Factors Contributing to Resilience in Parents and Carers

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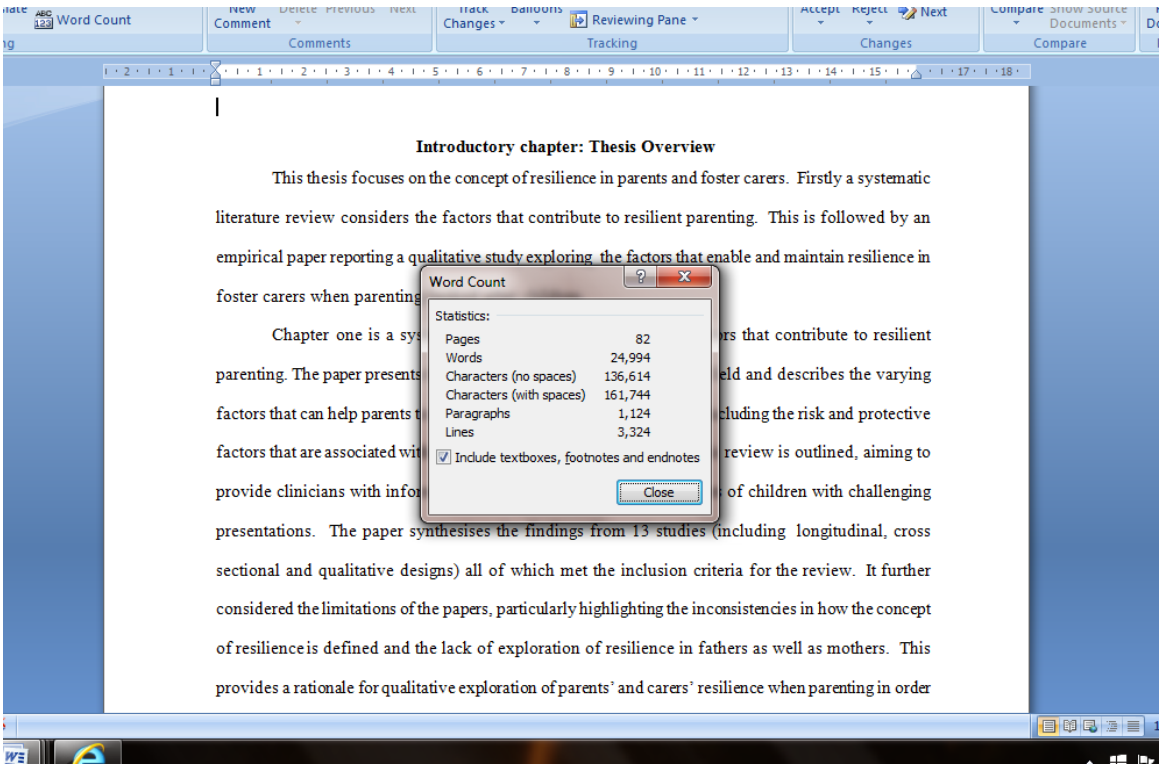

Introductory chapter: Thesis Overview

This thesis focuses on the concept of resilience in parents and foster carers. Firstly a systematic literature review considers the factors that contribute to resilient parenting. This is followed by an empirical paper reporting a qualitative study exploring the factors that enable and maintain resilience in foster carers when parenting looked after children.

Chapter one is a systematic review of research into the factors that contribute to resilient parenting. The paper presents the findings from existing studies in this field and describes the varying factors that can help parents to remain resilient in the face of adversity including the risk and protective factors that are associated with resilient parenting. The rationale for this review is outlined, aiming to provide clinicians with information about how best to support parents of children with challenging presentations. The paper synthesises the findings from 13 studies (including longitudinal, cross sectional and qualitative designs) all of which met the inclusion criteria for the review. It further considered the limitations of the papers, particularly highlighting the inconsistencies in how the concept of resilience is defined and the lack of exploration of resilience in fathers as well as mothers. This provides a rationale for qualitative exploration of parents' and carers' resilience when parenting in order to further understand its implications.

Chapter two is an empirical study which adds to existing research by exploring what factors enable, maintain and challenge resilience in foster carers. To the author's knowledge this is the first qualitative paper that explores, using grounded theory, the factors that contribute to the development of resilience in foster carers and how this can be maintained through challenges that arise as part of their role. The aims of the study were to understand participants' personal experiences of being a foster carer; explore how foster carers respond to adversity and placement challenges, and consider the factors that enable and maintain resilience in long term foster placements. Methodology, procedure and analytic process are discussed before synthesising the theoretical framework that was developed from analysing interview transcripts from 14 participants. This theoretical framework shows what factors contribute to the development of resilience in foster carers. For the participants in this study, this identified not only resilience enabling and maintaining factors but also drew attention to resilience challenging factors. The paper concludes by discussing the meaning of these findings

and how they contribute to the existing literature. It also discusses how the theoretical framework can have significant clinical implications, in terms of the services that could be offered to support foster carers in order to provide successful, stable placement for looked after children.

The two papers included in this thesis are written for the purpose of publication in peer review journals. The appendices supplement chapter one with details of the quality assessment, and chapter two with relevant recruitment documents, methodological and analytic considerations.

What Factors Contribute Towards Resilient Parenting?

A Systematic Review

Chapter 1: Systematic Review

Nicola Ellis

For submission to the Journal of Clinical Child and Adolescent Psychology

Abstract

Objective: Research has highlighted multiple risk and protective factors that influence resilient parenting. The aim of this review was to summarise the findings from the current research literature. ***Method:*** Using a systematic review methodology, the databases Medline, Psycinfo, Web of Knowledge and Scopus were searched for studies written in English and published between 2000 and 2015. Studies chosen investigated parents and explored a range of factors that contribute to resilient and/or positive parenting. These studies had to define and/or discuss resilience in order to meet the inclusion criteria. ***Results:*** Thirteen papers were identified, including one clinical dissertation from the ProQuest database. The studies reviewed identified a variety of risk and protective factors contributing to resilient parenting. Risk factors included; difficult family relationships, aversive and traumatic childhood experiences and parenting a child with additional needs. Protective factors included parents' level of education, optimism and hope, social support and positive spousal relationships. ***Conclusions:*** Suggestions for further research include clarifying definitions of resilience so it can be measured easily as a concept and exploring mothers' and fathers' resilience separately.

Key words: Parenting, Resilience, Positive Parenting, Adversity

The definition of resilience has evolved over time, often being defined differently amongst researchers in this field. However, most definitions share key characteristics; an individual's ability to 'bounce back' or positively adapt to an adverse and/or stressful situation. Rutter (1999; 2006) refers to the term 'resilient' as 'those individuals that have relatively good psychological wellbeing despite suffering risk experiences or trauma that would be expected to bring about serious psychological and emotional sequelae' (Rutter, 2006, p.1). Luthar and colleagues defined resilience as "a dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 545). They further suggest that an individual's resilience is determined by balancing risk and protective factors in the face of adversity (Luthar *et al*., 2000). This separating out of risk and protective factors has been a common way of conceptualising what facilitates an individual in being resilient. Risk factors are seen to affect a person's ability to adapt to stress and can negatively impact on how vulnerable a person may be to develop physical and mental health difficulties (Smith-Osborne, 2008). On the other hand, protective factors are seen to promote resilience by decreasing the impact of risk and subsequently the negative reaction to it by helping individuals achieve a positive outcome in adverse situations (Rutter, 1987; Zauszniewski, Bekhet & Suresky, 2010).

Historically, research on resilience has primarily focused on factors contributing to resilient children and adolescents (Garmezy & Rutter, 1983; Werner & Smith, 1992). Masten (1994) highlighted protective factors for resilience in children and young people, which included having positive relationships with adults other than parents, good intellectual skills, socioeconomic advantages, self-efficacy, self-worth and hopefulness. More recently, it has been suggested that it would be important to extend the existing knowledge about parents, families and resilience, specifically to considering what contributes to positive parenting and resilient parenting when facing adversity (Luthar, 2006). Resilient parenting is referred to as a parent's ability to demonstrate positive behavioural patterns and functioning under stressful or adverse circumstances (McCubbin, Thompson, and McCubbin, 1996). Positive parenting, on the other hand, suggests that although parents may well be at increased risk of psychological and emotional distress, they are still able to

report positive experiences and demonstrate strengths and abilities (Seligman & Csikszentmihalyi, 2000).

Variables that have been found to be associated with high parenting stress, and therefore may be seen to interfere with positive parenting include; low income, young maternal age, unemployment, low self-efficacy and daily parenting stress (Pipp-Siegal, Sedey & Yoshinaga-Itano, 2002; Deater-Deckard, 2005). Attachment and parenting theories (Bowlby, 1977) also place significant emphasis on the importance of the child-caregiver relationship. Some research has suggested that mothers' childhood histories of being parented play a crucial role in their own ability to parent children and the parenting style they are likely to develop (Shapiro & Mangelsdorf, 1994; Chicchetti & Valentino, 2006). Furthermore, parental stress has also been found to be heightened in those who are parenting children with intellectual disabilities (ID; Margalit & Kleitman, 2006) and complex needs such as: Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and genetic disorders such as Down's syndrome. These parents have been found to be more socially isolated, with lower levels of social support and higher incidents of relationship conflict (Keller & Honig, 2004). On the other hand, several variables have been identified as reducing parental stress and contributing to positive, resilient parenting for those parenting a child with ID. These include optimism (Baker, Blacher & Olsson, 2005), acceptance (Lloyd & Hastings, 2008), having a good relationship with an intimate partner and recognising the positive aspects of a marriage (Mulsow, Caldera, Pursley, Reifman & Huston, 2002; Davies & Cummings, 2006).

It is important to highlight the clinical implications of research into resilient parenting in order to develop services that work with families and young people who experience mental health difficulties. The National Institute for Health and Care Excellence (NICE, 2013) suggests that there is good evidence for parent training programmes being successful interventions for supporting children with difficulties such as conduct disorder, antisocial behaviour and anxiety. As highlighted with earlier research, it is recognised that difficulties with parenting can continue to play a part in the development and maintenance of childhood difficulties both developmentally and behaviourally (Stormshak, Bierman, McMahon & Lengua, 2000). Therefore, in order for parents to engage in such

interventions, an understanding of the factors that contribute to them being able to provide a good level of parenting should be established. In doing this, it would allow clinicians to identify risk and resiliency factors that may prevent or facilitate engagement in parenting programmes.

This systematic review aims to answer the question 'What factors contribute to resilient parenting? Resilient parenting is viewed to be that which occurs in those parents who are able to maintain high quality parenting in the face of adversity (Levendosky & Graham-Bermann, 2000). This review will enable a greater understanding of the risk and protective factors that can influence resilient parenting. This will be done by synthesising and critically appraising the relevant literature exploring these factors. Given the ever changing research base and clinical policy, this review only includes papers that were published after the year 2000 in order to not replicate previous reviews and only capture the most relevant literature. To the author's knowledge, no review to date has looked specifically at the contributing factors to resilient parenting.

Methodology

A systematic review methodology was adopted following scoping searches which identified a large variation in the methodologies and measures used within this research area. Therefore, it was felt that there may not be enough homogeneity amongst the papers in the final selection to conduct either a narrative review or a meta-analysis. Initially, the electronic databases Medline, Psycinfo, Web of Knowledge and Scopus were searched from the year 2000 until March 2015. These databases were also used to capture any unpublished papers such as academic dissertations and theses, which were followed up by searching ProQuest. A supplementary hand-search for further eligible articles was conducted by reviewing the reference lists of key papers. The following broad search terms were used, either alone or in combination: "resilience" OR "resilient" AND "parenting" OR "positive parenting" OR "parents" AND "adversity" AND "contributing factors". Inclusion and exclusion criteria were developed in parallel with the review question; ensuring that the review remained narrow and focused on a particular topic area. Studies included in the review had to meet the following

criteria: i) recruited parents (including mothers and fathers, together or separately); ii) define and/or discuss the concept of resilience; iii) explore a range of factors that contribute to resilient and/or positive parenting; iv) peer review and unpublished papers; v) papers written in English language. Additionally, to avoid replicating previous review papers, one exclusion criterion was employed which was to exclude papers researching parents of a child where the child's primary difficulty is a chronic health condition or where they have dysmorphic features.

The literature regarding concepts of resilience in caregivers is extremely broad. It was decided that this review, therefore, would only look at resilient parenting in order to narrow the focus of the review. As a result, it was deemed that the inclusion criteria would not specify a particular research design as this would limit the literature available; therefore multiple study designs were included in this systematic review.

On completing the literature search in this area, a large amount of relevant book chapters were identified. However, these were excluded due to the difficulty in assessing the quality in a comparable manner given that they have not been peer reviewed. Several review papers have previously been published in specific areas of resilience and parenting. These include parenting and the impact on child resilience (Armstrong, Birnie-Lefcovitch & Ungar, 2005; Hoffman, 2010), resilience in family members of people with autistic spectrum disorders (Bekhet, Johnson & Zausniewski, 2012), recommendations for practitioners working with stress and resilience in parents of children with learning disabilities (Peer & Hillman, 2014). In light of this, this current review aims to specifically explore the literature that highlights what factors contribute to resilient parenting. Additionally, there is a large amount of research that identifies contributing factors to parental resilience of children with chronic, long term health conditions and those with visible differences. However, at the time this systematic review was being carried out, the author was aware of systematic reviews being conducted in these specific fields and therefore this literature was also excluded.

