



Multiple Modes of Being: Exploring the Complex Role of a Foster Carer

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ABSTRACT

Background: The professionalisation of foster care is argued to have shifted the provision away from assuming a parental identity and increase a sense of role ambiguity for those who provide foster care. Only a few studies within the literature have examined the roles which are identified with when providing care, where foster carers appear to identify with a parental role, a professional caring role, or a mixture of the two.

Aim: The aim of this research was to provide an exploratory account of the roles identified with while providing foster care, how the experience of providing care may shape the foster carer's sense of self, their relationships with others and how they are able to continue providing care to looked after children.

Methodology: Following an Interpretative Phenomenological Analysis approach, semi-structured interviews were conducted with seven foster carers.

Results: Three superordinate and twelve subordinate themes were identified. The superordinate themes were 'multiple modes of being: harmony and tension', 'fractures', and 'healing, coping and making sense'. For the foster carers in this study, multiple modes of being were recognised when providing care, including that of a professional, an additional mother and an activist. A gap was identified where their expectations of providing care did not match with the reality of being a foster carer. While this gap can act as an injury, the foster carers are able to sustain their role through individual characteristics and qualities that are shared amongst their family.

Conclusion: The results of this study indicate that the provision of foster care is a complex undertaking, requiring an ability to move fluidly between multiple different modes to meet the needs of the child and the system around them. The results of this study are framed within practice implications and recommendations for future research.

CHAPTER ONE: INTRODUCTION

The number of children looked after in England has increased, with around 80,850 reported in 2021, representing a 1% increase from the previous year (Department of Education 2021). The profile of children entering the care system in England is shifting, characterised by increased complexities in their psychological, physical, and developmental needs (Baginsky, Gorin & Sands, 2017), which could in part be explained by an increase in recognition by both professionals and the public in detecting the needs of looked after children. Looked after children who are removed from their family home are likely to have a history of maltreatment and trauma including physical, sexual and emotional abuse (Department for Education, 2018). It is reported that over 70 percent of looked after children meet the criteria for a complex trauma clinical diagnosis (Greeson et al., 2011). The experience of complex trauma is likely to contribute to looked after children demonstrating higher levels of social and relationship difficulties (Tarren-Sweeney, 2013). Moreover, looked after children are at an increased risk of self-harm (Harkess-Murphy, Macdonald, & Ramsay, 2013) and suicidal behaviour (Katz et al., 2011). Given the complex needs of children in care, the role of the foster carer within the social care system is crucial. Understanding and exploring the role of the foster carer is the focus of my thesis.

In this introductory chapter, I will provide a critical account of how key societal and political events have contributed to both the rise in number and complexity in the looked after children population. I will then illustrate how professionalising foster care has been used to meet the increasing need in the looked after children population. The experience of providing foster care in England is then illuminated through a systematic review of the literature. This chapter will then conclude with the aims of my thesis research project, illustrating the need for further exploratory investigation of how foster carers experience their complex caring role.

Societal and Political Events contributing to the rise in looked after children

High profile child protection cases

There have been a number of historical events in England that are argued to contribute to the rise in looked after children population in the last 20 years, namely the high profile deaths of Victoria Climbié, Baby Peter Connolly and Daniel Pelka (Jackson, 2018). What appears to follow from these high profile deaths is a perception of failure by the wider system who did not adequately intervene, calls for change within the system and the subsequent disciplinary action against key professionals (Frost & Dolan, 2021). The media focus following Baby Peter Connolly's death was particularly marked, with The Sun newspaper launching a nation-wide campaign calling for all professionals involved to be fired (McNicoll, 2017). This was argued to create a subsequent atmosphere of defensive practice within social care, with a significant rise in child protection applications and children being removed from their birth parent's care (Baginsky, Gorin, & Sands, 2017; Macleod, 2010). These high profile cases were seen to improve both professional and public identification of the more subtle signs of abuse and neglect, however, the extra pressures on local authority practice resulted in increased workloads, in the absence of increased resources, producing implications for both the quality and timeliness of practice (Macleod, 2010).

While completing this thesis, tragically, there have since been two high profile murders of young children, Star Hobson and Arthur Labinjo-Hughes. In both cases, news reports suggest there were multiple opportunities for professional systems to step in and protect, increasing public perception of a failing social care system (Ferguson, 2021). With media headlines calling for more intervention and less hesitation in taking children into care, Haworth (2021) stipulates whether we will again see a rise in investigations, similar to that which followed the death of Baby Peter Connolly. Yet, Maglajlic and Ioakimidis (2022)

suggest the media commentary surrounding the deaths of Star and Arthur demonstrate a broader acknowledgement of the wider systemic issues that have depleted resources for early intervention and preventative action. This wider discourse appears to shine a light on the impact of COVID-19 acting as a barrier to close monitoring of at risk families, within the context of many years of cuts to health and social care services undermining the ability for social care to intervene (Haworth, 2021; Maglajlic & Ioakimidis, 2022).

The impact of austerity and the COVID-19 Pandemic on looked after children

The onset of the COVID-19 pandemic and the subsequent lockdown measures created several obstacles for social care services. Social workers were advised to minimise going directly into family homes, instead they often held meetings on doorsteps, in gardens and used video calls to reduce risk of transmission. Despite clear guidance on entering family homes in cases of suspected serious abuse, social services did not have the same ability pre-pandemic to assess the lives of families (Ferguson, 2021). For children already in foster care, in person family contact was initially suspended and much needed support and therapeutic services either stopped or went online (Ferguson, Kelly, & Pink, 2021). The decline of essential services for looked after children during the COVID-19 pandemic did not occur in a vacuum, instead it occurred within a backdrop of eleven years' worth of cuts to public spending. In 2009, the Conservative led coalition government commenced austerity measures, issuing substantial cutbacks in public sector spending (Sellick, 2014). Reduced spending to children's services and increased child poverty rates were reported as the key contributing factors to the rise in children starting to be looked after (Bennett et al., 2020). Furthermore, the ability for local authorities to adequately assess the needs of children and their families became more challenging, with financial pressures and more children with increasingly complex needs entering the care system. Due to the limited funding, it has been suggested that

local authorities often felt pushed into making decisions on placing looked after children on short-term affordability, rather than prioritising the best interests of the child (Eskioglou, 2014).

The use of costly residential units for housing looked after children is currently declining, with foster care now the most common placement for looked after children across in England (NSPCC, 2021; Wilson & Evetts, 2006). When surveying the impact of austerity on looked after children in a large sample of foster carers, Cann (2016) reported the majority felt austerity measures had prevented or delayed timely access to mental health services for children, resulting in an impact on the child's wellbeing. Additionally, foster carers reported using their own finances to cover the cost of essential experiences for looked after children. Cann (2016) suggested that given the additional responsibilities and duties placed upon foster carers due to austerity measures, there is a need for foster carers to be treated as professionals. Foster carers continue to call for additional training and support in their role (McKeough et al., 2017), as well as other much needed factors including greater information sharing and collaborative decision making involving the foster carer (Canali, Maurizio, & Vecchiato, 2016).

The following sections will outline the historical context of the professionalisation of foster care, why professionalisation is argued as vital along with the possible negative consequences of professionalising the provision of foster care.

The professionalisation of foster care

The increase in the provision of foster care was associated with the growing influence of Bowlby's attachment theory during the early 1950s, which placed a focus on meeting the child's emotional needs through a primary carer bond, resulting in a reduction in use of residential units for looked after children (Nutt, 2006; Rhodes, 1993). Due to an increase in

preventative work, the rationale for children entering into the care system became less to do with homelessness, delinquency or poor academic performance, but rather increasingly characterised by children with experience of abuse and neglect (Wilson & Evetts, 2006). With growing demands placed upon foster carers to provide care to increasingly vulnerable children, policy makers began to recognise this need, resulting in foster carers being both paid a fee and increasing the accountability in their care via regulation, supervision and training (Jackson, 2018; Rhodes, 1993; Wilson & Evetts, 2006). Additionally, the need to protect looked after children from further instances of abuse and neglect provides a strong argument for regulation and supervision of foster carers, with evidence suggesting that just under 1% of looked after children experience abuse or neglect in foster each year across the UK (Biehal, Cusworth, Wade, & Clarke, 2014). Moreover, the introduction of paying foster carers was also thought to match cultural norms of the changing role of women in relation to paid work and to attract and retain more carers (Kirton, 2007). Another key shift was observed in the introduction of the 1975 Children Act where references to specialist foster care introduced the concept of therapeutic care towards children, going beyond the expectation of ‘basic’ parenting practices (Nutt, 2006). Increasingly, foster placements for looked after children became goal orientated, with common references to therapeutic goals, reunification with birth family and expectations of foster carers to work in partnership with the child’s care team, all contributing towards redefining the provision of foster care as ‘work’ (Kirton, 2007).

Providing foster carers with adequate training for their role is often argued to combat the challenges experienced while providing care and increase the skill set of foster carers. The existing evidence base for providing foster care has highlighted the number of challenges and the impact these can have on retention within the role. For example, research has demonstrated that behavioural and emotional difficulties from the child are the largest predictors of foster carer stress (Harding, Murray, Shakespeare-Finch, & Frey, 2018), with

foster carers calling for increased training regarding behavioural management to help sustain their caring role (McKeough et al., 2017). Not only does challenging behaviour from the child increase foster carer stress, but it is also shown to influence how foster carers provide care to the child. For example, difficulties managing challenging behaviour from looked after children has been linked to their ability to remain engaged and nurturing (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007) and has been shown to reduce open communication, commitment and engagement towards the child in their care (Farmer, Lipscombe, & Moyers, 2005). The impact of managing behavioural difficulties has been shown to lead to higher levels of burn out (Ottaway & Selwyn, 2016), characterised by a reduced ability to feel and demonstrate compassion (Parker, 2009) along with increased experiences of emotional and physical exhaustion (Hannah & Woolgar, 2018).

To address these concerns, a number of training programmes have been developed for foster carers. Most training programmes focus on providing psychoeducation, focusing on the child's behavioural difficulties, typically grounded in cognitive behavioural therapy and attachment based principles (Kinsey & Schlösser, 2013). While there is a wealth of pre-service training programmes to help foster carers feel prepared to manage the complex demands of the role (including the extent of the behavioural problems, the number of appointments to manage and navigating the court system) very few studies empirically evaluate their effectiveness in facilitating the preparedness of foster carers or whether they have any beneficial outcomes on the foster child (Bergström et al., 2020; Cooley, Newquist, Thompson, & Colvin, 2019).

Professionalisation and role ambiguity

Role ambiguity within foster care is referred to as the experience of confusion around whether the role is more aligned with that of a parent or a carer (Cuthbert, 2015).

Experiencing the role as ambiguous can lead to challenges in knowing how to relate to the child in their care, with some foster carers noting confusion around how much they should love and show commitment to the child (Buehler, Cox, & Cuddeback, 2003). Role ambiguity has been identified as a risk factor for higher dropout rates amongst foster carers, where role ambiguity has been noted from more than one source including confusion around the nature of their relationship to the child, but also what is expected of them from the social care system (Denby, Rindfleisch, & Bean, 1999). It was argued that professionalising foster care would reduce role ambiguity (Cuthbert, 2015). Professionalisation moved the foster caring role away from being a substitute parent for the child which was reflected by a change in language from foster parent/mother/father to foster carer (Blythe, Halcomb, Wilkes, & Jackson, 2013). This change in label reflected the change in focus of the role, shifting to skilling up the foster carer as an agent for the local authority to manage and reduce challenging behaviour from the child (Baginsky et al., 2017; Mietus & Fimmen, 1987). Additionally, this shift is reflected in the range of foster care placements that are available, including respite, emergency, short and long term placement plans, all of which may have implications for the parent/carer role alignment for the foster carer.

Earlier commentators suggested that despite the attempt to clarify and fortify the role, its process may inadvertently increase role ambiguity. It was argued that those who are motivated to provide foster care are argued to come to the role with predefined expectations of caring and helping children through expanding their family, rather than seeing it as entering a profession based upon training and skills (Mietus & Fimmen, 1987). As a consequence, the professionalisation of family life may well have confused the role further, by still requiring the foster carer to demonstrate warmth and commitment to the child, along with additional responsibilities to perform in line with a professional, such as report writing, liaising with multidisciplinary staff members and attending meetings (Rhodes, 1993). The

ambiguity and tension experienced within the foster carer role of being either a parent or a professional carer has been identified as an intrinsic feature of foster care given its enduring presence throughout history (Schofield, Beek, Ward, & Biggart, 2013).

The problem with professionalisation: professionalism versus familial

It was argued that foster carers would gain more authority by being afforded professional status amongst the professional team in caring for children with complex needs (e.g. Cann, 2016). However, the reality of professionalisation has been experienced rather differently from this intention, where greater control from other professionals and supervision has occurred, instead of the desired greater empowerment of foster carers amongst professionals (Rhodes, 1993; Wilson & Evetts, 2006). Therefore, despite the growing influence of professionalism, a lack of privacy, power and status have been echoed by foster carers for many years (Tarren-Sweeney, 2013).

A number of authors have argued that the emphasis on professionalism has led to a loss of the essential family and relational qualities (Baginsky et al., 2017), whereby an over emphasis on professionalism may lead to a loss of the essential familial qualities required for providing foster care (Kirton, 2007). Kirton (2007) expresses concerns that vital elements of the foster caring role, such as an emotional connection to the children in their care, could be at risk if professionalisation occurs to such a degree that encourages 'calculative' behaviour towards the children. A review commissioned by the Department for Education regarding foster care posed a clear message to those providing care to looked after children. The report suggests that while defining the relationship between foster carers and children is challenging, in order to meet the emotional needs of children in care, they must feel part of a family, be treated in the same way as birth children and receive emotional affection all with the aim of promoting a sense of belonging and stability (Narey & Owers, 2018). This encouragement of

treating the child as a member of the foster carers family may have implications for the range of placement plans that are in place. For example, it may be more easily achievable, but not inevitable. for foster carers who are providing long term placements to take on the parenting role compared to those in shorter term, respite or emergency placements. Yet, for some, professional and familial roles are not always mutually exclusive when it comes to the provision of foster care, with some evidence pointing to the synthesis of these roles being advantageous for both the foster carer and child in their care (Schofield et al., 2013). Therefore, good quality foster care depends on the provision of a "normal" family life, however where family life is usually conducted in private, fostering situates family life within a public domain, open to regulation and surveillance (Kirton, 2007).

Attachment theory and foster care

Attachment theory, born from Bowlby's (1958) early theorising, outlines the benefits of close, attuned relationships in providing a secure base for an infant, which goes on to have implications on their ability to form further attachments and their ability to emotionally regulate across the lifespan (Fitton, 2012). Walker (2008) proposes that it is the aim of foster carers to provide a secure base to looked after children, which is no simple task given the child's potential experience of care givers being frightening and dangerous due to past experiences of abuse and neglect. Schofield and Beek (2009) argue foster carers are able to scaffold a secure base for looked after children by suggesting five key principles: to be both emotionally and physically available to help the child build trust, to be sensitive to feelings and behaviour of both themselves and the child, to accept the child for who they are, to work co-operatively to help build autonomy within the child and finally to offer family membership to aid the child's sense of belonging.

