which caused a great deal of stress. Although parents tried to protect them from these worries, they were aware that their parents were also under pressure, and participants worried about their parents.

Now that the experiences of growing up in a fostering family have been considered, in the next section the participants' views of the impact of these experiences will be examined.

Impact on participants of growing up in a fostering family

Although many of the findings and much of the discussion focuses on the challenges participants experienced, there were several positive long term impacts that participants identified. Benefits included companionship, continued relationships with their former foster siblings, a greater sense of social awareness and responsibility, practical skills they learned in terms of their own parenting, their experiences contributing to their career choices, and the development of empathy. However, some children (and for some participants, this continued into adulthood) continually live(d) with worries and concerns about their birth siblings, foster siblings, parents, and other family members. They often kept these concerns to themselves, which sometimes appeared to be at the expense of their own wellbeing. There is currently no known research specifically focussing on how long-term stresses and worries associated with fostering might affect sons/daughters, although it is known the effect of long-term chronic stress generally can affect both the physical and mental wellbeing of children (Lupien *et. al.* 2009). Furthermore, prolonged exposure to stress can

have serious impacts on long-term health outcomes and are also related to risky behaviour in childhood and adolescence (Middlebrooks and Audage 2008).

This study did not specifically ask about their health or other social factors. However, several volunteered information including information about their very early sexual experiences and partners; mental ill health; drug use; teenage pregnancy; multiple sexual partners, and getting into trouble with the police and. One participant said that her psychologist had wanted to explore changing attachment patterns between her and her parents, but she had been reluctant to do this. This is interesting as recently other research (e.g. Pugh 1996; Serbinski 2014) also raises the issue of fostering changing attachment patterns between sons/daughters and their parents.

During the interviews, several participants experienced significant levels of distress when recalling incidents their foster siblings had told them about, such as their experience of sexual and physical abuse. Therefore, a further concern relates to the long-term implications for children of hearing about the disturbing adverse experiences of their foster siblings. There is a growing literature on the impact of compassion fatigue on those in the caring professions and research has been undertaken concerning secondary traumatic stress and compassion fatigue in foster carers (Ottaway and Selwyn 2016). However, there is a paucity of research about secondary traumatic stress in children (Steinberg 1998) and none into the potential effects of secondary traumatic stress in foster carers' own children. It may be that because foster children choose not to reveal information about their distressing experiences to social workers, foster carers or other adults, the adults are unaware that foster children sometimes choose to share their experiences with other children to whom they have become close, including their foster carers' children.

Secondary traumatic stress occurs as a result of indirect exposure to trauma (Figley 1995). There are two ways in which children can develop secondary traumatic stress, the first is witnessing those they care about experience traumatic situations and the second is by the knowledge that those they care about have experienced traumatizing situations (Steinberg 1998). Participants had experienced both of the above situations. Furthermore, when deciding on placements for foster children their previous adverse experiences should be kept in mind by children's services, especially as increasing numbers of looked after children have experienced neglect, abuse, and violence.

It is known that being a victim of bullying can have long term adverse effects as can being a victim of physical or sexual abuse. Farmer and Pollock (1998:113) highlighted in their study that a proportion of children who had been sexually abused in the past went on to abuse another child in the placement. The study showed that social workers had often not shared with foster carers information about the child's background of having been sexually abused. This has implications in relation to the importance of foster carers being made fully aware of a foster child's background (Farmer and Pollock 1998).

It was clear from this study that participants had put their own feelings aside and often remained silent about how they were feeling to protect others, (for example, from the knowledge that they had been bullied or abused) or because they felt that what they were feeling was wrong or selfish, whilst often experiencing high levels of guilt for having negative feelings towards foster siblings. These findings are similar to those of Twigg and Swan (2007) and Serbinski (2014) both of whom also reported the participants in their study had felt guilty for having negative feelings about their foster siblings. Little is known about the long-term effects of children suppressing their emotions, although when parents encourage children to suppress negative emotions this can lead to children having emotional

problems and social skills deficits (Wenzlaff and Eisenberg 1998:310). Serbinski (2014) claims that some of her participants resorted to coping strategies associated with insecure attachments such as withdrawing from their family: a phenomenon also seen in this study. Withdrawal from the family has also been noted in other studies (Nuske 2004: The Fostering Network 2007: Van der Riet 2009). Suppression of emotions in this study appeared to be self-imposed and little is known about any long-term effect this might have.