Firstly, the titles and abstracts of 330 papers were screened, followed by screening the full text of the remaining 55 potentially relevant papers. Of these papers, 26 were excluded as irrelevant,

for example a paper looking specifically at impact on resilient parenting on child obesity (Lim, Zoellner, Ajrouch, & Ismail, 2011), and the remaining 29 were reviewed against the inclusion and exclusion criteria. A further 16 papers were excluded at this point, primarily because they recruited participants other than parents or were review papers themselves. Dissertations and theses were also identified, followed up and relevant articles reviewed. Finally, thirteen studies were retained in the review, including one clinical dissertation (see *Figure 1*). Specific tools for evaluating the quality of studies were employed by using a combination of existing quality assessment tools. Items were combined from the Newcastle Ottawa Scale Cohort Studies (Wells, *et al*., 2000) and the adapted version for Cross Sectional studies as well as consideration of the Critical Appraisal Skills Programme qualitative study checklist (CASP, 2010).

To enable an accurate and systematic comparison of the papers selected for this review, the core study characteristics, such as: design, participant information, conceptual definition and outcome measures, along with key findings have been summarised in Table 1.1. For reporting the main outcomes from each study, the findings have been summarised according to the following categories: (A) risk factors contributing to resilient parenting; (B) protective factors contributing to resilient parenting; and (C) differences in resiliency factors for mother and fathers.

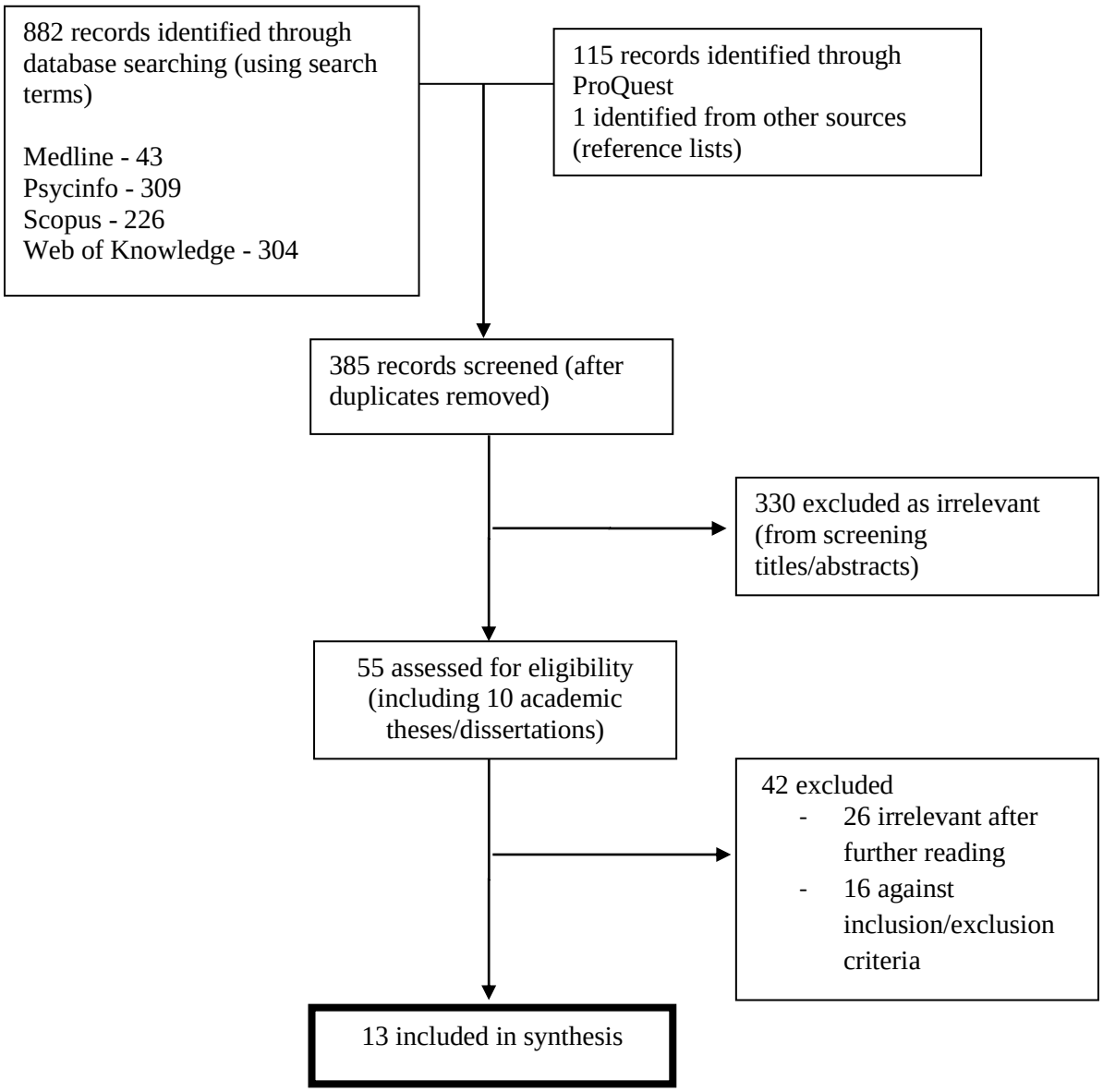

Figure 1. Flow chart of searches and study selection

Results

The findings from this systematic review of current literature are critically discussed and evidence synthesised. Research that is relevant to research question and aims of this literature review is examined in detailed.

Study Characteristics

Thirteen studies were included in this review, with a total of 1,817 participants' data being used at the final analysis stage. Studies were predominantly longitudinal designs (n = 9), although a mix of other studies were included in the synthesis; one descriptive correlation design, two cross sectional designs and one qualitative case study design. Of the thirteen papers included, 12 were peer review journal articles with the addition of one clinical dissertation. The majority of studies were carried out in the USA, with the remaining taking place in Israel (Margalit & Kleitman, 2006), UK (Lloyd & Hastings, 2009) and Spain (Ruiz-Robledillo, De Andrés-Garcia, Pérez-Blasco, González-Bono & Moya-Albiol, 2014). Seven of the thirteen papers looked at parents of children with a diagnosis of intellectual disability (ID) and /or Autistic Spectrum Disorder (ASD)/Down's syndrome (DS). Two papers specifically recruited from an African American population and just one paper solely looked at fathers as a single client group.

Each of the authors of the studies included defines resilience differently in order to ensure it is measurable for the purpose of their study. For some, they specifically consider resilience as positive or adaptive functioning when faced with adversity (Ellingsen et al, 2014[1,2]; Easterbrooks et al, 2011; Taylor et al, 2010), which was measured by looking at levels of optimism, hope or coping and adaption. Other studies have operationalised the concept of resilience by collecting data specifically looking at risk factors such as levels of perceived stress, family conflict and stressful life events (Hess et al, 2002; Ruiz-Robledillo et al, 2014; Gerstein et al, 2009). The limitations of this will be considered later in this study.

Study Quality

The most common methodological problems related to the justification of sample size, the validity and reliability of outcome measures and inaccurate reporting of results. These will be discussed later in this review. To ensure quality, two independent assessors were used; one reviewing the relevant manuscript abstracts, titles and key words to check they met the relevant criteria for inclusion and the other completing the quality assessment on a selection of the articles included.

Table 1.1

Study characteristics and outcomes

Study reference	Study Design	Participant characteristics, N (baseline [BL] & follow up [FU])	Conceptual definition of resilience	Measures	Findings (A, B, C)
1) Ellingsen, Baker, Blacher & Crnic (2014)[1]	Longitudinal, Two year FU - repeated measures when child aged 3 and 5 years	BL = 238 families FU = 232 - 100 mothers of children with developmental delay (DD) -132 mothers of children typically developing - USA sample	Luthar *et al*. (2000): two crucial conditions that must be present 1) a significant threat or difficult circumstance 2) positive adaption: doing better than expected in difficult circumstances.	- Bayley Scales of Infant Development (BSID-II) - Stanford-Binet IV - Child Behaviour Checklist (1.5-5yrs; CBCL) - Family Income Form - Family Information Form - Life Orientation Test-Revised (LOT-R)* - Parent-Child Interaction Rating Scale	**A) BL & FU**: individually and accumulatively risk factors (low income, behavioural problems and child with DD) predicted resilient parenting. Mothers with no risk factors displayed higher levels of positive parenting. **B) BL**: mothers with higher levels of education engaged in more positive parenting when risk levels were high; mothers with higher levels of optimism engaged in more positive parenting but only when risks were low. **FU**: higher levels of maternal health and optimism buffered risk **C)** Data from fathers were gathered but not analysed.
2) Ellingsen, Baker, Blacher & Crnic (2014)[2]	Longitudinal, three year FU, repeated measures when child aged 5 and 8 years	FU = 162 families - 53 mothers of children with DD - 109 mothers of children typically developing - USA sample	As above.	- Stanford-Binet IV - CBCL - Family income Form - Family Information Form - LOT-R* - Parent-Child Interaction Rating Scale (PCIRS)	**A)** Individually and accumulatively risk factors (low income, behavioural problems and child with DD) predicted level of positive parenting at **BL** and **FU** **B)** Maternal optimism was a significant protective factor for resilient parenting at **BL** and **FU** **C)** Data from fathers were gathered but not analysed.
3) Easterbrooks, Chaudhuri, Bartlett & Copeman (2011)	Longitudinal 18 month FU	BL = 361 mothers FU = 286 mothers - Mothers (</= 21 years old, mean age 18) - interviewed 6 monthly for 18 months - intervention group only - USA sample	Luthar *et al*. (2000): adequate functioning in the face of significant risk or challenges	- Conflicts Tactics Scale (parent/child) - 4 subscales - Parental Bonding Instrument (PBI) - Centre for Epidemiological Studies-Depression (CES-D) Scale - Youth Risk Behaviour Survey (YRBS) - Family Assessment Form (FAF) - self reported social support, educational attainment & financial stress (FU)	**A)** Low quality of care and high levels of psychological and physical abuse during own childhood. High neighbourhood poverty rates or financial stress with poor living conditions. Resilient mothers reported higher levels of depressive symptomology **B)** Mothers demonstrated resilience if living in own home, receiving the least amount of emotional and financial support from grandmother and higher frequency of social contacts with broader social networks

Key: Items marked with * indicate resilience measures

4) Gerstein, Crnic, Blacher & Baker (2009)	Longitudinal Two year FU	BL = 115 FU = 92 - mothers & fathers of 3 years old (yo) child with ID - attrition rate 20% - USA sample	Fergus & Zimmerman (2005): a promotive factor counteracts or operates in an opposite directions of a risk factor.	- BSID-II - Parenting Daily Hassles Measure (PDH) - Symptom Checklist 35 (SCL-35) - Dyadic Adjustment Scale (DAS)* - PCIRS	**A)** Mothers' daily parenting stress increased over time **B)** Perceived marital adjustment was positive predictor of both parents' well-being. Mother's well-being helped fathers experience lower levels of parenting 'hassles'. Father's well-being was associated with less 'hassles' across time for mothers. Positive father-child relationship early on prevented increasing stress in mothers across the preschool period. **C)** Mothers report more daily stress than fathers at **BL** and **FU** - mothers experience increased levels during pre-school time compared to fathers.
5) Margalit & Kleitman (2006)	Longitudinal Eight month follow up	- 70 mothers from intact families - children diagnosed with Down's Syndrome and DD - aged 23-54 - Israel sample	Walsh (2003): The ability to withstand and rebound from challenging life events	- Parenting Stress Index - Short Form (PSI-SF) - Sense of Coherence Scale (SCO) - Family Adaptability and Cohesion Evaluation (FACES III) - Coping Scale* - interviews: self report of parental satisfaction	**B)** Higher levels of SCO, coping strategies and family cohesion predicted lower levels of mothers' stress. Resilient mothers reported higher levels of SCO after intervention. Resilient mother reported lower levels of stress following intervention whereas non-resilient mothers reported higher levels. Resilient mothers reported higher levels of cohesion in their families after intervention and lower levels of adaptability and change. **C)** Fathers encouraged to respond but not reported.
6) Taylor, Larsen-Rife, Conger, Widaman, & Cutrona (2010)	Longitudinal Six year follow up	- 394 single mothers (not married or living with a partner) - mean age 35.1 years - USA sample	Masten & Wright (2009): a process or pattern of positive adaptation in the context of significant threats to an individual's development or functioning	- LOT* - Mini Mood and Anxiety Symptom Questionnaire - Behavioural Affect Rating Scale (BAR) - self reported mothers childhood adversity, economic pressure (BL) effective child management, school competence (BL & FU)	**A)** Mothers' childhood adversity was significantly correlated with mothers' internalizing symptoms. Childhood adversity negatively predicted maternal optimism. **B)** Maternal optimism at **BL** negatively predicted internalizing symptoms at **FU**. Optimism significantly related to effective child management. Optimism and economic pressure negatively correlated. Significant interaction between optimism, economic pressure and internalizing symptoms.