The experience of a foster child feeling loved by their foster carers is argued as vital in facilitating the experience of the self as loveable (Schofield, 2002). Schofield (2001) suggests that the emotional availability of foster carers and their ability to demonstrate commitment allows for resilience to grow within the foster children, arguing that concepts of resilience and attachment overlap. Moreover, when foster carers demonstrate enduring commitment beyond the child's 18th birthday, they instil a sense of permanence and commitment (Schofield & Beek, 2005, 2009). This poses clear recommendations for the social care system to recognise that the child may view their foster carer as their family (Schofield, 2002). However, these recommendations of how foster carers can behave and feel towards the child in their care may be at odds with viewing a foster carer as professional within the staff team of the child and may have implications depending on the type of placement offered to a child, such as short or long-term care.

Exploring role identification of foster carers

Examining role identification within foster carers is a relatively sparse area of literature, despite it being recognised that role ambiguity is a contentious aspect of providing care as described above. It is important here perhaps to outline briefly key theorising regarding how identity is understood to be formed and maintained. Stets and Burke (2000) draw upon both social identity and identity theory as they suggest that who a person is in relation to others (social identity) and what one does (identity theory) is central to understanding how one recognises their sense of identity. Due to this, the self can take on multiple different identities which are fluid and can adapt according to the context or the expectations from another (Cinoğlu & Arıkan, 2012). The research below explores role identification within foster carers through assigning a role by what they do (Blythe et al., 2013; De Wilde, Devlieghere, Vandebroek, & Vanobbergen, 2019; Schofield et al., 2013),

along with who they are by exploring how others view the role of the foster carer (Hollin & Larkin, 2011; Jackson, 2018).

Blythe et al. (2013) explored role perception within Australian foster carers. This research demonstrated a strong identification with being the child's mother within foster carers who provided long-term care and an identification with the foster carer label for those who provided shorter term care. The mothering role was positioned to be adaptive and functional by the researchers, suggesting that a mothering identity allowed the women who foster to build an emotional connection to the child in their care and through this they are better equipped to understand and address the child's needs. Similarly, Schofield et al. (2013) sought to explore the role boundaries of 40 foster carers from six local authorities across England and Wales. Those who identified as 'carers' were those whose expertise and knowledge drew them to the role, described fostering as 'work' and sought support from other foster carers and professionals. Those who saw themselves as 'parents' were motivated to expand their family, drew upon friends and family for support and were more likely to hope to care for the child in the long term. However, importantly foster carers who could move flexibly between the two roles were those who gained greater satisfaction from both roles, instead of the two roles being an inherent source of conflict. More recent research exploring role attribution was conducted with foster carers from Belgium (De Wilde et al., 2019). Within this sample, participants strongly identified as parents over carers, which was recognised through their long-term commitment to the child. However, an important distinction here is that fostering in Belgium is entirely voluntary, with no paid fee for the care they provide, which may serve to strengthen their perception as parents.

Along with considering how foster carers understand their role, there is also research which explores how other professionals view the foster carer role. Hollin and Larkin (2011) evaluated the discourse amongst a group of social care professionals, alongside language used

by policy makers in documents concerning the provision of foster care in England. Social workers viewed the provision of foster care as having a ‘job’ to do, which is led by the state, and spoke of “problematic” foster carers who positioned themselves as the child’s parent. The construction of a foster carer within policy documents focused on their professional role to address a need, which required training, moving their role away from the familial and towards the professional. In contrast, the Review of Foster Care in England commissioned by the Department of Education clearly states that they ‘reject’ the notion of foster carers being considered professionals, defining them as lay people, where a professional identity may serve to undermine their passion and tenacity in advocating for the best interests of the child (Narey & Owers, 2018).

Conclusion

In order to understand both the rise in number and complexity in the looked after children population, we must examine the political and social climate. With a political climate of increasing cuts to essential services and preventative programmes, the number and needs for look after children have continued to rise in England. The role of professionalisation of foster care was argued to reduce the experience of role ambiguity and to skill up the foster carers to match the increasing needs of looked after children. Training foster carers is argued to better equip them for managing challenging behaviour and to facilitate greater co-working within the child’s care team. However, the concerns of professionalising foster care have provided a legitimate counter argument on three key accounts provided in this chapter. Firstly, professionalising has not answered the persistent calls from foster carers for greater authority and decision making over the child in their care, rather what appears to have materialised is greater surveillance over the care they provide. Secondly, professionalisation has raised concerns of moving away from the parental care and commitment that it is

recognised children in care most fundamentally need. Thirdly, what appears to have occurred in reality is that despite intentions role ambiguity remains, particularly amongst academics, staff and policy makers in regards to the role of providing foster care. Foster carers appear to identify with either being a parent or a carer (Blythe et al., 2013; De Wilde et al., 2019; Schofield et al., 2013), whereas some research indicating that they can identify with both (Schofield et al., 2013).

The following systematic review builds upon the context provided above by exploring the experiences of foster carers in England. I will then go on to outline the aims of why I chose to further explore the sense of identities elicited within the foster caring role.

Systematic Review: exploring the experiences of providing foster care in England

Introduction and aim:

As outlined previously, the number of looked after children in England is continuing to rise, peaking in November 2021 with 80,850 recorded (Department of Education, 2021). The most common placement for looked after children across England is residing with foster carers (NSPCC, 2019). Given the increasing complex needs of children in care as outlined in the previous section, the role of the foster carer within the social care system and their ability to provide skilful care is essential. In the *Fostering Better Outcomes* report (Department of Education 2018), the UK government outlined their vision for all looked after children to experience stability, feel cared for and develop trusted relationships through the provision of high-quality foster care. How this vision of high-quality foster care can be achieved and the experience of providing foster care has been the subject of research interest.

A systematic review of international quantitative research identified factors associated with intention to foster, including family values and familiarity with the social care system,

along with retention factors such as the characteristics of the child and support from social care (Gouveia, Magalhães, & Pinto, 2021). Two recent international qualitative systematic reviews explored factors that facilitate successful placements, where protective factors including involvement in decision making and timely support from experts were named (Saarnik, 2021), along with highlighting common challenges, such as managing complex behaviour from the child, a lack of open communication from social care and limits in training (D'Amato & Brownlee, 2021). Whilst each systematic review listed provides a rich account of the experiences of providing foster care, the various countries included may dilute the sensitivity of the experience of providing foster care within an individual country's context.

Baginsky et al. (2017) pose a clear warning regarding synthesising research about the provision of foster care from multiple different countries. They suggest each country will have key differences in their balance between state and private providers, the profile of children entering the care system and more widely differences in cultural and legal systems. An example of the key international differences is those in the USA wanting to adopt are often encouraged to qualify as a foster carer initially. In contrast, within England, very few foster children transition to being adopted by their foster carers and these transitions are often discouraged (Narey & Owers, 2018).

Baginsky et al. (2017) conducted a scoping review of a wide variety of literature across the UK with the aim of understanding the provision of foster care in the UK. Similarly McDermid, Holmes, Kirton, and Signoretta (2012) conducted a systematic review examining key demographic characteristics, motivations and barriers to providing care in the UK. While both these reviews are critical for understanding the current system for fostering in the UK, the expansive range of literature and the inclusion of the four UK countries, which have

different social care systems, may dilute the experience of providing foster carer from the perspective of a foster carer in England.

Therefore, this review will be taking a more focused approach, including only qualitative research based only within England exploring the experiences of providing foster care. The aim of this current review is to answer the following question: what are the lived experiences of providing foster care in England?

Method

A meta-ethnography (Noblit, Hare, & Hare, 1988) was conducted to analyse the articles extracted for this review. This approach was chosen because a meta-ethnography aims to generate more interpretative literature reviews, through conducting a systematic comparison across a number of studies which focus on a particular phenomenon to develop a cross case argument (Noblit et al., 1988).

Search strategy

A PROSPERO search was conducted to identify any soon to be published systematic reviews in this area to avoid duplication. Three electronic data bases were searched including CINHAL, Medline and PsychINFO on the 2nd January 2022 via the University of Essex online library search. Articles were searched from their start dates to January 2022 and results were restricted to English language and peer-reviewed papers.

The following search terms were employed:

1. Foster carer OR foster parent OR foster mother OR foster father or foster Famil*
2. Experienc* OR view* OR perception OR perceive* OR opinion OR response OR belie*
3. Qualitative OR interview OR focus group

Study selection criteria

The inclusion and exclusion criteria were constructed using the SPIDER tool. The following criteria is based upon the principles of a meta-ethnography, where the studies that are selected follow a qualitative methodology focusing on the specific phenomenon of the lived experience of being a foster carer in England, with the aim of generating an interpretative, phenomenological systematic review. The following inclusion criteria were applied:

Inclusion criteria: 1. Sample explored the experiences of providing foster care in the England. 2. Study sample includes foster carers only but can include foster families interviewed (without foster child). 3. The study utilised a qualitative methodology. 4. The study was written in English and published in a peer review journal.

Exclusion criteria: 1. Sample that includes either partially or fully the experiences of kinship carers as it was assumed that being a relation of the child would add a level of diversity to the experience that could warrant its own separate review. 2. Studies that include participants other than foster carers in their sample (e.g. social workers, the looked after child, the birth parents) to ensure fidelity to the foster carer's experience. 3. Studies that included countries from other UK countries (e.g. Wales, Scotland and Northern Ireland).

Study selection process

The process for selecting the appropriate studies for this systematic review is outlined in the PRISMA diagram (appendix J). From searching three data bases including CINHAL, Medline and PsychINFO 1872 studies were generated and uploaded to a referencing software. Once duplicates were removed (493), this resulted in reviewing 1379 studies at title and

abstract regarding the inclusion and exclusion criteria outlined above. This resulted in 43 articles being read in full after additional records were identified through a hand search of reference lists. Following this detailed review of the studies, 10 studies were identified and included in this meta-synthesis.

Analysis

There are seven stages outlined to conduct a meta-ethnography, which are summarised by Britten et al. (2002) and followed in this review. The first stage is named 'getting started'. Here, I familiarised myself with the literature within the field and became aware of a gap in the systematic review literature exploring the experiences of providing foster care in England. The next stage is 'deciding what is relevant'. To provide this meta-ethnography with some focus, relevant inclusion and exclusion criteria were discussed and developed. A systematic search was then conducted, with each step outlined in the PRISMA (2009) flow diagram (appendix J).

The next stage outlined by Britten et al. (2002) is 'reading the studies'. Here, I familiarised myself with each paper by careful reading, which facilitated understanding the main concepts in each article. The next stage of conducting a meta-ethnography is named 'determining how the studies are related'. At this stage, the articles were uploaded onto NVivo 12. In a meta-ethnography, concepts are referred to as the key findings in each study, often located in the results and discussion sections, where the original study's author has made some interpretation of their participants account (Seers et al., 2015; Toye et al., 2014 & Britten et al., 2002). The author's interpretations were identified through the node function on NVivo, using either the author's original wording or close paraphrasing to ensure fidelity to the original study (Malpass et al., 2009). By repeating these steps for each separate article, a

catalogue of concepts were developed, which then forms the raw data for the synthesis (Toye et al., 2014).

The next stage of a meta-ethnography is ‘translating the studies into each other’. Here, I began to organise the concepts into broader categories, represented in table two. These categories were then synthesised into three over-arching concepts, illustrated in table three. The next stage is named ‘synthesising translations’ where I began to make sense of the categories by forming a conceptual framework (Toye et al., 2014). The conceptual framework is built upon three distinct translation syntheses, reciprocal translational analysis: where concepts across articles are translatable and share meaning (Seers, 2015), refutational synthesis: where concepts across studies contradict (Woods et al., 2005) and finally, a line of argument: when the individual studies are put together, an overarching interpretation can be developed (Lee, Hart, Watson, & Rapley, 2015). The last stage of a meta-ethnography is ‘expressing the synthesis’ which will be outlined in the result section.

Results

This meta-ethnography includes 10 studies (see table one for details), with 132 participants in total. The majority of the concepts within this meta-ethnography were reciprocal in their nature and therefore a line of argument could be produced (Britten et al., 2002). Each theme is outlined in turn below, concluding with the development of a model of perseverance for providing foster care. This model was developed as most of the studies included in this review either focused on commitment and longevity in providing foster care (Oke et al. 2012; Maclay et al. 2006; Preston et al. 2012; Samrai et al 2011) and the challenges of providing foster care (Barter et al. 2016; Lynes & Siteo, 2019; Pickin et al. 2011; Thompsom et al. 2016; Valentine et al. 2019).

Quality Appraisal

The Critical Appraisal Skills Programme tool (CASP, 2018) was used to evaluate the quality of each study. Each study included in this meta-ethnography detailed relevant and clear research aims, where a qualitative methodology and research design was appropriate and justified. Half the studies included in this review followed an IPA methodology (Lynes & Siteo, 2019; Maclay, Bunce, & Purves, 2006; Oke, Rostill-Brookes, & Larkin, 2013; Pickin, Brunsdon, & Hill, 2011; Valentine, MacCallum, & Knibbs, 2019), three utilised grounded theory methodology (Preston, Yates, & Moss, 2012; Samrai, Beinart, & Harper, 2011; H. Thompson, McPherson, & Marsland, 2016), one used thematic analysis (Barter & Lutman, 2016) and one followed a biographic interpretative method (Heslop, 2016). Most of the studies included in this review outlined the recruitment process, with only two providing limited details (Heslop, 2016; Pickin et al., 2011). Only one study discussed implementing theoretical data saturation (Thompson et al. 2016). The concept of data saturation within qualitative methodology is largely debated on grounds of theoretical compatibility with the qualitative research paradigm (Saunders et al., 2018) which may explain the absence of this concept from the majority of the studies. Only one paper provided sufficient reflexivity at design and analysis stage (Thompson et al. 2016). This is concerning, particularly given half the studies included in this review followed an IPA methodology where researcher reflexivity is actively encouraged (Smith, Flowers, & Larkin, 2009). Ethical consideration was detailed in most of the studies, where only three studies omitted this information (Maclay et al. 2006; Pickin et al. 2011; Samrai et al. 2011).