One of the main situations in which participants suppressed their own emotions was concerning the loss of their foster siblings, when they moved out. Foster carers' children often experience the loss of multiple siblings. Research into the effects of the loss of a sibling is relatively new as traditionally there has been the notion that 'children don't grieve' (Trozzi and Massimini 1999) and a desire to deny that children experience loss (James 2009). Therefore, research into the long-term effects of losing a sibling is relatively scarce although the impact of the death of a sibling is very considerable (Fletcher, Mailick, Song and Wolfe 2013). Sibling death can leave the remaining siblings troubled for the remainder of their lifetime, experiencing withdrawal, self-destructive behaviours, and emotions such as anger and guilt (Jalongo 2008). However, as has been seen, the situation concerning the loss of foster siblings is more complex than a bereavement, as participants experience the ambiguous loss of their foster siblings and often live in the hope their sibling will be returned to them.

In response to the difficulties posed by some foster children and perhaps as a coping strategy, some participants and their birth siblings withdrew physically from the family, spending long periods in their rooms or at friends' homes. Others withdrew psychologically or emotionally from the family. Both strategies have been noted in other studies (Nuske 2004; The Fostering Network 2007, Van der Riet 2009; Birch 2017). While withdrawing

from the family during adolescence and preferring the company of friends and peers is normative behaviour, the participants often attributed their withdrawal directly to fostering. Learning how to cope with the physical and psychological absence of their parents, their own physical and psychological withdrawal from the family and the increased responsibility of being part of a family that fostered may go some way to explaining the early maturation of the sons/daughters of foster carers which has been reported elsewhere (Twigg and Swan 2007).

This section has considered how fostering might have impacted on the participants. The next section discusses how participants often lacked a voice and how their voices were suppressed when they did raise them.

Lack of voice

Until relatively recently, children's voices have largely gone unheard (Parkes 2013). However, more recently and with the introduction of the United Nations Convention on the Rights of the Child (UNCRC) (1991) the importance of listening to children has been acknowledged. For foster children the right to have their voices heard has been strengthened in legislation and social workers are obliged to listen to their views (HM Government 2018). However, listening to children does not appear to extend to the foster carer's own children who not only appeared to have been overlooked but were sometimes ignored or silenced.

Where sons/daughters are mentioned in policy, it is often in relation to issues affecting placement stability or outcomes for the foster child rather than for their own wellbeing (see the example Maclean 2016). Although foster carers' own children were mentioned in a recent independent fostering review (DfE 2017a) and the ministerial review of this report

acknowledged there could be sibling-type relationships between foster children and the carers' own children, the recommendation was that social workers should be urged:

> *to talk to [foster] children about who is important to them, particularly former foster parents and foster siblings and, unless it is not in their interests, to encourage and facilitate that contact*. (DfE 2018b:17)

While this opportunity is to be welcomed, it is still the case that the rights of the foster child to have contact are highlighted. There is no acknowledgement of sons/daughters having any rights.

Indeed, the children of foster carers are still in many ways invisible. They are rarely mentioned in practice or policy (Jackson and Unwin 2011) and it seems to be assumed that their parents will represent and protect their interests. However, previous research has reported that foster carers routinely underestimate the effect of fostering on their own children (Kaplan 1988).   Research on the experience of being the son/daughter of foster carers is still relatively rare. Although researchers have been highlighting some of the issues that this group faces for over 40 years, little has been done to attempt to address the challenges faced by them. Given their importance and the fact that some foster carers leave fostering because of the impact it has on their own children (see e.g. Farmer *et al* 2004), it is perhaps surprising that some of these challenges have not been addressed.

