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**Beyond everyday care:
Exploring the experience of foster carers in holding the stories and
relationships of the children in their care**

Section A:

The relationship between birth parents and foster carers

A systematic review of the research

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the children in their care

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Summary of the MRP portfolio

Section A

Section A presents a systematic review of the research exploring the relationship between children's birth parents and foster carers. Fifteen studies were identified and synthesised using thematic analysis. The review highlighted power differentials between birth parents and foster carers and emphasised the importance of carers holding attitudes of compassion and understanding rather than judgement and hostility. It outlined actions which can promote positive relationships from both carers and professionals. The results are discussed in the context of existing literature and implications for clinical practice and further research are outlined.

Section B

Section B presents an Interpretative Phenomenological Analysis of foster carer's experience in relating to and holding the stories of the children in their care. Ten foster carers were interviewed. Three super-ordinate themes were identified relating to the carer's experience of processing their child's story, holding the wider relationships surrounding children, and managing the complex dynamic between the personal role of care within the professional system. The results are discussed in the context of existing literature and recommendations for clinical practice and future research are made.

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Section A

The relationship between birth parents and foster carers: A systematic review of the research

Abstract

A positive relationship between foster carers and the parents of the children they care for has been associated with improved outcomes for children, in addition to reduced stress and improved retention levels for carers. Despite this, there is limited research focusing on that relationship. This review aims to explore the dynamics involved within the relationship, and the factors which hinder or promote positive relationships.

Six data bases were systematically searched for studies that explored the parent-carer relationship. Fifteen studies were identified which met the inclusion/exclusion criteria, were of sufficient quality and could be accessed.

The reviewed studies highlighted the position of difference and powerlessness held by parents and the importance of supporting carers to understand the experiences of parents in order to promote attitudes of empathy rather than judgement and hostility. It emphasised the importance of the actions carers took to create clear boundaries, open communication and a partnership approach to parenting, and the framework of support and training required from caseworkers. Finally, it raised questions around the current practice of fostering to adopt within the context of the importance of open, inclusive relationships. The review concludes with reflections on the implications of the findings on future practice and research.

Key words

Foster carer Birth parent Child in care Relationship

Introduction

Foster care in the UK

In 2021 80,850 children were looked after in the UK, an increase of 1% from the previous year and a continuation of year-on-year increases over the last decade. Of these children, 72% were placed in foster care (DfE, 2021). Many had experienced complex trauma or neglect (DfE, 2020; Fernandez, 2013).

Foster carers have an extremely difficult task. In addition to managing the daily demands of parenting children who may have experienced relational trauma and be exhibiting confusing and challenging behaviours (D'Amato & Brownlee, 2022; Hannah et al, 2018), foster carers are also required to facilitate ongoing relationships with the child's birth family, frequently through regular contacts (Collings et al. 2020; Sanchinco & Jablonka, 2000). This can present significant challenges for carers as they navigate their own emotional response, and the impact of past traumas and relationships on the child (Martinez et al., 2016).

Given the difficulty of the task, research has found carers to experience high levels of compassion fatigue (Ottaway & Selwyn, 2016; Hollett, 2021), high rates of drop out and increasing difficulties with recruitment (Fostering network, 2021; Foster et al., 2022). A significant stressor, identified by foster carers, is their relationship with the child's birth family (Van Holen et. al., 2015).

A high number of the parents of children in care have experienced complex trauma in their own childhoods (Nuffield, 2021). Many have histories of poverty, homelessness, violent relationships, mental health difficulties, drug and alcohol misuse (Broadhurst et al. 2017; Philip et al. 2021). Given this, the starting position for birth families within the care system is one of vulnerability and disadvantage. Research has found that having a child placed in care

significantly compounds experiences of powerlessness (Broadhurst & Mason, 2019; Philip et al., 2020).

The relationship between these two groups of people; foster carers and birth parents, can be extremely difficult, fraught with complex emotions within the context of very different lived experiences. For children in care, however, it is likely to be a fundamental relationship, impacting upon their capacity to benefit from the stability offered by foster care, make sense of their stories, their identities, and process early experiences of trauma and loss (Munro, 1996; Skoog et al. 2015; Geiger et al. 2016).

Dual belonging

Research has found that children in care often experience a sense of ‘dual belonging’, divided between their birth family and their foster family (Dansey et al, 2018; Leather, 2003). This impacts on their ability to settle within placements, and to benefit from the experience of foster care (Biehal, 2014; Linares et al. 2010).

The foster carer’s attitude towards the birth family is an important factor in how able children are to manage this experience of dual belonging (Andersson, 2009; Fuentes-Peláez et al. 2013). Where carers express negativity towards birth parents, studies have found children to have higher levels of emotional and behavioural problems (Baker et al. 2013), to be less able to talk about their previous life (Steenbakkers et al. 2016), less likely to report feeling settled in placement (Palmer, 1996), and more likely to experience placement breakdowns (Brown & Bednar, 2006). Research has found the ability of children to integrate membership of their birth family and their foster family to be important in the process of resolving relational trauma (Andersson, 2009) and early attachment difficulties (Dozier & Rutter, 2008), developing alternative and healthier relationships (Skoog, et al. 2015), developing a sense of

stability (Van Holen, 2020) and forming a coherent narrative of their lives (Leathers, 2003; Bell, 2021).

A coherent narrative

A coherent autobiographic narrative is an important base for the development of a secure sense of your identity and place in the world (Cook-Cottone et al., 2007; Bell, 2021).

Children need to be able to make sense of themselves and their lives within the context of their history (Raburu, 2015). The lack of a coherent narrative can lead to higher vulnerability to difficulties such as depression and anxiety (Purvis et al, 2013).

Children in care can experience a disconnection from their family and a disconnection from their early story (Moss, 2009). Where children are placed transculturally, they can experience additional disconnections from their culture and religious heritage.

Birth family contact is one way of maintaining connections and relationships for children in care, but they can be fraught with conflicts (Leathers, 2003; Van-Holen et al. 2020).

Difficulties in the relationship between the birth family and the carers can result in contacts which are stressful for children and families (Person, 2019) and detached from their daily lives (Gerring et al. 2008). It can result in children straddling two worlds- the world of their birth family and their history, and the world of their foster family and their present- without being able to achieve a sense of integration and connection between them (Leathers, 2003; Linares, 2010)

Parent- carer relationships

The relationship between the birth parent and foster carer can be a connection between the child's early story and their present, their family and their foster family. Where foster carers are able to build such a connection, they offer an experience of continuation and containment (Kufeldt et al. 1996; Oke et al., 2013). They can provide the relational space for the child to

‘bring’ their story and so begin the process of sense making and integration (Bell, 2021; Geiger et al, 2016). They can ensure contact with birth family is beneficial and meaningful (Boyle, 2015). Even where children and foster families have no physical connection with birth families, holding a compassionate relational attitude can support children to ‘bring’ their families and their stories into the present (Macleod et al. 2021).

Reason for this review

The literature review has underlined the importance of the relationship between birth parents and foster carers in providing an experience of connection and integration for children in care, offering them the relational space to make sense of previous experiences and relationships and allowing them to settle in their foster families.

Despite this, the focus of research concerning children in care is rarely on this adult relationship. Considerable research has been completed regarding children’s relationship with their birth families (Holland & Crowley, 2013) and their foster families (Anderson et al. 2009; Christiansen et al. 2013), in addition to research around the process and experience of contact (Boyle, 2015; Poitras et al. 2021; Ruiz-Romero et al. 2022). It seemed appropriate, therefore, that this paper reviewed the current research looking specifically at the relationship between birth parents and foster carers. By reviewing the research available it is hoped that a clearer understanding of the factors involved in the relationship can support professionals to offer more appropriate and targeted support.

Method

Aim and scope

The aim of this review is to explore what the research tells us about the characteristics/dynamics involved within the relationship between foster carers (carers) and birth parents (parents). And to explore the factors, indicated by research, that lead to, or

hinder the development of positive relationships. It is hoped that this review will enable a greater understanding of how professionals can support the development of positive collaborative relationships for the wellbeing of children living in care.

In view of the limited research exploring this relationship, this review will consider all empirical studies addressing the main question, irrespective of methodology.

Table 1. shows the inclusion and exclusion criteria used.

Table 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Studies which focus on the relationship between carers and parents, including studies from the perspective of either carers or parents or both • Published and grey literature, to ensure a comprehensive overview of the available literature and avoiding publication bias (Cooper, 2003; Rosenthal, 1979) • Studies which include traditional foster carers alongside other models, in recognition of the limited extent of the research, and the reality of numerous studies including different care models • Studies published at any time • Studies written in English 	<ul style="list-style-type: none"> • Studies which focus on the child’s relationship with either the parents or carers, or both- rather than the focus being on the adult relationship • Studies which focus on attitudes towards, or experience of, contact between children and their parents- whether from the perspective of carers, parents, or children. This will ensure that the significant literature evaluating the challenges and benefits of contact, as a process, is avoided, and, instead, this study can focus on the relationship between the adults • Studies which evaluate a project or initiative to support the adult relationships • Studies which only include kinship carers, adopters or prospective adopters in recognition of the different relational issues experienced by these populations • Studies where information about the relationship arise in the analysis but where this wasn’t the focus of the study • Studies not written in English

Six electronic databases were searched in May 2022: Applied Social Sciences Index and Abstracts (ASSIA), PsycINFO, MEDLINE, Web of Science- Core Collections, Sage and Child Development and Adolescent Studies (EBSCO). Articles including the following key search terms in the title or abstract were viewed:

	(Foster carer OR foster parent* OR foster mother OR foster father OR foster child* OR looked after child OR care experienced OR child in care)
AND	(birth family OR birth parent OR birth mother OR birth father OR biological parent)
AND	(relationship OR communication OR belonging OR Co-parenting)

Preliminary literature searching informed the search strategy and terms used. Grey literature was searched using the Open Grey database.

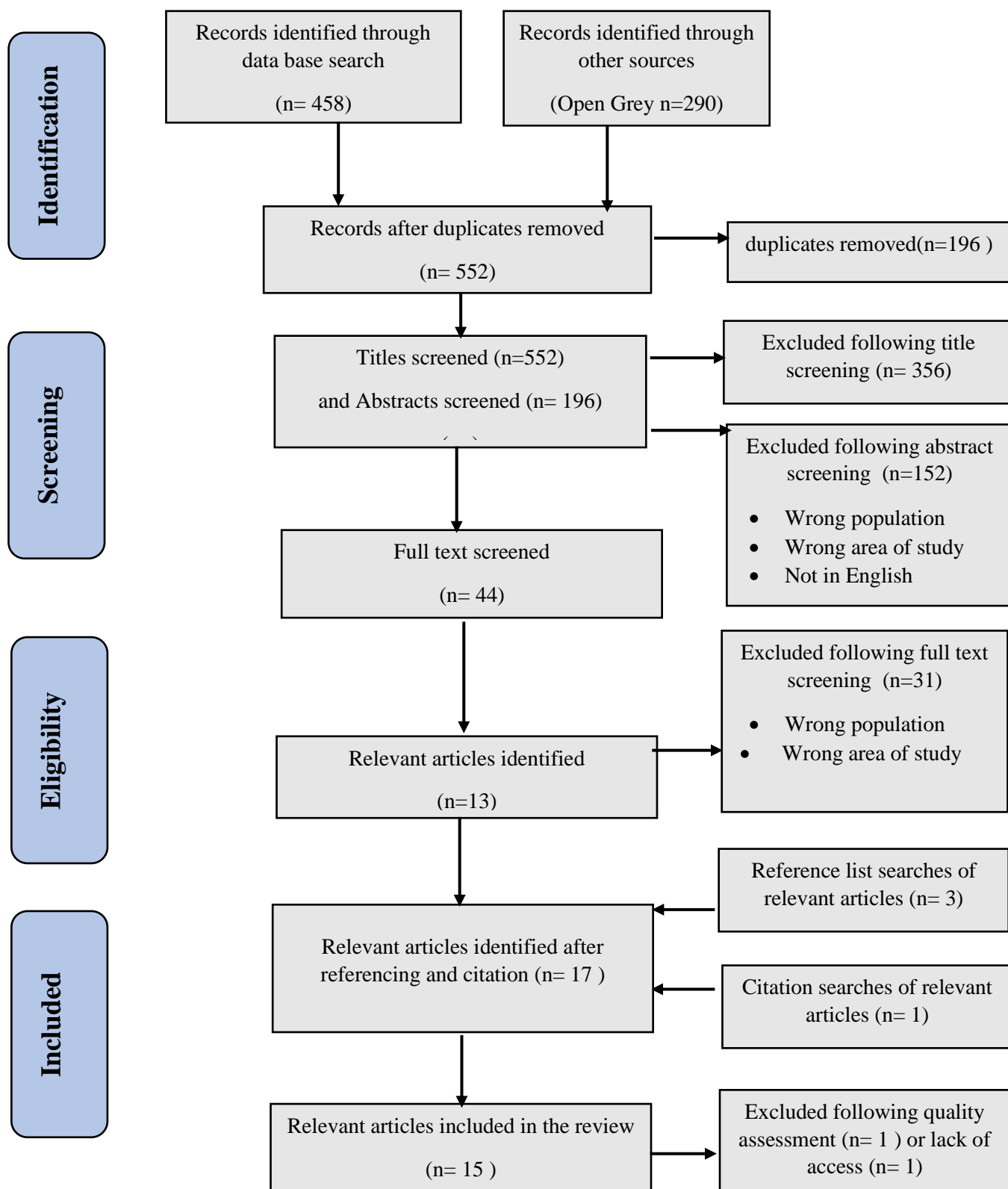
Search results (n = 748) were imported into Ref Works, a web-based database manager.

Duplicates were removed, and the results were screened by title and then by abstract. A total of forty-four articles were read in full to determine inclusion against the inclusion/exclusion criteria.

Thirteen papers were identified. Google Scholar was used to identify other relevant papers cited by, or referenced by, the identified papers. A further four papers were identified by this means, resulting in a total of seventeen papers.

One identified paper could not be accessed, despite contacting the author and university involved. It has, therefore, not been possible to include this paper in the review. A further paper was excluded following quality assessment as it was assessed to fall below an acceptable quality for inclusion. This resulted in a total of fifteen papers being included in this review. The PRISMA diagram, figure 1, shows the screening process.

Figure 1: PRISMA Diagram



Structure of review

A summary of each study, including the two excluded papers, is presented in table 3. The fifteen studies are then reviewed collectively, highlighting key points regarding the population/sample, the design, method, and analysis. An overview of the quality of the papers is given, with information about key strengths and weaknesses identified using the Critical Appraisal Skills programme (CASP) for qualitative research.

The findings of the studies are then synthesised using Thomas & Harden's (2008) synthesis methodology. Synthesis methodology builds upon the principles of thematic analysis, developing the analytical process to enable themes to be derived across multiple studies for use in systematic reviews. This research followed the synthesis methodology outlined by Thomas & Harden (2008), underpinned by the principles of thematic analysis as described by Braun & Clark (2006). Table 2 outlines both processes.

Five key themes were identified which addressed the review question. These themes are interpreted and discussed within the context of current research. Implications for future practice and research are highlighted.

Table 2: Stages of Analysis. Thomas and Harden (2008) stages of synthesis methodology for the use in systematic reviews, presented alongside Braun and Clarke (2006) six stages of thematic analysis.

Braun & Clarke (2006) stages of thematic analysis	Process		Thomas & Harden's (2008) stages of synthesis methodology.	Process
Used for the analysis of themes in primary research			Used for the synthesis of themes from primary research into systematic reviews	
Becoming familiar with the data	Read and re-read the data to become familiar with the data and to begin to notice the emergence of patterns.	→	Inductive line by line coding	Read and re-read the research articles to become familiar with the data.
Generating codes	Generate initial codes around emergent patterns			Generate initial codes around emergent patterns
Generating initial themes	Combine codes into overarching themes that describe the data.		Organising codes into descriptive themes	Combine codes into overarching themes that describe the data.
Reviewing themes	Review the data to evaluate how far the themes derived in stage three support the data. If the themes do not adequately describe the data, return to earlier stage.	→		This stage remains 'close' to the primary studies.
Defining and naming themes	Refine and define each theme. Find names which accurately reflect the data at both code level and theme level.	→	Identifying interpretative/ analytical theme clusters	Refine and define each theme within the context of the overarching review question. Interpretation at this stage, transcends the primary studies to generate collective themes.
Producing the report	Choose relevant extracts that capture the essence of each theme and relate these to the research question.	→	Producing the report	Choose relevant extracts that capture the essence of each theme and relate these to the research question.
Researcher Reflexivity	Ongoing reflection about the researcher's position and how this may shape all stages of the research process.	→	Researcher Reflexivity and Quality Assurance	Ongoing reflection about the researcher's position and how this may shape all stages of the research process with regards to the review question. Repeatedly return to the papers to ensure themes are reviewed within the context of the original studies, thus enhancing validity.

Table 3: Summary of Studies

Reference number of paper*	Author, Title, Date, Location	Sample	Methodology	Research aims	Outcomes
Unable to access so not included in study	<p>Ankersmit, L. (2020)</p> <p>Partnership between birth parents and foster carers: A complex systems framework</p> <p>Australia</p>	<p>Families included where children were between 5-14 years, had a permanency goal of reunification and had some parent/foster parent communication</p> <p>Triads interviewed- foster carer- birth parent- case worker</p> <p>13 triads included – 11 parents, 15 foster parents and 12 case workers</p>	<p>Qualitative Interviews</p> <p>Narrative analysis</p>	<p>To explore what conditions facilitate or impede relationships across birth and foster families, and what support is needed.</p>	<p>Conditions and dynamics which support and hinder relationships identified. Different types of relationships – collaborative, moderate and conflicted- were identified, in addition to what helps and hinders each type.</p>
1.	<p>Bengtsson, T.T. & Karmsteen, K. (2021)</p> <p>Recognition of Parental Love: Birth Parents' Experiences with Cooperation When Having a Child Placed in Family Foster Care in Denmark</p> <p>Denmark</p>	<p>Participants recruited through case workers, NGOs and social medial sites.</p> <p>Taken from two previous studies involving 10 and 12 birth parent interviews, totally 22 birth parents</p>	<p>Qualitative Interviews</p> <p>Narrative analysis</p>	<p>Two different studies were used- one looked more at parents relationship with professionals and the second looked more at relationship with carers. This paper looked at the themes, from both studies, which addressed the relationship between birth parents and carers.</p>	<p>Five types of engagement were identified from parents narratives:</p> <ul style="list-style-type: none"> (i) constructive cooperation; (ii) ambivalent cooperation; (iii) improved cooperation; (iv) diminishing cooperation and (v) lack of cooperation <p>Explored factors involved in each form of cooperation. Highlighted the importance of validation - all birth parents wanted to have their love of child recognised</p>
	<p>Browne, D. C. (2002)</p>	<p>Recruited participants through three fostering agencies in an</p>	<p>Qualitative</p>	<p>The study looked at how foster carers talk about birth parents,</p>	<p>Largely negative attitudes were found, even when carers had not</p>

<p>2.</p>	<p>An Evaluation of Foster Parents' Attitudes Towards Birth Parents</p> <p>Cork Ireland</p>	<p>attempt to ensure sample was representative of the population. 78 foster families included, caring for a total of 127 children.</p> <p>Foster carers had fostered in a three year period.</p>	<p>Postal questionnaires or questionnaire completed through interview-participant could choose. The questionnaires had free text which was analysed qualitatively.</p>	<p>and the attitudes they hold about birth parents.</p>	<p>met birth parents. Parents perceived to be unreliable, untrustworthy, and unable to care for child adequately.</p> <p>Where the possibility of adoption arose this was a large factor in negativity with carers expressing almost more right to the child than the birth parent.</p>
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<p>3.</p>	<p>Chateauf, D., Turcotte, D., & Drapeau, S. (2018)</p> <p>The relationship between foster care families and birth families in a child welfare context: The determining factors</p> <p>Quebec, Canada</p>	<p>45 foster or kinship foster families included. 30 traditional foster carers and 15 kinship carers</p> <p>Data taken from a previous, larger research study.</p>	<p>Qualitative</p> <p>Semi structured interviews</p> <p>Thematic analysis</p>	<p>Looked at relationships between foster and birth families within a placement context</p>	<p>Identified different factors involved in positive and negative relationships: - the avoidance of judgement and trying to understand parents positions;</p> <p>The importance of carers recognising the birth parents role with the child;</p> <p>The importance of birth parents understanding carers' role and not contesting placement.</p> <p>Tensions arose where foster family judged birth parents and felt their lifestyle prejudiced child's welfare. Lifestyle factors such as mental health, incarceration, aggression, alcohol and drugs all caused conflicts.</p> <p>Identified differences for foster and kinship carers</p>
<p>Not included due to poor quality assessment score</p>	<p>Cojocaru, D. (2009)</p> <p>Biological parenthood in foster caring</p> <p>Romania</p>	<p>No information included</p>	<p>Unclear. Appears to be questionnaires or interviews</p>	<p>Looking at foster carer attitudes towards birth parents</p>	<p>The situation in Romania seems very different to the UK. Children have little contact with birth families and attitudes towards birth parents is largely negative.</p>

<p>4.</p>	<p>Collings, S. & Wright, A.C. (2020)</p> <p>Two families joined by a child: the role of direct contact in fostering relationships between birth and carer families in permanent care</p> <p>Australia</p>	<p>Convenience sampling used</p> <p>12 birth parents and 26 foster carers included, where children had ongoing contact with birth family.</p> <p>81% foster carers were female</p>	<p>Qualitative</p> <p>Inductive thematic analysis</p>	<p>Explores relationships between birth parents and foster families</p>	<p>Identified factors which helped develop positive relationships and positive contact experiences for example:</p> <p>Need for validation; open communication; warmth and compassion; making family time; clear boundaries and expectations; accepting new identities and the idea of a shared future.</p> <p>Identified skills carers and birth family need to manage relationships and challenges in their roles</p>
<p>5.</p>	<p>Collings, S. & Wright, A.C. (2021)</p> <p>You are mum and then they are mum”: Negotiating roles, relationships, and contact in out-of-home care</p> <p>Sydney, Australia</p>	<p>Snowballing and convenience sampling used.</p> <p>5 dyads of birth mothers and female foster carers</p> <p>The foster carers included traditional foster carers, kinship carer, and carers who wanted to adopt</p>	<p>Qualitative</p> <p>Interviews</p> <p>Thematic analysis – deductive approach</p>	<p>Focused on relationship between foster mums and birth mums- looks at how the personal characteristics of each influence relationship dynamics and contact</p>	<p>Identified personal characteristics which affected relationships such as emotional competence, relationship skills, beliefs about contact and understanding of power issues</p>
<p>6.</p>	<p>Diaz-Tartalo, T. Fuentes-Pelaez, N. (2018)</p> <p>Assessing the relationship between foster children and their families</p> <p>Madrid</p>	<p>Convenience sampling used</p> <p>Included 39 foster carers and 26 children from 22 different families</p>	<p>Qualitative</p> <p>Semi structured interviews</p> <p>Socio demographic questionnaires</p> <p>Double Moon test</p>	<p>Recognises concept of ‘double belonging’ for children in foster care and aims to explore factors that facilitate good relationships and factors that lead to hostile relationships between carers and birth family.</p>	<p>Identified barriers and facilitators to relationships. Barriers included:</p> <p>Foster carers emerging desire to have parental rights;</p> <p>Lack of empathy towards birth family;</p>