Only three studies provided rich detail on the analytical process (Pickin et al. 2011; Samrai et al. 2011; Thompson et al. 2016). All but one study (Barter & Lutman, 2016) provided ample quotes to ground the analysis within the data. Two studies outlined the use of a reflective diary (Lynes & Siteo, 2018; Samrai et al. 2011), however how this was used to

enhance the analytical process was not clear. All studies included clearly stated their research findings in relation to the research question. Three studies detailed enhancing credibility of findings, including the use of an auditor (Pickin et al. 2011), respondent validation (Thompson et al. 2016) and more than one author conducting the analysis (Oke et al. 2013). Most of the studies discussed their results in relation to existing literature, with only one noticeably lacking in this area (Heslop, 2016). All studies discussed their findings in relation to policy and practice, however over half of the papers failed to include any directions for future research (Barter & Lutman, 2016; Heslop, 2016; Lynes & Siteo, 2019; Oke et al., 2013; Pickin et al., 2011; Preston et al., 2012). Only two papers failed to acknowledge the limits in generalisability and transferability of their results (Oke et al. 2013 & Preston et al. 2012), however these aims have been argued to be inappropriate for qualitative research methods (Finlay, 2006). Despite the variability in the quality according to the CASP criteria, no papers were excluded from this review.

| Authors, year | Sample (Number of participants, gender) | Number of years providing care, type of care | Data collection and analysis | Aim |
|--|--|---|---|---|
| Barter, C., & Lutman, E. (2016). | 32 (26 female, 7 male) | 2-43 years, mix of long and short-term fostering | Focus groups, thematic analysis | Exploring foster carers' experiences of peer violence. |
| Heslop, P. (2016). | 23 (all male) | 2-45 years, type of care not specified | Interview, biographic narrative thematic method. | Exploring the experiences of masculinity in providing foster care as males. |
| Lynes D., Siteo A. (2019) | 22 (19 women and three men) | Number of years not specified, mix of long and short-term fostering | Interview, Interpretative Phenomenological Analysis (IPA) | Exploring foster carers' experiences of loss |
| Maclay F., Bunce M., Purves D. (2006) | 8 (seven women, one man) | 2-20 years, emergency, short-term and long-term fostering | Interviews, IPA | Exploring the relationships between foster carers and social workers |
| Oke, N., Rostill-Brookes, H., & Larkin, M. (2011). | 9 (8 women and one man) | 9-37 years, long-term foster care | Interviews IPA | Exploring the experiences of commitment in foster carers |
| Pickin, L., Brunsdon, V., & Hill, R. (2011). | 5 (four women and one man) | 1-10 years, mixture of respite and long-term foster care | Photovoice technique, IPA | Explores the emotional experiences of foster carers |

| Authors, year | Sample (Number of participants, gender) | Number of years providing care, type of care | Data collection and analysis | Aim |
|---|--|---|---|--|
| Preston, S., Yates, K., & Moss, M. (2012). | 7 (six woman, one man) | 1-19 years, respite, short and long-term care | Interview, Grounded Theory | Explore the role of emotional resilience within foster carers |
| Samrai A., Beinart H., Harper P. (2011) | 8 (seven women and one man) | 2-22 years, respite, short and long-term care | Interview, Grounded Theory | Exploring foster carers' experience of placements and placement support. |
| Thompson, H., McPherson, S., & Marsland, L. (2016). | 9 (six women and three men) | 2-9 years, type of care not specified. | Interview, Constructivist Grounded Theory | Exploring the impact of fostering on foster carers and their birth children. |
| Valentine, D., MacCallum, F., & Knibbs, J. (2019). | 9 (five women and four men) | 6-20+ years, type of care not specified. | Interview, IPA | Exploring foster carers lived experience of ending placements |

Table 1 Overview of studies

| Concepts | Barter et al. (2016) | Heslop et al. (2016) | Lynes & Siteo (2019) | Maclay et al. (2006) | Oke et al. (2011) | Pickin et al. (2011) | Preston et al. (2012) | Samrai et al. (2011) | Thompson et al. (2016) | Valentine et al. (2019) |
|--|----------------------------|----------------------------|-------------------------------|----------------------------|-------------------------|----------------------------|-----------------------------|----------------------------|------------------------------|-------------------------------|
| Motivations, and Pitfalls of fostering | * | * | | * | | * | * | * | | |
| Caring skills | * | * | | | * | * | * | | | |
| Personal qualities | | * | | * | * | * | * | | | |
| Love and Loss | | * | * | | * | * | * | * | | * |
| Complex emotions | | | * | | | * | * | | * | * |
| Change in family dynamic | * | | | | | * | * | * | * | |
| Difficulties with social care system | * | | * | * | * | * | | * | | |
| Skills developed over time | | * | * | * | * | | * | | * | * |
| Utilizing informal support | * | | * | * | * | * | * | * | | * |

Table 2 Cross comparison of studies by concept

| Concepts | Synthesised concepts |
|---|---|
| Motivations and Pitfalls Caring skills Personal qualities | → The core of providing foster care |
| Love and Loss Complex emotions The change in family dynamic Difficulties with the social care system | → Challenges that develop over time |
| Skills developed over time Utilizing informal support | → Factors that facilitate perseverance |

Table 3 Concepts and Synthesised Concepts

The core of providing foster care

This synthesised concept contains three key concepts: motivations and pitfalls, caring skills, and personal qualities. These concepts were synthesised as the core to providing care as thematically, they were understood to be characteristics which may initially draw individuals to taking on the role of providing care and were framed as stable, core characteristics within the foster carers.

Motivations and Pitfalls

The motivations to foster largely centre around helping children who have experienced difficulties by providing them with opportunities for a better life (Heslop, 2016; Pickin et al., 2011; Preston et al., 2012). The motivations to continue to foster were described as it being a rewarding experience for the whole family system (Samrai et al., 2011), allowing

birth children the opportunity to develop greater empathy (Barter & Lutman, 2016) along with the professional status and financial compensation (Heslop, 2016).

While exploring the expectations and motivations to foster were of research interest, the papers also explored the pitfalls. Experiences of feeling undervalued, needs being minimised and a sense of powerlessness at the barriers that prevented the foster carers from providing high quality care were expressed (Maclay et al. 2006; Pickin et al. 2011).

Contentious dilemmas appear to arise when there is pressure to accept placements due to shortages in care, while also maintaining the best interests of the children already in the foster carer's home (Barter & Lutman, 2016). The dilemmas and barriers that occur become so draining that at times the provision of foster care moved from a "role" to "more of an all-consuming identity" that they occasionally desire to escape from (Pickin et al. 2011, pg. 68).

Caring skills

Some of the papers in this review sought to understand the caring skills necessary to providing effective foster care to looked after children. The utility of demonstrating acceptance of the child (Oke et al., 2013) through an openness to their life experiences and birth family (Preston et al., 2012) assists in adapting to the child's individual needs, facilitating a therapeutic bond. The foster carers appeared to hold a sense of responsibility around 'rebuilding' (Oke et al., 2013, pg 16) the child, often through means of developing their self-esteem and self-confidence (Pickin et al., 2011) in order to enable them to achieve their full educational and social potential (Oke et al., 2013). The importance of boundaries and routine, named as proactive parenting skills (Oke et al. 2013) is vital due to the often-chaotic lives of children who enter care (Preston et al. 2012). Taking on the role of the boundary setter was thought to closely relate to a sense of masculinity within men who provide foster care (Heslop, 2016). Receptive skills, including listening and observing the

child's mental states to help manage challenging behaviour was also highlighted (Oke et al. 2013). It was argued that a range of caring skills was not just required from the foster carer themselves, but their birth children too, with Barter and Lutman (2016) suggesting that birth children often take on the same job as their parents who foster.

Personal qualities

Similar to identifying caring skills, the papers included in this review also sought to identify the personal characteristics of successful foster carers. The benefits of demonstrating a positive self-concept, being self-reliant, tenacious, and determined were formulated as key ingredients for becoming a foster carer (Preston et al. 2012) and vital in being able to withstand the 'long and arduous journey' of providing care (Oke et al., 2011, pg. 18). Additionally, the ability of the foster carers to self-regulate their emotions was linked to resilience in two studies (Preston et al., 2016; Pickin et al., 2011). The capacity to regulate their emotions was thought to enable them to more effectively negotiate the bureaucratic obstacles (Pickin et al. 2011) and tolerate high levels of conflict, both from the child and social care system (Maclay et al. 2006). To maintain a functional relationship with the child's birth family, Oke et al., (2013) named the concept of holding critical empathy towards the birth family, characterised by an equal balance of empathy and acknowledgment of lapses in their care. However, this balanced perspective of the child's birth family was not seen across the studies included in this review. The male foster carers in Heslop's (2016) study often positioned the child's birth father as a villain and positioned themselves as the alternative heroic father. Taking on the identity of a hero was also seen in the Pickin et al., (2011) study, where the participants portrayed a strong sense of protection against the other adults in the child's life.

Challenges that develop over time

This overarching synthesised concept contains four concepts centring around the challenges foster carers experience over time: love and loss, complex emotions, a change in family dynamic and difficulties with the social care system. These concepts were framed within the studies as potential threats in the ability for foster carers to continue providing care over time.

Love and Loss

The emotional connection and attachment towards the child was named as “love” by Lynes and Siteo (2019, pg. 26), one which mirrors the feelings foster carers have for their birth children (Preston et al., 2012). This connection to the children in their care was described as unexpected in two studies (Lynes & Siteo, 2019; Helsop, 2016). The strong emotional attachment resulted in long term commitment (Preston et al., 2012) with this commitment named as a motivating factor for foster carers going above and beyond the standardised expectations of providing foster care (Oke et al., 2013). The bond between child and foster carer was suggested to have remedial effects, with Samrai et al. (2011) claiming the bond is fundamental in facilitating permanence and meeting the child’s emotional needs, along with being adaptive for the foster carer as it appeared to help cope with the challenges in providing care (Oke et al., 2013).

However, this sense of commitment was also highlighted to bring a sense of loss when the child leaves. The feelings of loss (Samrai et al., 2011), heart break (Valentine et al., 2019) and ‘intense grief’ that followed when the child left their care were reported (Lynes & Siteo, 2019, pg.27). This grief is experienced as not just occurring in the short term, but is indicated as having a long term emotional impact (Valentine et al., 2019). The expression of grief was felt to be judged and potentially weaponised, where strong emotions towards a child brought

into question professionalism and queries around whether professionals would deem their emotions as appropriate (Lynes & Siteo, 2019; Valentine et al., 2019). Only two studies provided a clear account of the protective nature of holding onto the uncertainty about how long the child may be within their care (Oke et al., 2013), with those acknowledging this uncertainty as managing well when the child leaves (Lynes & Siteo, 2019).

Complex emotions

The experience of providing foster care was often cited as taking an emotional toll on the foster carers, with common emotional experiences of stress, anxiety and fatigue (Preston et al., 2012; H. Thompson et al., 2016). For those in the Lynes and Siteo (2019) study, the impact of the child leaving their care appeared to be traumatising, where their grief was described as unresolved for many years, with some experiencing flashbacks to when the child left. Emotions experienced at placement transitions were not solely characterised around sadness and grief. Valentine et al., (2019) reported emotional experiences of relief when a placement came to an end, with a sense of shame often following when positive emotions were experienced at a placement ending. Some detailed experiencing confusion over their own feelings, such as not feeling immediate love for a baby that required lots of physical affection or feeling drained in response to disclosure from a child (Pickin et al., 2011). The degree to which complex emotions surrounding fostering could be disclosed felt limited, where often judgement by social services was feared (Lynes & Siteo, 2019; Pickin et al., 2011).

The change in family dynamic

A sense of rivalry between the foster carer's birth child and foster child was described, with the birth child often feeling second best (Barter & Lutman, 2016), placing additional

demands on the foster carer to give more to both children than they felt they were able to (Thompson et al. 2016). When reflecting on the mother and foster carer identities held, participants in Pickin et al., (2011) study struggled to balance the competing responsibilities, resulting in feelings of isolation and a depletion in energy. Concerningly, the experience of abuse from foster child to birth child was described as an unrecognised challenge of providing foster care, with worries expressed that birth children's wellbeing had been compromised due to fostering (Barter & Lutman, 2016). However, three of the studies indicated clear limits, where the primary reason for ending placements was the negative impact it was having on the family system (Preston et al., 2012) demonstrating a hierarchy in the decision process where the birth family come first (Samrai et al., 2011; Thompson et al., 2016).

Difficulties with the social care system

The challenges foster carers experience from the social care system appear to centre around three key concepts: a lack of support, a lack of recognition for their efforts and the resulting ruptures within their relationship with social care professionals. Participants experiencing a lack of support was emphasised in three studies (Barter & Lutman, 2016; Maclay et al., 2006; Samrai et al., 2011). The delay in the provision of support was concerning (Samrai et al., 2011) with some referring to a three or four year wait for support, despite repeated requests (Barter & Lutman, 2016). Some foster carers described feeling chronically under supported (Maclay et al., 2006) with calls for greater support for the family system as a whole (Barter & Lutman, 2016).

A sense of an under recognition of the challenges in providing care by social care professionals was thought to increase likelihood of a placement breakdown (Barter & Lutman, 2016), with a lack of recognition of their own expertise regarding the child (Maclay et al., 2006), and the emotionality of providing care (Lynes & Siteo, 2019) as particularly

wounding for the foster carer. Suspicion appears to grow within the relationship, where two studies detail deliberate omission of key information about the child by social workers to encourage the foster carer to accept the placement (Barter & Lutman, 2016; Samrai et al., 2011). Linguistically, two papers used warfare terminology when describing the relationship with social workers, with the foster carers feeling as if they must fight against “an army of professionals” (Pickin et al. 2011, pg. 64) and less experienced foster carers being more likely to “concede” to the demands of social workers (Barter & Lutman, 2016, pg. 279).

Yet, what is helpful from social care to sustain this role was also referenced in some papers. A supportive relationship with the foster carers allocated social worker was highlighted as important in three studies (Barter & Lutman, 2016; Oke et al., 2013; Samrai et al., 2011). A sense of being held in mind by the social workers and developing a trusting relationship over time was felt to be crucial in feeling supported (Oke et al., 2013). Interpersonal skills from the social workers, such as being validating and understanding, were also considered important (Barter & Lutman, 2016; Samrai et al., 2011), as well as financial and practical support (Samrai et al., 2011).

Factors that facilitate perseverance

This synthesised concept consists of two concepts that are argued to facilitate perseverance and longevity in this role: skills developed over time and utilising informal social support. These concepts were not framed as factors that prevent challenges from occurring in the first place, but rather factors that enhance the foster carers resilience in being able to withstand the difficulties experienced while providing foster care.

Skills developed over time

The development of a more assertive self through providing care was identified, with shifts observed in a greater ability to use one's voice (Valentine et al., 2019) and increasing confidence to challenge professionals within the social care system (Maclay et al., 2006). Throughout the journey of providing care, a process of the foster carer distancing themselves from the social care system was identified in two papers (Maclay et al., 2006; Oke et al., 2013). As foster carers move away from a new and more naïve status, they develop their own expertise and network for themselves, becoming increasingly independent (Maclay et al., 2006) and even disobedient towards the social care system (Oke et al., 2013).

Additionally, to manage the emotional complexity and sense loss, the ability to generate meaning from the challenges experienced was referred to as a protective factor (Valentine et al., 2019). The positive appraisal of challenging experiences, such as understanding a failed placement as still being worthwhile, can provide opportunities to learn and grow (Valentine et al., 2019; Preston et al., 2012).

The degree to which affection was felt and expressed towards the child in their care was also illustrated as developing over time. With strategies negotiated to express affection without physical touch developing over time (Heslop, 2016) and reminding themselves that the relationship is temporary to avoid unmanageable grief when the child leaves (Lynes & Siteo, 2019). Along with developing emotional strategies overtime, the foster carers also appear to develop practical ones, including creating a record system to track interactions with professionals (Heslop, 2016), and only fostering children of a particular age to preserve the pecking order of the children within the family system (Thompson et al., 2016).

Utilising informal social support

The use of informal social support as a protective factor was referenced in eight of the studies included in this review (Barter et al., 2016; Oke et al., 2013; Samrai et al., 2011;

Maclay et al., 2006; Valentine et al., 2019; Lynes & Siteo 2019; Preston et al., 2012; Pickin et al., 2011). Utilising informal social networks was understood as vital for maintaining the foster carers well-being (Preston et al., 2012). A social support network of other foster carers was noted as particularly important as they provide expertise on both practical and personal matters (Maclay et al., 2006), generate a safe space to share experiences (Lynes & Siteo, 2019) and provide emergency support when other professionals may not be available (Oke et al., 2013). Additionally, the family and partners of foster carers provided both practical support in terms of providing care to the child (Maclay et al., 2006) and providing emotional support to the foster carer during challenging placement breakdowns (Valentine et al., 2019).