Although it is good practice for social workers to speak to sons/daughters when they visit (The Fostering Network 2008), it was rare for participants to report any contact with social workers, who appeared to focus almost exclusively on the needs of foster children or the foster carers. Any interaction the participants had with social workers was usually felt to be out of necessity rather than out of any real interest in them and they were not given the

opportunity to represent their views. Although some fostering agencies and organisations acknowledge that it is the 'whole family who fosters', this was not borne out in practice, since foster carers' own children generally do not have access to any support. It appears then that the children of foster carers have largely been overlooked by Children's Services.

It is also important to consider the way in which participants said that they had been silenced by their parents and their concerns had gone unreported. As previously noted, incidents of violence directed at the participants or their siblings were generally not reported to Children's Services nor were other concerns that the participants asked their parents to raise on their behalf.

It is unclear why the foster carers would not have heard or perhaps listened to their children's views. It might have been because their focus was on the foster children and they might have failed to realise the severity of the difficulties their children experienced. They might also have been reluctant to report incidents for fear of social workers thinking they were not able to cope. Some participants talked about trying to voice their concerns to their parents but because they felt they were not heard they eventually gave up trying.

However, it was not just that family members did not listen to or act on information the participants shared with them, there were also other times when participants did not tell their parents about some of the challenging behaviour and even the abuse they had experienced. Much more often the participants had stayed silent so that they could spare their parents the extra worry, additional work, stress, or the distress of knowing what had happened. As a result, there were many occasions when it could be argued the participants had suppressed their own voice to protect their parents or to avoid appearing selfish or unkind. This is supported by other studies where the sons and daughters of foster carers

tried to protect their parents from their own difficulties (Höjer and Nordenfors 2006; Sutton and Stack 2013).

In summary, the study highlighted that the children of foster carers experienced a considerable number of losses and that frequently these losses were ambiguous and difficult to process. Whilst the participants often regarded the foster children as siblings for life, such feelings of affiliation did not often appear to be reciprocated. The accounts of the interviewees painted a graphic picture of the complexities of life at the coalface of fostering when your home is your parents' workplace, sometimes including premature exposure to foster children's past experiences and witnessing, and at times experiencing, abuse at their hands.

Little thought appears to have been given to the many losses that the sons and daughters of foster carers' experience. Nor does there appear to have been much thought or research into the long term effect fostering may have on this group including the long term effect of worry and stress; exposure to child to parent violence, abuse or high-risk situations; post-traumatic and secondary traumatic stress; the sequential experience of loss and internalising of negative emotions to conform to what they feel is required of them and to do what is best for their foster siblings and parents.

Given these circumstances, the fact that participants had rarely been asked for their views about fostering the children who joined their families and had rarely spoken about their experiences with them (even to their parents), gives considerable pause for thought.

Strengths and limitations of the study

One of the strengths of the study was the diversity in the sample. The age range of the participants meant that their experiences spanned several decades and although legislation

and practice have changed many aspects of participants' narratives were similar. One example is participants' desire to remain in contact with at least some of their foster siblings even after they had left their home. Five of the twelve participants were of dual heritage (although one of their parents was usually of white British heritage), so there was also some ethnic diversity in the sample.

One of the limitations of the study was that the participants recruited tended to be from more traditional nuclear families when they began fostering. In practice however the relationship of three of the participants' parents broke up while the family were fostering, and the family continued fostering as a 'one parent' foster family. However, fostering families have been changing, as those who foster becomes increasingly diverse (Brown, Sebba and Luke 2016). Furthermore, given the increasingly complex variety of family structures and, the growing number of families in the UK which are reconstituted, more research is needed to consider how fostering impacts on the experiences of sons/daughters of the foster carers in more non-traditional fostering families.

A further limitation of this study was the relatively small number of participants and the unequal gender balance (nine females and three males). This was also a retrospective study where participants were drawing on their memories and recollections of experiences many years ago. Research has shown that whilst participants can often recall events accurately there can be a tendency to recall memories that evoke negative recollections more frequently than those which were positive (Howes *et. al.* 1993). Furthermore, social work practice has moved on and some of the practices, which were described in this study such as sharing bedrooms are no longer considered acceptable.