					<p>Negative experiences of contact and belief that children suffer through contact visits;</p> <p>Facilitators included:</p> <p>Absence of desire to care permanently or adopt- motivation to coparent;</p> <p>Understanding of importance of birth family in child's life;</p> <p>Ability to recognise positives of contact etc.</p> <p>Recommended the need for adequate support from professionals to enable carers to hold an open attitude towards birth families.</p>
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7.	<p>Erera, P. I. (1997)</p> <p>Foster Parent's Attitudes Towards Birth Parents and Caseworkers: Implications for Visitations</p> <p>Israel</p>	<p>Participants selected through contacting fostering agencies in Israel. 13% of total foster families in Israel selected for interview – totally 162 foster carers. Included traditional and kinship carers</p>	<p>Qualitative Interviews</p>	<p>To examine foster carers attitudes towards birth parents and caseworkers in view of the impact of those relationships on the experience of contacts.</p>	<p>Foster carers had little contact with birth parents and largely felt that they had more rights and responsibilities for the child than the birth parents. Essentially positive attitudes to birth parents were found, but this seemed to be in the context of low levels of contact and an expectation and desire for contact levels to remain low.</p> <p>The political and legal system in Israel differs from the UK, and the papers discusses foster care as functioning as a substitute family for a child, rather than a complementary family. The paper challenges this position.</p>
8.	<p>Hedin, L. (2015)</p> <p>Good Relations between Foster Parents and Birth Parents: A Swedish Study of Practices Promoting Successful Cooperation in Everyday Life</p> <p>Sweden</p>	<p>Included parents and foster carers of young people placed as teenagers. Included kinship, network and traditional foster carers</p> <p>10 families interviewed, totally 19 people: 9 birth parents and 10 foster carers</p> <p>Take from a larger study</p>	<p>Qualitative Interviews</p>	<p>To explore what is needed for an open foster family- what factors promote effective cooperation – looks at differences across placement types</p>	<p>Identified factors which promote positive relationships including importance of including parents in important decisions and foster carers offering parents support and advice; effect of the carers attitude and understand of the task; shared planning etc. and the importance of carers providing role models for parents. Highlights differences between kinship and regular placements</p>
9.	<p>Höjer, J (2008)</p>	<p>13 birth parents of children who were placed in care, or who had</p>	<p>Qualitative Focus group</p>	<p>To explore birth parents views about relationships with foster</p>	<p>Identified factors involved in the relationship from the birth parent's perspective – what</p>

	<p>Birth parents' perception of sharing the care of their child with foster parents</p> <p>Sweden</p>	<p>previously been in care and were now adults.</p> <p>The birth parents were invited to participate by Swedish Welfare Foundation. They had previously participated in another study.</p> <p>12 birth parents were mothers. I was a father.</p>		<p>carers and their experience of having their child in care.</p>	<p>factors promote a positive relationship and cooperation with foster carers. Factors included: the influence of a perception of themselves as failures, guilt, shame, a feeling of being inferior to foster carers.</p> <p>The importance of professional support – birth parents expressed the wish for professions to clarify expectations around inclusion and cooperation with foster carers.</p> <p>The importance of inclusion – the importance of foster carer who invited birth parents into their lives.</p> <p>Conflicts arose when the above didn't happen and/or when there were conflicts around plans for the child.</p>
10.	<p>Järvinen, M. & Lucklow, S.T. (2020)</p> <p>Sociological Ambivalence: Relationships between Birth Parents and Foster Parents</p> <p>Denmark</p>	<p>15 birth parents and 16 foster carers (8 couples) interviewed.</p> <p>Only traditional non-relative foster carers who had been fostering for at least six months.</p>	<p>Qualitative Interviews</p>	<p>To give voice to the experience of foster carers and birth parents regarding their relationship. To explore the concept of ambivalence within the relationship dynamic.</p>	<p>Identified dynamics in the relationships and perceptions each had of the other.</p> <p>Birth parents view of carers identified including: –the double role carers play as professional helpers and caring coparents – this caused conflict for some parents. Feelings that foster carers were working to exclude them from their life- led to ambivalence in relationships.</p>

					<p>Foster carers seen as more advantaged with better resources- led to feelings of powerlessness and inadequacy for birth parents.</p> <p>Foster carers views of birth parents identified including:- awareness of role of birth parents and how this conflicted with their role – ie if they wanted child to remain in their care and birth parent wanted reunification.</p> <p>The conflict between the professional and the personal for foster carers was discussed.</p>
11.	<p>Nesmith, A., Patton, R., Christophersen, K. & Smart, C. (2015)</p> <p>Promoting quality parent–child visits: the power of the parent–foster parent relationship</p> <p>MN, USA</p>	<p>Families identified via social service employees</p> <p>22 social workers, 24 foster parents and 15 parents included</p> <p>All children had been in care for at least one month and had a plan for reunification. Contact was in place</p> <p>Interviews across the triads</p>	<p>Qualitative IPA</p> <p>Part of a larger study</p>	<p>Looking at the relationship with respect to ensuring positive contact – focused on experience before and after contacts</p>	<p>Identified themes apparent in relationships. Highlighted the emotional experience of birth parents including experience of vulnerability, powerlessness, shame, fear, loss- loss of power, role confusion and confused expectations.</p> <p>Highlighted the emotional experience of foster carers – feeling that they were perceived as the enemy by parents- caught between the parent and the agency.</p> <p>Identified factors which fostered positive relationships: support from professionals; training to support carers to understand birth parents experience; empathy</p>

					rather than judgement; power sharing rather than exclusion.
12.	<p>Oliver, C. (2020)</p> <p>Inclusive foster care: How foster parents support cultural and relational connections for Indigenous children</p> <p>Vancouver, Canada</p>	<p>The second part of a two part study.</p> <p>13 foster parents interviewed. These were identified from an original sample of 92 carers included in the first part of the study. There is no information about the 92 carers.</p> <p>Only carers of indigenous children were included. 9 carers were female, 4 were male. 4 carers were indigenous.</p>	<p>Qualitative interviews</p> <p>Thematic analysis</p> <p>A previous part of the study (not discussed in this paper) had used questionnaires.</p>	<p>To explore what supports inclusive foster carer.</p> <p>Considers the situation in Canada where indigenous children are placed in foster care – set within the context of maintaining connections and relationships for indigenous children.</p>	<p>Identifies factors which support relationships with birth parents but also looks at how carers foster connection with cultural heritage. Factors supporting positive relationships included: open flexible boundaries and clear expectations in relationships; communication and understanding; understanding birth parent’s histories in order to contextualise challenges.</p>
13.	<p>Rigg, D.W (2005)</p> <p>Australian foster carers’ negotiations of intimacy with agency workers, birth families and children</p> <p>Australia</p> <p>Thesis</p>	<p>Participants recruited through both formal channels (agency case workers) and informal channels (social media)</p> <p>85 foster carers were interviewed all of whom were caring for children in long term arrangements</p>	<p>Qualitative Interviews</p>	<p>Looks at how carers manage intimacy in their role.</p> <p>Looks at potential for abuse allegations and the impact on intimacy with children.</p> <p>Looks at intimacy/involvement with birth families</p> <p>Looks at Intimacy/involvement with agencies</p>	<p>Identified factors which impacted on experience of intimacy between carers and birth parents. Explored the concept of the parent always being in the lives of foster families even if not physically present. Considered the importance of honouring the role of the birth parent and the challenges, complexities involved. The idea of ‘best connections’ is raised- which goes beyond merely supporting the child to have contact with parents and looks more towards a sharing of parental roles. The importance of reconciling past ‘abuse’ by the</p>

					parent in order to sustain ‘best connections’
14.	<p>Spielfogel, J. E & Leathers, S.J. (2022)</p> <p>Supporting collaborative relationships between parents and non-relative foster parents</p> <p>Chicago, USA</p>	<p>Families identified via child welfare database.</p> <p>13 families were included and the following triads interviewed:- 11 birth parents, 15 foster carers, 12 caseworkers. The children were all aged between 5-13 years, had been in care less than two years and had a plan for reunification.</p> <p>73% of parents were female 80% of carers were female</p>	<p>Qualitative Interviews</p> <p>Narrative Analysis</p>	<p>Exploring relationships across the triad within the context of the importance of positive relationships for positive child wellbeing.</p>	<p>Divided relationships into collaborating, moderate and conflicted and explored the factors involved in each.</p> <p>Conflicted relationships showed more signs of vulnerability, powerlessness and stigma for birth parents. More feelings of exclusion and being judged by carers. A lack of control over decisions and information by birth parents.</p> <p>Collaborative relationships showed more signs of carers actively supporting and including birth parents. An understanding of the power differentials and carers making attempts to address these; carers having a sense of being partners with the birth parents in caring for child.</p> <p>Highlighted role of caseworkers in supporting collaborative relationships and found a lack of proactiveness on the part of caseworkers interviewed.</p>
15.	<p>Weitz, Y.S & Karisoon, M. (2020)</p> <p>Professional or authentic motherhood? Negotiations on</p>	<p>Taken from a larger study and interviews were re-analysed for data regarding negotiation of mother’s role for parents with children placed in care.</p>	<p>Qualitative Interviews</p> <p>Narrative approach</p>	<p>To explore the experience of birth mothers when children are taken into care</p>	<p>Identified three different positions taken by birth mothers –</p> <p>The irreplaceable mother- the real mother with an unbreakable bond.</p>

	<p>the identity of the birth mother in the context of foster carer</p> <p>Sweden</p>	<p>12 interviews included. 9 with birth mothers and 7 with birth fathers. 4 were couples so interviewed jointly</p>	<p>Taken from a larger study</p>		<p>The misunderstood mother- foster carers and case workers have misunderstood her and got it all wrong</p> <p>The distant but loving mother- not a strong player in the child's story, but critical of other people involved. Explored the factors which lead to those positions. Highlighted the idea of a real, authentic mother who has a better understanding of the child than foster carers.</p>
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**The paper's reference number will be used to denote the paper being referred to.*

Results

Summary of the papers

Population/sample

The studies varied considerably with regards to sample characteristics. Five studies included carers only (papers 2; 3; 12; 13; 15), four included carers and parents (papers 4; 5; 8; 10) three of these included dyads connected to an individual child (papers 4; 5; 8). One study included carers and children (paper 6), three included parents only (papers 1; 9; 15) and two included carers, parents, and caseworkers (papers 11; 14). The terms social worker and caseworker were used by different papers to describe professionals working with carers. To avoid confusion, only the term caseworker is used here.

The characterisation of carers varied across the studies. Six studies included only traditional, non-related carers (papers 2; 6; 10; 11; 13; 14), four included both kinship carers and traditional foster carers (papers 3; 4; 7; 8), and one included traditional foster carers, kinship carers and prospective adopters (paper 5). In paper 12 the definition of foster carer was unclear making it difficult to ascertain whether kinship carers were included.

The studies were conducted across eight different countries; Ireland (paper 2), USA (papers 11; 14), Canada (papers 3; 12), Australia (papers 4; 5; 13), Spain (paper 6), Sweden (papers 8; 9; 15), Denmark (papers 1; 10) and Israel (paper 7).

Seven studies recruited by identifying children known to fostering authorities (papers 2; 6; 7; 10; 11; 12; 14), four advertised using social media, non-government/government organisations and/or support groups (papers 1; 3; 4; 13). One used a snowballing technique (paper 5) and one invited participants from a previous research project (paper 9). Two studies did not specify how they had recruited (papers 8; 15)

Sample sizes varied, ranging from 10–162, with the mean sample size being 45. A total of 523 carers, 107 parents, 26 children and 31 caseworkers were included across the fifteen studies.

Only two studies reported a response rate (papers 2; 11), they reported rates of 60% and 68% respectively.

Eleven studies reported inclusion/exclusion criteria. These focused on either the experience of the carers, i.e. had fostered for over six months (paper 10), or the long-term plan for the child, i.e. had a plan for reunification (paper 14).

Demographic information about the participants varied across the studies. Six studies reported ethnicity (papers 4; 7; 11; 12; 13; 14), eleven reported gender (papers 1; 3; 4; 5; 7; 8; 9; 10; 12; 14; 15), with the vast majority of participants being female, four reported sexuality (papers 7; 8; 10; 13), seven reported relationship status (papers 4; 7; 10; 11; 13; 14; 15), and eight reported age (papers 1; 3; 4; 5; 6; 9; 11; 14). Age was more likely to be reported in studies involving both carers and parents and demonstrated a differential, with carers generally being older than parents.

Ten studies provided information about the fostering experience of carers; seven reported on length of fostering (papers 3; 5; 7; 10; 11; 12; 14) and seven reported on number of children in placement (papers 3; 4; 6; 7; 10; 11; 13). Other information given included educational status (papers 1; 3; 4; 14) and employment status/income (papers 3; 5; 10)

Fewer studies provided demographic information about the children being fostered. Six studies reported either the age of children at time of placement, or the age at time of study (papers 1; 2; 7; 9; 10; 13). Only one reported children's ethnicity (paper 10), and one reported children's gender (paper 13).

Very few studies provided contextual information regarding reasons for placement in care. Only one study provided any information about the reason for placement, with this being limited to '*child behavioural problems*', '*adult parenting problems*', '*both*' (paper 8). Two studies provided contextual information about parents, including mental health, drug and alcohol use, however this was not then directly related to the reasons for placement (papers 1; 5). Three studies provided the average time in care (papers 6; 7; 9) and one reported number of previous placements (paper 6). Only three studies provided the legal framework under which children were placed (papers 5; 6; 8), and only three studies gave details of the long-term plans for children (papers 4; 13; 14). Refer to table 4 for demographic information included in each study.

Table 4: Demographic information included

Study	Ethnicity of adults	Gender of adults	Age of adults	Sexuality of adults	Relationship status	Education status of adults	Employment/Income status	Length of fostering experience	Number of children placed	Ethnicity of children	Gender of children	Age of children	Age of children when placed	Contextual information/ reason for placement	Length of time in study	Length of time in care	Previous placements	Legal framework of placement	Long term plan for child
1. Bengtsson et al. 2020		●	●			●						●		●					
2. Browne, 2002													●						
3. Chateauneuf et al. 2017		●	●			●	●	●	●										
4. Collings et al. 2020	●	●	●		●	●			●										●
5. Collings et al. 2021		●	●				●	●						●				●	
6. Diaz-Tartalo et al. 2018			●						●						●	●	●		
7. Erera, 1997	●	●		●	●			●	●				●		●				

8. Hedin, 2015		●		●										●			●	
9. Hojer, 2009		●	●										●		●			
10. Jarvinen et al. 2020		●		●	●		●	●	●				●					
11. Nesmith et al. 2015	●		●		●			●	●									
12. Oliver, 2020	●	●						●										
13. Riggs, 2005	●			●	●				●		●		●					●
14. Spielfogel et al 2021	●	●	●		●	●		●										●
15. Weitz et al. 2020		●			●													
Total across studies	6	11	8	4	7	4	3	7	7	1	1	1	5	3	3	1	3	3

● indicates information recorded

Design, method, analysis

Most studies used interviews to obtain qualitative data. Paper 2 used questionnaires and paper 9 used focus groups. In addition to the use of interviews, paper 6 also used a projective drawing test called the double moon (Greco, 2005).

A variety of models were used to analyse the data obtained including thematic (papers 3; 4; 5; 6), narrative (papers 1; 14; 15) and interpretative phenomenological approach (IPA) (papers 8, 11). In five studies the framework underpinning the analysis was not clear. Five studies involved data taken from either a larger original study (papers 3; 1; 8; 11) or built upon data from an initial study (paper 12).

Three studies used a specific framework around which they analysed the data. Paper 10 used Ambivalence, paper 1 used Cooperation and paper 13 used Intimacy.

Quality appraisal

Quality appraisal of the studies was considered to guide the weighting given to different studies, and to exclude studies of an unacceptable quality. All identified studies used qualitative methodology therefore the CASP for qualitative research was used. Five studies were rated below average quality (papers 3; 6; 8; 7; 10). Five were rated average quality (papers 1; 2; 4; 9; 15) and five were rated above average quality (papers 5; 11; 12; 13; 14). One study (Cojocaru, 2009) was found to be exceptionally poor, with no information given regarding participants, method, or analysis. The research team discussed the integration of the quality appraisal scores in the subsequent analysis, and a decision was made to exclude the study that was exceptionally poor. One of the below average studies was the only study to include children (paper 6), and another was one of only five studies to include birth parents (paper 10). Given this, excluding below average studies, or attributing lower weightings would further minimise the voice of those populations. It was decided to give these studies

equal inclusion, with the availability of CASP scores enabling readers to hold quality appraisals in mind. (Appendix A(i) provides quality appraisal scores)

All fifteen included studies detailed clear, relevant aims for the research, grounded both in research and the legal and philosophical frameworks of care in the host country. The studies all sought to explore relational experiences and thus, a qualitative approach appeared to be appropriate.

Population/sample

Most of the studies had relatively small sample sizes, which, although indicative of qualitative research, hinders the capacity to generalise findings. Additionally, many studies did not report on basic demographic information making it difficult to ascertain how representative of the source population the sample was, impacting on transferability. Where gender was reported, most participants were female- either mothers or female carers- therefore the results may not reflect the dynamics within relationships that include fathers or male carers.

Different studies included different combinations of individuals involved in the parent-carer relationship. While this added richness to the review by enabling the representation of different voices, the proportion of studies giving the voice of carers (ten studies) against the proportion giving the voice of parents (five studies) is not balanced. Additionally, the level of diversity across quite small studies risked limiting understandings beyond the individual.

Differences in the legal, political, and philosophical framework of foster care across the countries represented, may result in individual studies not being generalisable outside of the host country. The framework of care in Israel, for example, is significantly different from that of the UK or USA. Foster carers are more likely to be seen as permanent replacements for birth family and ongoing contact is less common. These differences are likely to impact

on the relationship dynamic across the dyads. Where this is held in mind, however, these studies can still contribute to the wider understanding of the factors impacting on relationships.

The findings are likely to be impacted by the different inclusion/exclusion criteria across the studies, and the differences in population included. Several studies include traditional and kinship foster carers without differentiating between them in the results. Inherent in the concept of kinship care is a pre-existing relationship between the birth family and the alternative carer, not found in traditional, non-relative care. This is likely to have a significant impact on the results obtained and, by not differentiating between these, the dynamics individual to both groups may be lost. This difficulty is further intensified where prospective adopters are included in the study.

Contextual factors regarding the reasons for care, are also likely to affect the results and most studies do not comment on, or account for, these. Similarly, studies which do not report the legal status of the placement or the long-term plan for the child, risk conflating the relational dynamics of children removed by the court, with children placed voluntarily in foster care, and children placed permanently away from their birth family with children placed on a temporary basis. The impact of the legal framework and long-term plan upon the relationship between parent and carer is significant and failing to differentiate them risks the different factors of each position being lost. Few studies report on the placement history of the child, the age of the child on entering care, the duration of the placement. These factors are all likely to impact on relational factors between the adults involved, and, thus, may have affected the interpretation of the findings.

Design, method

Recruitment strategies in some studies may have influenced the participants included. Studies which recruited through advertising required participants to initiate contact with the research team. It is possible that these respondents had a particular experience of relating to their child's carer or parent which may not be reflective of the wider population. Studies which recruited via fostering agencies had access to a wider number of potential participants, however, it is possible that individuals who agreed to participate were also more representative of a particular experience. Only two studies reported any information on non-responders making it difficult to establish factors impacting individuals who chose not to engage.

Studies which reported the voice of parents acknowledged that difficulties in engaging this cohort resulted in recruitment strategies which may have skewed the results. Paper 9, for example, used parents that had been involved in previous studies and, as such, were possibly more articulate and confident than the wider population of birth parents.

The focus of the studies is deeply sensitive and of enormous importance to participants involved. Numerous factors may have influenced how able participants were to openly describe their experiences. For example, where carers and/or caseworkers held power over factors relating to a parent's relationship with their child (e.g. contact), this may have affected the themes the parent felt able to share. Despite the sensitive nature of the studies, only two studies gave information about the interviewers (papers 5; 12), and none referenced the dynamic between interviewer and interviewee. Paper 12 considered the impact of the researchers on the coding process but not on the data collection.

The inclusion of ethical information was poor with only six studies including any information about the process of gaining ethical approval (papers 1; 2; 12; 13; 14; 15), and only two studies (papers 4; 11) giving any reflection to potential ethical difficulties for participants.

Five studies did not provide sufficient information about either the interview style or the focus of questions, to provide an adequate understanding of the data collection (papers 1; 2; 3; 9; 15). Paper 7 used a questionnaire and paper 6 used the double moon test (Greco, 2005). The questionnaires enabled a wider sample, however, very little information was given about the development of the questionnaire or the areas covered. The double moon test enabled the collection of non-verbal data and was helpful alongside interview data. Good information about the application of the test was provided.

Analysis

A range of different analytical approaches were used, included thematic, IPA and narrative. Many studies did not provide information on which philosophical model was used, merely stating that themes were derived from interviews, and only four studies reported sufficient information on how themes were derived from the data (papers 2; 11; 13; 14). Only paper 14 reported on exceptions to themes. Several studies appeared to jump from descriptive information about the method of data collection, to themes, without providing a bridge to help understand the analytical process. This resulted in difficulties in determining the veracity of the themes identified. In the three cases that used the frameworks of Ambivalence, Cooperation and Intimacy, the frameworks had been pre-selected from previous research and there was a sense of the data being fit to the frameworks with no discussion of contradictory findings or exceptions.

Summary of key findings

The findings of the fifteen studies were synthesised using thematic analysis focusing on themes which addressed the main questions of the review.

Five key themes were identified: Who has the authority to parent; Dynamics of power and powerlessness; Attributes of foster carers; Actions of foster carers; The role of professionals.

Within each theme subthemes arose, as detailed below. (Appendix A(ii) and A(iii) contain thematic table and manual).