Line of argument synthesis

Within a meta-ethnography, a line of argument synthesis is conducted when relating the results from individual studies to form a larger explanation of a particular phenomenon than any one study alone in the review (Noblit et al., 1988). A line of argument analysis was conducted as the papers included in this study focused on different areas of providing foster care, thus when these papers were brought together they constructed an overarching argument about the phenomenon of persevering with providing foster care (Malpass et al., 2009). This model argues that there appears to be core characteristics associated with providing foster care, positioned within an arrow in the model, as these core characteristics appear to motivate providing care to looked after children. The challenges of providing foster care are positioned within a circle, reflecting the experience of these challenges at times being positioned as all-consuming and powerful. At the core of the challenges are the pitfalls that occur that may go against their initial expectations of providing care, the experience of complex emotions and painful loss and the impact fostering has on their family system. What appears to maintain these challenges are the difficulties experienced within the wider system. Instead of the social

care system providing relief from these challenges, they appear in some ways to maintain these difficulties, either by the challenges going unacknowledged or not providing support that feels sufficient for the foster cares. An arrow coming out of these challenges symbolises the risk which these challenges pose in withdrawing from providing foster care to looked after children. Yet, some foster carers appear to withstand these challenges and continue with providing care, moving them forward in their journey. Adapting to these challenges include protective factors of developing skills over time and utilising their own social network, separate from social services. While these protective factors do not appear to prevent these challenges from occurring in the first place, they seem to provide a sense of longevity within role, allowing the foster carers to persevere with providing care.

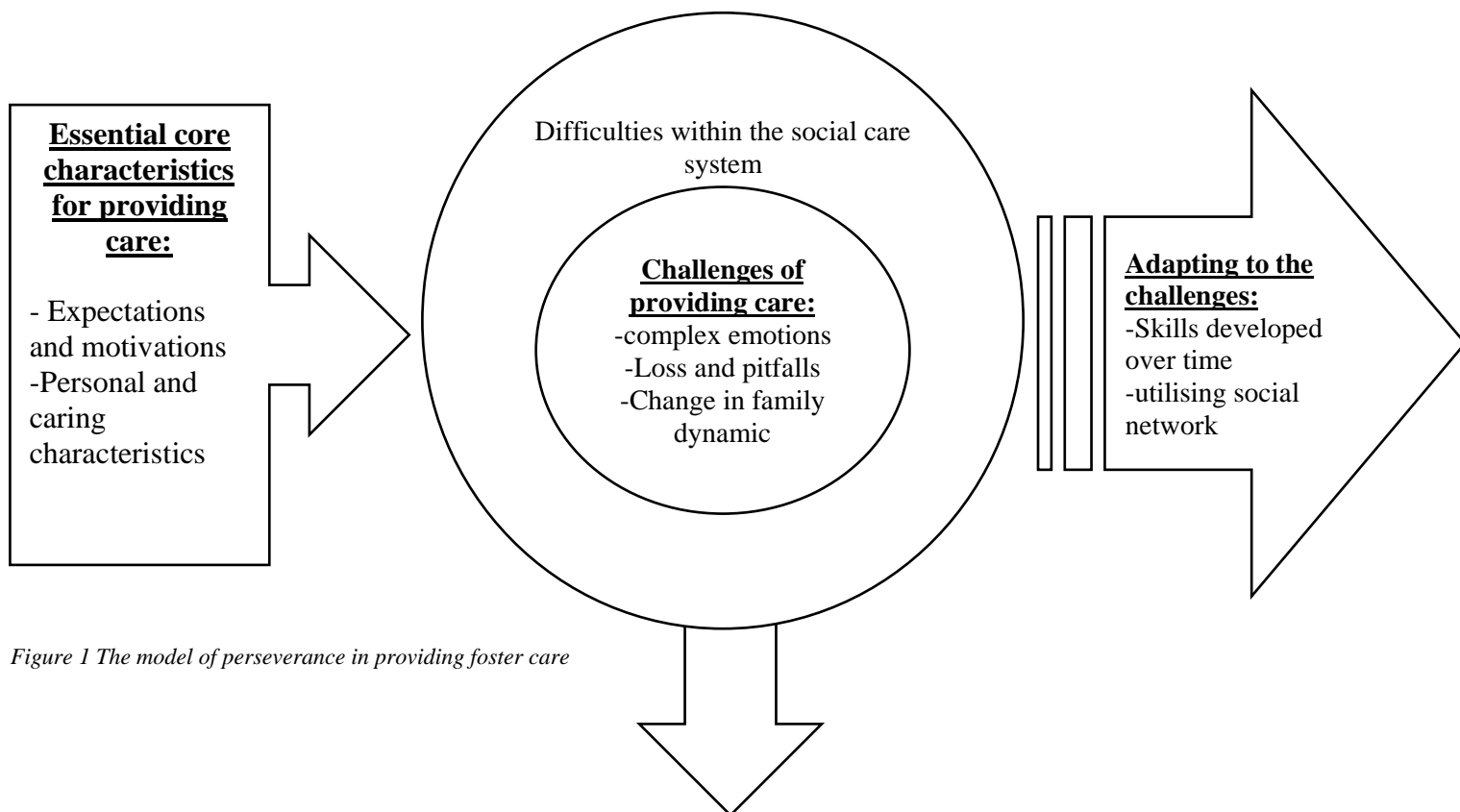


Figure 1 The model of perseverance in providing foster care

Discussion

Within this systematic review, I intended to explore the lived experiences of providing foster care in England. Taking a meta-ethnographic approach, the following three overarching concepts were identified: the core of providing foster care, challenges that develop over time and factors that facilitate perseverance. The analytical process allowed for a line of argument to be developed, which is illustrated through the model of perseverance in providing foster care. It appears that to persevere with providing foster care, there are necessary core characteristics that are required at the beginning and flexible characteristics that are developed over time in response to the challenges.

The motivations to foster included within the systematic review appeared to centre around providing a better life for children, however it was not clear whether these were motivated by the foster carer holding an identity related to a parent, carer or mixture of the two as outlined in other research (Schofield et al., 2013). Despite the range of foster placements provided within the studies included in this review, such as respite, short- and long-term care, the majority of the studies detailed a process of the foster carer's loving the child in their care and feeling a sense of loss when they move on. The experience of committing to the child is positioned as a double-edged sword. On the one hand, the commitment to the child fuels the foster carer to go beyond what is expected of them by the local authority. Yet, this love turns into great pain in many circumstances when the child eventually leaves, causing such intense and complex emotions, some felt it may bring into question their professionalism. From my own perspective as a researcher, it feels that there are inherent challenges with managing the tensions between familial and professional roles, however these various roles were not purposefully explored or analysed within any of the studies included in the systematic review.

Rivalry between foster and birth children appears to cause tensions, with reports of birth children's experiences and needs often not acknowledged by the wider system. Interestingly, despite researchers recommending that the foster child obtains a sense of permanent family membership (Schofield & Beek, 2005, 2009) and to be treated as if they were the foster carer's birth child (Narey & Owers, 2018), the studies included in this systematic review demonstrated clear limits to the permanence of looked after children within family membership, where the preservation of the original birth family unit comes first.

Difficulties within the social care system appeared to centre around a lack of recognition of their efforts and a lack of support. While the debate regarding professionalisation was not included in any of the studies, it feels relevant to couch these factors within not being viewed as a professional or being treated professionally. Given the longstanding history of increasing professionalisation within foster care and whether other professionals within the social care system believe foster carers should be viewed as professionals or not (Hollin & Larkin, 2011; Narey & Owers, 2018), the experience of foster carers within this review led to opposition in their relationship with the social care system, instead of collaboration.

While the purpose of the review was to develop a more focused understanding of providing care in England, there appears to be commonalities with international research despite cautions against over generalising (Baginsky et al. 2017). Similar themes around the usefulness of informal support, difficult relationships with social care staff and the intense experience of loss when the foster child moves on were all detailed in the D'Amato and Brownlee (2021) scoping review. Moreover, similar motivational factors and personality characteristics were identified in the Gouveia et al. (2021) quantitative systematic review. Yet the utility of synthesising qualitative research allows the somewhat vague factors named in the Gouveia et al. (2021) study, such as empathy, to be expanded upon as this review

identifies how empathy manifests e.g., critical empathy towards the foster child's birth family and the importance of understanding the child's previous life experiences.

Policy and practice implications

The model of perseverance in providing foster care (figure 1) provides important implications for both recruitment and retention of foster carers.

Importantly for recruitment, this review identified several characteristics of successful foster carers. These characteristics include self-reliance, having a positive self-concept, being humorous and determined. These could all be salient factors for recruitment and be evaluated at assessment. Additionally, while this review did not explore the experience of social workers, similar characteristics of social workers that facilitated a positive relationship were identified. Recruitment for social care staff could focus on individuals that possess interpersonal skills including validation and are aware of its remedial effects during times of difficulty.

Attachment training for foster carers is often offered with the aim of improving placement stability (Benesh & Cui, 2017). The training typically focuses on understanding attachment styles, exploring the impact of early experiences of neglect and the role of attachment in emotion dysregulation (Begum, Copello, & Jones, 2020). However, given the results of this review, deeper exploration of concepts related to attachment across the wider system could be helpful for foster carers in regards to retention within the role. For example, examining their own attachment style may provide helpful insights into the bonding process with the child and pain often experienced when the child leaves. Additionally, exploring the attachment style of the foster carer may shed light on their relationship with social workers, along with contextualising their help seeking behaviour. Furthermore, extending attachment

theory concepts to the birth family may aid greater understanding of the impact of fostering on birth children.

Limitations & future research

The aim of this research was to understand the experience of providing care within England, however only two studies (Lynes & Siteo 2019; Valentine et al. 2019) were conducted in the last five years. As providing foster care is entwined within social and cultural milieu (Baginsky et al., 2017), including studies which are more than five years old could reduce the temporal relevance of the experience of providing foster care in England as it currently stands. Future research should continue exploring this area, particularly given the vast environmental changes that occurred in the last two years from the COVID-19 pandemic. The experience of providing foster care can change depending on the local authority, with some local authorities in England providing almost all their care, while others provide most of their care through independent fostering agencies (IFA) which is a private sector provision (Narey & Owers, 2018). Therefore, even within England, the experience of providing foster care can vary. Additionally, due to conducting a meta-ethnography, the strict inclusion and exclusion criteria privileged studies of a small sample size. It may be fruitful for future researchers to conduct a systematic review examining a similar question that allows for additional studies to be included, such as the longitudinal studies with larger sample sizes conducted by Schofield and Beek (2009) which also include other informants, such as the looked after child and social workers. Finally, the model developed within this review is somewhat tentative and speculative and would benefit from being tested and refined through clinical application and further research. Longitudinal studies that capture the trajectory of providing foster care could be conducted to evaluate the fit of this model to the lived experiences of foster carers over time.

Rationale for the current study

It is clear from the literature reviewed that the provision of foster care is a complex undertaking. Despite role ambiguity being a well noted challenge within the foster carer research, examining the various roles identified with while providing foster care is a relatively sparse research area. Previous research seeking to understand role identification was conducted by Schofield et al., (2013). This research focused on how foster carers defined their role from interview transcripts generated from a wider research study across England and Wales exploring permanence in foster care. This paper highlights the multiple roles foster carers identify with, namely that of a parent, carer or mixture of the two and highlights the value of foster carers being able to move flexible between these roles. This paper by Schofield et al., (2013) acted as spring board for my thesis.

As outlined in this chapter, the provision of foster care is intertwined within each country's social care system and is subject to ever changing policies, key societal events and cultural shifts (Baginsky et al., 2017). Given the societal changes due to the onset of COVID-19 and the high-profile deaths of two young children, it does not seem unreasonable to consider that we could be on the edge of another surge in the rise of the looked after children population. Such a rise will undoubtedly place additional pressure on existing foster carers and perhaps drive recruitment for further foster carers. Therefore, there is a need for further research to explore how foster carers understand and engage in their role, to understand the challenges that may make their role unsustainable in the long term and the reasons why they remain (Harding et al., 2018).

My thesis seeks to explore this topic further by providing a more current exploratory account of the roles identified with while providing foster care. Additionally, by having the experience of the foster carer as central to this study and by taking phenomenological

approach, I intended to provide a rich and detailed account of the meaning they make of the roles that are activated when providing foster care.

Aims and Objectives

The aim of this study was to develop a phenomenological understanding of how foster carers experience their role through seeking to make sense of their lived experiences. In particular, I sought to explore the sense of identities and roles that are experienced while providing foster care, how the experience of providing care may shape the foster carers sense of self and their relationships with others, along with how they maintain their ability to continue providing care to looked after children over long periods of time.

CHAPTER TWO: METHODOLOGY

Overview

In this following chapter, firstly I will outline the research methodology utilised in this study and then provide detail of my philosophical positioning through discussing my epistemological and ontological stance. I will then go on to describe the rationale for using Interpretative Phenomenological Analysis as an appropriate methodology for exploring the research aims, along with the details of sampling and recruitment, data collection and analysis. Finally, I will provide an overview of the ethical considerations and the attempts used to enhance the validity within this study.

Epistemology and Ontology

It is important to be explicit about the assumptions I am bringing to this work regarding the nature of existence and the production of knowledge. Ontological positioning is referred to as one's beliefs around the nature of existence and reality. Epistemology can be

thought of as the assumptions that shape our basis of knowledge, particularly in regard to how knowledge can be captured, the form our knowledge takes and how our knowledge can be communicated (Al-Saadi, 2014).

Ontological and epistemological positions lie on a spectrum, where realism and positivism are placed on one side, then relativism and interpretivism on the other (Al-Saadi, 2014). Historically, the social sciences have not been explicit about their ontological and epistemological positions. Instead, they have been embedded within the positioning inherited from the physical sciences of ontological realism and epistemological positivism (Bracken, 2010). Within this positioning, research is often concerned with discovering and explaining causal relationships, with the aim often to identify cause and effect through formulating laws, generating predictions and ultimately generalisation (Scotland, 2012). A relativist and interpretivist position argue that the idea of reality is a subjective experience and is created through individual meaning making within human minds. This meaning making can therefore only be accessed through exploring and seeking to understand the social world of an individual (Al-Saadi, 2014).

It is important to be transparent about my own ontological and epistemological assumptions. These assumptions do not only reveal my own understanding of the world and related phenomena, but also underpin how I approach research and my methodological approach in answering my research question.

I believe my positioning lies within the ontological stance of relativism, where the concept of reality itself is argued as a human construct informed by the individual's meaning making. My ontological positioning lends itself to my epistemological stance of interpretivism where knowledge is understood to be subjective and influenced by one's perspectives and values (Moon & Blackman, 2014; Tuli, 2010). While I acknowledge that meaning making is a subjective experience and one's perspective is unique, informed by a

complex tapestry of one's own lived experiences, relationships, culture, and societal norms, I do also believe that experiences can be shared amongst groups of people. I hold the stance that one's experience of a particular phenomenon can be further understood by exploring the social world of a group of individuals, with a focus on their shared and conflicting meaning making and interpretations (Al-Saadi, 2014).