Key: Items marked with * indicate resilience measures

7) Van Riper (2007)	Descriptive correlational design - cross sectional design	- 81 mothers of children with Down's syndrome - 5 incomplete data sets were excluded - 76 included in final analysis - USA sample	McCubbin, McCubbin & Thompson (1996) : the positive behavioural patterns and functional competence individuals and families demonstrate under stressful or adverse circumstances	- self reported questions on family adaptation, individual adaptation - Family Inventory of Life Events (FILE) - Family Inventory of Resources for Management (FIRM; 3 subscales) - Family problem solving communication index (FPSC) - Family Crisis Orientated Personal Evaluation Scales (F-COPES)	**A)** Mothers who reported higher levels of family demands, lifestyle changes and unresolved strains rated their family adaption lower. **B)** Mothers who reported greater family resources rated their family adaption higher. Significant positive correlation between problem solving communication and family adaption **C)** Data gathered from fathers and siblings but not discussed.
8) Travis & Combs-Orne (2007)	Longitudinal 6-12 month FU	BL = 246 new mothers FU = 227 210 complete data sets included - recruited from mother and baby unit - USA Sample	Block & Block (1980): Ego resiliency - ability to respond flexibly, persistently and resourcefully especially in challenging situations and environments.	- PBI - Young Adult Self Report (YASR) - PSI-SF - Home observation for measurement of the Environment (HOME) - Life Events Inventory (LEI; FU only)	**A)** Resilient mothers had significantly more internalising symptoms compared to positive-adaptive mothers. Resilient mothers had significantly poorer family relationships compared to positive adaptive mothers **B)** Resilient mothers had significantly higher incomes, lower levels of life stress and demonstrated less maladaptive coping behaviours.
9) Hess, Papas & Black (2002)	Longitudinal RCT - six month FU	BL = 181 adolescent mothers FU = complete data for 148 mothers - Mother <18 years - 18% attrition rate - USA sample	Grossman *et al*. (1992): resiliency factors have been conceptualized as more context dependent, emphasizing the need to identify specific, rather than global, resiliency factors that protect individuals faced with specific risks in specific life contexts.	-The Parenting Sense of Competence Scale - Parent Child Early Relational Assessment - Rosenberg Self Esteem Scale - Infant Characteristic Questionnaire (ICQ; fussy-difficult factor only) - Scale of Intergenerational Relationship Quality (SIRQ) - Network of Relationship Inventory (NRI)	**A)** Significant interaction between infant temperaments and grandmother directness in predicting parental satisfaction - mothers reported less satisfaction when infants displayed difficult temperament and they had a confrontational relationship with grandmother. **B)** Mothers that had completed more schooling reported higher levels of parenting satisfaction and were nurturing caregivers. Mothers with higher self-esteem at **BL** reported more parental satisfaction at **FU**. Mothers who displayed more balanced, autonomous relationship with grandmother at **BL** were more nurturing at **FU**

Key: Items marked with * indicate resilience measures

10) Lloyd & Hastings (2009)	Cross sectional	- 138 mothers & 58 fathers of children with ID (112 couples) - aged 23-57 - British sample		- Reiss Scales for Children's Dual Diagnosis - Trait Hope Scale - Positive and Negative Affect Schedule (positive affect scale only) - Questionnaire on Resources and Stress (QRS–F; parent and family problem scale only) - Hospital Anxiety and Depression Scale (HADS)	**A)** Higher levels of child behaviour problems predicted maternal depression **B)** Hope agency predicted psychological wellbeing in both mothers and fathers. Hope pathway resilience factor only for maternal depression **C)** Mothers with high levels of both hope dimensions, reported lowest levels of depressive symptoms - Fathers' anxiety and depression were predicted by low hope agency
11) Ruiz-Robledillo, De Andrés-Garcia, Pérez-Blasco, González-Bono & Moya-Albiol (2014)	Cross sectional	- 67 parents of child with ASD - males = 27 - females = 40 - Spanish sample	Smith *et al*. (2010): Dynamic process - ability to bounce back or recover effectively from stressful situations	- Salivary Cortisol collected using a Salivette - General Health Questionnaire - Brief Resilient Coping Scale (BRCS)* - Medical Outcome Study Social Support Survey (MOS-SSS) - Stressful Life Events General Form - Care Giver Burden Inventory (CBI) - Barthal Index - Autism Quotient (AQ)	**B)** Caregivers with higher resilience showed better perceived health, lower morning cortisol levels, and less area infer the curebe with respect to ground (aUC). Social support was positively related to resilience and mediated the relationship between resilience and perceived health (β=.09, p<.05)
12) Fagan & Palkovitz (2007)	Longitudinal - One year FU	- unwed and non-cohabiting couples BL= 835 fathers FU = 713 fathers - 22% missing data excluded - final sample = 652 - USA sample	Rutter (1985): doing well in life despite adversity	- Fragile Families and Child Wellbeing Survey	**A)** Risk index higher for acquaintance fathers (M=0.91, SD =4.05). Risk Index had greater negative influence on parental involvement among fathers in the acquaintance group (β= -.28, p<.001) than among fathers in other relationship groups. **B)** Fathers that were romantically and friend-only involved with mothers had higher mean resilience index. Romantically involved and friend-only fathers were significantly more likely to have greater social support

Key: Items marked with * indicate resilience measures

13) Bar-Sade (2008) - dissertation paper	Qualitative Case Study	- 4 married father s - 1 withdrew consent - self reported neglect and maltreatment from parents - one child between 3-15 years under their custody -USA sample	Demonstrating resilience means that in the dynamic process of balancing protective and risk factors, protective factors are more potent than risk factors are.	- Childhood Trauma Questionnaire (CTQ-SF) - Block Child Rearing Practices Report (CRPR) - Structured and Semi-Structured interviews	**B)** Shared themes in being resilient, non-maltreating fathers: having support from their spouses; having one parent who was non-maltreating or less abusive; experiencing a meaningful turning point in their life; making a conscious effort to be different than their maltreating parent, knowing that the way they were treated was wrong; confronting their parents; making a list of specific behaviours they did not wish to repeat; and choosing a life style that allowed them to spend their day with their children.

Key: Items marked with * indicate resilience measures

Risk Factors

Difficult family relationships

Four studies identified difficult family relationships as a potential risk factor which prevents or impacts on resilient parenting. Hess *et al*. (2002) found a significant interaction between infant temperament and grandmother directness in predicting parent satisfaction; mothers with confrontational relationships with their own mother reported lower parental satisfaction when child temperament was difficult. This suggests difficult relationships with family members can negatively impact on resilient parenting. Easterbrooks *et al*. (2011) found that those mothers deemed as vulnerable tended to have higher rates of current care giving, higher levels of emotional and financial support from maternal grandmother compared to those deemed as resilient mothers. Additionally, resilient mothers were less likely to live with their family of origin, suggesting that having difficult family relationships and maintaining contact with a family member, who has previously been a perpetrator of abuse, can be a risk factor. Similarly, Travis and Combs-Orne (2007) report mothers deemed as resilient or vulnerable had significantly poorer family relationships. Bar-Sade (2008) reported comparable qualitative findings; fathers reported having a stressful or difficult relationship with a parent as a child, which was categorised as a family risk factor.

Aversive and traumatic childhood experiences

Three studies reported the impact of aversive and traumatic childhood experience on later resilient parenting. When exploring the construct of resilience in fathers who were neglected in childhood and do not maltreat their own children, the qualitative study by Bar-Sade (2008) found that all three participants reported traumatic childhood experiences. These included experiencing emotional and/or physical abuse, neglect, bullying, living in dangerous neighbourhoods and witnessing marital conflicts. All of these experiences were conceptualised as risk factors to fathers becoming resilient, non-maltreating parents. Taylor *et al*. (2010) found that mothers' childhood adversity significantly predicted economic pressure and negatively predicted maternal optimism. It was further negatively related to warm parenting and effective child management. This suggested that childhood adversity was a problematic risk factor for single mothers, particularly in influencing parenting. Similarly,

Easterbrooks *et al*. (2011) found that low quality of care, high levels of psychological and physical abuse during a mother's own childhood along with high neighbourhood poverty, financial stress and poor indoor and outdoor living conditions were all deemed as risk factors.

Parenting a child with additional needs

Seven studies included in this review looked at parental resilience in relation to parenting a child with additional needs, for example ASD, ID/developmental delay and Down Syndrome (DS) (Ruiz-Robledillo *et al*., 2014, Gerstein *et al*., 2009; Lloyd & Hastings, 2009; Ellingsen *et al*., 2014, 2014; Van Riper, 2007; Margalit & Kleitman, 2006). Ellingsen *et al*. (2014[1,2]) conceptualise children with developmental delay and child behaviour problems already as a risk factor before they carried out their study. Given this, their findings suggest that as child risk factors increase, mothers display lower levels of positive parenting. However, it is worth noting here that children without developmental delay and behavioural difficulties are not used as a control group when investigating protective parent factors such as level of education and family resource. Similar difficulties were presented in the remaining studies that focused on this client group (Ruiz-Robledillo *et al*., 2014; Gerstein *et al*., 2009; Lloyd & Hastings, 2009; Van Riper, 2007; Margalit & Kleitman, 2006). Researchers did not recruit a control group (i.e. children without a diagnosis of a ID/ASD/DS), therefore making it difficult to draw conclusions as to whether parenting a child with one of these diagnoses is a risk factor in itself that impairs resilient parenting.

Protective Factors

Education

Four studies specifically looked at the impact of parental level of education on aspects of parenting. Of these studies, three reported relevant findings. Ellingsen *et al*. (2014[1]) found that those mothers who reported higher levels of education engaged in higher level of positive (resilient) parenting even when risk levels were high. However, in their second paper these results were not replicated. Hess *et al*. (2002) likewise found that mothers that reported higher levels of schooling reported higher levels

of parenting satisfaction and were more nurturing during parent-child interactions at follow-up. Fagan and Palkovitz (2007), found a significant association between relationship status and fathers' education. Post hoc tests revealed that married, co-residential fathers had completed a higher level of education than fathers in unmarried, cohabiting, romantic, or friend relationships. However, these studies failed to consider the extent to which level of education correlated with relevant factors that may enable resilient parenting, such as financial income.

Optimism and hope

Four studies looked at parental optimism and/or hope as a protective factor to resilient parenting. The three studies measuring levels of parental optimism used the Life Orientation Test-Revised (LOT-R; Scheier & Carver, 1985) measure. However, Taylor *et al*. (2010) asked participants to complete eight items of a possible 10 on the measure, whereas Ellingsen *et al*. (2014) only used the core 6 items without any supplementary items in both papers. In the remaining study (Lloyd & Hastings, 2009), dispositional hope was measured using the Trait Hope Scale (Snyder *et al.*, 1991).

Optimism. Ellingsen *et al*. (2014), in their first paper looking at resilient parenting of preschool children, found a significant interaction between risk and dispositional optimism. Mothers with higher levels of optimism engaged in more positive (resilient) parenting but only when risk factors were low. When risk factors were higher, optimism was no longer a significant buffer. At the two year follow up, no significant interaction was found but maternal optimism still significantly predicted positive parenting. In their second paper, looking at resilient parenting across middle childhood, they found that on a 3 year follow up maternal optimism was still a significant predictor of positive parenting. They further found that optimism was a significant predictor of change in positive parenting from baseline to follow up. Similarly, Taylor *et al*. (2010) reported that maternal optimism was a protective factor; significantly predicting lower levels of maternal internalising symptoms (e.g. anxiety and depression) and higher levels of effective child management.

Hope. Lloyd and Hasting (2009) explored the relationship between hope 'agency' and 'pathways' and parental resilience and wellbeing when parenting children with intellectual disabilities. Hope agency is a person's perceptions that their goals can be met whereas hope pathways is a person's ability to plan ways to meet these goals (Snyder *et al*., 2002). They found that hope agency was a significant predictor of mothers' and fathers' psychological well-being. A significant interaction was demonstrated between hope pathways and agency and maternal depression; the highest levels of maternal depression were found when both hope agencies and pathways were at low levels.

Social support

Five studies specifically looked at the impact of social support on resilient parenting**.** Fagan and Polkovitz (2007) found that those fathers romantically involved with their child's birth mother had significantly greater social support than fathers in acquaintance relationships with the mother. Ruiz-Robledillo *et al*. (2014) highlighted that high scores in resilience were related to high levels of emotional, tangible, positive social interaction and a global index of social support. Easterbrooks *et al*. (2011) found that those mothers deemed to be resilient reported higher frequency of social contacts with their broader social networks when compared to vulnerable mothers.

Margalit and Kleitman (2006) found that following intervention, for those mothers deemed to be resilient, family cohesion was a significant predictor of maternal stress levels; suggesting mothers who consider their family members to be supportive experienced lower levels of stress. Van Riper (2007), similarly found that family resource (e.g. family cohesion, and family support) was significantly associated with family adaptation (r = .70, p< .01); those mothers who reported greater family resources rated their family adaption higher. Again, this suggests that high levels of perceived family support can contribute to resilient parenting.

Spousal relationships

Three studies reported the importance of spousal relationships in contributing to parental resilience. Bar-Sade (2008)'s three participants all spoke about the importance of having support from a spouse

in facilitating them to maintain resilience and stability in preventing them from becoming maltreating parents. Fagan and Polkovitz (2007) also discovered that maintaining some type of relationship with the child's birth mother was a significant predictor of paternal involvement in parenting their child. Those fathers that were romantically involved, or friends with the mother of their child, had higher mean additive resilience index scored, highlighting the protective nature of an interpersonal relationship. Lastly, Gerstein *et al.* (2009) found that marital quality acted as a compensatory factor for both mothers and fathers in lessening the experience of daily parenting stress.

Resiliency Factors for Mothers and Fathers

Two studies specifically collected data from both mothers and fathers in order to compare the difference in possible influencing factors with regards to their parenting. Gerstein *et al*. (2009) found that mothers reported significantly greater daily stress and increases in stress over time when parenting a child with ID compared to fathers. They found that mothers' well-being helped fathers experience lower levels of parenting 'hassles', whereas fathers well-being was associated with mothers experiencing fewer parenting 'hassles' across time. A positive father-child relationship early on also helped prevent increasing stress in mothers across time. Lloyd and Hastings (2009) found that for mothers, lower levels of hope (agency and pathways) and higher levels of child behaviour problems predicted maternal depression, whereas, for fathers, only low levels of hope agency predicted paternal anxiety and depression. However, it is worth noting that five of the studies did collect data from fathers in addition to responses from mothers but were later not included in the analysis stage. The limitations surrounding this will discussed later in this review.