Contribution to new knowledge

There are several areas in which this study contributes to new knowledge. Firstly, it has identified that many of the sons and daughters of foster carers viewed some of the children their families fostered as siblings, not only when the foster children were living in the fostering family but they continued to view the fostered children as siblings throughout their lives. It also revealed that many of those interviewed had tried to re-establish contact with their former foster siblings.

This study has used the theory of family boundary ambiguity and ambiguous loss to understand some of the complex feelings about losses that the sons and daughters experienced in terms of their lost relationships with their foster siblings and other family members, but also in respect of the loss of their experience of their family and home before their family began fostering.

Furthermore, it has highlighted the unusual situation whereby the foster carers' workplace is not only their children's home but that their sons and daughters are an integral part of the fostering task. In recognition of this, there is a need for Local Authorities and fostering agencies to consider the whole family in their work rather than focus only on foster children and foster carers. The findings have also highlighted that being brought up in a fostering family can have long-term impacts on the children of foster carers and that the impact can be both positive and negative.

Previous studies have identified that the voices of foster carers' children often go unheard and that they are invisible both in policy and practice. The findings from this study have highlighted that some sons and daughters tried to speak out, but their voices went unheard

or appeared to be silenced. All of these findings have important implications for policy and

practice which will be considered in the next section.

Chapter 10 - Implications for practice.

Being part of a family that fosters brings rewards but also challenges. Adults want to believe that children will simply adjust to these challenges (James 2009). However, this study has shown that adults who grew up in a family that fostered had often, as children, felt that they were treated differently to foster children, frequently felt unsupported and had a range of non-normative experiences.   The changes to practice suggested below might help to mitigate some of the negative feelings felt by children who grow up in a family that fosters.

Training, preparation and placement

As part of their initial training, it is important that foster carers are made aware that fostering can be stressful for the whole family, including their own children. Foster carers also need to be aware that their own children may be reluctant to share their worries and concerns with them for fear of causing them additional stress. Therefore, it might be helpful for foster carers to undertake training: such as in developing their capacity for 'reflective functioning' (Fonagy *et. al.* 1991) to support them in seeing situations from others' points of view, including that of their own children. It would also be beneficial to make them aware of the importance of listening to their own children and actively encouraging them to talk about any worries they may have.

It would be helpful to consider providing age-appropriate training/support for foster carers' own children both to prepare them for fostering and for any ongoing challenges they might experience. The training might include topics such as: strategies for handling 'secrets' foster children might disclose to them; that it is normal to have some negative feelings about having foster children in the family; understanding their feelings about placement endings

and strategies for talking to their parents about difficult issues. It might also include supporting them to identify trusted adults to whom they can turn if they are reluctant to talk to their parents about any concerns they may have.

When attempting to identify appropriate foster placements, the needs and safety of *all* children need to be kept in mind, including those of the foster carers' own children. Where social workers know that a foster child has been abused or has experienced severe trauma, they need to consider whether it is in the best interest of *all* children to place the child in a family where there are other children (Farmer and Pollock 1998; Sinclair *et. al.* 2005). Whilst it has been known for some time that there may be particular challenges when a foster child is of a similar age to children within the family (see also, for example, Trasler 1960, Parker 1966, Berridge and Cleaver 1987), this study suggests that even if the ensuing difficulties do not lead to placement breakdown, they may still have a considerable impact on foster carers' children.

It is very important that foster carers have comprehensive information relating to the foster child's background, especially in the case of children who have experienced trauma and/or abuse. They need to be aware that foster children might talk about their experiences with other children in the family (including their own children). It would, therefore, be helpful if foster carers were supported in how to make their own children (and other foster children) aware of what they might hear from a foster child without causing them too much concern. Foster carers' children also need to be reminded that certain kinds of information shared by foster children need to be passed on to the foster carers.   This should help to ensure that other children in the family know they can seek support if they feel troubled about anything they hear.

Further consideration might be given to how to prepare foster carers' own children for fostering. This study brings into question whether it is helpful for parents to say that fostering will be 'like having another brother or sister', given that the fostered child is likely to have placement moves and may not continue to maintain the bond post-placement. On the other hand, since it is clear that the children often experience the fostered child as being like a sibling, this too might merit a nuanced discussion.