When reflecting upon my ontological and epistemological stance, I have observed shifts in my thought processes throughout my academic journey. During my undergraduate studies in BSc Psychology, I held firmly the idea of an objective truth, which was something I believed could be captured and analysed through the 'right' research method. However, I believe this stance began to shift most considerably when I started working in mental health services. I began to appreciate that objective means in capturing people's experiences, such as questionnaires, only help to understand the individual in a marginal way. To facilitate an understanding of a person's experience, I learnt to go beyond seeking an appropriate category or label of a mental health diagnosis and instead sought to understand their life story and the sense they made of their experiences. I believe my current clinical training has further developed this perspective. I have experienced that my process of learning about various phenomena grows through further questioning, rather than seeking out an answer with an objective sense of truth. I have become more comfortable with the idea of sitting with uncertainty, often acknowledging that there is no one objective truth with my clients, colleagues and peers. As I have noticed my ontological and epistemological positionings have shifted throughout my life, this leads me to think they may also evolve further throughout the course of this research project. This can perhaps already be observed through the numerous drafts I have made on this section alone.

Undoubtedly, and rather crucially to the analytical process detailed below, the process of making sense and subsequent interpretations of the foster carer's experiences will be

embedded within my own life experiences and social positioning in society (Doucet & Mauthner, 2006). Reflexivity will therefore be crucial throughout the research process. Therefore, along with disclosing my ontological and epistemological positioning, it is important to consider further what I may bring to this piece of research.

Reflexive account

I am a 26-year-old who identifies as a woman, I am white-British and middle class. I am currently training to be a clinical psychologist, which is often considered to be a caring profession. I think it is important to say that while I am not a foster carer, during the interviewing and analysis stage I was working in an adolescent inpatient unit, where a significant number of the children were looked after. So, in some respects, I too was providing a certain level of care to looked after children. I experienced first-hand the benefits, including the joy in building therapeutic connections, observing the growing sense of safety within the relationship, and bearing witness to the brave and effortful steps the young people took towards living back in the community again. At the same time, I also became acutely aware of the challenges, such as experiencing the push and pull within the therapeutic relationship and observing and managing the extreme ways of coping children who have experienced significant abuse and neglect often demonstrate. I do not have any personal experience of the social care system, however, within my personal life I have a close friend who has provided foster care as a family, providing some insight into the experience. Additionally, providing foster care to looked after children is something I have also considered doing in my future, which may well go to some lengths in explaining my curiosity in the subject.

I have noted some details that provide a personal and professional perspective related to my research topic, I believe it also to be important to discuss my political perspective. I

identify strongly with left wing politics and consider myself to be a feminist. My interest and curiosity around how power, privilege and authority operate in society and the influence of these factors on social positioning in society is embedded within my feminist and left-wing beliefs. I believe including a feminist perspective is particularly important as exploring the experiences of women looking after vulnerable young people is inherently based within social and political forces (Kelly & Gurr, 2019). How this positioning is then framed within my chosen methodology is discussed below.

Design

Qualitative Design and Chosen Methodology

Qualitative research methods are argued as most appropriate when the research question aims to explore the meanings that individuals bring to particular situation, particularly when the positioning of the researcher argues for no one objective truth (Marsh & Furlong, 2002). Given my positioning of relativism and interpretivism, along with the research aim of exploring foster carer's understanding of their caring role, a qualitative methodology was decided as most appropriate.

Interpretative Phenomenological Analysis (IPA) was a suitable method to investigate the research aim as it intends to understand the personal lived experiences of the participant and attempts to understand how participants make sense of their personal and social world (Smith, 2003). This methodology will support the exploration of how individuals within the social care system make sense of their lived experience by discovering the meaning and generating descriptions of the role they play within the social care system (Houston & Mullan-Jensen, 2012). An in-depth exploration into the roles and identities experienced when providing foster care in England, using IPA, has not previously been carried out. Taking this

approach will further understanding of roles and identities experienced while providing foster care. This approach will allow for an in-depth analysis on a small sample of foster carers by eliciting a rich and detailed account of the lived experience and meaning making that occurs in the social world of a foster carer in a way that can more fully account for the complexity associated within this role.

Philosophical background to IPA

IPA is a qualitative research method approach developed by Jonathan Smith during the 1990's to enable a thorough exploration of idiographic, subjective experiences (Smith et al., 2009). The theoretical assumptions that underpin IPA originate from Husserl's approach developed in the early 20th century in understanding human consciousness through the concept of hermeneutics, a Greek term deriving from the notion 'to interpret' (Marsh & Furlong, 2002). Husserl theorises that the meaning an individual attributes to their experience can only be accessed through interpretation (Biggerstaff & Thompson, 2008; Smith et al., 2009).

Husserl's theorising on interpretation being a route to the human consciousness was extended by Sartre (1956) suggesting that the human experience of meaning making is not a static process, but rather an ever-evolving process informed by our surroundings, relationships and experience (Chan & Farmer, 2017; Peat, Rodriguez, & Smith, 2019). This process can be illustrated through the Hermeneutic Circle developed by Heidegger (1927) who suggested that the understanding of an individual's reality (the whole) can be located within the individual lived experience of the everyday (the parts). Therefore, the combination of phenomenology and hermeneutics provide a multi-layered scaffold for understanding complex phenomenon within the human experience (Chan & Farmer, 2017). The rich process of mutual engagement and interpretation by both the participant and researcher is often

understood as the double hermeneutic approach. The double hermeneutic approach is a procedure in which the researcher is seeking to make sense of the participant, who is in turn attempting to make sense of their world (Peat et al., 2019).

More recent theorising within IPA has encouraged analysis including a focus on the participants social context. Todorova (2011) suggests that an IPA methodology demonstrating sensitivity to the cultural and social context of the participant is consistent with its epistemological stance as social, cultural and political meanings are often intertwined when considering the process of sense-making. Moreover, when considering research topics related to Social Work, Houston and Mullan-Jensen (2012) suggest this research area is embroiled within both the personal and political including the micro elements of day to day life, but also the macro elements of social inequalities and wider structural processes.

Data Collection

Participants

The participants in this study are adult women who were providing care to looked after children at the time of the interview. Given the research aims of the study and IPA sampling methods encouraging the sample to be as homogenous as possible (Alase, 2017) the inclusion criteria for participants taking part in this study included: 1) adults 2) who identify as women 3) who have provided foster care to looked after children 4) with at least one year's experience. Exclusion criteria included the following: 1) kinship foster carers, defined as having a pre-existing relationship to the looked after child and 2) those who were not currently providing care to looked after children, but had done so in the past. The exclusion of kinship foster carers was because being a family member or family friend could impact on how the foster carer understands their role and therefore could warrant a separate research study. Additionally, those who had previously provided foster care to looked after children,

but were not doing so currently, were excluded on the basis that their accounts may be skewed by their decision to no longer undertake the role of a foster carer as well as overreliance on memory rather than recent experience

Sampling and recruitment methods

Both a purposive and snowball sampling method were used. Purposive sampling is largely defined as a method in which the researcher deliberately selects the participants based upon their experience or knowledge of the issue explored in the research (Gentles, Charles, Ploeg, & McKibbin, 2015). Additionally, participants were encouraged to use their social networks to refer additional participants that matched the criteria in order to access specific populations (Browne, 2005).

At the design stage I intended to interview up to ten participants. There is much debate about appropriate samples sizes within qualitative research designs (Trotter II, 2012). Researchers using phenomenological methods are advised to conduct interviews with 5 to 10 participants who have had shared experiences in order for commonalities and differences in their experiences to be obtained and interpreted (Polkinghorne, 1989). Specifically, doctorate level students are suggested to conduct between four and ten interviews within the IPA framework (Smith et al., 2009)

The recruitment strategy involved multiple methods. This included advertising on social media, including Facebook groups for foster carers through uploading the recruitment poster (appendix C) detailing the aims of the research, inclusion criteria and the contact details for the researcher. In particular, a fostering charity was approached where the administrator of the Facebook group shared the recruitment poster on a closed group for foster

carers only. Indeed, two of the participants shared my recruitment poster with other foster carers within their social network, resulting in two more participants.

The importance of building a rapport during the interview process in qualitative research is highlighted by Elmir, Schmied, Jackson, and Wilkes (2011) and their recommendations were followed during the recruitment process. They suggest that the rapport between researcher and participant is key to gaining access to their lived experience and the development of trust can create a sense of safety for the participant, facilitating sharing parts of their experience that may be felt as sensitive. Exploring the experience of providing care to looked after children who may have experienced trauma, abuse and neglect has the potential to provoke feelings of distress within the participants. Therefore, the ability to create a sense of safety and comfort to facilitate the discussion of the sensitive aspects of providing care felt important. The focus on rapport began at the recruitment stage where often multiple emails were exchanged between myself and the potential participants where I was able to share information about the study and they were able to ask questions. Each potential participant was encouraged to ask questions which could be answered either via email or a telephone conversation. At the design stage, the decision was also made to interview the participants twice. The idea of meeting twice was thought to enhance the rapport between myself and the foster carer which would allow for deeper engagement in the interview process as it allowed the opportunity to ask follow up questions on important areas missed in the first interview. I believe meeting twice may have also reduced the potential power imbalance that can occur between a researcher and participant as it allowed for room around small talk, such as talking about their day or the weather, which then often led on to subsequent conversations around any reflections they had from the first interview.

Interviews

Two semi-structured interviews, taking place on two separate occasions, were conducted with each foster carer. Semi-structured interviews were utilised to collect data from the participants as this method facilitates understanding, including their thoughts and feelings, allowing for an in-depth exploration around how they understand their role as a foster carer and any challenges that occur within it (Smith, Flowers & Larkin, 2009).

The semi-structured interviews were guided by a prompt sheet (appendix F). The first interview focused on exploring how the foster carers understand their role and the meaning they derive from providing care to looked after children. The second interview built upon the first as it allowed for space to ask any follow up questions from the first interview and it explored how they managed their role including any challenges they may have had in continuing their role as a foster carer, along with any benefits they had experienced.

The participant received the consent form (appendix A) and information sheet (appendix B) through email. The participants were encouraged to read the information sheet and required to sign the consent form before the interview began. The participants were then asked a series of questions in order to collect sociodemographic information (appendix D). The participant was then orientated to the topic of the interview. The research aims were described, and time was given for any questions to be answered before the interview began. A note pad and pen were used to take brief notes throughout the interview of any important themes the participant referred to and the language they used, along with jotting down any important observations. Each interview concluded with a debrief where any questions could be answered and if needed, signposting to relevant support.

The interviews were recorded using an electronic audio recording device. Interview audio recordings were transferred within 48 hours to a password protected cloud storage

system named 'Box' provided by the University of Essex. All interview audio recordings were transcribed by the author. All transcripts were reread whilst listening to the audio recording of the interview to ensure verbatim transcription (please see Appendix G for an extract from a transcript).

Interview setting

The interview was offered to be conducted either over the telephone or via a videoconferencing application of either Zoom or Microsoft teams. It is suggested that the location, time and date of the interviews should be left to the participants to decide when conducting qualitative research (Alase, 2017) and at the conception and design stage of the research study in early 2020 it was anticipated that the interviews could take place in a number of locations. These locations included the home of the participant, a charity base or at the University of Essex with the rationale that it may be difficult to discuss the challenges of fostering with children present in the home.

However, due to the impact of COVID-19 it was considered that it may not be possible or ethical to hold the interview face to face. During this time, it was thought for the foreseeable future that inviting participants to university campuses or other public places for face-to-face interviewing would potentially incur health risks (Rosenfeld et al., 2020). Therefore, the decision was made for all interviews to be conducted over the telephone or via videoconferencing applications.

Research participants have cited that the use of Zoom allowed for the development of rapport between themselves and the interviewer, particularly when compared to using the telephone (Archibald, Ambagtsheer, Casey, & Lawless, 2019). Research studies which required swift adaptation to online video interviewing due to the COVID-19 restrictions found that most participants were proficient in teleconferencing applications, however

researchers noted the difficulty at times reading body language and facial expressions when participants turned away from the camera (Dodds & Hess, 2020).

Whilst many positives are identified using videoconferencing applications, the majority of the participants in the Archibald et al., (2019) study experienced technical difficulties including low internet connectivity, out-of-date software and impaired webcam and microphone functionality. Deliberate consideration was taken to ensure that participants are not discriminated on the grounds of whether they have sufficient internet access (Lourenco & Tasimi, 2020) which is why both telephone and videoconferencing were offered.

The utility of conducting research over the telephone has been evaluated long before the onset of COVID-19 and encouraged as a methodologically and economically valuable data collection technique within IPA research studies (Sweet, 2002). It is common for concerns around the more unusual nature of a telephone interview to be raised by researchers, particularly regarding the development of rapport between the participants and the researcher (Irvine, Drew, & Sainsbury, 2013). However, the very nature of telephone calls has also received praise from qualitative researchers in that the anonymity can provide both a more balanced distribution of power between the interviewer and participants along with allowing participants to talk more freely and openly (Farooq, 2015).

Despite the limitations of where the interviews could take place, the time and mode of communication remained flexible to suit the participants needs. For example, one participant requested the interviews take place on the weekend, and one participant requested the interviews began after 8pm when the children were in bed. One participant also requested that the interview take place over a telephone conversation as she requested the interview take place while she went on a walk as this allowed for her to gain privacy and to think more clearly.

Analysis

The analysis of the transcripts followed the guidance outlined by Smith, Flowers and Larkin (2009). This included reading and re-reading the transcripts and listening to the audio recording at least once whilst reading the transcripts. Deliberate 'dwelling on the data' (Giorgi, 1994) took place at this stage of the analysis and purposeful resisting of the urges to read the data, categorise and write up results quickly. This was implemented to allow for sufficient time to really familiarise myself with the transcripts in order to increase my sensitivity to the data.

The next stage was the process of 'bracketing'. Here was where any initial and striking observations were recorded as a process of bracketing, which allowed the focus to remain on the raw data set (please see Appendix I for an example of this process). Additionally, as part of this process, time was taken to reflect and document my own personal experience associated with the significant themes within the research project including foster care, providing care to others and any difficulties and benefits associated with providing care. This was considered an important step within the bracketing process as it is often the case that qualitative researchers have personal interest within their research topic and may feel motivated to bring about change (Marecek, Fine, & Kidder, 1997). Therefore, this process helped to reduce interjecting my own experiences, perspectives and research motivations into the lived experiences of the foster carers interviewed (Creswell & Poth, 2016).

The second stage of the analysis was conducted using the qualitative data analysis software package, NVivo. At this stage, there was an initial noting phase which produced a detailed set of notes and commentary on the transcript which was conducted using the annotations function on Nvivo. The noting at this stage focused on three key elements within each transcript including linguistic, descriptive and conceptual commentary and therefore were each increasing in their interpretive stance. The linguistic commentary focused upon the

specific use of words and language by the participants. The descriptive comments focus on describing the topics and subjects which are being described by the participant and the meaning this has for the participant. The conceptual analysis was conducted on a more interpretative level, identifying more abstract concepts that can help make sense of the participants' account. Here is where a common dilemma within IPA research arose regarding the tension between solely relinquishing to the everyday meaning and language communicated by the participants and utilising language from my clinical psychology training in such an abstract way that a certain richness in the idiosyncratic meaning becomes lost. Giorgi (1994) posits that phenomenologically, it is pivotal that the meaning originated from the participants must be captured. Yet, of equal importance is that the same meaning must be taken in and formulated using the language of the authors' discipline allowing for their experiences to be written in a more reflective and interpretive manner. This balance was carefully considered throughout this stage of the analysis and when needed this was brought to my research supervisors for consultation.