Discussion

This review aimed to synthesise and critically appraise the relevant literature exploring the possible factors that contribute to resilient parenting. Thirteen studies were included in the review, with many highlighting significant findings for both risk and protective factors, which contribute to

resilient parenting. This supports the concept that an individual's resilience is determined by balancing risk and protective factors in the face of adversity (Luthar *et al*., 2000).

Several studies highlighted multiple risk factors that can influence and potentially prevent resilient parenting. Having a continued difficult relationship with a family member can reduce parents' resilience subsequently impacting on the relationship with their own children. This is consistent with Attachment Theory (Bowlby, 1977), in that insecurities and poor attachments with family members can continue to influence individuals in adulthood particularly in preventing them from forming secure relationships with others and impacting on their own parenting. Similarly, having adverse and traumatic childhood experiences appears to also be a risk factor to resilient parenting. Several studies found that those participants reporting traumatic childhood experiences are less likely to be resilient parents. This again, is consistent with attachment theory. Those children that develop secure attachments early on develop resilience as they have been able to venture out to explore the environment, confront new situations and solve problems effectively (Arend, Grove & Sroufe, 1979), therefore developing the resilience necessary to cope successfully with adverse life events.

A finding that warrants further consideration is the impact of parenting a child with ID and/or additional needs. Earlier research highlights that parents of children with ID are at increased risk for psychological distress (Blacher, Neece & Paczkowski, 2005) than those parenting children that are seen to be typically developing (Hauser-Cram, *et al*., 2001). However, more recently research has looked at those parents that show resilience when parenting a child with ID (Bayat, 2007; Blacher & Baker, 2007) with a specific focus on those that show adaptive function and family strengths rather than weaknesses (Kearney & Griffen, 2001). The papers included in this review suggest that a diagnosis of ID or other developmental disorders is viewed as a risk factor and, potentially, a factor that prevents resilient parenting. However, this remains unclear from the research included in this review primarily due to the lack of control groups (parents of children without disabilities) in order to be able to understand the causal link between this factor and parents' ability to be resilient in their parenting of their child.

The studies reviewed identify potential protective factors for resilient parenting. Four found that education level was a protective factor. This would support previous literature identifying mothers' education level as a predictor of positive parenting behaviour (Blacher, Baker & Kaladjan, 2013). This may be understood in terms of the skills that potential parents develop during their time at school, such as higher levels of self-efficacy (Coleman & Karraker, 1998) and building on cognitive resources that can help parents engage in effective parenting (Neitzel & Stright, 2004).

This review highlights the importance of optimism and hope as a protective factor for resilient parenting. Optimism has long been associated with positive psychological outcomes (Scheier & Carver, 1985) and, therefore, may explain why optimistic parents tend to show more resilient parenting. Individuals with high optimism typically show better psychological adjustment to negative life events and report less distress when they are experienced (Brissette, Scheier & Carver, 2002). Similarly, hope appears to play a comparable role for parents in that it provides them with the goal motivation to achieve a better outcome, therefore contributing to their resilience.

Further findings show that social support and spousal relationships are significant contributing factors to resilient parenting. Greater social support is commonly associated with resilience and has previously been linked to lower levels of anxiety and depression (Khanna *et al*., 2011). Therefore, social support may play a similar role for parents in that it prevents the development of mental health and physical difficulties that may make it more difficult to parent. Similarly, three studies suggested that positive spousal relationships also appear to act as a buffer for stress and negative life events, particularly marital quality and perceiving a spouse to be supportive. Luthar and Sexon (2007) showed how having a supportive person in one's life is imperative for an individual to be resilient. Other research has found that marriages that are perceived as positive can reduce psychological stress in families (Davies & Cummings, 2006).

Despite the findings discussed to this point, it is worth highlighting that mothers and fathers do tend to differ with regard to the risk and protective factors seen to contribute to resilient parenting. The studies reviewed here appear to suggest that mothers tend to experience higher levels of stress

and lower levels of hope associated with parenting. This could be potentially explained by mothers' usually being the primary care giver and therefore being likely to spend a greater amount of time with the child when compared to fathers.

Limitations of the Studies

The studies included in this review are not without their limitations. Based on the information reviewed, the study perceived to be of poorest quality on the quality assessment tool was Van Riper (2007). This, in part, may be due to the fact that it was not a longitudinal design and therefore compared the other studies may have scored lower. However this study was also part of a larger study. Therefore, it is possible that important factors, such as the sample being representative, or eligibility criteria being stated may have been missed or not included in this study. Additionally, there appeared to be some limitations with the validity and reliability of the measures they used, which will be discussed later in this section.

Were the samples and findings generalisable and representative? The two studies carried out by Ellingsen and colleagues (2014) were both part of the same longitudinal study and therefore those recruited came from the same pool of participants. Interestingly, in their first paper looking at children aged 3 years and 5 years old, the sample size was bigger than the second paper that looked at children at the age of 5 and 8 years old. This may suggest, across the two papers, that there was a high attrition rate. However, as they are written as separate papers this is not discussed. A limitation of this may be that the results are not generalisable to other populations. Similarly, two additional studies (Fagan & Palkovitz, 2007; Taylor *et al*., 2010) also took a sample of participants from much larger longitudinal studies, in which a specific group of participants have been selected and corresponding data analysed for the purpose of the current studies. The study by Van Riper (2007), took the sample from a larger study through a descriptive correlation design. Again, this could lead to questions around how generalisable these results are to the larger sample. When comparing to other longitudinal studies in this review, Margalit and Kleitmant (2006) and Gerstein *et al*. (2009) had relatively small samples. This limitation may have impacted on the design of the study and restricted

how reliable the findings can be. Margalit and Kleitmant (2006) do highlight this as a limitation themselves.

One significant limitation within the studies included in this review, is that six collected data from mothers, fathers and in some studies sibling data was also collected. However despite this, at analysis stage only data from mothers were included. In one study (Ruiz-Robledillo *et al*., 2014), both mothers' and fathers' data were included in the analysis, however the differences between the two were not explored but were deemed as one entity (parents) for conclusions to be drawn upon. One difficulty with this method is that it does not allow for the differences between mothers' and fathers' experiences to be highlighted. This reduces the extent to which the results can be generalised to other populations such as single parents. Within these papers there was a lack of explanation to why this may be the case. In some this was due to the lack of responses collected from fathers and therefore the researchers felt that they did not have enough data to run the analyses. Given that these studies stated their sample consisted of 'intact families', it seems reasonable to expect that both sets of parental data would be considered. As solely mothers' perceptions were explored, this limits the generalisability of the finding to fathers and other carers. This also demonstrated an interesting finding, that there is a lack of research into fathers' perceptions of their resilience with regard to their parenting.

The last limitation regarding samples concerns the ethnicity of some of the samples recruited. Other than the two studies that specifically looked at African American mothers (Taylor *et al*., 2010; Hess *et al*., 2002), seven of the studies reported that over 50% of their sample consisted of white Caucasian parents, usually with a good level of education and average income. Findings from these studies must be considered with caution when attempting to generalise them beyond the specific study sample. Research has shown that those individuals of an African American ethnicity are more likely to come from more disadvantaged backgrounds when compared to the general population (Mcloyd, 1998; Ventura, Matthews & Curtin, 1999). Cultural influences were largely unacknowledged in these papers. Future studies may benefit from examining ways in which resiliency factors in parents vary according to socio-cultural context. These findings support previous observations that research into

resilience has cultural and class bias (Howard, Dryden & Johnson, 1999; Ungar, 2006). Ungar (2006) highlighted that a large proportion of research on resilience is biased towards Western, mainstream populations with little consideration for cultural context. When thinking about implications of such research, resilience interventions are often aimed at populations who are different from the mainstream and, therefore, research needs to provide greater evidence about how such interventions can meet the needs of those individuals in cultural and socio-economical minority groups.

Are the results reliable? Several of the studies reviewed used self-report measures and relied on the participants as informants which may have lowered the reliability of outcomes. This was acknowledged in Fagan and Palkovitz (2007) as a weakness given that previous research has highlighted the tendency for fathers to overestimate involvement with children (Wical & Doherty, 2005) and, therefore, limiting how reliable these results may be. Additionally, those studies asking participants to complete measures that involve their own perception of factors such as their health, coping style, child behaviour management and levels of perceived stress are subjective indicators and should be considered with caution.

Several studies (Taylor *et al*., 2010; Hess *et al*., 2002; Travis & Combs-Orne, 2007; Easterbrooks *et al*., 2011) asked mothers to provide retrospective self-report of their experiences of childhood adversity and experiences of being parented themselves. One limitation of this method may be that given the participants' emotional well-being at the time of recruitment, their recollection of early childhood experiences may be biased or not reported accurately and subsequently potentially biasing the overall findings. Future studies need to collect data from multiple sources and methods. However, it is worth noting here that five studies (Hess *et al*., 2002; Travis & Combs-Orne, 2007; Ellingsen *et al*., 2014; Gerntstien *et al*., 2009) also used observational methods in addition to self-report which is likely to strengthen the reliability of the findings.

Were the outcome measures used, appropriate and reliable? Eight studies used reliable outcome measures, which were clearly described within the papers. However, some studies did have limitations in this area. Some questions were raised regarding a measure used in Margalit and Kleitman (2006)'s study. Although they reported reliability coefficients for all measures and so

reliability could be assumed, all but one of the measures were translated into Hebrew. Therefore, it would be questionable whether this was in an appropriate language for the participants to understand. This raises questions regarding the reliability and validity of the results produced on that measure.

Within other studies some measures used were deemed to be valid and reliable, with alpha levels being reported to demonstrate the reliability of the measure used within that population. However, for some of the variables that were measured it was unclear as to what tools they used to gather this data. In Taylor *et al*. (2010), it appeared that some measures were adapted from the larger studies, The Family and Community Health Study (FACHS) or from the Parenting Youth and Family Project (Conger & Conger, 2002) and, therefore, the authors were not explicit about whether these measures were standardised and if so on what population. For these measures, reliability or validity statistics were reported sporadically. Similarly, Fagan and Polkovitz, (2007) used data collected from the Fragile Families and Child Wellbeing (FF) study, which had its own outcomes measures exploring conditions and capabilities of unmarried parents, especially fathers. It was unclear in this paper whether or not the measures used has been standardised within the target population and no reliability or validity data are reported.

Some studies (Easterbrooks *et al*., 2011; Van Riper, 2007) used measures that have previously been standardised and deemed to be valid and reliable. However, the researchers have used only selected subscale scores from within these measures and have reported these as a total score or a cumulative score as a representative of the complete index. The limitation in doing this is whether the measure still measures what they intended it to.

Limitations of this Review

There are a number of limitations to this systematic review. Primarily, the majority of the studies included have used different definitions of resilience or varying conceptual models. This makes it difficult to generalise the resiliency factors across different samples given that they may all be measuring slightly different concepts. Secondly, there was no consistent pattern of outcome measures used to identify resiliency factors, with some studies only focusing on specific outcomes

(e.g. hope or optimism), which again makes it difficult to synthesise these findings. Only one study used an outcome measure that specifically measured resilience. This inconsistency with the measures used may make it difficult to generalise the results or use them as a base for future research in this area. Thirdly, this review could have been strengthened by the extraction of effect sizes from the studies, as this would have been a valuable way for readers to quantify the effectiveness of a particular study and assess how much practical significance might be placed on the individual findings.

Clinical Implications

This review highlights some important considerations for providing interventions to parents and families. Previous research has highlighted that disruptive behaviour in children can be a result of negative parenting practices. Given that difficult to manage behaviours in childhood, for example aggression, hyperactivity and defiance, are often good indicators of poorer life outcomes and mental health problems in adulthood (Stormshak *et al.*, 2000), it is essential that services are providing support and advice for parents. The research presented in this review has gone some way in increasing knowledge and understanding that parents adapt differently to their children depending on their presentation, child factors and their own experiences prior to having children. Given that we know that there are numerous risk factors that are likely to prevent resilient parenting, it is essential that appropriate assessments are carried out by services to identify this as early as possible. This would allow for early intervention to be offered to help parents build their resilience and increase protective factors such as social support and optimism. Additionally, there would be potential to identify parents as having significant risk factors and could be sign posted onto parenting programmes such as 'Triple P', as recommended by NICE guidelines (NICE, 2013).

By providing an intervention at this early stage in a child's development, it could potentially reduce the subsequent number of referrals made to both child and adult mental health services. Ultimately this would help reduce the workload and financial strain that services are currently experiencing. If mental health, social care and educational professionals have a greater awareness of the risk factors that jeopardise parental resilience, it allows them to respond and act in a preventative

manner when a single risk presents, for example, the loss of a parent through divorce or separation. This factor in isolation may not have a detrimental impact on the child's welfare and development but, coupled with familial conflict that tends to surround such an event, it is likely to have a much greater impact (Brody *et al*., 1994).

Implications for Future Research

Despite this review offering insight into the multiple factors that can contribute towards resilient parenting, the difference between mothers' and fathers' resilience remains unclear. Given that most of the studies included in this review only included mothers' perceptions, further research should concentrate on establishing an understanding of fathers' resilience. This would be important, again, for intervention, as increasingly more single parents are fathers (Livingston, 2013). This would also be the case for future research considering factors across a variety of socio-cultural and ethnic backgrounds in order to ensure that those who are most disadvantaged are receiving appropriate levels of support from services.