Support and supervision of placement

The role of the supervising social worker is primarily to support foster carers. However, their role might be extended to adopt a more family-based approach. They could engage with and support the whole family and acknowledge the key role that foster carers' own children play in the fostering process. It might be helpful for them to have time to build a positive relationship with the foster carers' own children, speaking to them on a regular basis so that carers' children feel confident to discuss any concerns with them; they could also ask specifically whether the foster carers' own children had heard anything that caused them concern. The supervising social worker could also signpost foster carers' children to other services where they could share their worries such as advocacy services commissioned by local authorities and ChildLine, who can be contacted 24 hours a day and 7 days a week.

Foster carers might be encouraged by supervising social workers to extend some of the many skills they develop to support and monitor foster children's wellbeing, to their own children. For example, they might be encouraged to be as vigilant in monitoring changes in their own children's behaviour, as they are with foster children. Changes in their own children's behaviour might be a sign that their children are not coping well with fostering-related challenges.

There are often good reasons for foster children to have their own bedrooms. However, currently, while it is recommended that they have their own bedroom, this is not a statutory requirement, especially for young children. Therefore, so long as appropriate risk assessments have been undertaken, agencies and local authorities might consider whether it is always necessary that foster children have their own room, particularly if this is at the expense of a foster carers' older birth child being required to share bedroom space. If agencies consider that a foster child must have a separate bedroom for his or her own safety or wellbeing (or that of other children), then this might require an overview of the sleeping arrangements of the whole family. If appropriate and acceptable sleeping arrangements cannot be assured for the whole family, then it may be that the placement is considered inappropriate.

It would be useful if agencies and other sponsors were encouraged to consider whether some of the outings and 'treats', currently reserved for foster children, could be extended to other children within the fostering family. Where this is not possible or appropriate, it might be helpful if foster carers talked to their own children about why they are not included and used the time the foster child(ren) were away to spend quality time with their own children.

This study revealed that in addition to feelings of inequity in relation to outings, treats, and personal space, participants felt that their foster siblings received more generous personal allowances (for clothing, gifts, and 'pocket money') than their parents could afford to give them. The allowances foster children received are laid down by the government and therefore neither foster carers nor local authorities have control over the amount. Foster carers might, therefore, be encouraged to explain to their own children why foster children receive the allowances that they do. They might also be given greater autonomy regarding how the allowances for foster children are spent (perhaps encouraging foster children to

save some of their allowance for larger purchases) so that the allowance they regularly receive more closely reflects that received by other children of a similar age within the household.

It would be helpful for foster carers to understand that sometimes their own children might feel 'left out' and feel jealous of foster children but they are reluctant to express these views for fear of appearing unkind or mean. Foster carers might be encouraged to spend protected, quality time just with their own children to help the children understand that even though their parents are often distracted by the needs of foster children, their own children are still very important to them.

Managing allegations

This study revealed that some birth children worried about allegations of abuse against themselves or their parents when foster children got bumps and bruises associated with normal playful childhood experiences. It might be that foster carers had conveyed their own fears about allegations. It would, therefore, be helpful if foster carers could be aware that their own children can be concerned about foster children sustaining minor injuries and give careful consideration to how they talk about these issues with their children.   Overall, foster carers' own children need to understand that all children occasionally get hurt especially when they are playing, but this is not their fault and they should not feel guilty or worry unduly about it.

Where an allegation is made against either a foster carer or any member of the family (including the foster carers' own children) it might be helpful if the independent investigator kept the foster carers' own children informed of developments as necessary. Advocacy services could also be made available to any of the foster carers' children who are having

difficulty coping with the stress of the investigation, whether the investigation directly involves them, their siblings, parents, another foster child, or a wider family member.

Management of placement and endings

The evidence from this study shows that the arrival of a foster child can change the way the fostering family functions. It also points to the many losses that carers' children may experience as foster children move in and out of the home. It is important that such changes as well as losses are recognised and acknowledged. Preparation and support to help foster carers identify and openly discuss these losses with their children is likely to be helpful.