The next step included working with the set of notes produced in the previous stage, instead of the transcript itself. It is at this stage where the concept of double hermeneutics was brought into the analysis, as I was beginning to make sense of the foster carer's experience who are making sense of their role themselves. As Smith (2011a) suggests, capturing the lived experience is not merely a straightforward process directly taken from the participant's mouth, instead it requires a process of engagement and interpretation by the researcher. Here is where the themes began to be identified utilising the 'code' function on NVivo. The aim here was an appropriate trade-off between themes which speak to the abstract, conceptual and psychological essence of the transcript whilst also containing enough particularity to be grounded within the data. An important feature of the analysis at this stage was the deliberate consideration of the social, historical and political milieu within the participants' lived

experience (Smith, 2011b). This consideration of not only the idiosyncratic lived experience of the participant, but also their social context felt particularly important for this study as exploring the experiences of those looking after the vulnerable young people is inherently based within social and political forces. Please see Appendix H for an example of the commentary and coding analytical process.

The previous steps outlined were then applied to each new transcript, treating it as entirely separate to the last, allowing for new themes to arise from each interview. The final stage focused on looking for patterns across the codes developed in each transcript. This process led to the reconfiguring and relabelling of themes. The aim at this stage was to continually strike the balance between highlighting the ways in which the participant demonstrated idiosyncratic insights, but also share higher order features. Here it was important to consider the perspective of Chamberlain (2011) who suggests the relevance and subsequent importance of themes is not always determined by how quantifiably common they are amongst the entire dataset. Instead, as Smith (2011b) posits, a single comment from a participant can have significant interpretative leverage for the concept or theme overall. In particular, this stage was predominately concerned with the complex process of balancing consistency with creativity, along with focusing on understanding the idiomatic nuance of the foster carer experience along with the shared commonalities within their caring role. Next, the analysis process included mapping out individual themes within super-ordinate themes which capture the richness of the participants lived experience. This final process was continually refined over the write up of the results and continued to be reviewed throughout the project.

Ethical considerations

Prior to beginning the research, the researcher sought ethical approval. Ethical approval was received by the University of Essex Research and Development department on 5th November 2020 (appendix E). The following ethical considerations outlined below were considered throughout the research project.

Informed Consent

Potential participants were informed of the aims of the research by being provided the participant information sheet prior to the interview day at the recruitment stage. This was to allow for any potential participant to have sufficient time and space to digest the information provided in order to make an informed decision about whether to take part in the research study. The participant information sheet thoroughly detailed the purpose of the study, why they have been invited to participate and what is involved in the study. The participant information sheet clearly outlined that participation in the study was entirely voluntary and if at a later date they decide to withdraw, they are free to do so without requiring an explanation and with no negative consequence.

The methodology was also clearly outlined to the potential participants including that they are being asked to take part in two one-to-one, semi structured interviews on two separate occasions. The potential participants were also informed that they can request the interview schedule ahead of time and if they were to feel uncomfortable with any of the questions, they did not have to answer them.

Maintaining Confidentiality

Participants were assured that all information collected will remain strictly confidential via the participant information sheet. Potential participants were informed that all

personal details, including specific names of people and places will be removed from the transcription generated from their interview to ensure full anonymity. Data collected was held in accordance with the Data Protection Act 1998.

Data collected including demographic information, audio recordings and their transcripts were kept securely in electronic files in accordance with University of Essex regulatory data protection guidelines. Any electronic data was stored on a password protected cloud storage system named 'Box' provided by the University of Essex. Any interviews conducted via videoconferencing applications including Zoom were password protected.

The limits of confidentiality (see disclosure below) were clearly outlined in the participant information sheet and are revisited at the beginning of the interview. Potential participants wishing to participate in the research were required to sign a consent form.

Disclosure

The limits of confidentiality were discussed with each participant should any safeguarding concerns arise. On the rare occasion that a disclosure around risk to self or others may be disclosed, I would be clear to each participant that I had a duty of care to inform the local authority. Should a safeguarding concern arise, a procedure was carefully designed prior to data collection with my supervisor who has extensive experience working with social care and with foster carers. This procedure included informing my project supervisors for consultation and guidance and, if necessary, informing the local authority the child was cared by. If the risk to self or others disclosed by the participant was very urgent, emergency services would be informed.

Participant welfare

Whilst there was no anticipated harm to be caused to the participants, there was an awareness that the nature of the interview had the potential to become emotive and painful due to the discussion around the challenging aspects of providing foster care to looked after children. Each participant was made aware of their right to stop the interview and withdraw from the study if they became distressed. Each interview had designated time after the interview had concluded to allow for the participant to discuss any concerns they had with the interviewer. The interview schedule was also carefully designed to include the use of open-ended questions formulated to gain depth, without deliberate promotion of emotion dysregulation. It was also considered that in the rare event that a participant was to become emotionally dysregulated I could use my therapeutic skills developed from the clinical psychology doctorate training to help reduce the distress. Additionally, each participant was provided with the participant information sheet which detailed relevant support telephone lines that are free to access including the Samaritans and SANE. The researcher also encouraged the participant to seek support from their allocated social worker if needed.

The physical welfare of each participant was also considered. The decision was made in the Autumn of 2020 that each interview would be conducted remotely either over videoconferencing applications (such Zoom) or via telephone. This decision was made to remove any risk relating to the contraction of COVID-19.

Validity

Developing a methodologically valid research design to answer the research question was carefully considered. The concept of validity was sensitively applied to the qualitative research paradigm through acknowledgement that validity associated with more traditional scientific research often intends to obtain objective knowledge unaffected by the experience

and bias of the researcher. This is viewed as unachievable and, perhaps more critically, inappropriate for qualitative research. Yardley (2008) posits that the difference lies in the epistemological assumptions that underpin qualitative research around exploring how psychosocial processes are shaped by individual construction and understanding.

Enhancing validity within qualitative research has been approached in different ways. The potential risk of adopting a universal framework which may lead to ignoring the inherent complexities often involved in developing qualitative research studies has been raised (e.g. (Woods et al., 2005). Initially Smith et al (2009) considered Yardley's (2008) validity framework consisting of four broad principles could be helpfully applied to enhance the validity of an IPA research project. The four principles were broadly categorised into sensitivity to context, commitment and rigour, transparency and impact and importance. These criteria were intended to be flexible in their nature rather than to prescribe to a particular approach within qualitative research. However, upon reflection Smith (2011a) suggested that Yardley's (2008) criteria were overly generalised in its approach and thus developed a set of guidelines to aid the evaluation of IPA research. Smith (2011a) is careful in detailing that whilst the intention of these guidelines are not directly created for recommendations during the design process of an IPA study, they may well be helpful in developing high quality work.

Smith (2011a) suggested that an acceptable IPA paper includes clear adherence to the theoretical underpinnings of IPA, is suitably transparent to allow for the reader to easily see what has been done, with rational and interesting analysis. Smith (2011a) outlined a number of characteristics reflective of good IPA research which I will describe below and detail how I attempted to adhere to these principles within this study. Smith suggests the paper having a clear focus which can be established from the outset or emerge during analysis. The aims of this research study were evidenced in the introduction and literature review chapters.

Additionally, the aims of this research study were left deliberately broad and exploratory in their nature to allow for the foster carers lived experience and meaning they associate to their role to be of central importance, rather than my own preconceived ideas. Smith also suggests obtaining strong data which is often the result of conducting good interviews. Careful consideration was taken towards the interview schedule, along with my own interviewing stance and style. The clinical psychology doctorate training, of which this thesis is an academic requirement, facilitated my skills and development of interviewing techniques. As Todorova (2011) suggests, psychological training sits well within the IPA approach due to their abstract commonalities of carefully attempting to find balance between complexity and accessibility along with flexibility and instruction.

Moreover, Smith (2011a) endorses for rigor and specifies the provision of prevalence for each theme and extractions in the form of quotations be provided from a sufficient number of participants for each theme. This criterion has received some critique, namely Chamberlin (2011) notes that such criteria stated in quantified terminology may risk promoting the idea that themes are only valid if they are quantifiably common within the data set. Smith (2011b) responds to this critique directly by suggesting that whilst a paper should present a considerable amount of evidence in the form of quotations, not all quotations will carry the weight as it is entirely possible that a single comment from one participant may facilitate substantial interpretative leverage across the analysis. Consideration was therefore given to ensuring a range of quotes were used from varying participants within each theme. However, quotes were often chosen in their ability to portray the essence of the theme in a succinct way, and it was the body of text where nuance and interpretation of both shared and opposing experiences were detailed.

Smith additionally suggests adequate detail to be given for each theme with sufficient evidencing of verbatim quotations. This was facilitated by allowing for an appropriate word

count to demonstrate detail within each theme and specifying both convergence and divergence within each theme. Smith emphasises the need for the analysis to be interpretative, not just merely descriptive. Time was taken at the design stage to thoroughly understand the hermeneutic underpinnings of IPA which aided the process of higher order interpretations at the analysis stage.

Finally, Smith (2011a) suggests the paper needs to be carefully written. This was prioritised throughout the research project, not only because it was a vital part in the passing of the doctorate, but also in respect to the participants who took time to take part in the study. Smith suggests ultimately the quality and validity of an IPA research study will always lie with the judgement of the researcher, rather than the ability to follow a certain set of criteria. Throughout this research project I was continually aware of the complexity of balancing rigour with creativity and sought advice from my research supervisors to support this.

CHAPTER THREE: RESULTS

Participant demographics

Seven participants were recruited to this study and each participant was interviewed twice. All participants foster within the East of England, with five fostering through their local authority and two through an independent fostering agency. Six participants were interviewed via the teleconferencing application Zoom and one participant requested the interviews take place via the telephone. The interviews lasted between 50 minutes and 13 seconds to 82 minutes and six seconds (with the mean interview time being 61 minutes and 13 seconds). Below is a brief biography of each participant interviewed describing their pseudonym, demographics, duration of providing foster care, the type of foster care they provide and number of children they have provided care for.

Sophie. Sophie is a white, British 44-year-old woman who has been providing foster care for five years. Sophie works for and fosters through an independent fostering agency. Sophie has provided long term foster care to two adolescent children and provided respite care to four children. At the time of the interview, Sophie has one 16-year-old female looked after child in her care for the long-term. Sophie lives with her husband and has two birth children that live in the family home.

Claire. Claire is a white, British 45-year-old woman who has been providing foster care for two years through her local authority. Claire previously worked in social care and now fosters full time. Claire had provided care to two looked after children, however this placement ended due to their high needs and her father being diagnosed with a terminal illness. Claire currently fosters two female adolescent looked after children (13 and 15 years old), who she expects to remain in her care for the long-term. Claire has also provided respite care to four children. Claire lives with her husband and has no birth children.

Linda. Linda is a white, British 54-year-old woman who has been providing foster care for fourteen years through her local authority. Linda reported providing foster care to around 90 children, with two foster children in her care at the time of the interview, one female aged 10 years old and one male aged 15 months old. Linda provides a mixture of emergency, respite and short-term foster care. Linda lives with her husband with whom she has three birth children with and one adoptive son, whom she initially fostered.

Wendy. Wendy is a white, British 63-year-old woman who has been providing foster care for six years through her local authority. Wendy has provided short-term foster care to seven children, with one 14-year-old currently in her care who has been in her care for 18-months. At the time of the interview, Wendy was being investigated for an allegation by a child who recently ended the placement. Wendy has two birth adult children, one of which

was living in the family home at the time of the interview, and one adopted 5-year-old child whom she initially fostered.

Rebecca. Rebecca is a white, British 35-year-old woman who has been providing foster care for one and a half years through a private fostering agency. Prior to providing foster care, Rebecca worked in organisations supporting people with learning disabilities. Rebecca has provided care to three children in total through a mixture of respite and short-term care. At the time of the interview, Rebecca was providing care to two looked after female children aged 14 and 13. This current placement was originally considered to be short-term, however Rebecca expects the local authority will soon change this to a long-term placement. Rebecca lives with her husband and has no birth children, however she provided frequent care to her nephew prior to fostering.

Victoria. Victoria is a white, British 51-year-old woman who has been providing foster care for eight years through her local authority. Victoria has provided care to three children in total, one short-term and two long-term. At the time of the interview, Victoria had two looked after children with severe learning disabilities one aged 18 and one 22 years old. Victoria and her husband had recently made the decision to no longer provide foster care to the 18-year-old as he had reached adulthood, meaning that he was soon to be moved to a residential setting. Victoria lives with her husband who she has two birth children with, both living outside of the family home.

Anna. Anna is a white, British 58-year-old woman who has been providing foster care for 12 and a half years through her local authority. Anna provides long-term foster care two adolescent children (one male aged 14 and one female aged 17) and has adopted their two biological siblings. Anna fosters the two children, rather than adopting them, due to the additional funding and support looked after children can access, which would be taken away

if she were to also adopt them. Anna lives with her husband, her two birth children, two adopted children, two fostered children and one fostered adult with additional needs.

As illustrated in the descriptions above, the sample contains a wide variety of foster carers, particularly in relation to the varied short-term and long-term care they provide. Additionally, there may well be other factors at play that influence their experience of providing care, including the number of children they have fostered, such as Linda fostering over 90 children and one foster carer being in the process of being investigated for an allegation at the point of the interview. Throughout the results section, each quotation will be discussed in the context of the foster carer's personal lived experiences of providing foster care.

Overview of findings

Through conducting an IPA analysis, the following three superordinate themes were identified: 'multiple modes of being: harmony and tension', 'fractures', and 'healing, coping and making sense'. The superordinate and subordinate themes derived through the IPA analysis are listed in the table below. The following results section will cover each subordinate theme, detailing how it relates to the superordinate theme.

Table 4 Superordinate and subordinate themes

| Superordinate theme | <i>Subordinate theme</i> |
|--|---|
| 1. Multiple modes of being: Harmony and Tension | <i>Power and the professional carer</i> <i>The additional mother</i> <i>The embodied activist</i> <i>Multiple modes in isolation</i> |
| 2. Fractures | <i>Fractures within the self</i> <i>Family Fractures</i> <i>Fractures within the system</i> |
| 3. Healing, Coping and Making Sense | <i>Finding the middle ground</i> <i>A curiosity to understand</i> <i>Heightened self-awareness</i> <i>Embodiment of idealised values</i> <i>Containment by the social care system</i> |

1. Multiple modes of being: Harmony and Tension

The foster carers described multiple modes of being that are activated and required while carrying out their caring duties. Three predominant modes were identified: that of a professional, a parent and an activist. These modes are not intrinsically distinct and separate from each other, but rather act as different ways of being which are experienced when responding to varying contexts. Inevitably, COVID-19 played an influential role on the foster carers experience of providing care which was felt as an increase in care during periods of national lockdowns.

Power and the professional carer

It appeared that activating a professional mode can become a survival strategy for some foster carers, particularly when they experience the need to fight against the complex social

care system. For Wendy, the activation of a professional mode was unexpected, as she anticipated the role focusing on more nurturing qualities.

“You have to apply much more professionalism than I realised, I thought, I think I had a much more cosy view of what it was going to be like and, and, and, and it isn't.” Wendy

Wendy’s account focuses on a sense of loss around an anticipated ‘cosy’, nurturing role. It appears that perhaps for Wendy, the varying modes of being experienced within this caring role are not static and can change over time. In this instance, Wendy is discussing the unexpected professionalism required within the context of recent allegation against her. Thus, the activation of a professional mode may be somewhat protective against unwanted vulnerability within the foster caring role. It may be that the experience of professionalism is necessary to survive within the system as it allows for a functional disguise that may protect against an allegation.