Resilience is believed to be a multifaceted construct that needs to be understood from multiple perspectives (Luthar *et al*., 2000). Over recent years, the concept of resilience has moved towards considering the interplay of child, family or environmental factors and the impact they can have on positive outcomes (Luthar *et al*., 2000). This further raises questions about how possible it is to measure a changeable social construct such as resilience, as researchers have questioned whether they are looking at the same entity or different phenomena (Kaplan, 1999). As a result, there is great diversity in the measures used to explore resilience, which has been highlighted in the papers reviewed here.

When considering the direction of future research, it is important for there to be some clarity and consistency in the definitions of resilience. This could prevent inconsistent conclusions being presented regarding what factors influence a person's resilience and prevent researchers estimating levels of resilience among risk groups (Cicchetti & Rogosch, 1997). Finally, with its meaning evolving, it may be that more qualitative research could provide insight into the lived experience of

parents and carers who experience adversity and stressful life events but are still able to provide positive parenting.

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What Factors Enable and Maintain Resilience in Foster Carers? A Grounded Theory Approach.

Chapter 2: Empirical Paper

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For submission to Clinical Child and Family Psychology Review

Abstract

With increasing demand on the role of being a foster carer, it can be difficult to maintain a stable placement for the child in care. Resilience is a crucial factor in individuals successfully overcoming challenges and adversity, something that is ever present for foster carers. The aim of this qualitative study was to explore what factors enable and maintain resilience in foster carers, in addition to considering the challenges they face. Fourteen foster carers (2 male and 12 female) who had maintained a long term placement (for a year or more) with a looked after child, were recruited from a Local Authority in the North West of England. Foster carers were interviewed and their verbatim transcripts were analysed using a grounded theory methodology. A theoretical framework, including enabling, maintaining and resilience challenging factors, were found to emerge from the data and identified as likely in demonstrating foster carers' resilience and influencing placement stability. This theoretical framework provides an insight into clinical implications such as ensuring that foster carers receive the appropriate support when they are faced with increasing challenges, in order to maintain a stable placement.

Keywords: Foster Carers; Resilience; Children in Care; Grounded Theory

There are an increasing number of children who are 'looked after' by Local Authorities in England, with approximately 68,840 recorded by March 2014 (Department for Education, 2014). The majority of children who are looked after have experienced abuse and/or neglect prior to entering care (Department for Children, Schools and Families 2008a). As a result of being separated from their primary caregiver, children in foster care often present with a multitude of emotional and behavioural reactions (Stovall & Dozier, 2000). This can be understood in terms of Bowlby's attachment theory (1969) which suggests that grief, anger, and distress are displayed in children in care as the result of a temporary or permanent loss of an existing attachment figure. Children in care are consequently at an increased risk of presenting with behavioural difficulties (Lawrence, Carlson & Egeland, 2006), complex social and emotional needs (Teicher *et al*., 2003), physical health problems (Hill & Thompson, 2003) and poorer academic achievement (Zima *et al*., 2000). All of these difficulties can be further exacerbated by multiple separations and loss as a result of placement breakdowns.

Due to the complex nature of the care that is needed for looked after children, foster carers are considered to be a key determinant of child and placement outcomes (Cashmore, Paxman & Townsend, 2007). The task of fostering is now seen to be more demanding due to stressful events such as placement disruptions, allegations of abuse, disagreement with social services and the impact on foster carers' families (Wilson, Sinclair & Gibbs, 2000). Therefore, it is often difficult to recruit and retain good quality foster carers (Colton, Roberts & Williams, 2008). Research suggests that foster carers tend to leave services if they do not receive good support, training and respite care (Sinclair, Gibbs & Wilson, 2004). Subsequently, over recent years there has been an increase of research into exploring foster carers' experiences (Ciarrochi, Randle, Miller & Dolnicar, 2011). A review by Blythe, Wilkes and Halcomb (2014) synthesised findings from 18 papers highlighting that foster carers' experiences of providing care for looked after children and working within a social care system has both positive and negative effects on their personal well-being. Primarily, the most significant factor contributing to foster carers' wellbeing, is the need for clearer defined roles as a large proportion of foster carers either identify themselves as parents (Broady, Stoyles, McMullan, Caputi & Crittenden, 2010; Pickin, Brunsden & Hill, 2011; Riggs, Delfabbro, & Augoustinos, 2009)

or as professionals working alongside the child and the system (Kirton, 2001; Rosenwald & Bronstein, 2008; Samrai, Beinart & Harper, 2011).

NICE guidelines for children in care highlight the importance of fully considering the foster carers' capacity to provide long-term placement stability and the ability to build a secure attachment with that child (NICE, 2010). Factors such as being able to build an attachment to the child can have a positive impact on the stability of the placement. Broady *et al*. (2010) suggested that foster carers were more likely to adopt a parental identity after forming a positive attachment to a child. This is important as placement stability increases the opportunity for children to develop a sense of permanence and a secure attachment with a caregiver (Leathers, 2002). Research has found that children who experience fewer placement changes and greater stability demonstrate better adjustment and outcomes (Kelly & Gilligan, 2000; Martin, 2000).

Previous research has highlighted that foster carers' ability to identify their own personal limitations and seek support and respite when needed, is an important factor in being able to offer stability (Blythe *et al*., 2014). Several studies note the importance of foster carers developing and maintaining individual personal support networks (Murray, Tarren-Sweeney, & France, 2011) to reduce foster carers' stress and placement strain (Farmer, Lipscombe & Moyers, 2005; Samrai *et al*., 2011). Research has demonstrated that foster carers' experience of working with, and navigating around, professional systems can be more stressful than caring for a child (Buehler, Cox & Cuddeback, 2003; Rosenwald & Bronstein, 2008). Wilson *et al*., (2000) found out of 932 foster carers, almost 20% had experienced significant disagreements with professionals. Yet those foster carers that report having a good relationship with professionals, including good communication, are more likely to feel valued and offer effective care, thus decreasing placement breakdown (Wilson *et al*., 2000; Brown & Calder, 2000; Rosenwald & Bronstein, 2008).

A factor that requires further consideration with regard to foster carers' experiences is the impact of foster carers' resilience on placement stability. Resilience is commonly defined as “the ability to function competently despite living, or having lived, in adversity” (Schofield & Beek, 2005,

p. 1283). The term resilience has been used to refer to individuals that have relatively good psychological wellbeing despite suffering risk experiences or trauma that would be expected to bring about serious sequelae (Rutter, 1999; 2006). Resilience is thought to include a range of protective characteristics, such as self-esteem, self-efficacy, a sense of security, hopefulness and reflective function, which contribute to successful adaptation and coping (Fonagy, Steele, Steele, Higgitt & Target, 1994).

Preston, Yates and Moss (2012) conducted a qualitative study to explore the role of emotional resilience in foster carers in promoting placement stability. Researchers interviewed seven foster carers who had a track-record of stable placements with children exhibiting challenging behaviours. Using a grounded theory approach, three potential underlying constructs, namely emotional resilience, interpersonal characteristics and external factors, were found to emerge from the data and identified as likely to influence foster placement outcomes. The study's authors concluded that a model that could predict what foster carer factors would be important in influencing placement stability would be helpful in determining placement outcomes. Although this research produced this specifically in relation to the influence of emotional resilience, a more generalisable model that considers all aspects of foster carers' resilience would be valuable in this area of research.

The current study aims to answer the following research question: what factors enable and maintain resilience in foster carers? The objectives to meet this aim were to: i) understand participants' personal experiences of being a foster carer; ii) explore how foster carers respond to adversity and placement challenges, and iii) consider the factors that enable and maintain resilience in long term foster placements. For this study, resilience was conceptualised as participants' ability to carry on in their foster carer role and provide a stable placement in the face of the challenges and adversity that often occur within a fostering role. Examples of this are provided.

Method

Design and Qualitative Methodology

This research employs a constructivist grounded theory methodology (Charmaz, 2003; 2006). This qualitative method was chosen as it is ideal for exploring social relationships and the behaviour of groups where there has been little exploration of the contextual factors that affect individuals' experiences (Crooks, 2001). Given that relatively little is known about what resilience in foster carers looks like, grounded theory was chosen as it aims to develop an explanatory theory of a social process (Glaser & Strauss, 1967). Constructivist grounded theory is embedded in the theoretical foundations of sociology, and emphasises the epistemological idea that reality is constructed by individuals as they assign meaning to the world around them (Appleton & King, 2002). Consideration was given to other qualitative methodologies such as Interpretative Phenomenological Analysis (IPA; Smith, Flowers & Larkin, 2009). However, the research question for this study focuses on an exploration of how the social concept of resilience is maintained in foster carers through their foster caring experiences rather than just focusing on their lived experienced which may be more appropriately investigated using IPA. Grounded theory is deemed appropriate for this study, given that the central aim is to understand how resilience in participants is developed and maintained through social factors such as social support, cultures and history.

Procedure

Sample: size, strategy and characteristics

Grounded theory relies on theoretical sampling (Charmaz, 1995b; 2000). This refers to the process of collecting data for generating theory whilst simultaneously analysing and coding the data. This allows the researcher to know what data to collect next and where to find it in order to further develop the theory (Glaser & Strauss, 1967). Individuals are recruited to the sample until theoretical saturation is reached; that is, when the complete range of constructs that make up the theory are fully represented by the data. Therefore, based on this, 14 participants were interviewed for the present study at which point saturation was reached. Interviews were coded and transcribed once four interviews had been conducted. Following each recruitment phase, the interview schedule was

adapted to allow for further exploration of areas that were identified as relevant. For example, during the middle phase of recruitment, questions were asked specifically around single and partnership carers to identify similarities and difference in their resilience. The final two participants were recruited and asked questions that allowed the researcher to check out the model and whether it fitted with their experiences, whilst also establishing the relationship between the categories within the model allowing it to be developed and refined.

Due to the focus on multiple perspectives of a single construct (Charmaz, 2009), grounded theory research aims to recruit heterogeneous viewpoints, therefore broad inclusion and exclusion criteria were employed to broaden and deepen the range of data collected. All participants were Caucasian and ranged between 38-62 years of age. Six of the participants in this study were married, four were divorced, two described themselves as being in a relationship, one was single and one was in a civil partnership. The number of children fostered by the participants ranged from 1 to over 100 (see Table 2.1 for participant demographic data). Participants were eligible for the study if they met the following inclusion criteria and exclusion criterion:

Inclusion

- 18 years of age or over
- Male or female
- English speaking
- Have been a mainstream foster carer for at least two years
- Have fostered a child for at least 12 months
- Foster carers who believe they have developed resilience through previous life experiences and specifically through their foster caring activity.

Exclusion

- Foster carers who have only ever fostered children with moderate to profound learning disabilities

Table 2.1

Demographic Details of Participants[1]

No	Name	Age	Length of time as a foster carer (years)
1	Brian	41	4
2	Julie	41	5
3	Martha	53	2
4	Liz	60	22
5	Michelle	48	7
6	Diane	52	2
7	Trisha	56	23
8	Joanne	62	30
9	Kayleigh	52	19
10	Christine	48	7
11	Jenny	49	13
12	Barry	38	5
13	Helen	52	13
14	Paula	45	8

Recruitment

Participants were recruited through a Local Authority Fostering and Adoption service in the North West of England. Within this, there are 148 approved foster carers caring for 295 children and young people. There were several methods of recruitment to this study. Firstly, supervising social workers were informed about the study on a regular basis. If they identified foster carers who met the inclusion criteria they would ask the carer's permission to be contacted by the researcher regarding the study. Additionally, foster carers were informed about the study directly through an advert published in the quarterly newsletter of the fostering and adoption service. This invited potential participants to express an interest in taking part in this study by contacting their supervising social worker. The researcher also attended the service's local fostering forum to speak about the research and to inform

[1] All real names have been replaced with pseudonyms to ensure anonymity

potential participants about how they could take part. Individuals who wished to participate provided verbal consent to be contacted via the telephone to discuss the research further.

Interview design

For grounded theory, it is recommended that a few, broad, non-judgemental, open ended questions should be devised, to invite detailed discussions of a topic (Charmaz, 2006). This took the form of a semi-structured interview, to encourage participants to share statements and stories from their own personal discourse. The interviews for this study used an intensive interviewing approach (Lofland & Lofland, 1995), as this allowed for an in-depth exploration of a particular topic or experience (Charmaz, 1991).

The interview schedule was developed following consultation with the research supervisors, two of whom have considerable clinical experience of working with foster carers and children in care, whilst considering the study's aims and objectives. Interview questions explored foster carers' experiences in becoming a foster carer; any challenges they have experienced; how they managed these and the potential impact on their families; how supported they felt within their role; their perception of resilience and times when they believe they have/have not been resilient.

Interviews were primarily held on local authority premises within a confidential space. However, if the participant was unable to attend due to child care commitments, it was agreed that interviews could take place in a confidential space in their home. The researcher briefed participants about the research, presented them with the participant information sheet and answered any questions before gaining written consent. Prior to the interview starting, demographic data was collected regarding both the foster carer and the child/children currently in their care. Interviews lasted between 30-75 minutes, depending on the phase of data collection, and were recorded using a Dictaphone. The researcher transcribed a selection of interviews at the varying stages of the analysis (six in total) so that they could gain an in-depth sense of the research and became immersed in the data. The remaining eight interviews were transcribed by a professional university transcriber, which were checked by the researcher for quality and accuracy.