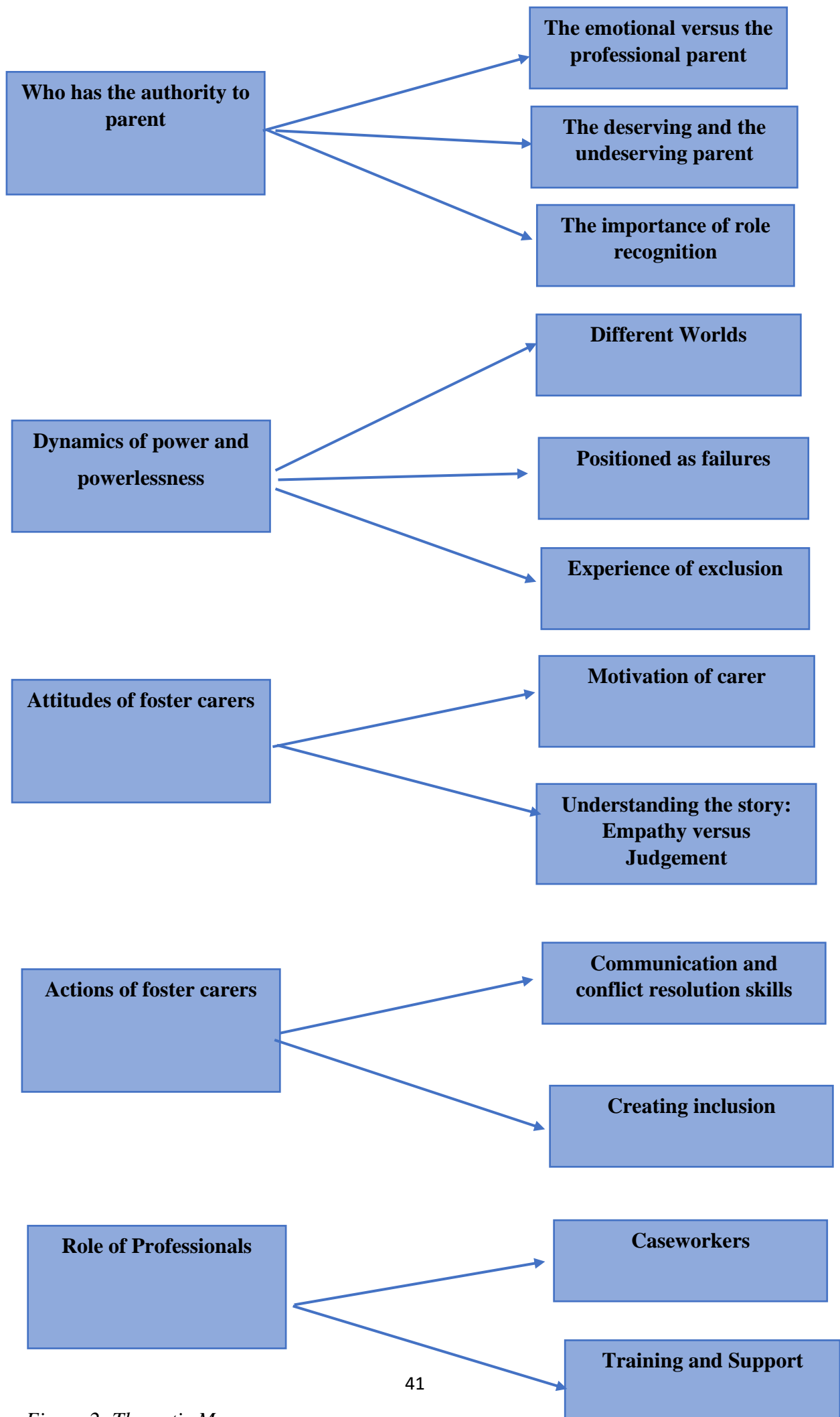


Figure 2: Thematic Map

Theme One: Who holds the authority to parent?

An important theme, reflected in most of the papers, was the question; who holds the authority to parent? Children in care have three potential parenting figures- the parent, the carer, and the agency. This theme highlighted the conflicts within the negotiation of those roles, and the beliefs which impacted that negotiation. Within this theme three subthemes arose: The emotional versus the professional parent; The deserving and undeserving parent; The importance of recognition.

The emotional versus the professional parent

Six papers highlighted a distinction between the emotional, ‘authentic’ parent –the birth parent- and the quasi-professional role played by the foster carers (papers 5; 9; 10; 11; 13; 15). Paper 15, for example, identified the belief that the birth parent was the ‘*authentic mother*’ or the ‘*irreplaceable mother*’ who has a ‘*unique, emotional and lifelong bond*’ (p.12) with the child which cannot be replaced. In contrast, carers were positioned as quasi-professionals who carry out the day-to-day caring tasks but lack an emotional bond with the child. Several studies found that this professional role was more acceptable to parents, whereas the idea of the carer having an emotional role for the child, was more difficult. Most parents wanted the carer to love their child, but they did not want them to become ‘real parents’ or intrude on the position that they saw themselves occupying.

The deserving and undeserving parent

Where parents viewed themselves as the ‘authentic’ parent, half the studies found carers viewed themselves as the ‘deserving’ parent, with parents having lost that role due to previous harm experienced by the child (papers 2; 3; 6; 7; 8; 9; 10; 14). Paper 2 found that 42% of carers felt resentment, bitterness, or anger at how the child had been treated. Negative perceptions of previous harm caused to the child, resulted in carers feeling justified in

limiting communication with parents. Paper 7 found that 51% of carers interviewed, felt that the child '*belonged to them*' and 25% felt that '*they belonged to them more than to the birth parent*' (p.516)

Both parents and carers were found to use the concept of the best interests of the child to underline their role and authority in the child's life. Where parents referenced the importance of the emotional bond, carers justified their role based on the limitations of the parents. At times these two subthemes overlapped as carers recognised the importance of the emotional relationship with the parent and/or parents recognised that they had not provided adequate care and/or valued the role being played by the carer. This recognition of the importance of the other lead to more cooperative relationships.

The importance of recognition

Most papers highlighted the importance, for carers and parents, of having their role and relationship with the child recognised (papers 1; 2; 3; 4; 5; 7; 9; 10; 11; 13; 14; 15).

'Both parents and carers wanted the important role that they played in the child's life validated and this went a long way towards creating a space for trust and respect to flourish'
(Paper 4. p.8)

They found that relationships were more difficult where parents did not feel their role was recognised or valued by the carer and/or the agency. Paper 1 described some parents feeling like '*ghost parents*' (p. 2011) with no space in their child's life. This feeling of being disregarded and their love for their child '*misrecognised*' (p.2010) led to a decrease in cooperation and an increase in conflict within the relationship.

In parallel, three papers found that where carers felt their care for the child was not recognised, and they were viewed as part of the system, or '*the enemy*' by the parents (paper

11), this led to them feeling trapped and unsupported, and reduced their openness towards parents (papers 10; 11; 15). Paper 3 found that where parents were contesting placements, they were less likely to accept the carers' role or allow the child to become part of the foster family. This led to a climate of competition and rivalry and undermined the development of relationships.

'Birth parents needed to accept that their parenting role had undergone a fundamental shift, and carers needed to accept that it was normal for birth parents to remain emotionally invested in their children'. (Paper 4, p. 9)

Theme Two: Birth parents' experience of powerlessness

A second theme, identified in almost all the papers, related to parent's experience of powerlessness within the care dynamic. Within this theme, three subthemes arose: Different worlds; Positioned as failures; Experience of exclusion.

Different worlds

Six studies revealed this theme (papers 2; 3; 4; 8; 10; 14).

The studies which reported demographic information regarding carers and parents identified differences in the age, socio-economic position, educational attainments, and lifestyle factors between the groups. Where information was reported, the papers all found carers to be older, more educated and in a higher socio-economic group than parents. Consequently, carers were more likely to have social and financial resources and were viewed as more able to *'handle the system'* (paper 8, p.834), they were perceived as holding more power than the parents.

Five studies reported differences in the lifestyles of carers and parents resulting in tensions within the relationships, with carers feeling unable to relate to, or understand the worlds of

parents, and feeling that the parent's lifestyle would prejudice the child's welfare or conflict with the carers values (papers 2; 3; 4; 8; 14)

Only two studies recorded factors relating to mental health, aggression, alcohol or drugs, however, where it was considered, it was found to be an important dynamic in the relationship between parents and carers, leading to a reduction in cooperative relationships (papers 3; 8).

'Problems experienced by birth parents (alcohol and drugs, mental health problems, incarceration, aggressive behaviour, etc.) had an impact on the relationship with foster parents.' (Paper 3. P.76)

Positioned as failures

Most of the studies reported the parent's experience of being positioned as failures to be a significant factor in their relationship with carers (papers 1; 2; 3; 4; 5; 7; 9; 10; 11; 12; 14;15). Parents were described as feeling powerless, marginalised, vulnerable, judged, misunderstood, like failures. The loss of their child created feelings of worthlessness, inadequacy and shame.

'Mothers had a self-image affected greatly by what they perceived as their failure as parents- they looked upon themselves as 'bad mothers,' and felt guilty and ashamed.' (Paper 9. p164)

Paper 1 identified parents' experience of being powerless and unheard within their relationship with both carers and the agency, as being a key factor in their resistance and inability to accept the placement. This, in turn, increased conflict within the relationship.

Experience of exclusion

Five papers identified parents as feeling excluded from their child's life (papers 1; 5; 10; 11; 14). Paper 1 found that all included parents:

'reported experiences of not being part of the important decisions in their child's life and receiving inadequate information about their children's everyday lives.' (p. 2014)

Four studies identified feelings of powerlessness relating to the perception that carers were part of the system and were working with agencies to exclude them from their children's lives and blame them for their difficulties (papers 1; 5; 10; 11). Carers were seen as:

'part of the system', 'powerful agents who reign over their children's lives and have a final say on matters' (Paper 10. p838)

Carers were seen as having power over important decisions regarding the child, such as the school the child attended. Where contacts were supervised by carers, they were seen as holding power over the parent.

'Supervised contact placed relative power with carers over mothers' (Paper 5. p.10)

Carers were seen as having power over information, and parents struggled with carers not sharing day-to-day information about the child (papers 1; 5; 10; 14). Paper 9 found that the asymmetrical pattern of interactions between parents and carers could lead to stability within the relationship, when both parties agreed their roles-i.e., parents were incompetent and carers were competent. Difficulties arose when parents did not accept their role and, for example, fought for the child's return.

Theme Three: Attitude of foster carers

The importance of the role of the carer in either supporting or hindering positive relationships was outlined in almost all studies, with five studies explicitly placing the responsibility for facilitating the relationship, with carers (papers 4; 5; 7; 8; 14). Two subthemes arose out of this theme: The motivation of the carer; Understanding the story: Empathy versus judgement.

Motivation of the carer

The motivation of carers was identified as being important in six studies (papers 2; 5; 6; 7; 10; 14). Five studies included carers who wished to care permanently for, or adopt, the child (papers 2; 5; 6; 7; 10), and all those studies found an increase in carers who felt they were most deserving of the child and sought to *'erase the role of the birth parent'* (paper 6). Paper 2 identified the greatest tension in the relationship between carers and parents to arise when the carer wanted to adopt the child and they felt thwarted by the parent.

'Parents seemed to feel that because they had been passed for adoption, they had more rights to the child than the natural parents.' (P.92)

In contrast to this position, the studies found that where carers did not have a motivation to adopt or permanently care for the child, where they understood their role to be sharing the responsibility and care for the child with the parent, they were more likely to create inclusive family structures where parents felt recognised and validated. This led to a reduction in conflict and an increase in trust and tolerance within the relationship, enabling parents to *'overcome resistance and accept the realities of the situation and be willing to renegotiate boundaries and roles'* (Paper 5. p.11)

Understanding the story: Empathy versus judgement

The carer's understanding of, and beliefs about, the parent were found to be important factors within the relationship. Eight studies identified some carers holding attitudes of judgement and hostility towards parents (papers 2; 3; 6; 7; 8; 9; 10; 14). Paper 2 found that 21% of carers considered parents to be untrustworthy- *'they don't turn up when they say they will'* (p89) and 18% held concerns about the care of children during contact – *'when they return from a visit they are filthy'* (p89). Where carers were unable to understand the experiences

and lifestyles of parents, they tended to respond with judgement rather than empathy, with a consequential negative impact on the parents' ability to trust.

As outlined above, carers and parents frequently came from different worlds, and most of the papers highlighted the importance of carers learning about and understanding the life experiences and adversities of parents, as an essential factor in promoting positive relationships (papers 2; 3; 4; 5; 6; 8; 11; 12; 13; 14).

'When they understood the story behind it, foster parents were more likely to frame inconsistent or challenging behaviours as justifiable and to keep reaching out to build connections. It was particularly helpful for foster parents to understand the family histories related to parental mental illness, substance use or disability, separation and loss, and colonisation and intergenerational trauma'. (Paper 12. p588)

Where carers actively sought to understand the lives of parents, the papers found that they were more likely to respond with compassion and empathy.

'Learning about the significant early life adversities faced by their children's mothers, often so different from their own backgrounds, let these carers to reach towards these mothers with greater sensitivity.... they felt empathy, not judgement, for the mothers.' (Paper 5. p7)

This enabled carers to understand difficulties within the context of the challenges parents were facing. Where carers were able to understand and empathise with the parent's lives, they were able to show genuine care which created feelings of trust and connection.

Theme Four: The actions of foster carers

In addition to the attitudes held by carers, what carers did, and the skills they demonstrated within the relationship, were important. Two subthemes arose from this theme:

Communication and conflict resolution; Creating inclusion.

Communication and conflict resolution

Half the papers identified clear, open communication and good conflict resolution skills as important factors in positive relationships (papers 4; 5; 8; 9; 11; 12; 14). The potential for conflict within the relationship was acknowledged by most papers. Given this, the importance of carers being able to establish clear flexible boundaries and expectations, and the capacity to communicate openly and resolve conflicts promptly, was underlined. The papers found that positive relationships were more likely where carers actively worked to resolve difficulties with parents.

'Openness was not just a matter of carers being open about why children were in care, but in airing concerns, not avoiding sensitive topics and resolving misunderstandings.' (Paper 4. p8)

Creating inclusion

Creating inclusion was found to be important in nine studies (papers 3; 4; 5; 8; 9; 11; 12; 13; 14). Where carers did not actively include parents, poor levels of cooperation and increased conflict were more likely. Alternatively, where carers sought to include parents in the lives of their children, this led to increased cooperation and increased openness within relationships.

'Carers who invited parents to take part in the child's life, who asked for parents' opinion and advice, who could give and receive critical comments- were highly appreciated.' (Paper 9. p165)

Including parents in celebrations, attending appointments, sharing information openly, were identified as actions which promoted inclusion and consequently cooperation and partnership with parents.

Paper 4 found that practical actions such as ensuring contact plans were not financially burdensome for parents, were important in addressing social inequalities and helping parents feel valued and empowered. Additionally, seven studies found that more positive relationships developed where carers provided direct practical and emotional support to parents (papers 4; 5; 8; 9; 11; 12; 14).

By actively supporting parents, carers were able to address parent's experience of powerlessness and support them to overcome guilt and shame related to the child's removal. This led to their increased participation and more cooperative relationships.

'Approaching birth parents with genuine sensitive and care could diffuse potential conflict and assist birth parents to heal from grief and shame relating to child removal.' (Paper 4. p8)

Theme Five: The Role of Professionals

The role professionals played in the development of the parent-carer relationship was highlighted in almost all papers, with two subthemes arising: Caseworkers; Training and Support.

Caseworkers

The important role caseworkers played in supporting relationships between carers and parents was highlighted in twelve papers (papers 1; 2; 3; 4; 6; 7; 8; 9; 11; 12; 13; 14). Three papers highlighted a lack of guidance regarding the role, which led to most professionals not being proactive in supporting the development of relationships (papers 2; 8; 14).

The need for professionals to provide clarity regarding the boundaries and expectations of all parties was highlighted by four papers (papers 9; 11; 12; 14). However, paper 14 found that in most cases little clarity was provided, even for initial meetings between carers and parents.

Where guidance and clarity were given, the papers found it fostered more positive relationships.

Paper 14 found that most professionals had negative perceptions of the relationship possibilities between carers and parents and sought to minimise potential conflict between them. This led to professionals leaving important decisions to carers, and intentionally discouraging parent-carer communication. On occasions where professionals did understand the importance of parent-carer relationships they were able to promote more positive interactions. Five studies recommended better training and support for professionals to promote a better understanding of the importance of the parent-carer relationship and enable them to scaffold relationships between them (papers 1; 2; 7; 11; 14).

Training and support

Seven papers made recommendations regarding the training and support of carers. These papers recommended ongoing training and support to enable carers to develop an understanding of the lives and experiences of parents, thus encouraging attitudes of empathy and compassion (papers 2; 4; 6; 7; 11; 12; 14). Additionally, four papers recommended the need for training to support carers to develop interpersonal skills in active listening, empathic communication, negotiating boundaries, managing emotions and conflict resolution (papers 4; 7; 11; 14). Two papers (4; 14) recommended actively selecting carers according to their capacity to show compassion and empathy.

Three papers recommended ongoing support for birth parents (papers 1; 4; 8) to enable them to play a positive role in the relationship.

Discussion

This review has examined fifteen papers to gain an understanding of the characteristics of the relationship between carers and parents, and the factors which promote or hinder positive relationships. Although the papers varied in important ways, common themes were identified across the studies. This section will consider these themes within the context of relevant theory and research.

Trauma informed practice

The review identifies the different relational experiences that can be created when carers are able to hold a position of understanding and compassion for parents, rather than a position of judgement and blame. Where carers are motivated to understand the lived experience of the parent, they are more able to understand the difficulties and challenges within the context of oppression, trauma, and loss, and they are more likely to remain emotionally open to weathering difficulties and offering support to the parent. When carers are not able to understand the parent's lived experience, and acknowledge the impact of trauma, power, and inequalities, they are more likely to respond from a position of judgement which damages relationships.

This is particularly important given the significant inequalities and power imbalances within the parent-carer relationship. Parents often enter the relationship with multiple levels of social and structural disadvantage, in addition to experiences of shame, powerlessness and failure (Lewis & Brady, 2018). The care system can compound previous trauma and reinforce messages of powerlessness and inadequacy (Enlander et al. 2021).

The review findings map onto the current knowledge regarding trauma and trauma informed care. It aligns with the tenets of the *Power, Threat, Meaning Framework* (Johnstone et al., 2018), understanding people's stories rather than focussing on their presenting difficulties. It

aligns with research around the importance of relational connection and compassion in reducing guilt and shame and promoting healing and growth from trauma (Geiger et al. 2016). It concurs with Rogers (1957) who identified empathy as a core condition in facilitating change. Where parents are valued and welcomed into carers lives it can reduce their experience of powerlessness and exclusion, supporting them to play a more engaged role in their child's life (Poirier & Simard, 2006).

Most of the papers acknowledged the complex and potentially conflictual dynamics involved in the parent-carer relationship, and many emphasised the important role of professionals in supporting the relationship, and the need for ongoing training. This concurs with wider research which found that the training and support of carers enhances their capacity to build relationships with birth parents (Sanchirico et al. 2000; Gerring et al. 2008) and increases their understanding and empathy (Gerdes et al. 2011). This, in turn, improves the quality of contact visits (Collings et al., 2020), leads to improvements in children's relationships with birth parents (Enlander et al. 2021), reduces emotional and behavioural distress in children (Baker et al. 2013) and leads to improvements in placement stability (Konijin et al. 2019; Oke et al. 2013). Alongside the benefit of this for children (Leathers 2003; Dozier & Rutter 2008; Anderson 2009), ongoing support and training has also been linked with reduced stress and increased confidence in carers (Piescher et al. 2008), a decrease in compassion fatigue (Kaasball et al., 2019; Geiger et al. 2013) and an increase in carer retention (Samrai et al. 2011; Austerberry et al. 2013).

Foster-to-adopt

The carer's understanding of their role and their long-term wish for the child was important. Where carers wanted the child to remain in their care permanently, they were less likely to work towards openness and inclusion with the parent. This theme creates friction with current practice around concurrency planning for children (DfE, 2014). The importance of reducing

placement moves for children has led to an increase in foster-to-adopt and concurrent placements over the last ten years (Coram, 2022). Children are initially placed with carers under fostering regulations, with a plan for these placements to become adoptive placements if children are unable to return to birth families. Although this practice is grounded in an understanding of attachment needs (Holmes & Farnfield, 2014), this review highlights incompatibilities between a desire to adopt and the creation of a partnership relationship between parents and carers.

Implications for practice

This review findings hold implications for the selection, training, and support of foster carers. The importance of empathy, compassion and understanding would suggest it is essential to recruit carers who have the capacity to develop these qualities towards both children and their families. Additionally, ongoing support and training from fostering agencies is important to ensure carers can understand the lives of the families they work with, and to support them to manage emotional and relational stressors and conflicts promptly. Similarly, support and training are required for professionals to enable them to recognise the importance of supporting the parent-carer relationship, and to develop the skills to confidently engage with the relationship dynamics. Given the heavy burden birth families enter the relationship with, ongoing professional support to assist them to process their emotions and negotiate their new role in their child's life, and their relationship with the foster carer, is also important.

The care system is already overstretched (Oakley et al. 2018), and increasing the support required to carers, families and professionals could create additional strain. The benefits of providing the training and support required, however, in view of the impact on the parent-carer relationship, the decrease in compassion fatigue and the increase in placement stability, would appear significant.

The review raises concerns regarding recent practices of foster-to-adopt. The review highlights the important benefits of a relationship of partnership and support between parents and carers and found a carer's wish to adopt to be a barrier to such a relationship. It would suggest that careful consideration is needed in balancing the minimisation of placement moves for the child, with the need for carers to be able to offer inclusive placements which foster positive, open relationships with birth families.

Implications for Clinical Psychologists

Clinical Psychologists could lead in providing training to professionals working with carers and parents, supporting professionals to develop their understanding of the importance of the parent-carer relationships and the inherent complexities entailed, and develop the skills to engage with those dynamics. They can support professionals to think about the powerlessness experienced by many parents, enabling the development of trauma informed practices.

Clinical Psychologists could engage directly with the training and support of carers, increasing their understanding of parent's stories within the context of trauma and powerlessness, and raising awareness of the impact of their relationship with birth families on the emotional wellbeing of children. Lotty et al. (2020) found that psychological input increased carers capacity for reflexivity and emotional openness towards children and their families.

Implications for research

Because of the lack of information regarding the legal situations, reasons for care and long-term plans of children included in the studies reviewed, it would be helpful for future research to explore the impact that these factors have upon the parent-carer relationship and identify specific factors relevant in different situations.

The voice of children was only included in one paper, therefore, it would be helpful for future research to directly explore the impact of the quality of the parent-carer relationship upon the child.

Although the review highlighted difficulties with the level of support currently provided by professionals, the studies did not closely examine the reasons for this. Further research to explore the barriers and facilitators to professional support would be beneficial.

Finally, the review highlighted carer attitudes and actions which can promote or hinder positive parent-carer relationships, however, the papers did not explore the carers' experience within their role. The role of carers can be extraordinarily difficult. They are asked to embrace the lives of children and their families- lives which may be very different from their own. They are asked to engage with the trauma and loss of children, and to connect with the family who may have played a part in that trauma. Research to look at the experience of carers in engaging with and holding the stories of children and their families, would be of benefit.

Limitation of this review

This review has several limitations. The heterogeneity of the papers included, with different sample populations, different definitions of carers, variability in design, analysis, and quality, make it difficult to synthesise and compare findings to draw general conclusions. This is compounded by the small number of papers reviewed, and the small sample sizes of most papers included, resulting in the findings not being easily transferable. Caution is, therefore, required in the interpretation of the review findings.

The lack of UK studies is a further limitation. The studies crossed several countries where fostering regulations and practices differ considerably. The review has synthesised the

findings across those studies, so may have inadvertently conflated experiences across different countries.

The qualitative methodologies of all the studies reviewed result in a rich understanding of experiences, however, qualitative methodologies by their explorative nature, result in difficulties determining cause and effect relationships.

The use of analytical techniques such as narrative, IPA and thematic, include the potential for researcher bias within the interpretation of study data. This is compounded by the possibility of author bias introduced by the use of thematic analysis to synthesise previous themes identified.

Despite these limitations, the importance of the parent-carer relationship and the lack of research regarding it, means this review has some useful considerations for both clinicians and researchers.

Conclusion

This review examined fifteen papers exploring the relationship between parents and carers. It revealed the importance of carers understanding the lives of parents within the context of their stories, recognising power imbalances and trauma experiences, and engaging from a position of compassion, understanding and openness. It revealed the importance of good communication, skills in conflict resolution and the negotiation of clear boundaries. It highlighted challenges to open inclusive relationships, such as a lack of clarity around roles and a motivation to care for the child permanently. Finally, the review emphasised the importance of training and the importance of professionals scaffolding and supporting the parent-carer relationship. Although the included studies varied significantly, affecting the transferability of the results, important messages can be taken forward to inform clinical practice and future research.