For the foster carers to gain greater power, it appears that there are certain skill sets to advocate for their child’s needs within a system that is under resourced. Some of the foster carers employ deliberate tactics to gain power within the system, including *“massaging staff egos”*, taking minutes in team meetings and becoming aware of important statistics related to looked after children.

“I know the law says that I have the right to appeal. I know that statistically if you live in our area, you’ve got a higher rate of an EHCP [Education, Health and Care Plan]. I think, how can I get them on my side? You just need to engage people and get them to think, I quite like this”
Anna.

The extract above reveals a mirroring of professional language and behaviour by the foster carer, which perhaps allows her to shift from a powerless to more powerful position

amongst the professionals. Yet, at the same time experiencing themselves within the professional mode behaves as a warning sign for some foster carers. For Victoria, she began to consider providing foster care as more of a 'job' when she was struggling to provide care:

"We're not managing, we're actually just accepting that we get paid to do a particular job and we're doing it, but actually it's really tough. We did get to a point where we had to say, hang on a minute, this is really hard work, his behaviour is awful and he's violent and actually, he is not our son." Victoria.

Perhaps here, the experience of an occupational understanding of her caring role prompted Victoria to reflect on the more conditional aspects of her attachment to the child in her care by reminding herself that he is not her biological son.

The experience of the self within a professional mode appeared to also create tension in some of the foster carers. It appears that their attempts at increasing their power through activating a professional mode dissipates when they are in the presence of other professional staff. For Anna and Sophie, they recalled countless instances where they are not consulted on for important decisions made around the child's care, despite feeling like they know the child best. Claire's account focuses on a sense of frustration as she experiences the strain of great responsibility, but very little power:

"Sometimes, you're spoken to like you don't count. I think people end up feeling really disenfranchised, just you know, de-skilled, you know, just left to feel like you're just there to hold the baby." Claire.

The foster carers often appeared to see themselves as being part of the professional team within the child's care, however, this professional understanding of the self appears to at

times dissolve when they are in the presence of other professionals as the last quote shows. Thus, there appears to be a tension between how they see themselves and how they think others see them. The experience of a professional mode of being when providing care can serve a purpose when working within a complex system, yet at the same time, creates tension within the foster carer. Perhaps this tension creates difficulty in understanding the role of a foster carer as purely professional and calls on multiple modes of being to be experienced.

The additional mother

The use of familial language was abundant in each interview. One key experience within the foster carers mothering mode is the attachment to the child in their care. The foster carers would often use possessive language, such as referring to the children as *'mine'*. Two foster carers used the verb *'absorb'* to describe the experience of the child becoming a part of their family. The concept of the child being absorbed into the family came to light when foster carers spoke about special moments where they felt as if they were a *'real'* family at Christmas and on holidays. Yet, this commitment and attachment to the children in their care did not appear to be an attempt to erase or replace their birth family, but instead to become an addition to the family they already have, thus becoming their additional mother. The commitment to the child is not one just felt by the foster carers but is also demonstrated to the children in their care.

"I absolutely love my foster daughter, I am committed to her and she has had every adult in her life pretty much let her down and I'm just not going to, you know, by hook or by crook, I'm just not going to be that person." Sophie

The demonstration of commitment is also experienced when the children are leaving the foster carer's home. For Linda, who had multiple short placements, she allows herself to experience love for the children in her care and because of this, she experiences a sense of loss when they leave. This experience is important to be shown to the child, so the child knows that they are important to her:

“You know, people say “Oh, how do you let them go?” If, I tell you what, if I didn't love every child that I've had in my care and feel some connection with them, then I don't want to foster anymore, because it should...I should feel something, and they should know they mean something to me, even if it's only for a night.” Linda.

The foster carers described experiencing pivotal moments of demonstrating commitment to the child when their behaviour is at their most challenging, allowing the child to feel safe, secure and valued.

“When things get difficult, that's the time when you really need to stick with them. It's not easy, like, to have to recall that in that moment, but when its calmed down, that's when I try to remember, this is where we have to stick, this is the bit where it really counts.” Claire.

Yet, there are nuances in how the foster carers experience the attachment to the children in their care. Claire describes foster placements as having an element of “*temporariness*” and Linda later in her interview describes the experience of providing foster care as “*borrowing children*”, linguistically implying the intention to return the child to another family. Rebecca shares her experience of social services implying that the children in her care may return to their birth mother sooner than expected. This for Rebecca resulted in a cognitive change towards how she felt about the children in her care, rather than an outward behavioural one.

“We didn't change our behaviour or anything, but actually we were thinking like okay like let's not...let's not get too comfortable, let's just kind of do what we can and keep it fun.” Rebecca.

It appears that there may be fine nuances between what is shown to the child in their care and to what is experienced internally. It feels important that the foster carers demonstrate commitment to the child, however, perhaps what is more privately felt is that the relationship with every child may not be long term.

There appeared to be a clear boundary named by Sophie, Anna, Linda and Victoria around experiencing the self as an additional mother, as opposed to one that replaces the child's birth mother. Victoria spoke of herself as being *“the next best thing”* to a mother and Linda described her experience as taking on familial roles including an aunt or grandmother to the child in her care, but not their biological mother. For Sophie, caring for an unaccompanied child, it felt imperative to acknowledge the child's birth family, particularly as she was unsure if they were still alive, and taking an active stance in not replacing his parents but instead being:

“A mother figure to him, but not his mother.” Sophie.

This feels particularly pertinent in Anna's experience, as the biological mother of the children within her care is very much present within their lives. Anna described herself as *“almost”* the children's mother, as she acknowledges throughout her interviews that she was not the one who gave birth to them, but is the one who cares for them physically, emotionally, and practically. Anna appears to experience caring for the children as a collaborative effort

with the birth mother. As outlined in the extract below describing buying a birthday present for one of the children, one mother provided life and one mother provides a safe home.

“One mum paid for the hamster and one mum paid for the cage, what does that tell you? She, she’s told them all sorts of histories, stories, that I could never tell them, because I didn’t live it.” Anna.

Rebecca and Claire spoke of their experience of providing care to looked after children as women who do not have biological children themselves. Rebecca directly named taking on the role of a foster carer allowing her to have children in her life as fertility issues may prevent her from having birth children. For Claire, she appears to hold her ground firmly that she does not provide care to fulfil any desires of becoming a mother, demonstrated linguistically in the quote below by repeating herself.

“We didn’t have children of our own, we got together much later in life, and so that wasn’t sort of a possibility for us. But um, so I think, but I was always quite a maternal person. And I don’t do it because we didn’t have children, I’ve had a long career in social care. I didn’t know that I wouldn’t have children, we are not doing it because we are trying to replace a family...So a lot of it’s quite innate and a lot of it is based on experience I’ve got.” Claire.

Perhaps this repetition is reflective of a repeated experience of others assuming her intentions in taking on this role, which may serve to undermine her sense of multiple modes of being. In this way, Claire illustrates a multitude of modes, explaining that her experience of providing care goes beyond that of fulfilling any innate mothering drives and instead requires a nuanced balance of maternal and professional modes of being.

However, for two foster carers within this sample, Linda and Wendy, their experience of providing care features moving from a mothering mode to taking on the identity of a mother through formally adopting a looked after child to whom they initially fostered. Both foster carers described almost parallel stories of fostering a child whose needs were so significant and providing care was coming at such a personal cost, they feared that others could not provide the same quality of care for the child. This fear of others falling short resulted in both children being adopted.

“We loved him, and it was like, I don't think anybody could parent him as well. They [social services] said that he would bounce because everybody around us was like “oh my gosh”. We'd lost friends, he wrecked a friend's house, people would like, recoil away from him.” Linda

I wonder if the quote above relates strongly to the experience of not wanting to be another adult in the child's life that perpetuates abandonment, particularly as both children were fostered from birth. Wendy went on to say *“there was no choice for us”* when exploring why she adopted the child.

In summary, at times, the foster carers spoke in the grammar of motherhood, detailing their unconditional commitment, yet, simultaneously, there was an awareness that their relationship may well be temporary. To make sense of this paradox, my sense is that the foster carers experience a mode of being that allows them to be a supplementary maternal figure, for as long as that is required.

The embodied activist

The foster carers demonstrated considerable reflection on their intentions behind why they provide care to looked after children. For Wendy and Anna, providing care to looked

after children facilitates a mode of activism and is a tangible way to instil hope for positive societal change and prevent collective by standing for at risk children:

“We're all going to pay for it, if we don't help them to realise their potential... whether it's alcohol, mental health, prison, we're all going to pay for it.” Anna.

For Sophie, her experience of activism is deliberate and conscious. Through the act of fostering, Sophie is able to go beyond just talking about social issues she cares deeply about; she is able to act upon her beliefs, getting to the root of deeply run sociological issues and therefore embodying a sense of activism:

“You could talk about gender, you can talk about women, you know, you can talk about the black lives matter, you can talk about all of these things, and probably the root of all of those issues there will be a broken child.” Sophie.

It seems that perhaps a key part of Sophie’s motivation to provide care is to address sociological issues which, perhaps by the power of fostering, can be altered in some way by providing care to a child. However, this motivation of providing foster care to prevent powerful intergenerational cycles from repeating feels to be a double-edged sword for Anna:

“We've, we've only got one childhood and if we can give it the best we possibly can, we can truly make the difference. My sadness in all of this is, yesterday I met a young lad who's now 28 and I had him from the age of eight for a little bit of respite. And my eldest [foster] daughter is what, 27? So, they are only a year a part and you can already see the differences. Because he came into care so much later, nutritionally he's, he's, he's, it's not great, because he didn't have the foundation and he's not achieved in his

life academically. He has gone on to create the same chaos. He can't, he's not even accessing healthcare... and he's gone on and had six kids by three women. And we are starting again, aren't we? It all just carries on, perpetuating. I try not to look at all of it too much and try not to look too far ahead." Anna.

It appears that Anna remains hopeful in her ability to make a difference in children's lives, which she feels is reflected in her foster daughter. However, at the same time she acknowledges the instances where change did not happen for some of the children she has provided care for. This is experienced as painful for Anna, whereby she avoids thinking about the future of looked after children, perhaps relating to an awareness of the powerful barriers that are needed to overcome.

Addressing public perception of looked after children is demonstrated by Wendy, indicating that providing foster care requires both individual care to the child, but also attending to the wider systemic issues that operate against looked after children:

"We need to talk about foster care, you know, let's, let's dispel these myths about foster children, let's dispel myths about kids in care, you know? I mean...there are horrendous problems and insurmountable problems, but unless we start having conversations, we're not even going to get near it are we?" Wendy.

Wendy reveals a perception of a collective responsibility in addressing and tackling the difficulties looked after children face. Here, Wendy is indicating that part of the difficulties looked after children experience is due to their needs and experiences being rarely recognised by the public. It may be that Wendy experiences a sense of responsibility in reducing public silence regarding foster care, perhaps indicating the provision of foster care for Wendy is not

solely providing care to an individual child, but also advocating more widely about their experiences and needs.

A strong sense of injustice emerged throughout some of the interviews, particularly when the foster carers spoke about taking care of those oppressed within society and attempting to empower the children within their care. Victoria described tirelessly attempting to challenge the judgements of others when she takes her children with severe learning disabilities out in the community.

“We go out sometimes and they might kick off down the road and everyone is looking and I’m like waving and I’m thinking, you alright? Because I can’t, I can’t bear it when people stare at my boys because they’re kicking off. I’m just like, you know, these boys have got just as much right as everybody else to be out in the community.” Victoria.

The emotion of anger appears to drive the advocacy portrayed within the activist mode of being. A sense of anger particularly emerged at one point during Anna’s interview:

“He’s already got additional needs, he is already, you know, mixed race, he is already a boy, it just goes on. You take everything from him, how dare you.” Anna.

Who Anna is referring to here is unclear, however it is clear she experiences a sense of injustice in the way in which power and privilege operate against the children in her care. Rather than these emotional experiences of anger and injustice serving to paralyse Anna in a sense of hopelessness, they appear to fuel her continual drive to advocate for her foster son.

Multiple modes in isolation

The consequences of COVID-19 and the resulting lock-down measures implemented appeared to intensify the modes of being experienced, along with requiring the addition of further responsibilities when providing foster care. The additional duties required within the home resulted in a greater workload:

“You get to work even harder. You get to be the school teacher, the college tutor and the day care package.” Anna.

This extract below from Rebecca reflects the dilemmas she experiences when contacts with the children’s birth mother were required to take place in home due to COVID-19 regulations. The children ask questions of Rebecca which draw her into the contact space, a space which is usually entirely separate from her and conducted away from the home. By being drawn into this space, Rebecca has an awareness that her own presence results in the children in her care monitoring what they say during contact with their mother. Rebecca experiences an internal battle as to whether to dispute the differing accounts the birth mother provides, where this tension and inner conflict points the rationale of her usually remaining entirely separate from contacts with their birth mother.

“It's like I come in and I answer the question or there's certain things that you can hear them talking about and you're like that's not quite right. So it's, part of me is like wants to come in and go well, actually, this is what happened...it's quite hard because you're, sort of at the end of the day, you are supervising that still because they're in your home and you are meant to listen to conversations and I meant to record everything said. So that's the hard thing, because actually you're not supervising, but you kind of are, if they're in the community, they would have someone there supervising and I wouldn't know what's been said at all. I mean, sometimes the girls probably won't talk about certain things because I'm there, which I

totally get and totally understand, but I would never usually find out what's said on a contact.” Rebecca.

Along with experiencing additional duties, particularly around taking on the role of a teacher, there was also a reduction in the boundaries between different modes of being outlined in the quote below. For Sophie she experienced a blurring of boundaries between her different modes of being, which she refers to as ‘hats’:

“It [the pandemic] made it harder. Everything was all-encompassing, it was like, those different hats, just kind of, in a way, had to go out the window and that was the home, you know, within the home, you know, working full time, I was managing the boys home schooling, I was trying to keep my foster daughter engaged in her college and I was very mindful that she was going through a period of real difficulty. So how could I therapeutically use lockdown for her? It was difficult, and I think I struggled, just not having...I mean today's the first day in a year I've actually had everyone out in the house and I was just like gosh, actually take a breath, I just literally did not feel like I had any space.” Sophie.

It appeared for most of the foster carers, the experience of structure, routine and boundaries which creates a sense of space from their caring duties was greatly reduced during the COVID-19 lockdown. These factors seem to be viewed as essential ingredients in facilitating flexibility when moving between modes of being and where these factors were absent, the ability in for the foster carers to cope within the role greatly reduced:

“We had a really tough thing just before Christmas, and that was about me coping with the pandemic... I just wanted a bit of a space. And we asked about respite, and we really had to fight for them to go and spend a

weekend with their brother ...I can't do this without having some time out, because I know even on an average day that I need time alone, I can, I can deal with people for about 23 and a half hours of every day, but I need half an hour at least every day, where I'm away from people, and I can just centre myself.” Claire.

An important aspect highlighted in the quote above seems to be a recognition that the foster carer cannot provide everything to the child and that important aspects of their care was provided by somebody else outside of the home. This may be critical in understanding the ways in which foster carers can provide care, as the increase in care provided through COVID-19 seemed to push some the foster carers to the limits in their ability to cope. The reduction in boundaries between modes of being appeared to fragment the experience of providing care and accelerated challenging behaviour from the children in their care:

“Her behaviour regressed so badly because she really, she can't function unless she's got those absolute structures and boundaries and routine and for her it was awful and. So, it's been difficult, I mean the most difficult thing, I mean home schooling, just disastrous.” Wendy.