Ethical approval

Ethical approval was sought and gained from the University of Liverpool through the University Committee on Research Ethics (CORE). Ethical approval was also sought and gained from the Local Authority Research Governance committee in the council where recruitment to this study took place. Further ethical considerations were addressed in the participant information sheet, highlighting that if any safeguarding concerns regarding the welfare of the child or a significant other were raised during the interviews, this information would be passed onto the foster carer's supervising social worker or to the Service Manager for Fostering and Adoption, for further action.

Distress and confidentiality

Minimal risk was associated with participating in this study, however some participants may have disclosed negative as well as positive experiences and thus it was anticipated that they would be likely to feel some level of emotion associated with those experiences. Subsequently, if participants became distressed at any point during the course of the interview they were given the opportunity to take a break or discontinue with the interview if they wished. All data gathered from participants were kept confidential, unless risk to self or others arose. All personal identifiable information was removed to ensure anonymity once the interviews were transcribed and direct participant quotes presented in this paper are anonymised and pseudonyms have been used. Transcripts were kept securely at the researcher's University by the data custodian.

Reflexivity and Memo-Writing

A fundamental element of conducting grounded theory research is reflexivity which is defined as "the researcher's scrutiny of his or her research experience, decisions and interpretations in ways that bring the researcher into the process and allows the reader to assess how and to what extent the researcher's interest, position and assumptions influence inquiry" (Charmaz, 2006, p.188-189). Given this, the researcher strove to maintain a reflexive stance throughout the process and considered their position in relation to the similarities and differences to the research participants, holding in mind culture, class, race, ethnicity, gender, age, sexual orientation and experience (Wilkinson &

Kitzinger, 1996). The researcher kept memos and reflective notes throughout the research process. Memo-writing provides the researcher with a tool for engaging in an on-going dialogue with the self to help to separate the researcher from the topic being researched (Becker, 1986; Charmaz, 1990).

In addition, the researcher took part in three reflexive interviews with one of her research supervisors; one prior to recruitment, one mid-way through recruitment and one following the end of recruitment. This allowed the researcher to reflect on the data that were emerging and recognise any pre-existing assumptions they may hold due to their own personal experiences prior to commencing the research. From this, key themes emerged from the reflections which were considered to reduce the risk of the researcher biasing the analysis.

Position of the Researcher

The researcher is a 27 year old white British female, currently in training to become a Clinical Psychologist. She has gained experience of working alongside different client group but has developed a specialist interest for working in Children in Care services. The following themes arose within the reflexive interview:

'Being a helper'

The researcher reflected on their own experience of struggling through difficulties in their life, and at times feeling like they were doing this alone. It was recognised that this may be mirrored in the foster carers interviewed in this study, in that they too may feel they have to manage difficulties alone. The researcher made associations with the role they have within their own family of being a 'helper' and finding it hard to tolerate other people having a difficult time and feeling helpless. This was the case, when the researcher had to turn away participants due to them not meeting the eligibility criteria, as the researcher was left feeling helpless and unable to provide the carer with an opportunity to be heard. Therefore, the researcher needed to remain mindful that they may feel pulled into helping the foster carer and switching into a therapist role.

'Admiration of doing a hard job'

The researcher recognised an ongoing theme of admiration for the foster carers recruited to the study. When reflecting on where this admiration came from, the researcher held the belief that foster carers chose to commit to doing a hard job, which resonated with the researcher's own experience of being brought up surrounded by hard-working family members. This admiration was of foster carers having to work hard, sometimes through tough experiences. She reflected on previous experiences of admiration, particularly for parents of children with complex needs and their ability to keep going and be resilient despite ongoing challenges. This allowed the researcher to think about her own connection with resilience, considering how it has developed whilst training to become a clinical psychologist and recognising her own emotional journey through varying challenges. This theme was important to consider to reduce the chance of it influencing the analysis in terms of attributing overly positive codes to the data, due to the feelings of admiration and warmth towards the foster carers.

'Power'

During the course of the interviews, the researcher found she was questioning the power that some foster carers reported having within their role, specifically in relation to the impact they had on the lives of the children in their care. This was a feeling not anticipated by the researcher prior to commencing recruitment. The researcher reflected on prior experiences of power and their perceptions that this can be dangerous and can negatively impact on vulnerable individuals. This was important to recognise to ensure that the researcher was not pulled in to viewing power as only a negative due to their own experiences of fearing power and feeling powerless in situations. This awareness helped the researcher to reduce the chance of her making judgements and not becoming too critical during coding and analysis. In light of this, the researcher reviewed the analysis to make sure this was not the case in the language used in initial codes.

Analysis

The following stages (Charmaz, 2006) were followed for all transcripts and data. Given the time restrictions of a DClinPsych research project however, interviews were grouped together and analysis was done following four interviews:

1. Close reading of the transcripts and examination of the data, focusing on possible meanings of the data. One page narrative summaries were produced for each interview.

2. Initial line by line coding; a heuristic method for coding initial interviews (Charmaz, 2008). Codes tended to be noun forms of verbs, e.g. wanting, feeling, believing to help to define what was happening in a fragment of the data and ensured the analysis remained active and emergent.

3. The most frequent initial codes were then used to move onto focused coding. Focused coding helped synthesize large amounts of the data. These were scrutinised to ensure they were the best explanation or interpretation of the empirical phenomenon.

4. Focused codes then became tentative theoretical categories through the emergent process as they were tested against the data by using them to examine large sections of transcripts.

5. The codes that are then chosen to raise to theoretical categories need to carry the weight of the analysis. These focused codes were then treated as tentative categories (Table 2.2 demonstrates this process in a word hierarchy).

6. Memos were written in order to capture ideas throughout the process. This is viewed as the intermediate stage between data collection and writing a draft of a paper or chapter (Charmaz, 2003, 2006; Glaser, 1978, 1998).

Validation procedures were completed in order to ensure the credibility and quality of the emerging codes, categories and overall theoretical framework. One independent researcher read extracts of the transcripts throughout data collection and at each level of analysis, coding the data.

This provided validation for the emergent framework. The final account of the theoretical framework was also checked and read by two independent researchers.

A number of further explanatory questions were asked during the interviews in order to gather more information about the categories and the processes between them. Codes and categories were amended and re-defined until a final set was found to fit the data.

Table 2.2

Example of emergent themes from initial coding to theoretical categories

Raw data	Initial coding	Focused coding	Theoretical categories
Pg.1, L6 - "well I've been doing it for a long time now so it's very much part of my life"	Feeling experienced and being part of identity (4)	Forming identity	Forming a foster carer identity
Pg.3, L88 - "So I suppose I've always had that carer inside in me and like my family life has been everybody comes to my house. I'm looking after everybody else I just, that's how I've always been, I've always had that care there no matter what other job I've done..."	Building experience through previous caring roles	Caring role forming identity	
	Feeling caring role is innate (6)		
Pg1, L37 - "it's it fulfils something, I don't know what it is. Erm it's just me, it's just me, I'm lost without a pram"	Meeting own needs	Fostering forming identity	
	Recognising its becoming part of her identity (8)		

Results

The aim of the study was to explore what factors enable and maintain resilience in foster carers. The theoretical framework identified nine theoretical categories, which were; *'Impacting Previous Life Events'*, *'Forming a Foster Carer Identity'*, *'Identity Challenged'*, *'Challenges Faced within Foster Carer Role'*, *'Challenges of Working within a System'*, *'Rewarding Experience'*, *'Sharing in the Child's Journey'*, *'Coping Strategies'*, *'Receiving Support'*, and one core category of *'Demonstration of Resilience'*. This theoretical framework will be explained by considering the development of each of the theoretical categories, highlighting the qualitative data and focused codes that gave way to these whilst considering the interplay between the different factors. For the purpose of meeting the aim of this study, these can be described as resilience enabling, resilience challenging or resilience maintaining factors (see Table 2.3)

Table 2.3

Theoretical Categories of the Theoretical Framework

Contributing factors to foster carer resilience	Theoretical Category
Resilience enabling factors	Impacting previous life events Forming a foster carer identity
Resilience challenging factors	Identity challenged Challenges faced within foster carer role Challenges of working within a system
Resilience maintaining factors	Rewarding experience Sharing in the child's journey Coping strategies Receiving support

Figure 1. (see page 55) depicts the theoretical framework constructed from the analysis. Foster carers' resilience has been identified as an important factor in predicting placement stability (Preston *et al*., 2014), specifically foster carers' personality and ability to cope with their feelings of distress has been identified as a contributing factor in placement stability (Redding, Fried & Britner, 2000). The

theoretical framework in this study includes *'Stability of Placement'* as, although this was not directly explored, research suggests that foster carers' resilience and ability to cope with distress, influences placement stability. Research further links placement stability to better outcomes for children in care and therefore to increase the chances of good outcomes for these children, the chances of placement stability needs to be increased by supporting foster carers to be resilient.

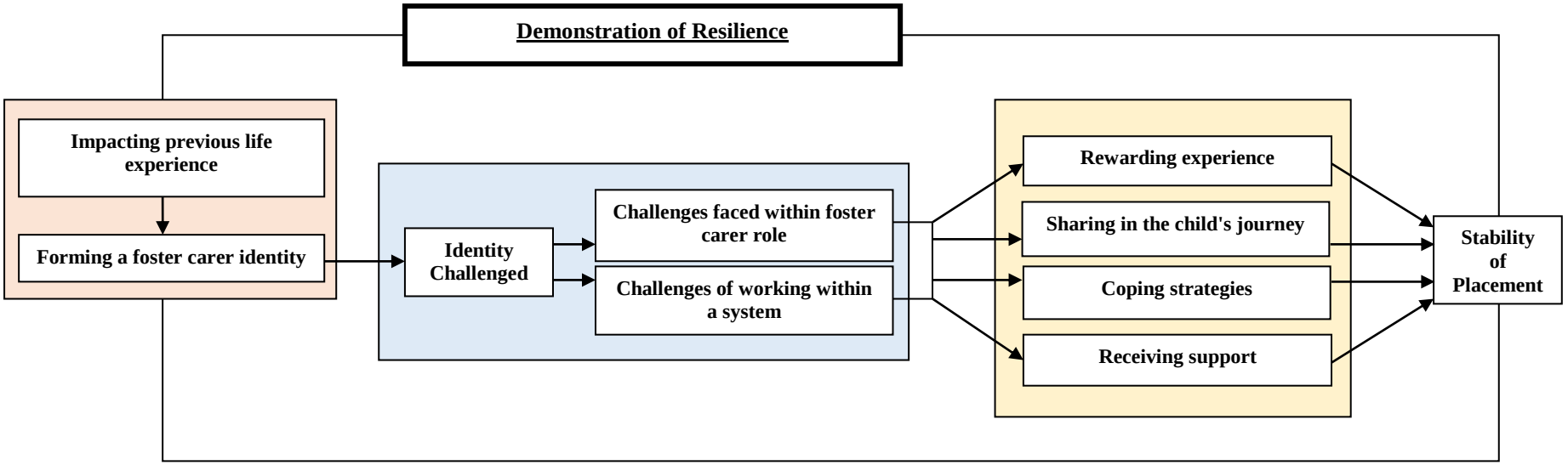

Figure 2. A theoretical framework of the factors that enable, challenge and maintain resilience in foster carers.

The theoretical framework indicated that when participants were asked to think about what factors enable their resilience, two theoretical categories of *'Impacting Previous Life Events'* and *'Forming a Foster Carer Identity'* emerged. These factors appeared to contribute to participants' resilience prior to becoming a foster carer and subsequently lead to the development of a specific foster carer identity.

Impacting previous life events

Foster carers identified experiences in their lives prior to becoming foster carers that had impacted on their resilience and provided them with reasons for choosing this profession. Most foster carers spoke about wanting to provide a different care experience to their own. Jenny reflected on the idea that she had possibly become a carer because she felt uncared for at times by her mother: *"she's obviously given us something whether it's that need to want to care for children because we weren't perhaps, I don't know"* (8, 291-293).

Some of the foster carers interviewed made links between their own resilience and their early life experiences. This appears important in thinking about resilience as a concept and how it developed for each of the foster carers, as it provides some insight into how they managed adversity previously. This was particularly apparent for Brian.

> *"I'm a prime example of resilience, I grew up in really bad conditions as a child, err, we were dragged err taken by the police err into care into emergency care in 1980 I think, 72 I was born so what about 8 year old. Just turned up and I know the reasons why but kinda irrelevant to this part but.. Poverty played a large part and some physical abuse to me and me two brothers..err.. Once you're in care you realise oooh this is good we have clean sheets, we have shampoo, we have toothpaste, we have food ,we have pocket money, you start to develop resilience that way but it's how you, I, I believe it's how you look after yourself, how you're able to cope"* (17, 598-605).

Learning from previous experience prior to becoming a foster carer was also highlighted as a factor that contributed to foster carers choosing this role. Diane spoke about her personal experience of having to support vulnerable family members. From this she realised that she could use her

experience to support foster children; *"also I had another family situation with my cousin, she was in a bad place and I took her in and her children and I just thought there are so many people out there who need help you know"* (3, 106-108).

Forming a foster carer identity

Foster carers' sense of identity emerged to be embedded within their role. Most of the participants felt that being a foster carer had become an intrinsic part of them. This was reflected in both Liz and Joanne speaking about their many years of experience; *"well I've been doing it for a long time now so it's very much part of my life"* (1, 6-7; Liz), *"its it fulfils something, I don't know what it is. Erm it's just me, it's just me, I'm lost without a pram"* (1, 37-38; Joanne)

As part of forming their identity, each participant spoke about their individual journey to becoming a foster carer. Multiple reasons emerged; primarily in order to extend their families or feeling they had skills that could benefit children in care. Brian shared that he and his wife could not have a second child and so fostering had been an alternative: *"we had always planned it, we can't have any more children err but we still like having children in our lives so we thought we can do something here"* (4, 119-121).