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Section B

**An exploration of the experience of
foster carers in holding the life stories of
the children in their care:**

**An Interpretative Phenomenological
Analysis**

For submission to the Journal Adoption and Fostering

Abstract

Children who have experienced early trauma require high quality emotionally responsive parenting to support them to make sense of their early stories and build healthy future relationships. Foster care can be an important resource for these children, however the task is challenging and there are difficulties with both foster carer retention and recruitment. This study uses Interpretative Phenomenological Analysis to explore the lived experiences of foster carers in holding the stories of trauma and loss brought by the children in their care. Ten local authority foster carers were interviewed, all caring for children aged between eight and thirteen years, placed with them on a long-term basis. Three superordinate themes were identified from the analysis; Processing the story; Holding different stories; The Personal and Professional. Processing the story highlighted the emotional task engaged in as carers tried to make sense of and process their child's story, for themselves and their child. Holding different stories captured the different ways the foster carer and the child's story interacted. The Personal and Professional explored the challenge of managing the personal task of care within the wider professional context, and the relationships carers held with the professional team around them. The importance of acknowledging the considerable emotional task of caring for children who have experienced trauma was identified, and recommendations made to facilitate a more trauma informed approach, capable of holding the trauma collectively.

Key words

Foster carer Child in care Attachment Developmental trauma

Introduction

The stories of children in care

Children come into foster care with a multitude of stories and experiences including neglect, complex trauma, disrupted attachments (DfE, 2022). These experiences can have a profound impact on children's emotional health and development (Coman & Devaney, 2011; McAuley & Davis, 2009; The Fostering Network, 2016).

Stories of attachment

First recognised by Bowlby (1958; 1969; 1978), attachment is a fundamental survival mechanism whereby an infant develops an attachment relationship with a primary carer for the purpose of having their needs met. Children in care have a higher incidence of attachment difficulties than the general population (Tarren-Sweeney, 2008; Turner et al., 2019; Herwig, 2022). Inconsistent, neglectful, or abusive early parenting can result in children lacking the opportunity to develop the blueprint for trusting relationships with adult caregivers (Kenrick, 2000; Schofield & Beek, 2009); developing negative internal models of themselves and the world (Bowlby, 1973; Hillman et al., 2020); and insecure or disorganised attachment styles (Bacon & Richardson, 2001). These models and attachment styles can then transfer to future fostering relationships (Guishard-Pine et al., 2007; Munro & Hardy, 2006). The consequences of difficulties in attachment relationships are far reaching, and can lead to low self-esteem (Seim et al., 2021; Solomon & George, 2011), poor emotional regulation (Turner et al. 2019), challenging behaviours (McLean et al., 2013), relational problems (Ratnayake et al., 2014), educational difficulties (Bergin & Bergin, 2009; Philips, 2007), and future mental health difficulties (NICE, 2015).

Stories of trauma and neglect

Experiences of complex trauma and neglect prior to entering care can have a profound impact on the neurological development of children (Carrion & Wong, 2012; Mclean, 2016), with disruption to the development of the limbic and cortical areas of the brain- responsible for emotional regulation, learning and attention- as survival is prioritised over higher aspects of functioning (Hughes & Baylin, 2012). The consequence is arousal and sensory difficulties in children (Treisman, 2016), impulsivity, poor emotional regulation (Woolgar & Scott, 2014) and difficulties with learning and attention (Children's Bureau, 2017).

Stories of loss

Children in care have frequently been separated from important relationships. England's Children's Rights Director found that 18% of children in care had lost contact with their birth mother, 46% had lost contact with their birth father, 81% had been separated from a sibling (Morgan, 2009). Boss (1999; 2007) coined the term ambiguous loss to describe a loss which remains unclear and without closure. Boss identified the difficulties in processing such losses, leaving children stuck in feelings of shock, anger, powerlessness, and deep sadness (Boss, 2016; Mitchell, 2018).

Adoption research has shown the importance of supporting children to retain contact with significant people in their lives when they move to permanent homes (Neil et al., 2019). Rather than a model of transferring attachments, new attachment relationships are formed with new carers and supported by children retaining early attachment relationships. Ruptured attachments can result in experiences of grief, abandonment, and disconnection (Debiec, 2018; Kenrick, 2000), leaving children struggling to process early relational trauma within the context of the loss of those early relationships (Holland & Crowley, 2013) in addition to managing divided loyalties between their birth and foster families (Dansey et al., 2018).

Stories of trauma, loss, and disrupted attachments have been correlated with higher levels of mental health difficulties (McAuley & Davis, 2009; Millward et al., 2007), social, emotional, and behavioural difficulties (McCarthy et al., 2003), and poorer educational attainments (Liabo et al., 2012). Recent research around epigenetics has, however, highlighted the capacity of individuals to heal when offered appropriate relational conditions (Siegel, 2012; Hughes et al., 2019). The importance of foster care, in providing these conditions, cannot be underestimated.

The healing potential of foster care

Foster care can offer an opportunity to process and heal experiences of trauma and neglect, as children bring their early stories into the fostering relationship (Ludy-Dobson & Perry, 2010). Herman (1992) argues that psychological trauma results from disempowerment and disconnection from others, and, as such, can only be healed within a relational context. Conditions identified as important for healing are emotional safety, connection, and containment (Treisman, 2016).

Containment (Bion, 1962) refers to the process of carers 'holding' a child's emotional experience so that those experiences can be processed and integrated by the child. Foster care can offer this to children, a safe relational space to process and integrate early experiences (Golding, 2007).

Through 'holding' the child's early story, carers can support children to make sense of their stories (Bell, 2021); process experiences of trauma and loss, moving from a shame response to a more positive sense of self (Walker, 2018); process previously unbearable experiences and develop higher levels of emotional regulation (Whitwell, 2004). Through holding relationships with birth families, carers can support children to make sense of early relational dynamics, and develop alternative relational blueprints (Griffin, 2004).

The impact of holding the stories

Providing a healing space for children to process trauma and loss is an enormous task.

Research has found high levels of compassion fatigue and secondary trauma in professionals repeatedly exposed to stories of trauma (Killian, 2008; Whitfield & Kanter, 2014). Foster carers take stories of trauma into their homes and research has found them to experience high levels of compassion fatigue (Ottaway & Selwyn, 2016; Bridger et al., 2020; Hollett, 2021).

There are problems with recruitment and retention (Fostering network, 2021; Foster & Kulakiewicz, 2022) and significant levels of placement breakdowns (Van Rooij, 2019; Khoo, 2014). The impact of a placement breakdown on children has been correlated with increased behavioural difficulties (Newton et al. 2000; Rubin et al, 2007); poor academic performance (Pecora et al., 2006); compounded feelings of loss and mistrust (Unrau et al., 2008). Carers can experience guilt, shame and powerlessness following a placement breakdown, impacting on future placements, and increasing the likelihood of carers leaving the profession (Roche, 2012).

Supporting carers

Despite the importance and challenges of fostering and the significant consequences when things go wrong, the support available to foster carers is variable (Octoman & McLean, 2014; Cosis-Brown et al., 2014). The relationship between foster carers and social workers has been found to be important in reducing placement breakdowns (Tregeagle et al., 2011; Tonheim & Iversen, 2019) and increasing retention rates (Blythe et al., 2014). However, Maclay et al. (2006) found many carers felt unsupported, undervalued and in conflict with the social care system.

Reason for the study

The literature highlights the complex stories children bring to foster care and underlines the important role that carers play in helping children to process these stories, healing from

experiences of trauma, loss, and disrupted attachments (Hughes et al. 2019). It highlights the significant emotional impact on individuals who are repeatedly exposed to traumatic stories, and the potential consequences in terms of secondary trauma and compassion fatigue (Hollett, 2021), in addition to the emotional cost of placement breakdowns on both children (Unrau, 2008) and their carers (Roche, 2012). Finally, the literature highlights the variability and, at times, inadequacy, of carer's experience of professional support (Maclay et al. 2006). In view of this, it is important for services working with foster carers, to understand their experiences of holding their child's early stories more fully. Recent research has focused on factors impacting placement stability, however minimal research has looked specifically at carers experience of holding the trauma stories of their children. This study hopes to begin to address this deficit. It is hoped that an increased understanding will enable professionals and services to offer targeted appropriate support to assist carers with the task. It is anticipated that this will benefit carers and children alike- leading to a reduction in secondary trauma and compassion fatigue- increase the emotional resources and responsiveness of carers and decrease placement breakdowns.

Method

Aims

This study aims to explore carers' experiences of relating to and holding the stories of the children in their care.

Ethics

This study was undertaken in a local authority fostering service. All participants were accessed via their supervising social worker, it was agreed that this social worker would be contacted if any issues of risk arose. Consultations were held with team managers to ensure

consideration of issues relating to safeguarding, risk, confidentiality and lone working, and the researcher agreed to follow relevant local authority procedures (appendix B(v)).

Children and their birth families had not given consent for carers to discuss them in this study. Given this, the focus of the interview was the carer's experience rather than details of the child's story. First names only were used and then removed, by the researcher, from the transcription.

The study was approved by Salomons Institute for Applied Psychology Ethics Panel in December 2021 (Appendix B(i)). This approval was accepted as adequate by the Local Authorities Research and Development Team. NHS values of respect, dignity, compassion and improving lives were integral to the research aims.

Design

Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) was utilised for the study. IPA allows for a detailed exploration of the lived experience and meaning making of participants (Alase, 2017). The study aimed to explore the experiences of foster carers in relating to and holding the stories of the children in their care, thus a qualitative design, using IPA, was considered an appropriate methodology.

IPA utilises the concept of the 'double hermeneutic' (Eatough & Smith, 2017), whereby the researcher is actively involved in seeking to make sense of the participant making sense of their world. The process recognises the interaction between the prior conceptions of the researcher and the lived experiences of the participants, resulting in an iterative and shared process of meaning making. Researcher reflexivity is an integral part of IPA, as the researcher seeks to be aware of the interaction between their experiences, beliefs and conceptions and those of the participant (Engward & Goldspink, 2020).

Recruitment

Smith et al. (2009) recommends that IPA samples are small (no more than ten participants) and highly homogenous to get as close to the desired experience as possible (Eatough & Smith, 2017). Given this, all participants were recruited from one local authority and clear inclusion/exclusion criteria was used (table 1)

Table 1: Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria	Reason for selection criteria
<p>Foster carers registered by the participating local authority</p> <p>AND</p>	<p>Agency foster carers or carers not registered with the participating local authority.</p> <p>Foster carers who were caring for children short term</p> <p>OR</p>	<p>To facilitate homogeneity</p>
<p>Foster carers who are currently caring for a child or children between the ages of eight and thirteen years</p> <p>AND</p>	<p>Foster carers who are not caring for children younger than eight or older than thirteen years</p> <p>OR</p>	<p>To facilitate homogeneity.</p> <p>To capture the period identified as ‘Middle childhood’ by Brodzinsky (2011) - a period characterized by a search for identity, making it a period where a child’s early history is likely to be important in the lives of the foster family.</p> <p>To avoid the challenges inherent in the later period of adolescence (Dahl et al., 2018) To exclude children who first become looked after as teenagers.</p> <p>To avoid the younger years where children may be involved in court proceedings with uncertainty surrounding their future lives (Neil et al., 2019).</p>
<p>The child(ren) had been in their care for at least two years</p> <p>AND</p> <p>The plan was for the child to remain with the foster carer on a long term basis.</p> <p>AND</p>	<p>Had been caring for the child(ren) for less than two years.</p> <p>OR</p>	<p>To increase homogeneity by including only carers with established relationship with children, who have made a long-term commitment to them.</p>
<p>The child(ren) had no significant diagnosed additional needs</p>	<p>Children who had significant diagnosed additional needs including a learning disability or a physical disability.</p>	<p>To avoid compounding the results with the experience of carers managing additional complexities specific to a disability.</p>

Participants were recruited via adverts disseminated by social workers (Appendix B(viii)) and presentations at local authority fostering groups. Interested carers, who met the inclusion criteria, were provided with detailed study information (Appendix B(ii)) and invited to ask further questions through email or a telephone conversation with the researcher.

Participants

Ten participants were recruited. All participants were heterosexual white British females. Five participants were married/cohabiting and five were single carers. All participants and children were ascribed pseudonyms to protect their identity.

Table 2: Participant information

Participant	Pseudonym	Age bracket	Relationship status	Years fostering	Total number of children fostered	Number of children currently fostered
1	Rebecca	50-60 years	Single	17 years	37	1
2	Emily	50- 60 Years	Single	17 years	5	1
3	Patricia	60 -70 Years	Single	29 years	12	3
4	Louise	50-60 Years	Single	10 years	6	2
5	Kim	40-50 Years	Married	8 years	7	1
6	Fiona	60-70 Years	Co-habiting	28 years	50	1
7	Sarah	60-70 years	Married	10.5 years	35	2
8	Gillian	60-70 years	Co-habiting	7 years	9	2
9	Molly	40-50 years	Married	5 years	5	2
10	Lottie	40-50 years	Single	3 years	2	1

Table 3: Child information

Participant	Pseudonym of child/ children	Age of child/ children	Ethnicity	Time in placement
1	Matthew	13 years	Black African	6 years
2	Jane	13 years	White British	10 years
3	Hayley	10 years	White British	4 years
4	Thomas Mark	9 years 8 years	White British	5 years 5 years
5	Jake	10 years	White British	6 years
6	Paul	11 years	White British	3.5 years
7	Mike Alex	12 years 9 years	White British White British	5.5 years 2 years
8	Robert Tammy	13 years 10 years	White British White British	2 years 3 years
9	Richie	8 years	White British/ Black	2.5 years
10	Luke	9 years	White British	2 years

Interviews

An interview guide (Appendix B(ix)) was developed drawing on existing literature with a focus on promoting the exploration of participant's lived experiences and meaning making (Smith et al., 2009). Example questions are presented in table 4.

Table 4: Example interview questions

- Can you tell me about your experience of learning about (child)'s story/early history?
- What was it like, hearing their story and getting to know (child)?
- How has your relationship with (child) and experience of their story changed over time?
- What is it like, to be caring for (child) and holding their story for them?

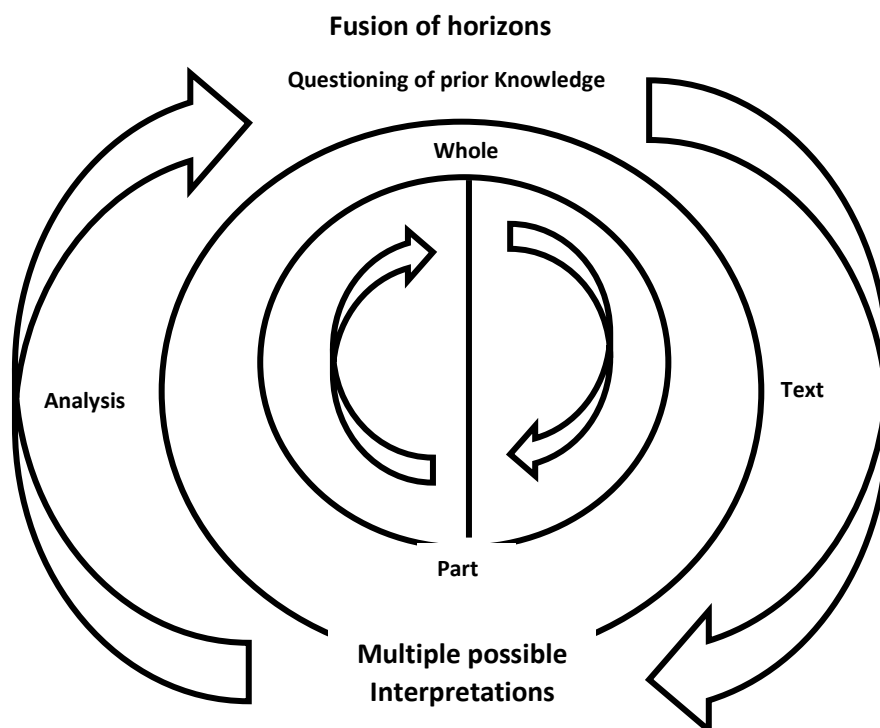
The interview guide was discussed with social workers and foster carers from a different local authority to ensure relevance of topics and clarity in wording. Semi-structured interviews were used to allow participants to direct the process of the interview within the parameters of the topics to be covered.

Participants could choose to be interviewed at home or at social services offices, all participants chose to be interviewed at home. Arrangements were agreed with carers to ensure children were not present. The duration of interviews ranged from 45 – 90 minutes with the average interview time being 60 minutes. Interviews were audio-recorded and transcribed by the researcher. Written consent for the interview, audio-recording, and analysis, was gained prior to interview (Appendix B(iii))

Data analysis

IPA research requires an immersion in the interview data to generate initial codes which are later grouped to form super-ordinate themes. Engagement with the hermeneutic circle (figure 1) is important to promote a continuous moving between transcripts and analysis, rather than a linear process.

Figure 1: The Hermeneutic Circle



Peat et al. (2019) outlines the following steps for IPA analysis.

Table 5: Process of Interpretative Phenomenological Analysis

Step	Process
1	Repeated reading of a single interview transcript alongside the audio recording in order to create immersion in the content of an individual case.
2	Initial notes, observations and reflections made regarding the individual transcript. These notes are guided by Smith et al. (2009)'s domains of the descriptive, linguistic and conceptual. This process creates initial codes.
3	Emergent themes are identified by reviewing the initial observational notes and 'chucking' together initial codes.
4	Connections between emergent themes are identified and explored
5	Steps 1- 4 are repeated with each individual interview. Codes and themes from previous cases are 'bracketed' so that each case is considered with fresh eyes.
6	Connections between emergent themes within and across the transcripts were explored and grouped together. These groupings are assigned a descriptive label. Idiosyncratic differences are noted.
7	Themes which were less evidenced by the data were dropped
8	A final list of super-ordinate and subthemes were generated capturing commonalities across participants experiences in addition to highlighting individual variation and idiosyncratic content.

Quality assurance and reflexivity

The above stages of IPA analysis were followed by the researcher. One complete and three partial transcripts were double coded by an additional member of the research team.

Discussions were held regarding the coded transcripts and emerging themes were identified and explored enabling the co-construction of themes (Yardley, 2008).

An audit trail was completed to demonstrate the progress from data to themes (Appendix B(xi)). Direct quotes are used to illustrate themes to promote transparency and retain

connection with the original data (Yardley, 2016). The research team reviewed the quotes alongside identified themes, to ensure reliability.

A reflective journal (Appendix B(vii)) was kept enhancing reflexivity and ensuring quality standards (Spencer et al. 2003). Additionally, a bracketing interview (Appendix B(vi)) was completed prior to interviewing (Fischer, 2009). This enabled the researcher to explore personal biases which may impact the interview or analysis process. LeVasseur (2003) highlights the futility of attempting to ‘bracket’ experiences and preconceptions, however, acknowledges the importance of increased researcher reflexivity as an important part of the hermeneutic circle.

The researcher

The primary researcher is a White British female completing the Doctorate in Clinical Psychology at Salomons Institute for Applied Psychology. Prior experience includes twenty-years as a Social Worker working with children in care. The researcher had no experience of working within the local authority involved in this study. The impact of these experiences upon the research were held in mind throughout, discussed with the research team and reflected upon in the reflective journal.

Results

Three super-ordinate themes were identified which captured different aspects of the carers’ experience of relating to and holding their child’s story: Processing the story; Holding different stories and relationships; The personal and professional. These themes contained eleven subthemes. Each theme is described with selective interview extracts in table 6 below.

Table 6: Table of themes

Superordinate Theme	Sub Theme	Number of participants contributing to this subtheme	Illustrative Quote
Processing the story	Making sense of the story	10	<p><i>why does he hide under things or hide in cupboards, and he'd gone, shut the door in the cupboard at school, and stay in the cupboard, so they ended up getting him a tent, so that he could go in the tent, and have his time out in the tent. And when, again, when I spoke to my friend, his sister, who's two years older than him- he's got a little brother, and an older sister- would get the boys, when it kicked off indoors, and hide in a cupboard or hide under the table, and she would keep him safe (Fiona).</i></p> <p><i>you then hear little bits and pieces and then, and obviously you're trying to social workers know if you hear anything, so they can, or record it in the recordings so it can be added on (Molly)</i></p> <p><i>So yes, and you'd sort of find out more details. Like we get together with the siblings, just every now and again, all the carers get together. So you learn different things from different carers and that (Gillian)</i></p> <p><i>Right, he is, we've not got to the bottom of it completely, but It's something I need to ask mum again. If, whether dad's African or Caribbean, from the Caribbean, but she's mentioned various things - Indian Chinese, various things (Molly)</i></p>
	The emotional experience	10	<p><i>picturing it, images of it, em, that anger inside, em, [pause} the feeling sorry for them, the, you know, the, like thinking they could never recover (Louise)</i></p> <p><i>It shocks me to the core and it's hard to sort of, hide that like, as if you take a big deep breath (Lottie)</i></p> <p><i>And it's the little things like that. You suddenly feeling as if you've been stabbed, it really opens up a wound. I saw his little face. It's horrible. And that's daily on a daily basis, it's constant. (Rebecca)</i></p> <p><i>It's really hard to, you know, because you can't imagine that somebody could do what they did.... I remember once when [husband] was giving me a cuddle in the hall, we were mucking about, it was noting, and Jake completely freaked out because he thought he was hurting me... we had lots of tears at the beginning' (Kim)</i></p> <p><i>yeah, I'm not good at feeling. It just, it It's, just It's heart-breaking a lot of time, and, and hard, of, like not just breaking your heart, It's hard like trying to not get angry and not get sad..(Lottie)</i></p> <p><i>Yeah, it is, is it's sad, it is really sad, but we can't get locked in that, and that's what I hold to, I can try and understand. Her story, for me, helps me understand why she does certain things (Patricia)</i></p>

			<i>listening to what some of them children have been through, when you get the first call is actually really quite difficult, because I don't think that you can, you can put into words sometimes what these children have been through, and you do get told some quite horrific information. (Kim)</i>
	Holding the story for the child	8	<p><i>But what I did find out is his birth weight and all of that, which we've put on like a little ornament thing that he has in his bedroom, so when he started talking about baby photos, we done something for him, so he, he has something so he knows where he was born, how much he weighed, what time he was born, em, he wanted to know his middle name, which I didn't know, so I had to find all of that out (Kim)</i></p> <p><i>she, you know, she was too tiny, and she just couldn't make sense of it all, so, um she'd been all over the place, then, so it was really difficult for her (Emily)</i></p> <p><i>Um, at the moment I'm trying to get Matthew to make sense of that, he's not making sense of it. (Rebecca)</i></p> <p><i>But she was actually, she was talking about mum- oh, and some of the things she said it was just so deep, and so, and I'm looking at her, thinking 10 year old child, 10 year old child, because this was, oh no, she was nine at the time, you know, and you think, 'Oh, my goodness', and I just sat holding her, and I did, I tot, she was crying, I cried, but she does this pretend crying because she doesn't know how to cry, but I did, and she said 'that's the second time I've seen you cry.' and I said to her, 'well things can get very sad [child], you know, and I, I understand you saying that I don't understand exactly how you feel, and I don't, but I can feel it for you' you know.(Patricia)</i></p>
	Finding new stories	10	<p><i>But see, she's learning, and I think her, the thoughts within her mind are moving, and they're changing, so she feels more vulnerable, so let's have all, more even more, so I'm just going with it, I'm just going with it, and, and we have to, we do I think it's a pattern that we learn to do, of letting go saying, and saying, that really was not nice, you know, and so and so was really upset by what you did. (Patricia)</i></p> <p><i>I just feel differently now, I Just feel that, you know, (pause)that, not that they're lucky to have been abused, but they're lucky to, to be out of it, now, and to have the good life that they've got now and to be, you know, (pause) em, with a foster carer who loves em like I love em. (Louise)</i></p> <p><i>she has got a friend that actually genuinely does love her, and cares about her, and wants to be with her, and thinks she's funny, because she is really funny, and silly and all the rest, so you know (Emily)</i></p> <p><i>And he tells me, he's tried really hard, he goes, I concentrated. I've made myself be quiet. I sat there like that. The teacher said something to me that maybe cross, and I didn't answer back. And- this is how he talks to me- and I say 'brilliant babe, you've got it. you've got it sussed'. (Rebecca)</i></p>