The foster child's social worker and the supervising social worker should work together to carefully manage placement endings to support the fostered child, other children in the family, and the foster carer. Where possible placement endings should be planned, and the ending discussed with all children involved. In order to help children come to terms with the loss of their foster sibling, the reasons for the placement ending should be explained to them in age-appropriate language and all children should be supported through the transition period. Where children struggle to come to terms with the loss of a foster sibling, it would be helpful if the foster carers' children had early access to specialist support services.

The loss of foster children and how it might affect the other children in the family needs to be openly acknowledged. It might be useful if the fostering family is encouraged to develop rituals that recognise that the family has experienced a loss/change. Some fostering agencies encourage foster children to make memory boxes (Sunbeam Fostering Agency 2015) and this might be a strategy that the fostering family or individual children are

encouraged to do, so that they retain a connection with children who have been an important part of their lives.

Where it is not possible to anticipate placement endings, it remains important for the reasons for the placement ending to be explained to the remaining children in the fostering family using age-appropriate language. It might also be helpful if they could have the opportunity to say goodbye to their foster siblings either, face to face, by telephone, letter, or some other means.

Local Authorities and fostering agencies might consider paying foster carers a retainer when a foster placement has ended and before a new one is made, especially since the stresses related to difficult placements and their endings can adversely affect the parenting capacity of the foster carers in the subsequent placement (Farmer *et al* 2004). This protected time might be a period where foster carers focus on the needs of their own children (and other foster children in the family) and support them through the immediate transition period, which might include a need to begin to process feelings of loss, relief, guilt and so on. To avoid financial difficulties for the foster carers, it would be helpful if they received a retainer for a minimum of two or more weeks when a foster child, who has been with the family for more than three months, moves on.

The ministerial response to the Fostering Stocktake Report (DfE 2018b) acknowledges that fostered children can and do build positive and sibling-like relationships with other children within fostering households. They have also recommended that foster children can ask to keep in contact with the family and their foster siblings. This study suggests that it would be helpful if this directive were extended to the foster carers' children who might be able to request that they be supported to maintain contact with their foster siblings where it was deemed appropriate.

Raising awareness

In order to raise awareness of some of the challenges of being a birth child of a foster carer, relevant information could be made available in a briefing paper. This paper could then be circulated to practitioners and organisations that support children and young people such as foster carers, school counsellors and children's charities and counselling services, whether the service is available to children and young people face-to-face, online or via the telephone. It might also be helpful for foster carers' children to know that they can talk at school to the designated teacher or School Counsellor about any concerns they have.

More generally, whilst not all foster sibling relationships are close, it would be helpful for there to be more understanding of the strength of relationship that can arise between foster carers' children and fostered children in many cases. Further research could be undertaken into the relationships between foster children and foster carers' children to help understand the importance of this relationship to both groups, especially to fostered children and the findings then disseminated so that practitioners understand the variety of meanings of this relationship to both parties.

This study has applied the theory of family boundary ambiguity to try to understand the experiences of foster carers' own children. However, it has limitations in that the study was small scale and qualitative. It would be useful to undertake a larger-scale quantitative or mixed-method study into their experience, perhaps adapting Boss's quantitative tools to this population.

In view of the findings of the study it is very important for the voices of foster carers' children to be heard nationally to inform policy and practice so that the negative effects on them are minimised and not ignored. Listening to foster carers' own children might also

improve the outcomes for foster children and help the prevention of placement breakdown.

Over and above this they need to be listened to because they are equally important and

deserve to be listened to in their own right.

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Appendices

Appendix 1

Participant Information Sheet

Participant Information Sheet

Growing up as a birth child of a foster carer: adult birth children's perspectives.

Purpose of the study

This study is being undertaken with the adult birth children of foster carers. To find out about people whose parents were foster carers. I would like to find out about how you feel being brought up in a fostering family has had an impact your life not only as children but as adolescents and adults.

I would like to talk to you about your family both biological siblings (if you have any) and your foster siblings. I would also like to hear your recollections of events that may have happened both the things that were positive and those which presented challenges.

Why have I been chosen?

You have been chosen to participate in this study as I understand that your parents were foster carers.