It emerged that a key factor to enabling resilience, was that participants need to define their role as foster carers, as well as having the knowledge about what is expected of them. Liz highlighted the difficulties in defining her role due to being viewed as both a professional and a parent;

> *"we are constantly being told we have to be professional we have to be trained and then on the other hand especially now since in recent years when they are recruiting they tell you that you mustn't look at it as a job"* (3, 116-118).

Foster carers desire to want to make a difference for the children they foster also emerged as another key enabling factor. This was an important part of their identity as it appeared to be one of the primary purposes of becoming carers.

"I just want to make a difference to erm what I thought was going to be a few children's lives and has turned out to be loads and loads of children's lives" (4, 155-156; Trisha).

Foster carers identified three theoretical categories that appear to be resilience challenging factors; *'Identity Challenged'*, *'Challenges faced within Foster Carer Role'* and *'Challenges of Working within a System'*. It emerged that both challenges within their role and working within the system, developed out of foster carers questioning their identity and their role in terms of the factors that prevent them from feeling resilient. These challenges seem to differ in severity for each participant, but at some point since becoming a foster carer they all shared experiencing some of these challenges.

Identity Challenged

Doubting their own abilities and fearing failure as a foster carer emerged for most participants to be one of the biggest challenges to their individual identity. Brian emphasises, how the doubts and fear of failure can make it difficult to accept his own mistakes:

"the sooner you learn to accept that you're not, you're not failing its, its, it fills me up saying that...as soon as you realise you're not failin' you can move on but you do, as a human..as a father yy-you, as a friend you think, you think your failin' I'm not doing enough, where am I goin' wrong then you can doubt your own abilities" (20, 739-742).

This coupled with foster carers feeling out of control and the need to be an integrated part of the care given to looked after children, seemed to challenge that desire to want to provide these children with the best care experience they possibly can.

For others, for example Julie, difficulties such as challenging behaviour also lead her to question her desire to continue to foster:

"we had a little boy for three weeks and that that was that was the baptism of fire, he had autism and he was very, very challenging physically and mentally every way. And that was

very challenging and when he went back to his mum we went away, (name of partner) and I, and just thought err relieved really and unsure that we wanted to carry on with fostering" (1, 28-32).

Challenges faced within foster carer role

Participants described experiences within their roles that challenged their resilience due to the nature of caring for children with complex emotional and behavioural difficulties. All but one participant reported the negative impact that being a foster carer has had on their family. Martha spoke about her son finding it difficult because he felt her time with her grandchildren was limited:

"that one is the one who struggled with it because he has four children himself now these are my grandchildren and of course doing the job I'm doing as a lone parent is taking away from my grandchildren, I know that and so does he and he's tried to be very grown up about it and has been to be fair very grown up about it but I know my son better than anybody and I know he doesn't really like it" (10, 403-408).

Participants highlighted the need to make sacrifices due to their role as a foster carer, such as; giving up aspects of their lives or adapting how they speak to others due to restrictions of their carer role. Michelle emphasised having to *"watch what I say"* (8, 298-299) and *"it can wear you out because you are constantly thinking should I be saying"* (8, 301-302) in order not to break data protection and confidentiality. This appears to be closely link to foster carers recognising the enormity of the commitment they have made in taking on this role.

Some participants spoke about the challenges they experience when working with the birth families of the children in their care. Trisha talked about this in relation to the difficulties in responding to abusive birth parents:

"there are some that are quite abusive that the majority blame the social workers but there has been some that have you know swore at me and nothing you can do is right, you're using

the wrong bottles or you're dressing them in the wrong clothes and you know whatever you say to them they just are quite nasty back" (2, 42-45).

The participants in this study also faced the challenge of recognising their own limitations within their role, and the difficulties that can arise if they are unable to do so.

"So its recognising your own limitations I think, recognising your own emotions because you don't want to you know whatever you are doing with these young people you need to be doing sensibly and not just reacting and there are times that we get it wrong because you know you're only human" (12, 476-479; Liz).

This suggests that foster carers may feel pulled into unhelpful patterns of responding to the children they care for as a result of their own emotions. By being able to notice and recognise these limitations this may help them to understand the needs of the child.

Many of the participants described experiences of facing challenging behaviour, which could be difficult to manage and tested their levels of resilience.

"...I couldn't even go to the toilet without them hurting each other really they'd have just pushed each other down the stairs if you'd allowed them to they were vile with each other and they were vile with everybody and they were only young, erm, I think they were about 4 and 3 at this time. They called names and they head butted the television and they did just hard extreme behaviour..." (2, 43-47; Jenny).

Challenges of working within a system

The majority of participants reported perceiving the system as a barrier to caring for foster children and fulfilling their role. Barriers were experienced at both an individual professional level and at a wider service level.

"sometimes you feel that the challenge is with no this is wrong it's not with individual social workers it's with the system you know of ticking boxes rather than let's look at the individual and so I find that sometimes the challenges have not always been about looking after the child

but it's been advocating and challenging the system you know, what's allowed and what's not allowed" (3, 95-98; Liz).

This, coupled with reports of receiving an inconsistent service, was perceived as a further challenge to working within the system. Many of the participants spoke about the difficulties in receiving conflicting advice from professionals: *"the support from that young lad wasn't really good because what the police wanted me to do and what the social worker wanted me to do were completely different so really your support there is only your family"* (7, 281-283, Joanne). As a result foster carers are left feeling unsupported by services and confused about advice provided.

Participants described services lacking transparency in relation to the information provided about a child's presentation and difficulties prior to a placement commencing as a significant challenge. For others this was in relation to the information foster carers are given prior to entering this profession with regards to what the role entails and expectations of them.

Participants further described feeling judged and blamed at times and having their actions scrutinised. Barry talked at length about these challenges and specifically the way he perceives the system to be judging of his actions as a foster carer: *"I won't lie to you it's frustrating its almost tear inducing most of the time it's you get treated like you're a bad person for wanting something to help the children that somebody told you was your job to"* (5, 195-197).

When foster carers experienced these challenges, they could describe the factors that helped them to maintain their resilience in the face of adversity. Participants found building a relationship with the child whilst understanding and meeting their needs a crucial part *of 'Sharing in the Child's Journey'*. They also expressed the importance of *'Receiving Support'* in continuing to foster and manage the challenges. A further two theoretical categories emerged; *'Rewarding Experience'* and *'Coping Strategies'*. Participants described still drawing upon these rewarding experiences, such as the relationship they have developed with the child, and coping strategies even when the challenges

were perceived to be great. This reinforced the link between the resilience challenging factors and the resilience maintaining factors:

> **I:** *"...have there ever been a time for you where the challenges have outweighed the ability to cope and seek support and if so what did you do? How did you resolve that?"*
>
> ***P:*** *"...I've had, I've had hair spray sprayed in my eyes once by the same young man at that point I can't get any lower erm and there's a little bit of you that just thinks I've had enough."*
>
> ***I:*** *"and how do you resolve that? What, because I guess you're still doing it?"*
>
> ***P:*** *"I don't know, I'm still doing it, I don't know, I love them I can't help it. To me, to me, and to my husband giving up would be that would be as bad as what their parents did in the first place and we just haven't got it in us. I couldn't give up, if he was my own son, I wouldn't give up would I, and that's it, I can't even, I can't explain it any other way than that because hells bells there are times where I could boot him up the street with his flipping suitcase but I, you would say, you would say that about your own children too."* (2, 81-96, Paula)

Rewarding experience

Several factors contributed to the participants in this study perceiving fostering as a rewarding experience. For many, receiving praise and the acknowledgement of them being perceived to be doing a good job significantly contributed to it feeling like a rewarding role. Martha spoke about this with modesty and surprise:

> *"But also in all my paperwork and feedback of other people, I mean the feedback I've had you know I really sound like I'm going to blow my own trumpet here, but it is fact you know I've got it all, you know, a lot of it verbal but also a lot of it written down on paper, my feedback is fabulous is absolutely fabulous"* (3, 123-126).

Most participants were also able to reflect on their own achievements and recognise their contributions to this.

"I feel very proud of myself because what we've achieved with her, we've actually achieved more than I ever thought we could do with her so that makes me feel good" (6, 238-240; Diane).

The main factor that emerged as a rewarding experience was the foster carers being able to observe the improvements the child makes. This allows them to see their role as worthwhile and maintains their resilience when challenges arise.

Sharing in the child's journey

This factor allowed foster carers to be an integral part of the different experiences since becoming a looked after child. One key element that participants reported was being able to build a trusting relationship with the child. This was alluded to as an essential element of being able to fully support the child's emotional and behavioural development.

"...just like her being able to disclose to me that's massive, because she trusted me. All my placements have trusted me and I suppose that's the key and that is because they trust me I don't want to let them down and I want to be there, I want them to have somebody they can go to" (6, 211-215; Michelle).

For most participants their ability to understand a child's experiences and meet a child's needs were part of sharing their journeys as it allowed them to be aware of the impact of the children's early life experiences on current presentation.

"the young lady that's been with us for five years she, she, she's gone from not being able to look at another person in the eye and hiding in a cupboard to now be… excelling at school and she's got a very, very bright future ... you've got to take these children through their own nightmares and I mean some of them are horrific, horrific life experiences so you've got to I think the biggest thing is restoring some faith first in humanity in them and then in parent figures 'cause they, they always come with a very jaded view of parent figures and they can't help but pin that on you 'cause you're the new parent figure" (10, 389-392, 394-398; Barry).

Coping Strategies

Participants spoke at length about different coping strategies they had developed in order to maintain their resilience. Several participants discussed being able to put things into perspective and remaining positive as a strategy for when they are finding life difficult.

> "*well I think if they see that you enjoy what you are doing and that you can laugh about things its helps them to relax and brings things into perspective sometimes you know because if you are going to get stressed up over everything that's not going to help...*" (3, 84-87; Liz).

All participants mentioned at some point throughout their interviews the importance of respite and self-care in order to maintain their resilience and provide the children with what is required. Michelle talked about how she achieves this and the positive impact it has on her wellbeing:

> ***M**: "I can go for a walk, I can go the shop you know I can take the dog for a walk you know she can take them swimming and that's so they are not with me all the time so"*
>
> ***I**: "and what does it mean to have that time to yourself?"*
>
> ***M**: "oh it means everything, I didn't realise how important it was until I had it because I never had it"*
>
> ***I**: "what do you think it's important for?"*
>
> ***M**: "for reflection and for your own piece of mind and wellbeing and your own your own escape really"* (11, 377-384).

Interestingly, both avoiding difficult feelings and accepting difficult feelings were used as coping strategies by different carers. On the one hand these appeared to allow carers to continue to manage by accepting the challenges and misfortune. On the other hand, avoidance still allowed carers to continue in their role as they perceived difficult upsetting emotions to get in the way of this.

Finally, all participants reported using and/or developing strategies to manage challenging behaviours presented by the child. Several participants spoke about using 'humour' as a strategy for managing difficult situations and many spoke about learning strategies over time. Christine described it being a 'learning curve':

"absolutely and that's been a learning curve for me, knowing what, what you know so like when you're putting in things in for challenging behaviours. You're having to keep coming back to, is that appropriate does that fit the crime or almost" (12, 514-516).

Receiving support

Receiving support from various sources emerged as maintaining foster carers' resilience. Participants described the importance of recognising when and where professional support is needed, the positives of feeling supported by other foster carers and through training provided by both health and social care professionals. Julie refers to how well supported she felt from services:

"I guess the support of (name of social worker) and CAMHS knowing that we could go every week, we had weekly appointments with CAMHS and we were doing somethin' about it and being supported to actually tackle the issue rather than everybody saying well sort it out yourself. Nobody ever said that we were always supported and that's the massive thing" (7, 237-241).

All participants described some elements of familial support that they found invaluable. For some this was having a supportive partner with whom they could share the care of the children which, allowed each other to have much needed respite.

"we've got a really good relationship and we can sense when one or the other is getting a little bit stressed and we will send one another out you know 'I think you need to go to the shop' or and we are good at working together and backing each other up" (1, 31-33; Kayleigh).

For those participants that were not in relationships they could identify the difficulties of fostering alone, such as having less respite, finding it difficult to take a break and feeling like they do not have somebody they can talk with about their difficulties. However, all single participants identified alternative sources of support that could reduce this strain and provide an equal level of support to

those that had supportive partners. Christine spoke about developing a large social network due to being a single carer:

> *"I guess 'cause I'm on my own and I've been on my own a long time you kind of have a big social network if you like...rather than having your partner, so I just kind of like have these and I kind of dip in so I might not see them for months but then you pick up it's like you've never been apart"* (12, 497-502).

Demonstration of Resilience

The core theoretical category of *'Demonstration of Resilience'* arose as participants reflected on the three parts of the theoretical framework. All participants, to some degree, shared experiences of resilience enabling factors prior to fostering and in developing an identity specific to their role but also communicated that they experienced multiple challenges that tested their resilience as a foster carer. Despite facing these challenges, it was clear that participants were able to demonstrate many resilience maintaining factors that highlighted their ability to adapt and carry on in the face of these challenges, whilst continuing to offer a stable placement to the child in their care thus demonstrating their resilience within their role. This was further seen when participants began to think about their motivations for being a foster carer. This highlighted that the rewards outweigh the difficulties. Although participants identified multiple factors specific to their role that challenged their resilience, they were able to pinpoint several maintaining factors that help them to overcome the challenges and find reward in being a foster carer. This process highlights how foster carers can bounce back and continue with the foster placements, demonstrating their ability to maintain resilience in the face of challenging circumstances that arose within their role. This is consistent with theories of resilience that are indicated in the existing literature.