Holding different stories and relationships	Intertwining stories and relationships	8	<p><i>I was telling her and I said to her, I did that because obviously I was married at one point, and I said to her when, when I wasn't married anymore, I said, I used to do this because I was, I felt very, very angry, and I said I used to write it down on a piece of paper. And she said, what did you use to do? And I said, I used to jump up and down on it, and then rip it up and put it in the bin, and that made me feel better, because I wasn't hurting anyone else. And em, she said 'oh, all right'.</i></p> <p><i>so it's almost like, you are bringing her into your story, your life, your routines, your boundaries, your this, and then you adapt as you go, I think (Patricia)</i></p> <p><i>I know it's not about me, it's about [child], but actually, you have to remember that [pause] I am looking after, and I've got all these feelings and things going on, and you know, and she is sad about grandpa dying, and {husband's name} leaving, because obviously [husband's name] leaving was a massive thing for her. She still now, will say to me, if we see him, we went and had dinner with him on Friday, and he's got a new flat, went and had dinner there, and, um, with all my children as well, and she said, 'will you get back together again'.</i></p> <p><i>I feel like she's, er, it's like, my life's such a big part of her life and her life's such a big part of my life, you know. (Emily)</i></p> <p><i>my son was about, I suppose, six at the times cos he'd started school, so so, you are very aware, I wasn't quite as aware as how I'm bringing two children with trauma into my little boy's life (Kim)</i></p> <p><i>well, my, my son died the week they went back to court, (Gillian)</i></p>
	Expanding stories and relationships	5	<p><i>we had once a month contact with (foster brother)'s dad and his stepmom, we actually went to their wedding reception. That was nerve racking, I felt I was in a goldfish bowl because they were misbehaving (Sarah)</i></p> <p><i>he's involved in everything. My oldest daughter had the baby 12 months ago, and she's gone back to school-teaching, and we have (grandson) on a Monday and Tuesday. So (daughter), brings him over on a Sunday and I take him back Tuesday, and it's uncle Matthew, and they are absolutely a team, those two, when (grandson) sees Matthew his face lights up, and he's only just started to walk, you know, he's at the few steps and fall down stage, but he did the few steps to Matthew and put his arms up and, oh, my heart melted, So Matthew is very much part of her family, but everyone is aware of his difficulties, and because (daughter) a teacher, and so her other half, he's a teacher as well, he's an acting head. They've got an awful lot of insight. And they know. (Rebecca)</i></p> <p><i>It's, it's it's like, I've got a brain full of spaghetti, always trying to get, to get the right strings to the right bit without knotting them up anymore (talking about relationships with birth family) (Lottie)</i></p>

<p>Holding stories and relationships in balance</p>	<p>7</p>	<p><i>Yeah, because he wanted to be with, with mum, you know, now he says he doesn't he says, you know, I think, I think if he could be told he could spend half the time with her and half the time here, he'd be happy. They have those split, split loyalties, don't they? (Molly)</i></p> <p><i>She got under no illusions what her mother is like, but she still worries about, she still wants to..., they love the parents, whatever, don't they? Which is fine.</i></p> <p><i>Even though she loves living here, you know, she can see what it should be like, and often that, sometimes she gets very, she can get jealous of the grandchildren (Gillian)</i></p> <p><i>But yeah, I literally, it does make me feel hurt, and sometimes I look at him and think 'oh, you poor little boy. Poor poor little boy'. And then I think well, now you're in a nice little school with your nice friends- and he is -it's a different life- but I know he must still know about this horrible life, but it is like he's got two, two lives, which I find is difficult.</i></p> <p><i>Two lives, and every now and again, this life integrates back into- he's got to go and see his mum and his sister, whatever. So that's hard, you know (Lottie)</i></p> <p><i>And then in the next breath, it's 'well, I don't want to leave here anyway'. Before they went to court, she told the court she wanted to live here. But then she said, Can I write a letter to the judge? She wrote a letter saying, I want to see my mummy, but can I live with (foster carer and partner)? (Sarah)</i></p>
<p>Keeping stories and relationships apart</p>	<p>6</p>	<p><i>Sometimes, what I want to do is just, wrap me and {child} in a ball, and tell everyone to bugger off, and just get on -because it feels like there's always an interruption of, even seen as parents his sister- like I say, which, I find that hard, I find all- the actual looking after child and having to deal with all this going on, is, I find this, not easy, but absolutely fine, it's all the other bits that I find hard work (Lottie)</i></p> <p><i>I'm just trying to avoid the places that I know is more relevant for them to go. Whether they still, I think his aunt definitely still lives in (town), his dad had moved, but we don't know where, and there's a stepdad as well, it's his stepdad and his uncle that he's scared of and doesn't ever want to see, his dad and his mum he'd be fine with that, if he saw them, and his auntie, but you just don't know as well, what that will bring up. (Fiona)</i></p> <p><i>I've explained that to them in email after email after email, you, we are undoing what we're trying to do, because as soon as we're coming up seeing mum- 'I don't have to care about you, because I've got my mum, my mum loves me'. Then once she's seen Mum afterwards, 'oh, my mum couldn't give a F about me, good job I've got you'. But she's still swearing at me over what mum has said or what mum, mum, mums got a kitten, or she's been replaced if mums, doing whatever, you know, and it's just, it does, it is frustrating, because and not, it's for her (Patricia)</i></p>

The Personal and Professional	It's not just a job	10	<p><i>You know, at the end of the day, we're the people that have got these children 24/7 and know them inside out. You know, a social worker will see them an hour every six weeks, you don't, you don't really get to know that child. (Fiona)</i></p> <p><i>I love it. The end of the day, I love my job. Always have done. It's not a job. I'm feel completely blessed that I've got this boy and this experience that we've gone through together is just so unique. (Rebecca)</i></p> <p><i>I think that professionals need to listen to us, as much as, I know, we're emotionally involved, but I don't know how they expect you not to be emotionally involved when it comes to children, and, you know, em, so a little bit more understanding with that, I mean, my social worker that I had used to foster so I think helped with a little bit, em, because you can't go into doing this, it isn't just a job. (Kim)</i></p>
	Caught between the personal and the professional	7	<p><i>That, that was, that was, but you get told don't get attached, that's what it was like at thingy. But when, even when you got a child it's clinging on to you, and he was quite clearly really upset (Kim)</i></p> <p><i>That was hard, I was really upset. I felt like a failure. I felt a failure. I felt I'd let her down. Yeah, that was really hard. I struggled with that (Molly)</i></p> <p><i>I remember going to see Jake for his first visit, and he clung hold of me so hard, and wanted to come home with me, even now, if I think about it, it upsets me, because I had to push him away, and that was really hard to see, it upsets me now (becoming tearful).....Because you've got a child that, and you've got to reject them (tearful). (Kim)</i></p>
	Working with or fighting against	6	<p><i>I can see why they don't keep their foster carers, I can absolutely see why, especially if people haven't been in it very long. They think, you know what, I'm not doing this anymore. And walk away. I can definitely see it. Because, not that, you don't want praise, that's not the thing, but, actually, you want to be treated like you do know what you're doing.....I'm not stupid. I know what I'm doing, most of the time. So, (pause) and then to be sort of told that this meeting, that was supposed to be happening on a Wednesday, and then cancelled,- oh well, usually foster carers don't attend this meeting, because it's for professionals. That wound me up a little bit. (Fiona)</i></p> <p><i>I just I, I really didn't feel that, um, really, there was anybody understood how I felt, and understood how betrayed I felt because it had been done in that way.... horrid. You feel like um, oh I don't even know how to describe it. You feel very alone. Again, I didn't get any support from anybody (Emily)</i></p> <p><i>'I get along great with [social worker]- can't fault her- we've had our disagreements, very professional with them, come to an agreement that we both sort of, you know, but then it's over with, we're chatting about everyday things' (Sarah)</i></p> <p><i>I did also have a lot of support, em, [child's] social worker, my social worker and specialist school and things like that, and when you've got that support, it does help you. (Kim)</i></p>

Super-ordinate Theme One

Processing the story

This super-ordinate theme captures the different experiences of foster carers as they make sense of and process their child's story. It captures the experience of carers in engaging with the emotional pain and trauma of their child's individual stories. It contained four subthemes: Making sense of the story; The emotional experience; Holding the story for the child; Finding new stories.

Making sense of the story

All ten carers described piecing together information to make sense of their child's story. Stories were fragmented, confusing, and contradictory, frequently with significant unknowns. Different people including birth families, professionals, previous carers, held different parts of the story from differing perspectives. Carers grappled with their need to make sense of the story, against the impossibility of the task, as expressed by Lottie:

'It's like doing a puzzle, a constant puzzle that changes all the time.'

Rebecca describes trying to make sense of her child's story within the context of gaps and contradictory stories from his siblings. Ultimately, she must hold the uncertainties and confusions.

'they tried to work out his family from what he was saying, and his journey, with the roadmap and a car.... But I don't think we could actually make any sense of it'.

Carers sought to piece together the story from their child's words and behaviours. Lottie describes a process of thinking about her child's behaviours in order to put together the pieces of his story.

'this happened today.....what do you think? And then [daughter] will say, 'oh, do you suppose that's happened', or 'do you suppose it was like this?' and we'll have a talk and try, and she'll help me try and patch together the pieces of what he's said.'

As Lottie uses behaviours to understand the story, she highlights a dualistic process described by most carers, as they try to understand behaviours through the story, and try to make sense of the story through the behaviours, holding the ambiguities and uncertainties that arise. This often left carers caring for a child from a place of not knowing and uncertainty. *'I find that hard, because I don't know where that is coming from, I don't know- is that something from his past?'* (Lottie)

In this way, all ten carers described a process of piecing fragmented stories together, to make sense of their child's world.

The emotional experience

Alongside piecing together the story, many carers described an emotional journey of processing their child's experiences. Louise describes her shock on learning about her children's sexual abuse.

'It was just a really awful thing to hear.... I would just be going around the supermarket and suddenly something would come into my head and I'll be really, really tearful.....I felt like I was a rape victim going into these places....Picturing it, images of it, that anger inside...'

Her parallel with a rape victim, her experience of intrusive thoughts while shopping, flashbacks, and spontaneous crying, highlight her intense experience of her children's trauma.

The intensity of the journeys varied, however themes of shock, anger, sadness and hope permeated them all, suggesting carers connected with the stories at a deeply personal level, and appeared to move through a cycle of grief as they processed the stories.

From Louise's initial shock at hearing her children's experiences, she moves through a process of anger: *'I did feel cross as well.....angry, angry with a mum who didn't feed her children. I did feel that resentment.'*

Sadness: *'I was definitely stuck in that, I suppose almost a depression of it, you know, of two little boys who I loved to have been harmed like that'*

And finally, acceptance and hope for the future: *'I just feel differently now, I just feel that, you know, not that they're lucky to have been abused, but they're lucky to be out of it now, and to have the good life that they've got now and to be, you know, with a foster carer who loves them like I love them'.*

Some carers described a less emotionally intense journey, maintaining more emotional distance from the story;

'it is really sad, but we can't get locked in that, and that's what I hold to I can try and understand her story, for me, helps me understand why she does certain things.'

In the quote above, Patricia acknowledges the sadness of the story but emphasises the importance of *'not getting stuck in the story'*, in order to move forward with her child.

However, for others, like Lottie, the experience of her child's story was intensely distressing.

'It's heart-breaking a lot of time, and, and hard, like not just breaking your heart, it's hard like trying to not get angry and not get sad.'

Holding the story for the child

Alongside grappling to make sense of and process the stories for themselves, carers described facilitating a similar journey for their child, piecing together information to help their child make sense of the past.

'I did find out his birth weight and all of that, which we've put on like a little ornament thing that he has in his bedroom.....so he knows where he was born, how much he weighed, what time he was born.' (Kim)

All ten carers recognised that their child's behaviours were manifestations of their emotional worlds, rooted in their early story, and, thus, something that they needed to contain and make sense of with the child.

'He's not going to tell you because, actually, he can't comprehend why he's doing this. And at that point, he's at the top of that mountain, so he has no clue why he's doing it'

In the quote above Fiona recognises that Paul cannot make sense of his emotions sufficiently to understand or manage his behaviours. It is her job to do the thinking for him and to help him to make sense of his experiences.

The sense of powerlessness in the face of the story's pain was described by most carers.

Patricia describes the desire to make it better, against the inadequacy of words or actions, leading to her simply being present, with the story, for Hayley.

'what do you say to her?.....you'd have to hold her, you know, because what could you say to her, and you had to be, because we were still early in learning about her, I had to be so careful what I said as in, because we can't tell her it will be okay.'

This quote illustrates the complexities of being with a child's pain without being able to take it away. In this way, carers held both their own emotional response to the story, and their child's emotional world.

Finding new stories

As carers sought to make sense of and process their child's story, they described changes in their understanding of both their child and their child's family. Louise describes her

understanding for the birth parent's journey increasing, and with it an increased compassion, empathy, and a change in relationships.

'I just feel that, you know, the people that have done this and do these things are very hurt themselves, aren't they? you know, and they need understanding, as well.'

Changes in understanding their child also brings shifts in relationships, as carers understand the experiences behind their child's behaviours, and recognise the resilience and strength shown. Small positives are seen as significant achievements creating a sense of progress and hope.

'she'll skip along in front of us, which she never used to do, she used to be the timid little girl that walked next to us and held onto our hands so her knuckles were white, and she skips along now.' (Sarah)

'I just get on with my life now, and I do see them as them, they are just Thomas and Mark now, and they are, they're so much more than their, you know, negative story that they come with.' (Louise)

New stories emerge, stories which may still hold pain, challenges, and uncertainties, but that also contain love, resilience, and hope.

'like I say, where he is turning into the little boy that he could have been, because my eldest always said, you know, Thomas would have been the high flyer in class.... he'd be out on the sports field excelling. And he'd be in class- excelling, he'd be the highflyer, but it can still be that, you know, that person who really achieves and he's doing it' (Louise).

Super-ordinate Theme Two

Holding different stories and relationships

When a child joins a foster family, their story enters the foster carers world, and the foster carers story becomes part of their world. This super-ordinate theme captures the different experiences carers have of holding the relationships that arise when these two worlds, and two sets of stories, connect. Four subthemes emerged: Intertwining stories and relationships; Expanding stories and relationships; Holding stories and relationships in balance; Keeping stories and relationships apart.

Intertwining stories and relationships

Both children and carers brought their past stories into the fostering relationship. Children brought past trauma and loss manifesting through emotional and behavioural presentations, carers brought their own histories and relationships.

For some carers, the child's story becomes part of their own story as losses and separations are shared. This was particularly evident where carers had cared for their child through a separation or loss. Emily describes her shared experience of Jane's pain, as Jane returns to her care following a disrupted adoption.

'She ended up being in the bath, breaking down, her whole body just flopping and sobbing and crying....we just sort of brought her out and wrapped her in a towel and we all cried together in the bathroom.'

The quote shows the rawness of Jane's sadness, which Emily holds, and which becomes intertwined with Emily's own experience of 'losing' Jane to her adoptive carers, and the adoption breakdown and return to her care. The two stories become shared.

Many carers described caring for children amidst losses and stress in their own lives. Emily described the loss of her father and the end of her relationship, Patricia, the loss of her mother. At times these personal experiences of loss became intertwined with the losses in their children's story. Sarah described the death of her son coinciding with the separation of Alex from her brother.

'I wanted to be the ones to be with them....whether that was a part of the guilt of my son, I don't know..... I did feel that I needed to be there more for her [Alex] after he'd [brother] gone which was quite draining as well, because it was still raw with [son]....both Mike and Alex helped us get through it..... they knew [son], so that was a loss for them too'.

The loss of her son interweaves with the losses for the children and is channelled into a need to be present for the children. The tasks of fostering become both an additional burden and an emotional anchor amidst the personal tragedy. Through their relationship with Sarah's son, Alex and Mike also experience his loss. Both stories intertwine resulting in a shared story.

Expanding stories and relationships

Many carers described a network of relationships connected to their world by the child, with the stories of birth relatives touching carers lives. Sarah described this web of relationships as challenging but enriching, birth family relationships were like *'a big box of balls that they fill up'*-an integral part of her child's world which she tried to embrace.

Gillian described a weaving together of stories as she talked about the creation of Tammy's family tree- including photos of both birth and foster families.

'we got a stencil tree with frames on it, It's really lovely, actually, that's all up her wall, and then she's put the photos she wanted to in there, and she's actually got one of me, [partner] and the dog on there as well, so we're all included.....I said to her, ' you don't have to put

us up there, sweetheart, but that's up to you, you do your own thing. And she's put us all on, and her little brother as well, which she doesn't see, because he's up in Scotland'.

Just as Tammy's family tree included both families, so Gillian described her family expanding to embrace Tammy.

'the sort of foster children that we have, we sort of draw into our family, although we realise they've got their own families.'

As such the two stories weave together creating something larger, capable of holding differences and challenges in birth and foster families. The definition of family is expanded.

Holding stories and relationships in balance

Carers like Lottie, Patricia and Gillian explicitly recognised their children were holding two coexisting stories.

'He's got two, two lives, which I find is difficult. Two lives, and every now and again, this life integrates back into- he's got to go and see his mum and his sister' (Lottie).

The stories were held in balance, both valid, with each becoming a lens through which the other could be viewed. These carers recognised the divided loyalties and conflicts created for the child by the differences in the stories.

'they see my family, see my grandchildren all having normal lives, I suppose it's very hard for them to say theirs wasn't.'

In the above quote Gillian recognises Robert's experience of viewing his story through the lens of hers, highlighting the loss inherent in such comparisons.

Louise described using differences in her daughter's story, and the story of her foster children's birth mother, to understand and hold compassion for the actions of their birth mother.

'both her little boys, both had chicken pox, in succession, she just didn't have any sleep for weeks, but she had me there that's like- well, you go shopping, I'll take them.....[birth mum] needed much more than that, you know, but for someone to have not had that there, you know, you can see why these things break'.

Keeping stories and relationships apart

Some carers struggled with the ongoing presence of relationships connected to their world through the child. With the, often chaotic, lives of birth families repeatedly entering the child and carer's world through contact visits, some carers experienced these connections to be destabilising and intrusive at times.

'when I watch Hayley, and I see how traumatised she is....every time contact comes up, every time after contact, the behaviour escalates, and you watch her be in trauma, traumatised over and over' (Patricia).

Molly described an almost literal intrusion when Richie's contact moved to virtual during Covid-19, resulting in Richie's birth mum 'entering' her home.

'she wanted to see everything, his bedroom and it'd be like, no, so yeah, I was having to keep telling him no because I wasn't happy for the phone to be run around all over the house'.

At these times carers described seeking to limit and restrict the influence of birth families, keeping the stories apart to protect the child and their world. By maintaining this separation, carers sought to protect the world children had entered from the world they had come from.

Super-ordinate Theme Three

The personal and the professional

Most carers recognised the complex balance between their professional role as a foster carer and their personal relationship with their child. This super-ordinate theme captures these

different experiences. Three subthemes emerged: Not just a job; Caught between the personal and the professional; Working with or fighting against.

Not just a job

Despite acknowledging the expectation of professionalism, most carers described a role which went beyond the professional to include their whole life:

‘We can be professional, and we are professional, but actually, we’re having to be professional in our homes and with our complete home life and are own children, and so we need to give people some leeway then, a bit of space for it all, because it’s your whole life’

Here, Emily illustrates the difficulty, for carers, of separating the professional and the personal and negotiating one’s identity within the context of both.

All ten carers described their love and commitment towards ‘their child’, comparing their care for them to that of their biological children and grandchildren. Professionals were seen as more distant and transient, with frequent changes in social workers resulting in the carers being the person who knew the child best and was holding the story.

‘At the end of the day, we’re the people that have got these children 24/7 and know them inside out’ (Fiona).

Additionally, while professionals could walk away, carers experienced themselves picking up the pieces of decisions, such as the emotional fall out of difficult contacts, but, also, for a small number of carers, life changing and deeply personal decisions.

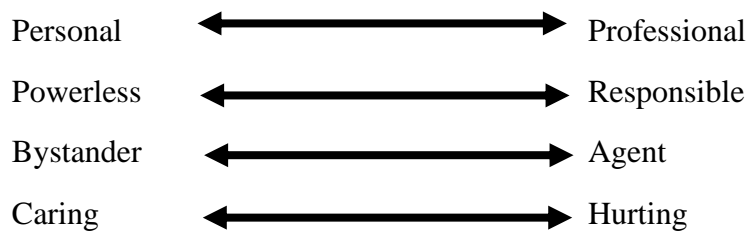
Emily’s decision to allow Jane to return to her care and offer to adopt her, were personal decisions driven by love, responsibility, and guilt, with significant implications for her life and future. While the social workers involved could ‘walk away’, Emily had no choice but to remain present.

‘We did offer to adopt her, and most of that was probably from all those feelings that I’d had about letting her down, letting her go and all those things, I couldn’t, I don’t think I could bear to, not to have made that offer’.

Caught between the personal and the professional

Relationships with professionals, in addition to the relationship between the personal and professional within the fostering role, resulted in significant conflicts for some carers. Carers presented as being caught in impossible relationship dualities, as highlighted in table 7 below.

Table 7: Impossible dualities



They were stuck between their personal role as carer for the child, and their professional responsibilities as agents for the local authority; between caring for the child and feeling that they were hurting them.

‘Because you’ve got a child that- and you’ve got to reject them’. (Kim)

They were stuck between being an active and central participant in the story and being a powerless bystander. Sarah describes being a powerless bystander in the decision to separate Alex and her brother, but then, being required to be an active participant in the plan.

‘Because you’re moving, you’re packing someone’s bits, that’s sitting there, daggers at you, and you’re thinking, I really don’t want to be doing this, but I’ve got to do it because everyone’s saying that’s what’s best for him.’

This dichotomy resulted in carers holding the tension between caring for the child and believing that they were causing harm; feeling powerless in the system, yet holding strong feelings of guilt and responsibility. Kim and Emily both described feeling they had caused their child's pain by sending them to the adoptive family.

'We'd also, as such rejected him, because we'd put him out to adoption, we had caused that twelve weeks of, of, that.' (Kim)

The process of grappling with those dynamics are described by Emily:

'I just was left feeling that I'd done, I was pretty useless actually, done the wrong thing, and, actually, I don't know how I could have done it differently....it was a nightmare to be in.'

Working with or fighting against

Conflict with professionals permeated interviews with Louise, Kim, Emily, and Sue. Rather than supportive relationships, the use of words such as *'fight'*, *'thrown into'*, *'bashing'* were frequent, suggesting the experience of a battle.