What will happen if I take part?

The study will be explained to you and I will try to answer any questions you may have. You will be asked to take part in at least one interview. During the interview you will also be asked to provide some background information about your family for example, roughly how old were you when your family began fostering? Do you have any birth brothers and sisters? If so, how many and what are their ages? Do you know what type of fostering your family undertook, for example, emergency care, short term fostering, long term fostering, respite care?

You will be asked about your experiences of being brought up in a fostering family and how you feel about these experiences. Some people find it's easier to start with their earliest memories of fostering; other people prefer to talk about specific incidents that have occurred. Whichever way you prefer is fine. If you are not certain I can help guide you through the interview. Some people have lots of information they wish to share, if this is the case I can arrange to meet you on more than one occasion at your convenience.

Once each interview is finished I will transcribe it and, if you would like to, can read the transcripts and add in any additional information or return to topics during a further interview. You do not have to do this if you do not want to.

What will happen if I don't take part?

You are under no obligation to participate in this research. If at any time you decide you no longer wish to participate in the study, you have the right to withdraw without providing a reason.

Anonymisation

Any data you provide will be anonymised which means that I will change all names and places so that no-one reading the project in the future should be able to recognise you from the data you provide.

What will my information be used for?

I hope that this study will provide important information about the experiences of sons and daughters of foster carers to help other foster families in the future. I also hope that it will be used to raise awareness of the important contribution that the sons and daughters make to the lives of children who are looked after. In addition, I hope it will raise awareness of training needs of the professionals who work with foster carers and their families.

Limits of confidentiality

Any information you provide will be treated as strictly confidential unless a safeguarding issue arises where a child or young person is or may be currently 'at risk'. Were this to happen then confidentiality may need to be broken.

The disclosure would be discussed with my PhD supervisor(s) as soon as possible after it had been made and a decision would be taken as to whether confidentiality needed to be broken.

You would be advised of the decision as soon as possible.

How will what I tell you be kept safe?

All of the information that you tell me will be held in accordance with the Data Protection Act on a password-protected server to ensure its safety.

What happens if I decide I want to withdraw from the study?

You can withdraw from the study up until four weeks prior to its publication. This is anticipated to be in October 2017.

My contact details are:

Allison Tatton,

Newman University,

Genners Lane,

Birmingham

B32 3NT

Telephone No: 0121 476 1181 ext 2346

Email a.tatton@newman.ac.uk

Should you wish to contact my research supervisor her contact details are:

Professor Julie Selwyn,

University of Bristol

School for Policy Studies

8 Priory Road,

Bristol

BS8 1TZ

Telephone Number: 0117 954 6734

Email: j.selwyn@bristol.ac.uk.

This study has been given ethical approval from the School of Policy Studies Research Ethics Committee at the University of Bristol.

Appendix 2

List of Counselling Services

<p style="text-align: center;">**Counselling Services**</p>

It is not anticipated that taking part in this interview will cause you any long-term distress. However, if you do feel you need to talk to a professional person about how you are feeling then I am detailing below a list of counselling providers.

Central Birmingham

Birmingham Counselling Services, 128-129 Zellig Building, First Floor, Devonshire House, Gibb Street, Custard Factory, Birmingham. B9 4AA   Tel: 0121 314 9903 - Monday to Friday 8am to 6pm.

Outside of these times you can leave a message and we will get back to you on the next working day.

Carrs Lane Counselling Centre Ltd, Carrs Lane, Birmingham B4 7SX

Tel: 0121-643-6363, Please leave a message if she is unavailable and your call will be
      returned.

South Birmingham

Cedar Counselling, Meridian Centre, 834 Yardley Wood Road, Billesley. Birmingham, B13 0JS

Tel: 0121 605 9260 outside of office hours leave a message and they will get back to you within 24 hours.