Many of the foster carers were able to begin to recognise their own qualities as a carer and the skills that they bring to their role in order to help shape and develop the young people they care for.

"I think as the years have gone on I have kind of realised that, does it sound ridiculous this, but yeah we're pretty good at what we do you know, I do think that I do think that every child that we've had we do make a difference and that's why we do it so I do, and its only through the years that I now start to think yeah we are alright at what we do, we are a fantastic family, my kids, my husband they are amazing and as a team we all really, its sounds, I hate doing that, I never bang my own trumpet not ever but I do feel like we do make a big difference" (2, 72-78; Jenny).

This demonstrates that some foster carers have self-confidence and believe they are making a difference, ultimately helping them to be resilient and continue in their role to offer placement stability.

Discussion

This grounded theory study aimed to develop a theoretical framework to explain what factors enable and maintain resilience in foster carers. Resilience in this study is conceptualised as the ability to carry on in the foster carer role and provide a stable placement in the face of the challenges faced within this role. Data from 14 semi-structured interviews was collected and analysed using a constructivist grounded theory approach (Charmaz, 2003; 2006). From this a theoretical framework was developed revealing one core conceptual category of 'Demonstration of Resilience'. This arose from participants describing experiencing a variety of resilience challenging events from which they are able to 'bounce back' from and manage, due to resilience maintaining factors such as support, perceiving fostering as a rewarding experience, using coping strategies and sharing in the child's journey.

The theoretical framework presents some novel findings, being the first study to consider all contributing factors to foster carers' ability to remain resilient within their role and what factors help or hinder them in maintaining placement stability for children in care. A key finding of this study is

that all participants shared an experience from a previous life event that had challenged their resilience yet they had been able to develop ways to cope with this adversity and gain a sense of strength by getting through it. This supports an existing theoretical construct of resilience as suggested by Luthar, Cicchetti and Becker (2000); "dynamic process encompassing positive adaptation within the context of significant adversity" (p. 545). For some this was their own difficulties in childhood, whereas for others this was the loss of a loved one, marital separation, or illness within their family. This ability to demonstrate resilience prior to fostering suggests that these undesirable events have enabled foster carers to come into fostering with an existing level of resilience. Participants shared novel experiences of their journey into fostering. Many alluded to the development of a new identity specifically around being a foster carer. Nevertheless, participants also spoke about their reasons for becoming a foster carer which supports previous research that found foster carers' motivations for fostering tended to be to parent a child when it has not been possible to conceive their own, wanting to do something worthwhile, to make a difference and to offer a different experience to a child in need (Neil, Beek & Schofield, 2003; Colton *et al*., 2008). All of these themes emerged from the current study.

The second part of the theoretical framework to emerge demonstrates the variety of resilience challenging factors that appeared to be experienced by participants. It suggests that foster carers face three main challenges; challenges to their identity as a foster carer, challenges specifically related to their role in caring for children in care and the challenges of working within a system of professionals. All participants in this study reported questioning themselves within their role and doubting their ability to cope with the challenges, ultimately testing their identity as a foster carer. Whilst previous research has not conceptualised these challenges as being directly related to a specific foster carer identity, there are similarities with research that has found that foster carers tend to question their motivation for the role and their ability to manage when faced with challenges (Sinclair *et al*., 2004). This finding also goes someway to support research by Kuhn and Carter (2006), who found that foster carers with low parenting self-efficacy were more likely to give up fostering, due to feelings of failure and frustration with the challenges.

The challenges reported from participants in this study that were specific to their role included difficulties such as; managing challenging behaviour, working with birth families and the negative impact on their own families. All of these findings are in line with previous research which has found that foster carers' biological children need to feel that their parents' time is split equally, and they have their own privacy in order to feel valued (Redding *et al*., 2000). This shares some similarities with the current study where foster carers reported that their role was 'taking away time' they spent with their own children and grandchildren. Similarly, this study echoes findings that there is a significant positive correlation between children's behavioural difficulties and foster carers' level of stress (Morgan & Baron, 2011) and that foster carers report severe difficulties when working with birth families (Wilson *et al*., 2000).

Another key finding of this study was the extent to which the participants reported challenges when working within a system of professionals. This included factors such as feeling judged by professionals and their needs being unheard and unmet, along with them feeling that services (e.g. social care, police and health services) could improve on providing more information and being consistent and transparent in their intentions. For participants of this study, these perceived challenges seemed to have the biggest negative impact on their ability to remain resilient, with some talking about this being the sole cause to give up fostering. These findings add to existing literature that highlights similar challenges; Coakley, Cuddeback, Buehler and Cox (2007) found that foster carers reported a lack of specific information about the child's history as a significant source of stress (Rosenwald & Bronstein, 2008). This study supports existing recommended psychological interventions, such as consultations to foster carers and parent training for foster carers (Golding, 2006b; Golding, 2007). These types of clinical interventions outline the importance of working indirectly with foster carers, helping them to feel heard by professionals, and aim to increase confidence in their skills. Qualitative research in this area has found that providing foster carers with emotional support and being listened to was hugely important in validating their feelings and helping to contain their concerns (Bremble & Hill, 2004; Hibbert & Frankl, 2011).

Resilience maintaining factors were the subsequent part to the theoretical framework that emerged from this study. These factors appear to be the strategies and experiences that foster carers have developed over the course of fostering that help them to carry on in their role and face the difficulties previously discussed. These primarily included; receiving support from multiple sources, using coping strategies, encountering rewarding experiences and sharing in the child's journey. Several studies have already found that developing and maintaining individual personal support networks is of huge importance to foster carers (Buehler *et al*., 2003; Pickin *et al*., 2011) and can reduce stress and placement strain (Farmer *et al*., 2005; Samrai *et al*., 2011), which the current research supports. An interesting finding from the current study was that the participants who were single foster carers, although reporting difficulties relating to being a lone carer at times, also seem to build a support network which appears to be as effective to those carers that foster alongside their partner. However, with regard to service support, it is important to identify where lone carers are having difficulties and may require further professional support or additional respite. The current study supports the findings of previous research where foster carers have reported that providing care for children in care, building relationships and being able to observe the child develop is a rewarding experience (Buehler *et al*., 2003; Macgregor, Rodger, Cummings & Leschied, 2006). Sinclair *et al*. (2004) further found that foster carers reported an impact on themselves and their family, which was also a finding in the current study. Finally, participants in the current study developed and used multiple coping strategies such as seeking respite when needed, which has already been found to be important in relieving the daily demands of fostering (MacGregor *et al*., 2006).

An additional novel finding of this study is participants using avoidance of emotion as a coping strategy. This has not been previously reported in the literature to the author's knowledge. However, it would appear that the foster carers who use this coping strategy do so alongside other strategies such as leaning on support, making time for self-care and trying to put things into perspective. This would suggest that avoidance of emotion helps foster carers to maintain their resilience initially when faced with adversity, but that other more adaptive strategies are used in the long term.

Clinical and Practical Implications

There are several implications from the findings of this study for clinical practice. Firstly, foster carers, at times, experience the social care system and professionals within it as judgemental and find that the support they need is not readily available. This suggests that they do not feel that professionals hear their concerns and support them. It is therefore important to adapt the services offered to ensure these are not perceived as significant barriers to caring for children in care. To address the barrier of accessibility, foster carers would benefit from regular access to consultations with professionals that are aware of the challenges involved when parenting a child with attachment difficulties. This may include Child and Adolescent Mental Health Services (CAMHS) representatives such as clinical psychologists, play therapists or social workers. This would also fit with government guidelines that emphasise the role of CAMHS in providing specialist consultation to foster carers (Department for Children, Schools and Families & Department of Health, 2009; National Institute for Health and Clinical Excellence, 2010). Consultations can be used to support placements, to help maintain stability and indirectly meet the needs of children in care (Golding, 2004). Successful parenting of foster and adoptive children arises out of attuned and responsive parenting (Golding, 2007). Therefore, it would be imperative that the system surrounding the foster carer is attuned and responsive to the carers' needs; recognising when resilience is low and when and how they need support. To address further perceived barriers, it would be important that all professionals involved in a child's care adopt a non-judgmental and validating stance, even when they have a different point of view or need to challenge the foster carer. By fostering an empathic and collaborative working relationship, splitting between foster carers and professionals is less likely to occur. The theoretical framework proposed in this study could go some way to helping professionals understand the needs of foster carers and ensuring that support is offered to maintain resilience and, therefore, placement stability.

Secondly, participants in this study spoke about feeling unprepared for their role due to the lack of information provided by social workers regarding the child they had taken into care. Previous research has found that when foster carers feel unprepared about the child's presenting

difficulties they are less committed to continue fostering (Whenan, Oxland & Lushington, 2009). Improved communication could, therefore, increase retention of foster carers. If retention levels could be improved, and the shortage of foster carers lessened, it would prevent some foster carers being expected to provide care beyond the scope of their training and own perceived capabilities. This, in turn would make it more likely to prevent foster carers reaching burnout and requiring additional support from services such as CAMHS. This could result in improved carer-child matches, thus reducing placement breakdowns. Additionally, research has suggested that one of the most common reasons for a child or young person not receiving psychotherapy input is due to placement instability (Golding, Dent, Nissim & Stott, 2006), which can become frustrating for both the child and the foster carer. Therefore, this identifies another important reason for supporting carers to provide a sustainable, stable placement in order to provide the child with a supportive environment in which they can then access psychotherapy input.

Lastly, the theoretical framework proposed in this study has further practical implications for clinical psychologists working with foster carers. The framework corresponds with psychological formulation in terms of understanding a client's difficulties by considering factors similar to those presented in the 'Five P's' model; presenting, precipitating, perpetuating, predisposing and protective factors (Dudley & Kuyken, 2006). This theoretical framework demonstrates a model of resilience in foster carers which is consistent with the aims of formulation in that it attempts to explain, on the basis of psychological theory, the development and maintenance of the client's difficulties, and in this case the foster carer's difficulties, at different time points and in a variety of situations (Johnstone & Dallos, 2006).

Strengths and Limitations

This is the first grounded theory study to explore what factors enable and maintain resilience in foster carers and further provide evidence about resilience challenging factors. A previous grounded theory study looked specifically at emotional resilience as a personality characteristic in

foster carers (Preston *et al*., 2012). Literature reviews (e.g. Blythe *et al*., 2014) have focused individually on factors that influence outcomes in foster care, retention of foster carers and the challenges they face, but this is the first study to consider and explore all these factors within a theoretical framework.

However, this study is not without its limitations. Firstly, the theoretical framework suggested does not take into account individual difference amongst participants, nor does it consider the interplay between foster carer characteristics and child characteristics. The study recruited foster carers from a local authority within the North West of England and, therefore, it is possible that the results have been influenced by the particular service that these foster carers are employed by. For example, it is difficult to know whether foster carers from a different locality would receive the same level of training, support from services or whether the same policies and procedures surrounding the care provided to a looked after child are similar to those recruited into the study. All foster carers that were recruited as participants in this study expressed a desire to continue fostering despite having experienced different challenges along the way. Therefore, it is possible to identify within this sample that all the carers interviewed displayed resilience according to existing definitions; "the ability to bounce back or recover from stress, to adapt to stressful circumstances" (Smith *et al*., 2008, pg. 194). This is not to say that these foster carers did not experience challenges that impacted on their resilience, such as placement breakdown (21% of sample), allegations (50% of sample) and significant family events whilst fostering, such as illness, loss and marital difficulties (50% of sample). However, it may be important for future research to capture a proportion of foster carers that have chosen to leave fostering due to the challenges being too significant.

Despite the study aiming to recruit a heterogeneous sample, which was achieved, there were only two male participants. It was noted during analysis and memo writing, that both male participants' experiences of being a foster carer and the aspects they perceived as challenging or rewarding appeared to differ slightly. They expressed stronger opinions about aspects of the system and the professionals involved. There also seemed to be a theme around power and injustice. This was reflected upon in the researcher's reflexive interviews. When considering the male foster carers

in comparison to females, the two men spoke less about aspects of nurture and getting involved in the intimate care. Some of this reflects the safe care procedures that are in place to safeguard the child and foster carer, although others aspects reflect more typical gender stereotypes with the female carers taking on more traditionally assigned female tasks when caring for the child.

Previous research has suggested one reason for a gender difference may be partially due to men being predominantly found working in skilled trades, offices work or self-employed businesses prior to coming into fostering, compared to female carers who tend to have a background in social care, nursing, child-minding, teaching, or working in care homes (Triseliotis, Borland & Hill, 2000). This was certainly the case for a large proportion of the female participants in this study. Newstone (2000) also identified that male carers express anxiety about a range of aspects of fostering, such as how to manage teenage girls' affectionate behaviour, the risk of allegations and being perceived as a potential abuser. This research may provide some explanation to the gender differences seen in the current study.

Implications for Future Research

As mentioned briefly, this study did not explore the interaction of both foster carer factors and child factors when considering how resilience develops and is maintained throughout placements. Previous research has looked specifically into resilience in children in care and also what child factors contribute to successful or unsuccessful placements (Flynn, Ghazal, Legault, Vandermeulen & Petrick, 2004), however these have yet to be considered alongside foster carer characteristics. Additionally, the theoretical model that is proposed does not indicate whether foster carers' resilience leads to positive placement outcomes. Further research comparing foster carers who maintain resilience to those who do not would extend understanding in this important area. Furthermore, as in line with one of the limitations of the current study, future research could explore the differences between male and female foster carers' resilience and whether gender changes the factors that are viewed as challenging and subsequently what factors can then help maintain resilience.

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