Emily describes her experience of being *'thrown into a meeting with the two persons that ran the children in care team....'*

'got a bashing, an ear bashing really about, basically pull your socks up you need to decide whether you still want to be a foster carer, ra-ra-ra, all this stuff, and it absolutely floored me.'

Rather than feeling emotionally supported by professionals, these carers described confrontational *'them and us'* relationships, leading to experiences of isolation and helplessness alongside feeling disrespected, ignored, and unheard.

'Big time let down by them all [professionals]. But, you know, where are you left when you are in a place like that, and you've got those people around you and the very people that you thought that are there to support you, aren't there?'

In the quote above Emily describes her experience of being left unsupported with the trauma of both her and her child's experiences. Her position as a 'professional carer' seemed to enable the professional systems to discount and minimise her personal experiences and pain.

'I felt there was no space for me to have any feelings of my own, and I know fostering is not about taking my feelings into consideration because my dad's died, but really- in lockdown.'

A different relationship with professionals was held by Gillian, Sarah, Emily and Patricia. Disagreements with professionals were acknowledged, but phrases such as '*teams around my children*' (Sarah) suggested more collaborative relationships. These carers described more positive relationships with social workers and reported feeling listened to and having decisions explained.

*'I was lucky, the people that came to do the sibling assessment actually explained to me...
...being able to have that information helped me'* (Sarah)

These carers described an acceptance of the restrictions and limitations of the processes involved and presented as more comfortable with their position in the system. Feeling heard, valued, and part of the system, rather than battling against the system, seemed to result in an increased sense of shared responsibility, support and more open communications.

Discussion

Study summary

The analysis of interviews identified the powerful emotional experiences of foster carers as they hold their child's early story. All participants described a process of piecing together their child's early experience to make sense of the story, the degree of misinformation, gaps and confusion in the information provided made this task difficult if not impossible. Carers were left holding the ambiguity and uncertainties in the story, for both themselves and their child. Alongside this, all participants described a personal emotional engagement with the stories. The intensity of the engagement varied, however, emotions of shock, anger, sadness, suggested participants progressed through a cycle of grief relating to their child's story.

Participants experience of holding these stories within the wider context of the child's birth family, the carers life and family, the professional network surrounding them, was also highlighted by the analysis. How carers managed the network of relationships varied, however, the degree to which the caring role expanded beyond the boundaries of a job was evident throughout the interviews.

The fostering task

A central theme highlighted by the analysis was the enormity of the emotional task of foster care, set against the context of the professional role. Participants grappled with the challenge of balancing the personal and professional dynamics of care and emphasised that the role was not just a job, describing emotions of love and commitment towards 'their child'. This aligns with research outlining the challenges carers face navigating their role as 'professional parents' (Hollett et al. 2022; Schofield, 2013).

Whether foster care can be a purely professional task has been debated by Brown et al. (2019). Brown concludes that due to dynamics of power, trust and dependency, care must

always involve a level of nurture, love and attachment which goes beyond a professional role. The need for emotional availability and containment is heightened for children in care, due to previous experiences of trauma. They require carers who are emotionally attuned to their experiences (Hughes, 2004), who can think for them and help them make sense of their stories (Kenrick, 2000; Baylin, 2015; Jacobsen et al., 2018; Lausten & Frederiksen, 2016). This study highlights the degree to which the participants were offering this, connecting with their children's stories of trauma and loss in personal and emotionally open ways, in addition to being emotionally engaged with the ongoing story unfolding within their care. By bringing children into their worlds, carers were also balancing this with personal losses and stress in their lives, resulting in them holding three levels of emotions: their own, their child's, and the impact of their child's experiences on themselves (figure 2).

The analysis suggests that the fostering role is considerably wider than the relationship between the child and the carer, including birth parents/families, in addition to the carer's own family network, and that participants were holding two sets of relational stories- their own and their child's. Research has emphasised the importance of carer's embracing an open position towards children's families (Diaz-Tartalo et al. 2018), assisting children to process early relational trauma (Boyle, 2017), develop integrated identities (Winter & Cohen, 2005) and resolve divided loyalties between birth and foster families (Fuentes et al., 2019).

Research has also highlighted the importance of the wider fostering network in offering children alternative relationships to expand early relational blueprints (Schofield & Beek, 2009). Foster care, therefore, needs to provide a bridge between the past and the present/future, offering children new experiences and relationships while allowing them to use these new understandings in the processing of old relationships.

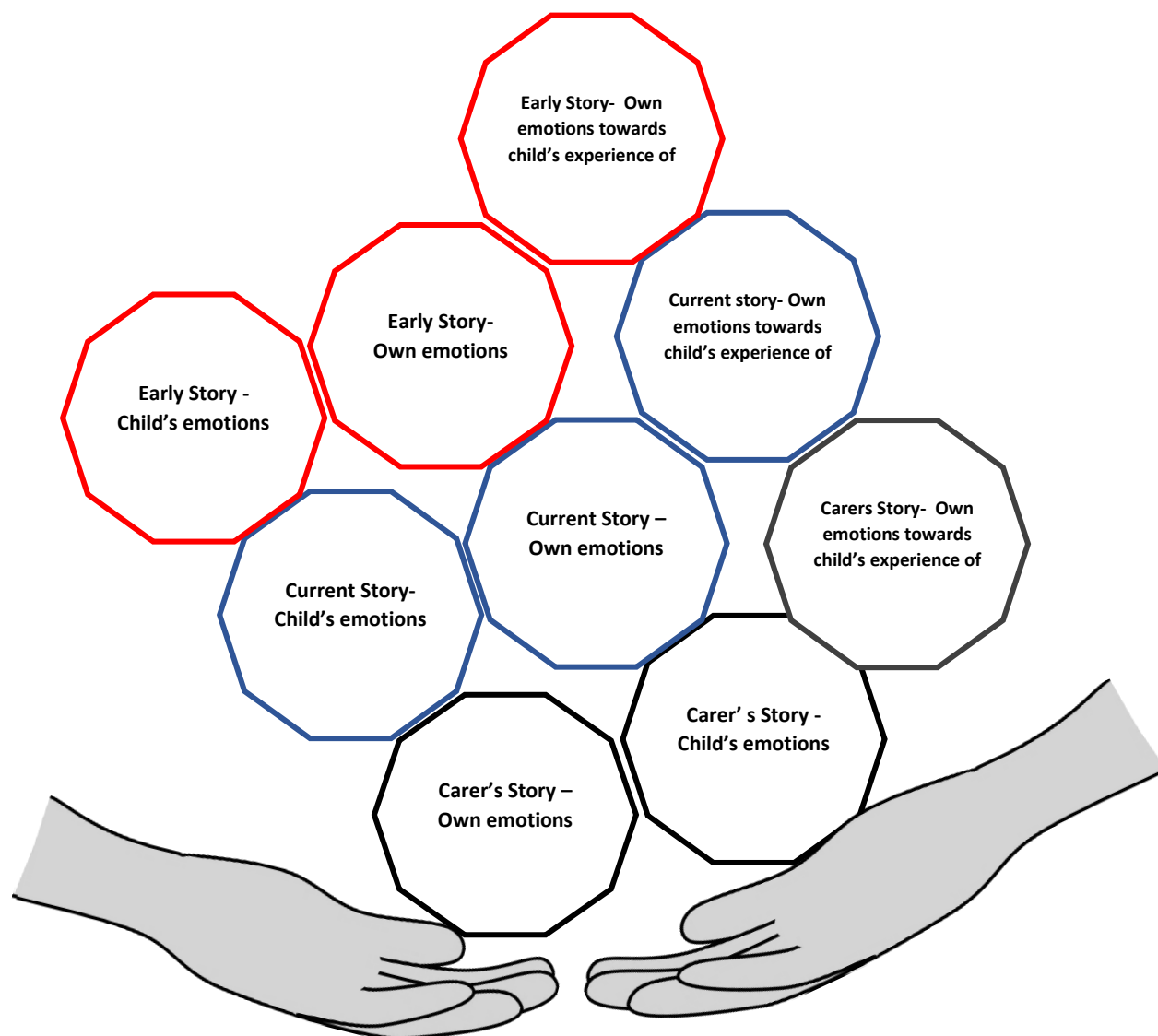
The participants in this study were holding relationships across that bridge, however, the analysis highlights the inherent challenges involved and the experience of intrusion and threat

which resulted in some carers seeking to protect their world from the child's early world. This aligns with research identifying relationships with birth family as significant stressors for carers (Van Holen et al., 2015) contributing to decisions around ending placements (Taylor & McQuillan, 2014).

The implications of the above is considerable for the task of fostering, and the lack of acknowledgement for the personal emotional enormity of the task, can lead to significant consequences for carers and children (Goemans et al., 2020). Participants described emotional experiences suggestive of grief (Kubler-Ross, 1969). Additionally, four carers described periods of time when they experienced helplessness and powerlessness alongside feelings of responsibility and guilt- characteristics identified as risk factors for secondary trauma (Elmir et al., 2017).

The carers interviewed had reached positions of emotional stability, however, research into secondary trauma would indicate that many foster carers are not able to do this, with high levels of secondary trauma/compassion fatigue identified (Hannah & Woolgar, 2018; Bridger et al., 2020), leading to increased risk of placement breakdowns (Wright, 2009) and retention difficulties (Hannah & Woolgar, 2018).

Figure 2. Emotional load held by carers



The role of the professional – containing the container

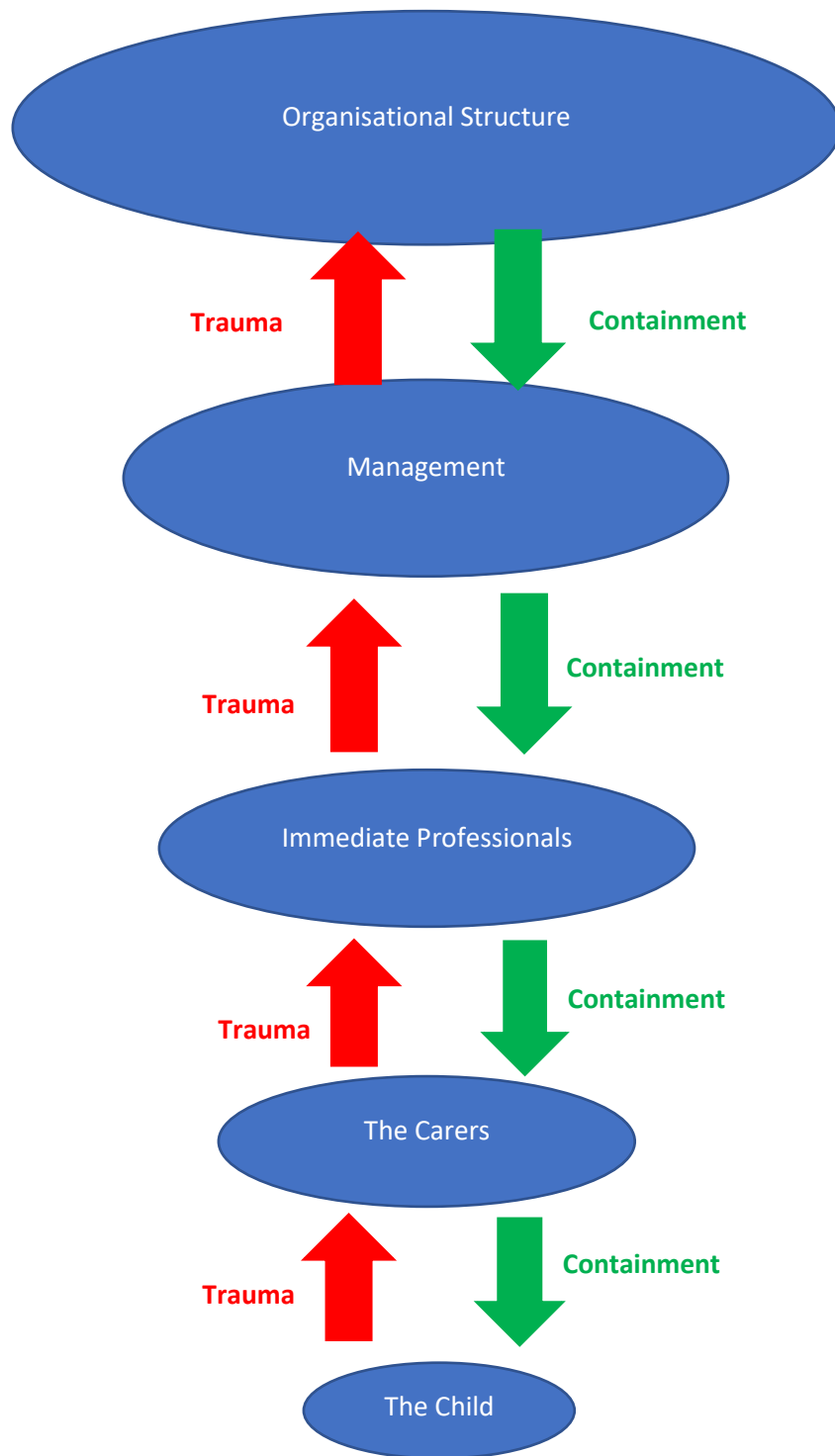
Bion's concept of containment (1962) can be understood as being provided by all participants of this study to the children in their care. The significant emotional demands of this task, however, would suggest that it is essential that the emotional experience of the carers- the immediate containers- are themselves contained by the professional network. Relationship between carers and professionals varied in this study, however, for over half the carers,

relationships with professionals were more characterised by conflict than containment and support. Half of carers described feeling unsupported and criticised by professionals. They felt disrespected and unheard, leading to feelings of isolation and powerlessness. This finding would concur with research suggesting carers frequently do not feel valued as ‘professionals’ within the system (Jennings & Evans, 2020). Thus, neither the personal nor the professional aspects of the role are fully acknowledged by the wider organisation. Research has found poor retention in carers to be linked with carers feeling disrespected and unheard by professionals (Randle et al. 2017).

Research has indicated that positive relationships between carers and professionals increases foster carer’s reflexivity and capacity to hold and think about the experiences of their children (Onions, 2018; Luyten et al. 2017; Midgley et al. 2019), in addition to being a protective factor against secondary trauma (Cole et al., 2022).

Although beyond the scope of this research, the implication of the question of containment can be expanded beyond social workers to include dynamics within the wider organisation. Research into compassion fatigue in front line professionals would suggest there is a lack of containment permeating the social care system (Ireland & Huxley, 2018; McElvaney & Tatlow-Golden, 2016; Mendez-Fernandez et al. 2022). Figure 3 shows the importance of the trauma- transmitted through ever layer of the social care system- being contained by the structures above. Simpson (2016) suggests that if professionals are not offered the emotional containment needed by the management system, then they will not be able to offer the containment needed to those they support. If the management system is not provided with the containment needed by the organisation, then they will not be able to offer the containment needed to professionals, and so on throughout the system (Gibson, 2008; Tyler, 2012). The cost of this absence is likely to be most severely experienced by children.

Figure 3: Hierarchy of containment



Implications for practice

If foster carers are to continue to hold children's stories of trauma, loss, disrupted attachments, then it is essential that they are provided with emotional support which enables them to feel validated, listened to and contained. It is important that both the professional and the personal elements of the fostering role are acknowledged and validated, recognising the significant impact that children can have upon their carer's world, alongside the profound impact that carers can have on children. It is important that carers are offered supportive space to think about their children's stories, and the impact that those stories have upon themselves, thus promoting higher levels of reflexivity, connection, and compassion.

The current practice of emphasising the professionalism of the role risks minimising the emotional and deeply personal impact of caring for traumatised children, leaving carers struggling with strong feelings of grief, loss, anger, helplessness, without appropriate validation or support. The parallel devaluation of their role as professionals risks creating hierarchical environments where carers feel voiceless and powerless within the organisation, leading to experiences of isolation.

If social work professionals are to be able to provide the support and emotional containment carers need, then they will need to be offered emotional support and containment within the system. The powerful emotions uncovered by this research would suggest the need for high levels of emotional containment to permeate every stage of the organisational hierarchy. The provision of supervisory and management structures adhering to the principles of trauma informed practice (DHSC, 2022) and the inclusion of reflective practice discussions, would enable higher levels of emotional containment throughout social care organisations (Bell et al., 2003; Treisman, 2021).

Implications for Clinical Psychologists

Clinical Psychologists could be instrumental in supporting the development of environments which recognise and validate the powerful emotional content held by foster carers, and subsequently, by the system. Consultation and training at different organisational levels could increase awareness and understanding and create conversations which allow for the inclusion of the personal impact of working with children who have experienced trauma (Leeson, 2010). The facilitation of reflective spaces could support the development of reflexive thinking and emotional openness, enabling professionals to better manage the impact of working with trauma on themselves and, in turn, the carers they support (Ruch, 2012).

Clinical Psychologists could work directly with carers, providing them with the space to explore the impact of their children's trauma stories on their lives. Lotty et al.(2020) found that the provision of psychological support enabled carers to engage more compassionately and reflexively with their child's experience, promoting higher levels of emotional safety and containment.

Implications for future research

Future research would benefit from exploring the factors which support carers to successfully navigate the emotional load inherent in the fostering tasks, creating environments of emotional openness, connection, and containment for children. It would be beneficial to explore relational dynamics between children and carers, and between carers and social workers, to identify factors correlated with higher levels of emotional engagement from carers, emotional wellbeing in children, and placement stability.

This study only heard the voice of female white British heterosexual carers from one local authority. Future research would benefit from including other voices: carers from different local authorities; different genders; ethnicities; and sexualities. Further to this, including the

voices of children in care, birth families and social work professionals would offer additional perspectives, enhancing the understanding of the fostering experience.

Participants in this study had moved through difficult experiences to offer stable foster placements. Research to explore the experience of carers who had ended a placement and/or resigned their fostering role would be helpful in understanding the factors involved when endings are less positive.

Personal reflections

As a researcher I was profoundly aware of my influence both on the interview and analysis process. My background in social work meant that I had considerable experience working with foster carers and children in care, and I had established beliefs about the fostering role. Prior to this study I would acknowledge having never fully recognised the emotional load carried and having held the view that it was a job to avoid acknowledging high levels of pain. During interviews I was aware of my desire to defend the social work position, and I had to work consciously to position myself as a more detached observer to the carer's lived experiences.

My social work experience did enable me to enter the stories carers told at a level I may not otherwise have been able to. Carers could talk fluidly about processes and procedures without needing to clarify or explain terminology, additionally, I felt my social work background enabled carers to be more open about the experiences of children in care than they may otherwise have been.

I was aware of assumptions that I made because of my previous social work role, however, and I was aware that my allegiance with the role may have affected how carers talked about professionals, birth families and children.

Limitations of the research

IPA research aims to explore the experiences of a small homogenous group of people, making wider generalisations difficult. Participants of this study were all white British, heterosexual, female carers aged between 40-70 years, from one local authority.

Consequently, the experiences described here may be specific to these participants, and care must be given to any generalisations beyond this. The local authority involved had invested substantially in providing therapeutic parenting support to its carers. Most participants had received some training in this area and, consequently, may have held a different level of awareness regarding the importance of therapeutic parenting, than other carers.

The participants in this study all self-selected and, as such, are likely to have represented a group of carers who had an interest in the research, and who were in a position of current stability. All participants expressed high levels of commitment to the child(ren) in their care. Carers who were experiencing higher levels of placement difficulties and instabilities may not have presented themselves for inclusion. This could have resulted in the study focusing only on carers who held particularly experiences or perspectives.

Finally, my previous experiences as a social worker, and the assumptions and beliefs that I carried with me, will, inevitably have affected both the data obtained and the resultant analysis. The double hermeneutic of IPA recognises that the resultant analysis reflects the interaction of my personal perspectives of the experiences shared, and cannot, therefore, be a direct translation of experience.

Conclusion

There is a growing awareness of the therapeutic potential of foster care for children who have experienced early trauma and loss. This study has highlighted the enormity of the emotional task entailed, in addition to the complexity of the relationships involved. Participants engaged

with their children's stories at deeply personal levels, working to make sense of the stories and process the emotional content, for both themselves and for their child. Additionally, they facilitated relationships for children with both birth families and their own families, forming a bridge between the past and the present/future. The study highlighted the challenge entailed in managing the personal task of care within the wider professional context of the fostering system. If foster carers are to be able to continue to hold the trauma stories of their children, this study has highlighted the importance of the professional systems around them recognising both the personal and professional aspects of their role and offering trauma informed environments capable of holding powerful emotions.

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Section C

Appendices

Appendix A (i): CASP quality appraisal scores

Paper reference number	Paper	Section A: Are the results of the study valid?	Section B: What are the results?	Section C: Will the results help locally?	Overall score	Quality Appraisal Description
		Total possible score = 12	Total possible score = 6	Total possible score = 2	Total possible score = 20	
1.	Bengtsson & Karmsteen. (2020)	8	4	2	14	Average
2.	Brown (2002)	9	3	1	13	Average
3.	Chateauneuf Turcotte & Drapeau. (2018)	8	2	1	11	Below Average
Not included	Cojocar. (2009)	3	0	1	4	Poor
4.	<u>Collings & Wright (2020)</u>	8	3	1	12	Average
5.	<u>Collings & Wright (2021)</u>	9	5	2	16	Above Average
6.	Diaz-Tartalo & Fuentes-Pelaez. (2018)	8	1	2	11	Below Average
7.	Erera. (1997)	8	2	1	11	Below Average
8.	Hedin. (2015)	7	1	1	9	Below Average
9.	Höjer, (2008)	8	3	1	12	Average

10.	Järvinen, & Lucklow (2020)	8	0	1	9	Below Average
11.	Nesmith, Patton, Christophersen, & Smart (2015)	10	5	1	16	Above Average
12	Oliver (2020)	11	5	2	18	Above Average
13.	Rigg (2005)	11	6	1	17	Above Average
14.	Spielfogel & Leathers (2022)	10	5	2	17	Above Average
15	Weitz & Karisoon. (2020)	8	5	2	15	Average

For the purposes of this appraisal ratings, a CASP score between 12- 15 is considered Average. A score between 16 – 20 is considered Above Average. A score between 7-11 is considered Below Average. A score below 6 is considered Poor.