Solihull Mind, 14 Faulkner Road, Olton, Solihull, West Midlands B92 8SY Tel: 0121 472 4941

North Birmingham

Sage Counselling & Psychotherapy, 444 Chester Road, Sutton Coldfield, West Midlands,

B73 5BS

Tel: 0121 2709280

Dudley Counselling Centre, 24-36 Salop St, Dudley, West Midlands, DY1 3AT

Tel: 01384 239222

North West Birmingham

Birmingham Counselling and Psychotherapy Centre, Pottery House, 127 Pottery Road, Bearwood, Warley Woods. B68 9HE**.** Tel: 0121 420 2944

Core Office Hours: Mon – Thurs: 10am – 3pm Friday: 10am – 1pm

First Step, Blantyre House 4, Barrack Lane, Halesowen, West Midlands, B63 2UX. Tel: 01384 411739

Norwich

The Norwich Centre, 7 Earlham Road, Norwich, NR2 3RA**.** Tel: 01603 617709 Email : info@norwichcentre.org Core Opening hours: Monday, Wednesday and Friday 9.00am – 5.00 pm, Tuesday 9.00 am – 9.00 pm, Thursday 9.00 am – 8.00 pm

St Barnabus Counselling Centre, Derby Street, Norwich. NR2 4PU**.** Tel: 01603 625222 Monday and Tuesday 9:00am - 5pm and Wednesday, Thursday and Friday 9:00am - 5.00pm.

National Organisations

The Samaritans – Offer a telephone listening service 24 hours a day 7 days a week. Tel: 08457 909090

Mind – Telephone information service. Lines are open 9am - 6pm, Monday – Friday. Tel: 0300 123 3393

The Counselling Directory – Is an online website where you can input your postcode and they will provide you with details of qualified counsellors local to you. This service is available at http://www.counselling-directory.org.uk/

You may also be able to gain access to counselling by contacting your GP.

Please note that the above list does not constitute a recommendation. You are strongly advised to undertake any professional checks that are appropriate.

Appendix 3

Interview questions and prompts

Interview Questions/Prompts

The impact of fostering on the children of foster carers: Adult birth children's perspectives.

	Questions/Demographic information:	**Prompt**
1	I want to start by asking you for a few details about your family ... How old were you when your parents began fostering?	
2	Can you remember what type of fostering your parents undertook?	Short term, long term, respite care?
3	How many children did your parents look after as you were growing up?	
4	How long did your parents foster?	
5	Do your parents still foster?	
6	Can I ask you how old you are?	
7	Can you indicate which ethnic group you feel best reflects your ethnicity?	Census categories to be used.
	Interview Questions:	
8	Can you tell me about your family as you were growing up?	One or two-parent family? Do you have any 'birth' siblings? Use a Genogram to draw family. Theory of boundary ambiguity. Who is seen as being in the family and who is outside of the family boundary.

		How are fostered children referred to?
9	What is your first recollection of being in a fostering family?	Did parents talk to you about fostering?
10	Can you tell me about some of the children your family fostered?	- Age of child being discussed - Did any of the children go to the same school as you? If so, how did you find that in terms of school friends? - Did you ever have to share your things with fostered children? Bedroom/personal possessions? Can you tell me about that? - Behaviour – did you witness any challenging behaviour? Can you tell me about that? - Allegations against family members/themselves - What happened when children moved on? Can you tell me how you felt about that?
11	What do you think were the main benefits of being brought up in a fostering family?	- Maybe add some prompts here
12	What, for you were the main challenges of being brought up in a fostering family? How did you think of these when you were a child? How do you see these now?	- Maybe add some prompts here

12b	**Follow on question:** How did you deal with the challenges?	- Speak to parents/other family members - Isolate from fostered child?
13	If family still fostering – How do you feel you support your family/fostered children now?	Illness, holidays, emotional support for young people, advice, homework, emotional support for parents.
14	Are you still in contact with any of the children your parents fostered when they were children/young people?	
15	How would you describe your relationship with them now?	
16	How do you think the way you feel about fostering has changed from when you were a child/adolescent?	
17	Some people/theorists believe that everything that has happened to us during our lifetime has an impact on us. Do you feel that being brought up in a fostering family has had an impact on you as an adult? In what way?	Choice of career Leaving home Education
18	Are you a foster carer or would you consider becoming a foster carer in the future?	Can you tell me a bit more about why you feel this way?