Appendix A (ii). Thematic table

Papers by Reference Number

Theme	Subtheme	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Subtheme Total	Theme Total
Whose child is it anyway?	Role recognition	√	√	√	√	√		√		√	√	√		√	√	√	12	14
	The emotional versus professional parent					√				√	√	√		√		√	7	
	The deserving versus undeserving parent		√	√			√	√	√	√	√				√		8	
Dynamics of power and powerlessness	Different worlds		√	√	√				√		√				√		6	12
	Birth parents positioned as failures	√	√	√	√	√		√		√	√	√	√		√	√	12	
	Birth parents experience of exclusion	√				√					√	√			√		5	
Attitude of foster carers	Motivation		√			√	√	√			√				√		5	11
	Understanding the story – empathy		√	√	√	√	√		√			√	√	√	√		10	
Actions of foster carers	Creating inclusion-sharing power			√	√	√			√	√		√	√	√	√		9	10
	Communication and conflict resolution				√	√			√	√		√	√		√		7	
Role of Professionals	Role of social workers/case workers	√	√	√	√		√	√	√	√		√	√	√	√		12	12
	Training and support		√		√		√	√				√	√		√		7	

Appendix A (iii). Thematic manual

Theme	Subtheme	Number of Papers	Example Quotation
Who has the authority to parent	The emotional versus the professional parent	Seven	<p><i>'Both groups of parents tended to use the principle 'in the best interest of the child' when describing their own and each other's roles. Birth parents stressed how a strong, continuous relationship with their child was decisive for the child's welfare, simultaneously claiming that foster parents (with their 'feelings of ownership') and the authorities obstructed the maintenance of this relationship.' P. 837</i></p> <p><i>'the ambivalence of birth parents concerned the double role of foster parents as being both professional 'helpers' and caring/loving (co)parents, who in their parental role were often experienced as a threat by birth parents the professional part of the foster care parents' role was typically not a problem.... However, foster parents should not become 'real parents' for their foster care children. Although loving them and caring for them, they should never intrude on the position occupied by birth parents'. paper 10. p. 832</i></p> <p><i>' the mother- child bond is unique, emotional and life-long'. Paper 15. P.12</i></p> <p><i>Even though the birth mothers are deprived of opportunities to provide everyday care to their children, they all claim to possess detailed knowledge about their children's everyday lives needs, feeling and difficulties, and thus know better than the foster parent what is best for them. They also invoke the idea of a unique, emotional and lifelong bond between mother and child.</i></p> <p><i>In contrast to the construction of true mothering as orbiting around the core of a unique mother- child bond, the everyday care conducted by foster mothers is constructed as a formal and instrumental way of mothering in the stories. This way of constructing foster mothers as lacking emotional and non-negotiable closeness to their children, thus missing out on a central prerequisite of authentic motherhood, is a pervading theme throughout the stories' Paper 15. P. 12- 13</i></p>

			<p><i>'the parents still felt they had exclusive and important knowledge about their children, a knowledge they wanted to share with foster carers and social workers.. ' paper 9. p 164</i></p>
	The Deserving versus the undeserving parent	Eight	<p><i>Ninety percent of the foster parents said they, rather than the birth parents, were responsible for the foster child, and more than half of the foster parents stated that they were the only ones who made important decisions concerning the foster child.</i></p> <p><i>Fifty -one percent of the foster parents felt that the children 'belonged to them' and an additional 25% felt that the children belonged to them more than to the birth parents</i></p> <p><i>Approximately one fifth of the foster parents in this study thought that birth parents have a negative influence on the child. Paper 7 p. 515- 517</i></p> <p><i>' Foster parents found behaviour of natural parents objectionable in many cases, and had developed negative attitudes to them. These negative attitudes ranged from resentment to bitterness, but the most common sentiment seemed to be anger at the way their foster child had been treated when s/he was living with the natural family.' Paper 2. p. 88</i></p> <p><i>'some foster parents felt that the natural parents could not be trusted or relied upon.'</i></p> <p><i>21% carers said birth family were unreliable/untrustworthy</i></p> <p><i>18% insufficient care of child. Paper 2 p. 89</i></p> <p><i>'The concept of parental failure seemed to place parents in a position of 'the other' where foster carers constructed the parents as morally deviant and thus without the right to participate in the care of their children.' paper 9. p166</i></p> <p><i>' foster parents in more conflicted relationships felt justified in keeping their distance from parents and limiting communication and access to children due to their negative perceptions of the parent and previous harm that they had caused to children.' paper 14</i></p>

			<p><i>' If it were not for the visits she would be totally convinced that she is our biological daughter- I see it that way. I, as a mother would like that, I mean.... Well if the girl has been taken away by the community of Madrid it is because they haven't been able to do things well, right? Yet they still have the right to see her,.... I don't know, I do not agree with this!' paper 6. p. 31-32</i></p> <p><i>' contact sometimes became a source of tension when the foster care family felt that it caused prejudice to the children's well-being or confronted the foster carer's values' paper 3.</i></p> <p><i>'The problems experienced by birth parents (alcohol and drugs, mental health problems, incarceration, aggressive behaviours etc.) also had an impact on the relationship with the foster parents'. paper 3</i></p> <p><i>' Factors that can complicate this cooperation can be birth parents' periodic alcohol problems, and/or mental health problems'. Paper 8. p. 186</i></p>
	<p>The importance of recognition and respect for different roles</p>	<p>twelve</p>	<p><i>' when the birth parents accepted the placement, and could acknowledge that their children were moving forward, they were more inclined to cooperate with the foster placements.... When birth parents contested the placements, were angry, or refused to let the child become a part of the foster care family, a climate of competition and rivalry would ensue, undermining the relationship between the two families. 'paper 3. p. 75</i></p> <p><i>' for their part, the birth parents, according to foster carers, should accept the placement, and let the child become part of the foster care families, particularly in long term placements. They should also admit that foster parents can become meaningful for the child and 'allow' him/her to develop a relationship with them.' Paper 3. P. 77</i></p> <p><i>'Results suggest that when carers demonstrate respect for the legitimate role of birth mothers in their children's lives, they create space for mothers to overcome resistance and accept the realities of the situation and be willing to renegotiate boundaries and roles. Negotiating a way for both women to occupy mother roles for the child is essential for their successful collaboration over contact arrangements.' Paper 5. P. 11</i></p>

' Birth parents and carers wanted their important role in the child's life validated and this went a long way towards creating a space for trust and respect to flourish' paper 4. p. 8

' birth parents needed to accept that their parenting role had undergone a fundamental shift and carers needed to accept that it was normal for birth parents to remain emotionally invested in their children'. Paper 4. P.8

'at times they also experience that they are not listened to and recognised as parents to their children. This leads to an ambivalent pattern of cooperation where parents that are generally supporting the placement risk losing their support when their experiences of being disregarded as parents intensifies. Paper 1. p. 2008

'For some of them, the misrecognition of them as caring parents is what makes them withdraw from cooperating. They experience that the social workers sabotage their relationship with their child; some also experience that the foster carers are trying to turn their child against them. Paper 1. P.2010

'These share the experience of being disregarded as the parents of their children; consequently their feelings of frustration, anger or powerlessness increase, which manifest in ongoing and absorbing fights against the social worker and the placement.... The loss of trust in cooperation as being beneficial relates primarily to the parents' experiences of being misrecognised as important in their children's lives and being cast aside as parents.....A few of the parents talked about being seen as 'ghost parents' with no space in their children's lives.' Paper 1. p 2011

All of the parents sought to be recognised as loving parents despite their parental deficits. Experiences of inclusion and participation were central to their experiences of being recognised for their parental love.' Paper 1. P. 2014

importance of carers remembering the importance of birth parents – I am still the parent. Paper 9.

			<i>For this participant , a commitment to ‘best connections’ extended beyond supporting the child to attend access with her mother and encompassed engaging on an intimate level with her life.’ Paper 13.P.20</i>
Dynamics of power and powerlessness	Different worlds	Six	<p><i>‘birth parents conceptions of foster care parents being more privileged than they are, both in terms of resources and in having the whole foster care institution ‘on their side..... some birth parents also said that foster parents’ due to their educational backgrounds and practical experiences, were much better at ‘handling the system’ than they were.’ Paper 10 p. 832-.834</i></p> <p><i>‘ they are very well off, I would say between middle and upper class people. And what are we? I’m living on social security, haven’t had a job for years..’ Paper 10. p. 833</i></p> <p><i>‘socio-economic differences also contributed to tensions between some parents and foster parents. Most parents struggled with issues related to poverty, such as unemployment and housing instability, whereas their children were often placed with more economically stable foster parents. ‘Paper 14. p.6</i></p> <p><i>‘Carers and birth parents often came from very different worlds and empathy did not always come easily but helped carers to come with feelings of disapproval or disappointment about birth parent’s behaviour’. Paper 4. P. 8</i></p> <p><i>‘ These foster parents felt that the natural parents had such different lifestyles or such a different outlook that they had little in common with their own expectations for the child and the child’s behaviour’ Paper 2. p.88</i></p> <p><i>13% of carers listed as finding birth family ‘difficult to relate to’.</i></p> <p><i>Problems experienced by birth parents (alcohol and drugs, mental health problems, incarceration, aggressive behaviour, etc.) had an impact on the relationship with birth parents’. Paper 3. P. 76</i></p>
	Positioned as Failures	Twelve	<i>‘ the whole institution for foster care positions birth parents as ‘unsuccessful’ parents, with the placement of their children in foster carer being the evidence of this.’ Paper 10. p 832</i>

' Parents, who had the most at stake, often entered the relationship with foster parents and social workers immersed in feelings of shame, powerlessness, defeat, and an intense fear of losing their children permanently. ' paper 11. p. 250

'I felt beaten down, you know? I felt like, my kids have been taken away, I'm worthless'. Paper 11. P.250

' both Molly and Martin reported feelings of being judged as 'bad parents' and having difficulties accepting a changed parental role'. Paper 1. p. 2006

' Thus, the parents experience with cooperation were unavoidably influenced by the experiences of misrecognition arising from the processes of silencing and stigmatisation, positioning them as 'failed parents' paper 1. p. 2015

The majority of the mothers had a self image affected greatly by what they perceived as their failures as parents. They looked upon themselves as 'bad mothers' and felt guilty and ashamed. Paper 9. p. 164

'This asymmetrical pattern could seemingly grant a kind of stability I the relationship between parents and foster carers- as long as the parents were seen clearly as incompetent and the foster carers as competent, and both parties agreed that this was the situation, things seemed to work out satisfactorily. However when parents situation improved this could create problems. The stable asymmetrical pattern crumbled and some foster parents clearly found this threatening' paper 9. p. 165

A central theme was that parents entered the relationship with multiple vulnerabilities and the experience of having a child in foster care created additional stigmatisation. This led some parents to feel marginalised in relationships with foster parents and perceive a lack of control over contact with their children. These negative feelings were more pronounced in conflicted relationships'. Paper 14. p. 5

' Even if carers demonstrated empathy and care towards their child's mother, she could still feel extremely powerless.' Paper 5. p. 10

			<p><i>' Previous studies have suggested that birth parents tend to refrain from regular contact with their children who are place in foster care and thus from contact with foster parents. This avoidance has been attributed to feelings of shame, guilt, worthlessness, and hostility arising from the removal of their children. Paper 7. p. 517</i></p> <p><i>Birth parents often feel inferior to both foster parents and child welfare services. Paper 15. p. 13</i></p>
	Experience of exclusion	five	<p><i>'In accordance with this, the interviewed birth parents in our study- occupying a prototypical client role- tending to feel exposed and misunderstood, and they often questioned the motivations of both the authorities and the foster parents. Some of them regarded foster parents as being 'part of the system', and as powerful agents who 'reign over their children's lives' and ' have a final say on all matters.' p. 10. p838</i></p> <p><i>all parents reported feeling excluded from important decisions about their child's life or receiving inadequate information about their child's lives. Feelings the power of others in their relationship with their child – feeling their love for their child was silenced- feeling misrecognised for their role- feeling silenced and stigmatised and positioned as failed parents. Paper 1. P 2014</i></p> <p><i>parents reported concerns about not knowing where their child lived or how they could contact them. Paper 14. p. 5</i></p> <p><i>Supervised contact placed relative power with carers over mothers..... mothers in this study did express resentment that their relationship with their child was mediated by others. Paper 5. P. 10</i></p>
Attitude of foster carers	Motivation of carers	five	<p><i>' The category that seemed to cause the most anguish, however, was 'won't release child for adoption. 10% conflict over wish to adopt- paper 2. p. 91</i></p> <p><i>'one of the most emotive issues that foster parents raised was their frustration with the natural parents who would not release their children for adoption. Unfortunately, many parents seemed to feel that</i></p>

			<p><i>because they had been passed for adoption they had more rights to the child than the natural parents. paper 2. p.92</i></p> <p><i>'Included among the factors that hamper the positive development of relationships between members of the birth and foster family, and can therefore jeopardise positive progress of the fostering process, the following has been found: a) an emerging desire to have fuller parental rights on the part of the foster parents'. paper 5. p 27</i></p> <p><i>' it is also important to note the link between the foster carer's having a desire to adopt or aspirations that the child belong to them in a legal sense and reluctant behaviour towards the biological family'. Paper 6. p. 36</i></p> <p><i>Collaborative foster parents.... supported a more inclusive family structure in which foster parents recognised the parent's significant needs and provided a range of support, but also saw them as a key partner in the parenting subsystem. Paper 14. P. 8</i></p>
	Understanding the story	ten	<p><i>'Learning about the significant early life adversities faced by their children's mothers, often so different from their own backgrounds, led these carers to reach towards these mothers with greater sensitivity... they felt empathy, not judgement, for the mothers' paper 5. p. 7</i></p> <p><i>' foster parents who considered what it might feel like to have someone else parenting their children were able to respond compassionately, rather than defensively, to parents' anger and accusations.... Empathising helped foster parents make sense of the parents reactions and take it less personally', paper 11. p. 252</i></p> <p><i>' Components of empathy and power sharing surfaced in the interviews where the parent- foster parent relationship had low tension..... where foster parents stepped into the shoes of parents, they recognised opportunities to ameliorate the sense of parental powerlessness'. Paper 11. P.254</i></p>

'foster parents who empathised with parents did not necessarily have significant relationships with the parents; they only needed to consider what the parent must be feeling and how that influence their behaviours. This was enough to help foster parents remain patient when parents leveraged accusations or anger towards.' Paper 11 p. 254

'it cannot be understated just how important it is for foster parents to have inclusive attitudes towards the child's biological parents as a way of promoting continuity of foster carer in addition to facilitating a healthy life experience for the child.... If, as Herce et al. (2003) say, inclusive attitudes from the foster family towards the child's biological family promote a sense of security, it becomes vital to help foster parents understand that they cannot be hostile towards their child's attachment to their biological parents and should actively encourage the possibly of communicating about it. ' Paper 6. p. 36

found largely negative attitudes from carers to birth parents – even when they hadn't met. Attitudes included:

negative attitudes – 42% disapproving and even hostile- ranging from resentment to bitterness with most common sentiment being anger at how child had been treated

8% indifferent attitudes

Sympathetic- 38% some empathy about parents experience and effort they are making

21% parents were untrustworthy- let kids down

18% concern about care of children during contact – ie coming home dirty

0.8% religious differences was a problem

It may be necessary to counsel foster parents on the difficulties that the natural parents have undergone, or at the very least on the possible negative consequences of speaking in a derogatory manner about the natural parents' Paper 2 p. 91

'As a mom, I can't imagine not being with my kids on my birthday' (example of empathy) Paper 14. p. 7

' with foster parents responding to perceived threats to the child or family structure with rigid boundaries that restricted communication and other contacts and parents experiences loss and anger about being cut off from their children'. Paper 14. P. 8

'Approaching birth parents with genuine sensitivity and care could diffuse potential conflicts and assist birth parent to heal from grief and shame relating to child removal' paper 4. p. 8

' foster care families had to be open minded about the birth parents, able to recognise their contributions, and accept their limitations. If foster care families wished to maintain harmonious relationships with the birth parents, they were to avoid judging them and to accept the fact that the children may be exposed to a different lifestyle and values when in contact with their birth family. ' paper 3. p. 77

' foster parents frequently drew on their knowledge of the family to help them contextualise and manage challenges they experienced within these relationships. When they understood the story behind it, foster parents were more likely to frame inconsistent or challenging behaviour as justifiable and to keep reaching out to the child's connections. It was particularly helpful for foster parents to understand the family histories related to parental mental illness, substance use or disability; separation and loss; and colonization and intergenerational trauma.' Paper 12. p. 588

' empathy for the parent's experience helped foster parents to stay in relationship with adults who were angry or otherwise hard to work with'. Paper 12. .591

'This article asserts the vital importance of an 'open foster family', one that is open and welcoming not only towards the foster child, but also towards the birth parents, to make co-parenting possible' paper 8. p. 189

working with birth parents from a starting point of best connections requires the skill of agency workers and foster carers = a willingness to find ways to reconcile past abuses by birth families with a desire for ongoing connections. Paper 13.p.28

<p>Actions of foster carers</p>	<p>Communication and conflict resolution skills</p>	<p>seven</p>	<p><i>'Carers needed to lead conflict resolution efforts, and in the absence of their skills or willingness to do so, relationships were compromised'. Paper 5. p. 8</i></p> <p><i>'Openness was not just a matter of carers being open about why children were in care but airing concerns, not avoiding sensitive topics and resolving misunderstandings'. Paper 4 p.8</i></p> <p><i>'skills needed by carers and birth parents to negotiate boundaries, manage difficult feelings and communicate with empathy and respect. These skills are critical if carers and parents are to establish clear and mutually acceptable boundaries. Paper 4 p. 12</i></p> <p><i>' Similar to other collaborative triads, communication between Julia and Cassandra was driven by the foster parent who felt it was important to engage the parent in conversations about the children'. P. 7</i></p> <p><i>The foster parents who sustained positive relationships with the child's family members expressed their comfort in setting boundaries within the relationship.....</i> <i>these foster parents set limits on behaviour they felt was unsafe while remaining open and committed to continued connection.....</i> <i>direct communication between the foster parent and family member helped everyone manage inconsistency. Paper 12. P. 587- 588</i></p> <p><i>'in contrast, the foster parents who struggled to make relationships with the child's family saw 'consistency with visits' as a barometer for the desirability of the parent-child relationship. They held consistency as the precondition for any plan to deepen the relationship or increase family contact.' Paper 12. P.588</i></p> <p><i>Clarity, openness, respect and good will as prerequisites for cooperation from parents. paper 9.</i></p>
	<p>Creating inclusion</p>	<p>nine</p>	<p><i>'two important foster behaviours that appeared to play a role in the change. First, the foster parents empathised with the parents and, therefore, felt more connected to the parents' experiences. Second, the foster parents intentionally shared power with the parents'. paper 11. p 25</i></p>

		<p><i>' carers sometimes needed to actively involve birth relatives in child centred activities and help them interact with children'. Paper 4. P. 9</i></p> <p><i>' some families were able to transform contact from a legal requirement or a date marked on the calendar into a change for children to spend special time with family- underpinned by a broader conceptualisation by the adults of what family meant. This took a shift in attitudes a willingness to share power and openness to change'. Paper 4. p. 9</i></p> <p><i>' foster carers who invited parents to take part in the child's life, who asked for parent's opinions and advice and who could both give and receive critical comments, were highly appreciated. Negative experiences of cooperation with foster carers applied to the opposite situation – when parents were excluded from information and from decisions concerning their children. Paper 9 p. 165</i></p> <p><i>' collaborative foster parents offered a range of social support to parents, including suggesting parenting strategies, sharing information about how the child was doing, helping facilitate contact and overall being emotionally supportive about helping parents get their children back.' paper 14. p. 7</i></p> <p><i>'collaborative foster parents' affirming attitudes and recognition of the parent's capacity for change supported a more inclusive family structure in which foster parents recognised the parent's significant needs and provided a range of support, but also saw them as key partner in the parenting subsystem. They shared information about children's needs and some parenting strategies. ' paper 14. p. 8</i></p> <p><i>' birth parents describe being invited by foster parents to special occasions; for example, attending meetings at school, accompanying the foster child to the dentist, or taking part in the celebration when school breaks up before summer. ' paper 8. p.186</i></p> <p><i>' Finding out that their child is doing well in the foster family is a good starting point for birth parents to continue cooperating with foster parents. Conditions for making this happen are receiving regular information about the youth's situation and being part of his/her development, and thereby being able to notice the improvements made'. If foster parents provide this kind of information regularly, for example</i></p>
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			<i>once a week, it can be interpreted by the birth parents as a sign of respect or trust, and can often lead to openness on the part of the birth parents. One might say it marks the start of a mutual project, the co-parenting project (Montalto, 2005) in which both sets of parents can experience themselves as partners.’ Paper 8. p 187-188</i>
Role of professionals	Social workers/caseworkers	twelve	<p><i>‘ Analysis of the interviews illuminated three important baseline features of the relationships (i) foster parents felt support by the social workers; (ii) foster parents and social workers received specific training that emphasised building a rapport with parents; and (iii) social workers were clear about visiting expectations and conveyed them to the foster parents and parents’ paper 11. p.251</i></p> <p><i>‘ The results in this study confirm earlier Australian research about the pivotal role of caseworkers to work behind the scenes to scaffold relationships between carers and parents including teaching interpersonal skills and using age- appropriate activities to re-establish connection and build consensus. ‘ Paper 4. p. 13</i></p> <p><i>‘These results have implications for workforce capacity building and foster carer recruitment. They suggest a need to actively recruit carers with personality traits that predispose them to display empathy and compassion for birth parents who have inevitably faced adversity and trauma. Paper 4. p. 12</i></p> <p><i>‘parents emphasised explicated the need for clarity from social services when foster carers were informed of what would be expected of them. ‘ paper 9. p. 165</i></p> <p><i>‘ child welfare social workers need to be aware of how stigmatisation and the perception of parents as deviant may affect the parent’s capacity for taking an active part in the care of their children while they are placed in foster care.’ Paper 9. p.167</i></p> <p><i>‘ This finding has led to propose to practioners that they provide adequate support to these families to enable them to move towards openly communication regarding the biological family and positive co-parenting.’ Paper 6. p. 36</i></p>

Caseworkers in this study often left decisions about communication up to foster parents. For example, two caseworkers in triads with moderate collaboration stated ' I didn't necessarily have an expectation because sometimes foster parents don't really like to communicate with the biological parents for various reasons and I always leave it up to foster parents'. Given a general lack of expectation for a relationship, foster parents were given control to decide how much contact they wanted with the children's families. Paper 14. P. 6

'some caseworkers intentionally did not encourage parent and foster parent communication because of the potential for conflict in the relationship, creating a rigid boundary between parents and foster parents.' Paper 14. p. 6

' the existence of a respectful relationship between foster care families and biological families also depends on the accompaniment offered by social practitioners..... Case workers should promote an approach that involves the development of an inclusive relational dynamic focused on tolerance, empathy and mutual respect. Paper 3. p. 77

' social workers' engagement is likely to be particularly important when foster carers and parents have problems understanding each other. Paper 8. p. 189

' their obligation to provide regular support to foster families and birth families in the follow up phase is somewhat more unevenly fulfilled.....the involvement and engagement of social workers can make a real difference.' Paper 8. p. 189

Our findings point to help that might be useful. This includes clear guidance about the range of possible relationships, steps to engagement and how to set appropriate boundaries in relationships that are either very close or raise safety concerns. It is important to remember that a positive and open attitude by both social worker and foster parents increases parental engagement. Paper 12. 590

'when a child first comes into care, we recommend that social workers understand and embrace their important role in facilitating good relations between the child's expanded circle' paper 12.p 591

			<p><i>The focus of support for foster parents is typically on understanding the child’s behaviour, but we suggest also sharing family stories facilitate understanding of the involved adults. ‘paper 12 p. 591</i></p> <p><i>It may be necessary to counsel foster parents on the difficulties that natural parents have undergone, or at the very least on the possible negative consequences of speaking in a derogatory manner about the natural parents. Paper 2 p. 91</i></p> <p><i>‘ what is required, then, is for foster carers to be supported to undertake the work of relationship building, a task that again requires considerable co-operation between agency workers and foster carers.... Working with birth parents from a starting place of best connections requires both the skill of agency workers and foster carers, but also the care they both show in being willing to find ways to reconcile past abuses by birth family with a desire for ongoing connection’ . paper 13 P. 28</i></p>
	Training and support	Seven	<p><i>In addition to legislation, other conditions are needed to ensure it’s implementation of family preservation objectives: sufficient funding, incorporation of parental visits in the service plans, a case review system, well-staffed services, trained caseworkers-----and trained foster parents who are willing and bale to collaborate with birth parents and case workers’. Paper 7. p. 518</i></p> <p><i>This study’s results also suggest that foster parents attitudes need to be addressed through training and supervision to help them cooperate and share authority with birth parents and caseworkers. Such training should emphasise the positive contribution of collaborating in developing a sense of wellbeing in the foster child. Paper 7. p. 518</i></p> <p><i>‘Based on our findings, there is a need for carer training to pay specific attention to complex and intergenerational trauma of birth families, in addition to the current focus on responding to developmental trauma in children, and to emphasis interpersonal skills such as active listening and empathic communication’ paper 4. p. 12</i></p>

			<p><i>' it is important to study how child welfare agencies can proactively design systems to improve communication through case worker and foster parent training, coaching and ongoing supervision. Support of collaboration might also require efforts to recruit and retain foster parents who are willing to collaborate with parents.'</i> paper 14. p. 9</p>
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Foster parent training should full address shared stories like the impact of residential schools and colonisation. Paper 12. p. 591

Appendix B (i): Ethics approval

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Appendix B (ii): Information sheet

Information about the research

An exploration of the experience of foster carers with regards to their foster child's early experiences and relationships.

All participants will be given a copy of this information sheet and a signed consent form to keep.

Date: 10th February 2022

Version: 1

Hello. My name is Lisa Coe and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you.

Please feel free to talk to others about the study if you wish.

Part 1 tells you the purpose of this study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study.

Who is completing the research?

The Research Team includes the following:

Professor Alex Hassett

Deputy Director Salomons Institute for Applied Psychology

Salomons Institute for Applied Psychology

Canterbury Christ Church University

Dr Karen Treisman

Highly Specialist Clinical Psychologist

Director of Safe Hands Thinking Minds Training, Consultancy and Assessment Services

Lisa Coe

Trainee Clinical Psychologist

Salomons Institute for Applied Psychology

Canterbury Christ Church University

PART 1

What is the purpose of the study?

The purpose of the study is to explore the experience of foster carers when they are asked to 'hold' the early stories of the children who are placed in their care.

Children that are placed with foster carers often have complex and difficult early experiences. They may have experienced trauma, loss, abuse within their birth families. They may have had previous foster placements and multiple moves. Foster carers have the extremely challenging tasks of caring for these children and of holding the child's early story in mind for them. This research aims to explore the lived experience of foster carers in undertaking this task. It is anticipated that a better understanding of these experiences, the challenges and the strengths, will help professionals- social workers and psychologists- to be able to target more appropriate support to assist carers with this task, in the future.

Why have I been invited?

I am hoping to interview between eight and ten foster carers who are registered with [redacted] Social Services. I am particularly interested in interviewing carers who are looking after a child between the ages of eight and thirteen years, because this is often a period when children become interested in their early story and the reasons that they are looked after. I am also particularly interested in interviewing carers who have been caring for their child for at least two years. Your supervising social worker has identified you as being a carer who is in this category and who may be interested in participating in this research study.

Do I have to take part?

It is entirely up to you to decide whether to join the study. If you do agree to take part, I will then ask you to sign a consent form.

If at any time you change your mind and no longer wish to participate, then you are free to withdraw at any time, without giving a reason.

What will happen to me if I take part?

If you agree to take part then I would arrange a time to speak with you in order to answer any initial questions that you may have about the study.

I would then arrange a time, which is convenient for you, when I would interview you. I would seek to interview you at a venue that you feel comfortable so, for example, I would be happy to interview you at your home or, if you prefer, at social services offices.

I would anticipate the interview lasting for no longer than one hour. I would ask questions around your experience in relating to and holding your child's early story.

Interviews will be audio recorded via Dictaphone and then transferred to a password protected computer within one day of the interview. The recording on the Dictaphone will then be deleted.

All information will be encrypted and stored on a password protected computer for the duration of the project. After completion of the project, information will be held on a password protected and encrypted file which will be stored in a locked cabinet at Salomons Institute for Applied Psychology. All information will be destroyed after a period of ten years.

The results from your interview will be fully anonymised and care will be taken to ensure that any identifying information regarding yourselves, your foster child or any other professional will be removed from the results.

I would be happy to keep you updated regarding the study and I would be happy to provide feedback regarding the findings of the study prior to publication.

The study will be written up as part of my Doctorate in Clinical Psychology and, as such, will be completed in mid 2023. In order that the findings can be widely disseminated and used to inform future practice, I would seek to publish the study in a relevant journal, one example of such a journal would be the Journal of Adoption and Fostering.

Expenses and payments

In the event that the interviews take place somewhere other than your home, your travel would be reimbursed. The amount that I am able to reimburse you will be agreed with you prior to the interview, and would be capped at £10. Additionally, all participants will receive a £10 voucher as a thank you for participation.

What are the possible disadvantages and risks of taking part?

You may find that talking about your experience of holding your child's story raises thoughts and feelings that are painful. In the event that you find the interview distressing, the interview will be stopped and appropriate support will be identified for you. In the first instance, as the interviewer, I would offer any immediate support. In the event of longer term support being needed, I would think with you about what support would be most appropriate. With your consent, this could involve speaking with your supervising social worker about accessing appropriate support for you.

What are the possible benefits of taking part?

It is hoped that by better understanding the experiences that foster carers have in relating to and holding the early stories of their foster children, then professionals will be able to ensure that better support can be offered. Your participation in the study could help ensure that the experience of carers is better understood and supported in the future.

Additionally, some people find that it is helpful to have the space to think about their experiences with a particular aspect of their lives. The study may, therefore, provide you with the space to explore your experience with your child's story and take individual learning and strengths from this.

What if there is a problem?

If you have any complaint about your treatment during this study, or of any harm which you feel that you have suffered, this will be addressed with you. Detailed information about this is given in Part 2 below.

Will information from or about me from taking part in the study be kept confidential?

All information that you give will be treated as confidential and all ethical and legal practices regarding the storing and sharing of personal information will be followed.

There are some rare situations in which information would have to be shared with others. The details of these situations are included in Part 2.

This completes part 1.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

PART 2

What will happen if I don't want to carry on with the study?

You have a right to withdraw from the study at any time without giving a reason.

In the event that you wish to withdraw, any audio recording or transcript of your interview can be withdrawn from the study within a period of two weeks from the date of your interview.

If you request the withdrawal of your data within two weeks of your interview, any audio recording and any transcript of you interview will be deleted and your information will not be used as part of the study.

If you request the withdrawal of your data after the two week period, it may not be possible to withdraw data that has already been included in the analysis.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me, by email, on l.coe860@canterbury.ac.uk. Alternatively, you can leave a message for me on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me [Lisa Coe] and I will get back to you as soon as possible.

If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology [on fergal.jones@canterbury.ac.uk](mailto:fergal.jones@canterbury.ac.uk)

Will information from or about me from taking part in the study be kept confidential?

All information regarding your participation in the study will be kept confidential and safeguarded both during and after the study.

Interviews will be audio recorded and transcribed. Recordings will initially be made on a dictaphone and will be transferred to a computer which is password protected, within one day of the interview. All information will be encrypted and stored on a password protected computer for the duration of the project.

After completion of the project, information will be held on a password protected and encrypted file which will be stored in a locked cabinet at Salomons Institute for Applied Psychology. The data will be destroyed after a period of ten years.

Information regarding Canterbury Christ Church University's policy on research privacy can be viewed via the following link:

<https://www.canterbury.ac.uk/university-solicitors-office/doc/research-privacy-notice.docx>

You will be assigned a reference number and no personal information (name or address etc.) will be held in connection with the recording or transcript. Where names are mentioned

in the audio recording, they will be anonymised on the transcript. Recordings will be deleted once transcripts of the interview have been verified.

Only individuals relating to the study will have access to any information held, this would include my supervisor at Salomons Institute for Applied Psychology- Professor Alex Hassett, and my external supervisor, Dr Karen Treisman, Safer Hands Thinking Minds Consultancy and Training.

The limits of confidentiality

The only time when I would be obliged to pass on information from you to a third party would be if, as a result of something you told me, I were to become concerned about your safety or the safety of someone else.

What will happen to the results of the research study?

At the end of the study the results will be written up as part of my Doctorate in Clinical Psychology. Additionally, publication within a relevant journal will be sought in order to ensure the findings of the research project can be disseminated widely and inform future practice. One possible journal would be the Journal of Adoption and Fostering.

You will not be identified in any report/publication, however, anonymised quotes from your interview may be used in published reports.

Alongside the publication of the results, I would be happy to provide you with feedback on the research findings. Additionally, a copy of the final research paper will be given to all participants.

Feedback regarding the research findings will also be given to supervising social workers, children's social workers, relevant managers and Independent Reviewing Officers within [redacted] Social Services Child Care service.

Who is sponsoring and funding the research?

The study is being sponsored and funded by Canterbury Christ Church University.

Who has reviewed the study?

This study has been reviewed and approved by the Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University. The approval has then been seen and agreed by [redacted] Research Governance.

Further information and contact details

If you would like to speak to me and find out more about the study or have questions about it answered, you can email me on l.coe860@canterbury.ac.uk. Alternatively, you can leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me - Lisa Coe- and leave a contact number so that I can get back to you.

Thank you for your interest in this research

Appendix B (iii): Consent form

Ethics approval number: ETH2122-0016
Version number: 1
Participant Identification number for this study:

CONSENT FORM

An exploration of the experience of foster carers with regards to their foster child's early experiences and relationships.

Name of Researcher: Lisa Coe

Please initial box

1. I confirm that I have read and understand the information sheet dated 10th February 2022 (version 1) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. I understand that I can withdraw my data within two weeks of the date of my interview, however, I understand that, after that time, it may not be possible to remove data that has already been included in the analysis.

4. I understand that data collected during the study may be looked at by the lead supervisor, Professor Alex Hassett, I give permission for these individuals to have access to my data.

5. I give permission for my interviews to be audio recorded and transcribed and I give permission for them to be stored in accordance with the information on the information sheet dated 10th February 2022 (version 1).

6. I agree that anonymous quotes from my interview and other anonymous data may be used in published reports of the study findings

7. I agree for my anonymous data to be used in further research studies

8. I agree to take part in the above study.

Name of Participant _____ Date _____

Signature _____

Name of Person taking consent _____ Date _____

Signature _____

Debrief Information

Dear

Thank you so much for taking part in my research study. I hope that the study will help professionals to have a better understanding of the experience of foster carers in holding the stories of the children in their care, and so will be better able to offer support to help carers with this task.

What happens next?

I will transcribe (type up) the interview. I will then analysis the transcript, looking for any themes that come up. I plan to interview ten foster carers and so, once I have analysed individual transcripts, I will look for themes across all ten transcripts.

I will write up my findings and submit them to the university as part of my Clinical Psychology training. I will send you a brief summary of the findings once everything is complete. This will be in the summer of 2023.

I hope to write up my research for inclusion in a journal such as Adoption and Fostering.

Anonymity and confidentiality

All names and identifying information will be removed from the transcripts so that the transcripts are anonymised. The audio recording will be deleted after the interview has been transcribed.

All transcriptions will be stored electronically on an encrypted memory stick and password protected computer. The transcripts will be kept for 10 years before being deleted.

Withdrawing data

You have the choice to withdraw your data up to two weeks after interview, after which it will no longer be possible to remove it.

Questions

If you have any questions please do not hesitate to contact me on:

Lisa Coe (Trainee Clinical Psychologist):

Email: l.coe860@canterbury.ac.uk;

Further support

If you feel that the interview has raised issues for you and you feel that you are in need of more support, please contact your supervising social worker.

I have also enclosed a list of supports that your fostering team can help you access if you feel this would be of benefit to you.

Thank you once again for participation. You will receive a £10 voucher from Salomons Institute for Applied Psychology in the next couple of weeks.

Many thanks

Lisa Coe

Trainee Clinical Psychologist

Salomons Institute for Applied Psychology

Canterbury Christ Church University

Appendix B (v): Safeguarding, lone working, confidentiality- extracts from relevant policy documents and discussions held.

These have been removed from the electronic copy

Appendix B (vi): Bracketing interview

This has been removed from the electronic copy

Appendix B (vii): Reflective journal

This has been removed from the electronic copy

FOSTER CARERS - YOUR EXPERIENCES MATTER!



BECAUSE...

...you hold your child's history in your hands and help your child to put the

If you are interested in finding out more about this research, please contact me on

l.coe860@canterbury.ac.uk

to request an information pack.

Alternatively, speak with your fostering support worker.



My name is Lisa Coe and I am a Trainee Clinical Psychologist at Canterbury Christ Church University.

I am researching the experience of foster carers' in relating to their child's early history and relationships.

I would really love to hear from foster carers who have a foster child between the ages of eight and thirteen years old, placed with them on a long-term basis.

Thank You

Name of local authority redacted



Appendix B (ix): Interview schedule

Demographic/ contextual information - could be gained pre interview

Age

Ethnicity

Relationship status/ Sexuality

How long have you been a foster carer?

How many children have you fostered – experience as a foster carer

How many children are placed with you currently?

Gender and ages

How long has child been placed with you?

What is the long term plan for your child? (Is the child permanently matched with you?)

Household composition

Areas of questioning

1. The carer's experience of learning about their child's story/early history?

Possible questions:

Tell me about/ what was your experience of learning about X's story/early history? (this could be across time)

What was this like for you?

PROMPTS:

What were your thoughts/ feelings about the information that you were given about your child's story?

How did you feel about your child's story?

What sense did you make of your child's story?

How/what helped you to make sense of it?

What emotions/ thoughts/ attitudes/ sensations/ values/ conflicts were elicited by the story?

What did you find most difficult?

How did you think/feel about the people who are part of your child's early story?

2. impact of 1. on early experience and relationship with child?

Possible questions:

How did this (experience of early history/story) shape your initial experience/ relationship with X?

What was it like, hearing her story and getting to know X?

PROMPTS:

Tell me about that – how did you feel, think, make sense of it

Tell me about your first meeting with X?

How did your understanding of X's story affect this first meeting

Do you think your understanding of X's story affected your early relationship with X? How?

3. Changes over time.

Possible questions:

How have these changed over time? – relationship with X and experience of their story

How have they affected each other? - Your developing relationship with X and your understanding/ experience of their story? – thoughts feelings

How do you make sense of this

What has led to these changes? (changes in your thoughts/feelings about X's story?)

PROMPTS:

What has changed?

What/who has helped/ hindered

Any surprises

How did your relationship with X change your thoughts/feelings about her story- and vice versa?

What has been most difficult for you?

What has been easiest?

4. The carers current experience of their child's story

Possible questions:

What are your current thoughts/ feelings about your child's early history/ story?

How do you feel about the people who are part of your child's early story?

PROMPTS:

What sense do you now make of your child's story?

What has helped you to make sense of it?

What emotions/ thoughts/ attitudes/ sensations/ values/ conflicts are elicited by the story?

How have your thoughts/feelings about X's story changed over time?

What do you find most difficult?

5. The carer's current relationship with their child – connection with story

Possible Questions:

What is it like, to be caring for X and holding her story for her?

- **Thoughts, feelings, sense-making**

How do you make sense of the story within the context of your relationship – vice versa

PROMPTS:

How do you experience holding that story for X – what is it like for you?

Tell me about your current relationship with X

What are the difficulties/ challenges?

How does holding her story affect your relationship with X?

How does holding her story affect how you understand X?

How does her story affect X?

6. Questions about Support

Possible Questions:

What support did you receive regarding your child's story?

What support would you like to have had?

PROMPTS:

Who did you have to talk with about the story?/ Process the story

What/Who has helped?

What/Who has not helped?

What would you like to be different?

What would you have liked to have known from the start

Appendix B (x): Annotated interview transcript

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Appendix B (xi): Audit trail

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Appendix B (xii): Thematic table

Super-ordinate Theme	Subtheme	Rebecca	Emily	Patricia	Louise	Kim	Fiona	Sarah		Molly	Lottie	Sub theme Total	Theme Total
Processing the story	Making sense of the story	√	√	√	√	√	√	√	√	√	√	10	10
	The emotional experience	√	√	√	√	√	√	√	√	√	√	10	
	Holding the story for the child	√	√	√	√	√	√		√		√	8	
	Finding new stories	√	√	√	√	√	√	√	√	√	√	10	
Holding different stories and relationships	Intertwining stories and relationships	√	√	√	√	√		√	√	√		8	10
	Expanding stories and relationships	√					√	√	√		√	5	
	Holding stories and relationships in balance	√		√	√			√	√	√	√	7	
	Keeping stories and relationships apart		√	√	√		√			√	√	6	
The Personal and Professional	It's not just a job	√	√	√	√	√	√	√	√	√	√	10	10
	Caught between the personal and professional		√	√	√	√	√	√		√		7	
	Working with or fighting against		√	√	√		√	√	√			6	

Appendix B (xiii): Thematic manual

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Appendix B (xiv): Ending letters and summary report

Dear Professor Callanan,

RE: Research to explore the experiences of foster carers in relating to and holding their children's stories.

I am writing to inform you that the above named study, carried out as part of my Major Research Project, has now concluded.

Ten participants were recruited to the study, with interview transcripts analysed using Interpretative Phenomenological Analysis.

Please find attached a brief summary of the study in addition to a summary letter which has been provided to participants.

It is my intention to present the study to the relevant local authority and foster carer support groups used for recruitment, as well as writing up the study for publication in the Journal of Adoption and Fostering.

With many thanks for your support

Best wishes

Lisa Coe

Trainee Clinical Psychologist

Supervised by Professor Alex Hassett and Dr Karen Treisman

Dear {foster carer}

Regarding your participation in the research study to explore the experience of foster carers in holding the life stories of the children in their care.

It was so good to meet with you last year and thank you again for participating in this research study. The study has now finished, and I am writing to you as you had expressed a wish to be informed of the results.

Ten foster carers took part in the study, fostering a total of thirteen children. I transcribed the interviews and then analysed them using a method known as Interpretative Phenomenological Analysis (IPA). IPA allows for an in-depth exploration of the lived experiences of individuals. Three main themes were identified across the ten interviews, with each theme including several subthemes. I have outlined the themes and subthemes in the enclosed table below.

Throughout the interviews I was struck by the commitment and dedication that yourself and all the foster carers interviewed showed to the children in your care. I was also struck by the considerable emotional load held by carers, and the challenges involved in managing the personal task of caring for a child, within the wider professional system of social services. I developed considerable respect and a high regard for the role of fostering as part of the research process.

Table showing the main themes and subthemes that were identified from the research.

MAIN THEME	SUBTHEME	EXPLANATION OF THEME AND SUBTHEME
PROCESSING THE STORY	Making sense of the story	This theme looked at carer's experience of piecing information from different sources together to try to make sense of their child's story
	Emotional Experience	This theme looked at carer's experience of sadness, anger, fear, love and hope as they processed the stories
	Holding the story for the child	Alongside making sense of the story for themselves, this theme captured how carers helped children to understand their stories
	Finding new stories	This theme focused on acceptance and hope and the creation of new stories.
HOLDING DIFFERENT STORIES AND RELATIONSHIPS	Intertwining stories	This theme looked at how the stories of children and foster carers wove together to create new shared stories.
	Expanding stories	This theme looked at how foster carers expanded their definition of families to include the child's world and family.
	Holding stories in balance	This theme recognised children as holding two stories and looked at the impact of seeing one story through the lens of the other.
	Keeping stories apart	This theme looked at times when carers wanted to restrict or limit the impact of children's stories- often present through contact with birth families- seeking to keep the two stories apart.
THE PERSONAL AND THE PROFESSIONAL	It's not just a job	This theme explored the deeply personal aspects of the fostering role and the view shared by all ten carers, that it is not just a job.
	Caught between the personal and the professional	This theme explored the conflicts involved in being carers with little power over decisions made, yet also being agents of the local authority plans.
	Working with or fighting against	This theme explored the different relationships carers had with social work professionals and managers.

In light of the themes above, the following implications for future practice were identified:

- The importance of recognising and valuing the considerable emotional task of caring for children who have experienced trauma. Recognising that the role has a significant personal component and is not 'just a job'.
- Increased levels of emotional containment and support to be provided throughout the organisation in order to enable high levels of emotional pain to be held more collectively. Increased emotional support provided to foster carers.
- The provision of ongoing supportive reflective space to support carers to connect with the stories of their children and to think through the affect of those stories on themselves.
- The importance of valuing the professional role foster carers play and developing more collaborative relationships with professionals which value the personal and professional aspects of the fostering role.

Thank you again for your generous participation in the study. It is my hope that the results will be published in an academic journal and, as agreed, I will send you a copy of the article upon publication. I will also send a copy to social workers and team managers in [redacted] Fostering service.

With many thanks again and best wishes for the future.

Lisa Coe

Trainee Clinical Psychologist

Salomons Institute for Applied Psychology

Summary report

Exploring the experience of foster carers in holding the life stories of the children in their care.

An Interpretative Phenomenological Analysis.

Background:

Foster care can be an important resource for children who are unable to remain with their birth families, however the task is extremely challenging with children often bringing early stories of trauma, loss and disrupted attachments into foster carers' homes and lives. There is little research into the experience carers have of engaging with and 'holding' these stories.

Aims:

This study aims to explore the lived experiences of foster carers in holding the stories of trauma and loss brought by the children in their care. It is hoped that an increased understanding will enable professionals and services to offer targeted appropriate support to assist carers with the task, improving the experience for both carers and the children they look after.

Method:

Ten local authority foster carers were interviewed, all caring for children aged between eight and thirteen years, placed with them on a long-term basis. The interviews were transcribed and analysed using Interpretative Phenomenological Analysis.

Results:

Three superordinate themes were identified from the analysis; Processing the story; Holding different stories; The Personal and Professional.

Processing the story

This theme highlighted the emotional task engaged in as carers tried to make sense of and process their child's story, for themselves and their child. The carers interviewed engaged in a deeply personal and emotionally open way with their children's early stories, in addition to the ongoing stories unfolding in their care.

Holding different stories and relationships

This theme captured the different ways that foster carers and children's stories interacted. It highlighted how stories could become interwoven to create new shared stories. How stories expanded to include different definitions of family. How stories were used as lens through which differences and similarities could be viewed. And how, at times, stories were kept apart as carers tried to protect the world the child had joined from the world they had come from.

The Personal and Professional

This theme explored the challenge of managing the personal task of care within the wider professional context, and the relationships carers held with the professional team around them.

Implications

The research found foster carers to be holding a high emotional load, often within the context of conflictuous relationships with professionals. The importance of acknowledging the considerable emotional task of caring for children who have experienced trauma was identified, alongside the importance of recognising and validating both the personal and the professional aspects of the fostering role.

The provision of ongoing supportive reflective space to support carers to connect with the stories of their children and to think through the affect of those stories on themselves.

Increased emotional support provided to foster carers.

Higher levels of emotional containment to be provided throughout the organisational structures to enable the high levels of emotional pain to be held more collectively.

Future Research

The following areas of future research were identified as being beneficial:

Research to explore the factors which support carers to successfully navigate the emotional load inherent in the fostering tasks, identifying factors correlated with higher levels of emotional engagement from carers.

Research to explore the experience of carers who had ended a placement to evaluate and understand the factors involved.

Research to include carers from different local authorities, male carers, carers of different ethnicities, sexualities, experiences.

Research to include the voice of children in care, birth families and social workers to offer differing perspectives to understanding the fostering experience.

Signed

Lisa Coe

Trainee Clinical Psychologist

Salomons Institute for Applied Psychology

Appendix B (xv) Submission guidelines for the Journal Adoption and Fostering

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