For Claire, the addition of the teacher role resulted in tension and a strained relationship with the children in her care. This tension resulted in her taking a step back from the educator role, recognising the damage this additional responsibility was causing to the usual therapeutic relationship she has with the children in her care.

“Parenting and teaching from home was not fun. I had to take a big step back as they didn't do huge amounts ... So, there was lots of negotiation around what they realistically could do so we focused on certain core subjects. But I think they felt that if I asked them anything, it was always a criticism, it wasn't that you could just be saying how you doing, but what

they heard was obviously something that made them quite defensive, so in the end, that was like, you know, this is your education and they are quite smart girls, this is your education, you need to take control of it.” Claire.

This super ordinate theme of multiple modes of being outlines the complexity and intricacies of how foster care is provided to looked after children. For the foster carers in this study, key modes identified were being a professional to gain power, being an additional parent to make up for what the child has not always experienced in meeting their needs and being an activist as a way to bring about wider systemic change to support children in care. Overall, these varying modes appear to be fluid and they demonstrate an ability to shift depending on the context, however this didn't occur without any tension experienced. In particular, the environmental changes caused by the COVID-19 pandemic resulted in increased modes of caring and a reduction in external support, seemingly reducing the ease at which the fosters could move between different modes of being.

2. Fractures

This superordinate theme outlines the challenges experienced while providing foster care. The term 'fractures' was chosen for its semantic qualities, relating to the idea of one cracking, or breaking. The difficulties experienced while providing foster care are complex and diverse, which resulted in difficulties organising rich concepts into coherent themes for this results section. However, what appears to be a common thread throughout is the difficulties experienced within the foster carer role appears to cause cracks, creating a sense of distance between the ideal and the real aspects of providing care. It is this distance that appears to create tension for the foster carer within themselves, their family and friends and with the wider social care system.

Fractures within the self

For some of the foster carers, fractures within the self appear to surface when they feel they are not able to provide high quality care. All of the foster carers described having high expectations of themselves. Sophie spoke about wanting to provide an “*exceptional*” level of care. In the extract below, Claire illustrates the high expectations she places upon herself. This high expectation seems to be rooted within her personality, as if she would place this expectation of herself in any area of her life, however she also experiences the weight of responsibility of getting it right with only a very small margin for error.

“I am quite a perfectionist... So, some of this pressure is applied by myself for getting it right, because you know these are children's lives, and I think it's important that you do get it right, but you can't get it right all of the time, but you have to get it mostly right.” Claire.

There were practical, and external, factors named that can prevent the foster carer from feeling like they have fulfilled their high standards of providing care in reality. The impact of COVID-19 was often acknowledged as a barrier to delivering the best possible care. COVID-19 resulted in a number of losses including a loss of connection with the outside world and a reduction in the development of meaningful relationships for the child in their care. Despite this being outside of the foster carers control, a sense of responsibility over the losses for the children in their care was demonstrated through the interviews.

“He spent all them years at home, doing nothing, then he come to us and his whole life opened up and then all of a sudden he's back to just being with us. He must have thought where's my life gone?” Victoria

“It is a shame when you see windows of opportunity get slammed shut because it’s not easy to get appointment for things, they needed to be in school and mixing with friends and the pandemic has taken so much away from children in their age group.” Claire.

Some of the foster carers spoke of playing a part in a wider system that perpetuates losses for the children in their care. Some of these losses were attributed to when the placement was understood as inappropriate from the beginning. For Claire, she spoke about her first placement as a foster carer being inappropriate due to the children’s needs being exceptionally high. Despite the failings of this placement being understood as mostly external to Claire and the responsibility largely located within the social services, she was left with internal scars. In the extract below, Claire illustrates the enduring feelings of shame and guilt that persist over time. This experience serves to haunt Claire, with the associated memories and emotions repeating on herself during times of difficulty.

“Our first placement, which was our two girls, [they] had hugely complex needs. We weren’t told the truth about the girls, which also affected how much I trusted the local authority because they lied to us, they have since come back and apologised but again there was still this undertone of blame that kind of went through while that broke down. That does still sit with me, and I recall that when things start to get difficult. It has had a huge effect on me, I am still talking about it today and I have a feeling I will still be talking about it in 15 years’ time.” Claire.

Linda spoke of even when she feels she does a good job in line with the high expectations she has of herself, she is still left with a feeling of perpetuating the experience of loss and abandonment within the children in her care.

“We had a lovely hand over, he struggled, we stuck in there, we gave him time, gave him extra things. But I think, because he was so attached to me, they have, even though all the words were there, ‘we will keep in touch with you...’ it’s a huge grief to these children sometimes, it is still another change isn’t? Even though we do a really good job, and we bring these children up, we get them to a place where they need to be, and we move them. We’re still another loss.” Linda.

It feels as if there is a recurrent theme here of partaking in a losing battle at times, that despite putting everything in place and in this instance providing the best hand over possible, that it still results in a loss for these children. This notion of a losing battle felt pertinent at one point during Anna’s interview:

“All the things that you’ve had as aspirations and dreams for your children, you have to park, and you cannot look sometimes too far in the future. Because statistically he is either going to be in prison or a chronic mental health patient who spends their life going through a revolving door being sectioned and highly medicated, drug addiction, alcohol, you name it, its potentially there for him.” Anna.

Despite Anna’s best efforts in attempting to break the narrative of loss in this child’s life, at some level the possibility of a bleak future feels unescapable. While both Linda and Anna were talking about these issues during their interviews, I did not get the sense that their efforts feel completely futile or that they experience a sense of overwhelming hopelessness, but there is an inescapable grief experienced by the child that is likely to have long term consequences. Instead, I got the sense that I witnessed complicated feelings not often discussed, that this was a subjugated account of providing foster care and one that is often left out of conversations.

Tension appears to build within the foster carers sense of self when they experience feelings that do not match their idealised caring values. In the extract below, Sophie is caught in a vicious trap where she experiences a sense of anger at the other adults in the life of her foster daughter, but she is silenced by her own sense morality and feels the need to punish herself for the judgements she holds. This vicious cycle is a silent one, made even more isolating during a lockdown, where she may have previously spoken about this privately in supervision outside of her own home.

“It’s really hard when you love the child, and you see them being hurt again and again and again. And, and personally I’ve been, I’ve really struggled with that in lockdown, and, and feeling quite angry and, but, also again the sense of feeling gagged and you don’t really feel like you can say it, because it sounds judgmental, so you’re in the circle of like feeling angry and then self-castigating.” Sophie.

The experience of holding strong emotions for the child that go beyond their expected boundaries of providing foster care and subsequent self-punishment for those feelings was demonstrated by Wendy in the extract below. Wendy experiences such a strong bond to the child in her care that I wonder if she fears this will leave her vulnerable to experiencing grief within her role. In an attempt to repair this fracture within herself, she criticises her maternal instincts and attempts to activate the professional mode of being, however in this instance it does not appear to be successful.

“It has made me feel sick and kept me awake at night, the thought of losing her, and that is something, that’s a challenge for me, and that is something that...um ... that I, you know, you have to be out to protect yourself against that, you have to find a way of being able to protect yourself against that

and be a professional in this game, you know you're not...I'm not her mum...she's got a mum and it's very arrogant of me, very arrogant to think that I could take the mum's place." Wendy.

The fracture between the idealised vision of providing care and the reality causes tension for the foster carers, resulting in the experience of fatigue. The foster carers described this caring fatigue as an inability to stop worrying and experiencing guilt when considering respite. In the following extract Claire illustrates that fostering requires more than just a drive to for care for others, it requires stability, support and energy which had been greatly depleted while she was mourning the death of her father.

"I sat in the disruption meeting and said I am broken and sobbed. So, you know, I had reached my absolute degree...and I just said, I, I have no, I have nothing left to give these girls, you know they, they need so much." Claire.

Some of the foster carers spoke about feeling as if they were in a constant state of providing care, with rarely feeling they can take a break from their caring responsibilities. This state of care is one that is outlined to even transcend conscious states of awareness:

"She woke us up at ten to six because she was terrified that she wouldn't have enough time to do all of the stuff that she wants to, so even before you open your eyes, you're a foster person. Which is much more than a parent, because if my kids had woken me up at ten to six, I would have told them to piss off basically! So even before I open my eyes, I've got to go into foster care mode. And that is really true, and it never ends." Wendy.

There appears a need for Wendy to activate a certain mode which allows her to regulate her responses to the child in her care. This continual state of providing care seemed to

intensify during the COVID-19 lockdown. Linda described feeling as if there was no escape from her role, describing a never-ending routine. For Sophie, the continual experience of providing care can lead to a continual experience of worry. This exhausting cycle appears to seep out in other areas of her life, where she is unable to meet her own expectations of being a supportive figure to others.

“How do you stop worrying about things, about things you have to worry about, things that have affected you in the way it's made you feel and put that in that nice little box? And then, and you know, I don't have the time or the energy, you know, for a full blown conversation, or you know, to do anything apart from stick on the TV or whatever it might be.” Sophie.

For some foster carers, caring for children with additional needs results in a permanent state of hypervigilance. For Wendy, this state of heightened awareness was a way to remain ‘on duty’ and professional to protect against an allegation. For Victoria, it appears this heightened sense of awareness is particularly activated due to the children she provides care for being non-verbal, requiring her to become acutely aware of their environment and vigilant to triggers which may dysregulate her children. This state of constant awareness appears to prevent Victoria from staying present in the moment and socialising with others.

“We would really like some weekends to just go and spend it with them and not having the boys with us because, especially Ben, he doesn't like being around people, so he you know, he's unpredictable, so you're on edge all the time waiting for him to kick off.” Victoria.

The fractures within the foster carers’ sense of self appear to move them away from providing care in line with their expectations. In particular, what appears to cause these cracks within the self is the recognition of playing an unwilling part in a system that perpetuates

losses, strong unexpected emotions towards the child and the experience of care fatigue. These fractures appear to be experienced as barrier in fulfilling the high expectations they have on themselves, living in line with their caring values and fulfilling desires and duties outside of their foster caring role.

Family Fractures

Taking on the role of providing foster care generated clear meaning making of providing care to others as a family, yet there are also instances where taking on this role causes distance between the foster carer and their family. This distance appears to grow when the family of the foster carer do not understand the intentions of the foster carer. For Rebecca, this fracture was explicit when her sister decided to temporarily stop any contact with her she felt she was spending less time with her family.

“She was a bit like, I think we need a bit of time not seeing you and I was like wow, okay. Okay, that did hurt a lot, if that's what you want to do... that's her decision isn't it? Like my, my kind of role and priority was with the girls.” Rebecca.

This was experienced as a significant rupture for Rebecca which resulted in temporary loss of seeing her much loved nephew. This rupture may well demonstrate a significant fracture between her aunty and foster carer identities. This shift in Rebecca's priorities was not easily managed by her close family members, possibly resulting in a wider shift in the roles taken within her family, as Rebecca went from being childless and being able to provide care for other children within her family, to now having children of her own to provide care for.

The experience of family loss is reflected in Linda's account below where she reveals both a physical loss of friends and family and an emotional loss of others understanding her. Linguistically, Linda adopts the language of the system by referring to her own family as her *'birth family'*, which may signal a mirrored experience of familial loss within her own experience and the experiences of the children she provides care for.

"We had lots of friends walk away. We've lost lots of friends, some of those good friends that we've known back now for years and people can't understand you and we are estranged from my birth family because of fostering, they just couldn't get it I think, and that's, that's really big isn't it?" Linda.

The intentions of the foster carer being different to those within her birth family was seen for Anna, with the extract below reflecting the difference in parenting intentions. For Anna, she demonstrates acceptance of where her foster child is at, rather than pushing for change and greater achievement. This is clearly at odds with how she and her husband parented their birth children and does not fit the apparent family narrative of striving. Adapting to this new style of parenting appeared to make sense for Anna, however this resulted in a fractious relationship with her husband.

"I can't just keep forcing him into this hole, it's going to break him and, and my other children didn't understand it, because to them, you just got on with it, don't you? When things get tough, mum stands by you, and she cheers for you, you have to do it, you have to suck it up, whereas for him, it wasn't about that, it was finding a totally different approach. I think that fractured my husband and I's relationship, because up until then we've been on the same page at the same time for all of our children, but trying to do it in a therapeutic way, is often seen as a light touch." Anna.

Not only were there differences in the intentions and how the foster carers relate to the child compared to other family members, but there were also tensions in the degree to which the foster carers could fulfil their other family duties. Victoria provided an account where due to her foster child's additional needs, she was unable to enjoy or spend time with her grandson on his birthday, resulting in resentment around missing a pivotal experience of being a first-time grandmother. This experience being spoilt due to her caring responsibilities may well result in greater distance between integrating her foster carer and grandmother identities.

“He ruined our grandsons first birthday for us, you know, and you can't bring that day back because that's never gonna happen again. It was his first birthday party and actually we spent the whole time walking in and out of the room, trying to make him feel better.” Victoria.

Linda, Wendy and Victoria remarked on the commentary they receive within their family and friendships around the confusion as to why they would want to provide care to looked after children, while their peers seem to be enjoying their retirement. For Linda, it appears that perhaps there is a functional element in taking on this role which prevents her from becoming stale, allowing her to experience a sense of vitality and providing an opportunity for new experiences.

“We see our friends and we say they are so old, set in their ways, you know? It's a bit like the kids are grown up and I'm just going to sit here and be Mrs slippers and you're thinking, no life's too short. A lot of our friends think we are mad changing nappies, you know, I can change a nappy in two seconds flat on my lap! People go, you should have a break.”
Linda.

Thus, taking on a role that others do not see as fitting with the life stage of the foster carer may not be experienced as a problem by the carers themselves, but is instead a solution. Victoria spoke specifically about this role keeping her young and for Wendy this role provides a greater sense of purpose compared to more age-appropriate jobs her peers seem to be recommending her, such as working in a supermarket. Yet, this solution may be creating greater distance in the foster carer meeting the expectations of others to perform in line as a family member and peer.

There are clear fractures that seem to emerge between the foster carer and their relationship with family members. This is largely experienced when the caring intentions and how the foster carer relates to the child within their care are not shared. Tensions also seem to appear when there are challenges in integrating the foster carer identity and their other identities held within the family.

Fractures within the system

The fractures in the relationship between the foster carer and the social care system were detailed by all the foster carers in this study. The foster carers appeared to experience the system as at times punishing, resulting in a reciprocal relationship of mistrust. The foster carers spoke of feeling suspicious of the system's intentions, describing moments where they questioned the foster carer's integrity of caring for the child's unmet needs.

“I found out all they did is they rang the receptionist and said, is what the foster carer is saying true, and I was a bit like hang on a minute, like they're in my care, I'm advocating for these girls.” Rebecca.

Some of the foster carers felt scrutinised by the social care system, questioning whether professionals were meeting behind their backs and evaluating whether their responses to a child leaving their care was appropriate.

“If they're there on the placement move and you cry, you cry too much, and if you don't cry, you don't cry enough and it's like how much am I meant to cry? And now I'm like, come on, do your legal bit and then please, leave me.” Linda.

Instead of the presence of the social worker feeling comforting and supportive for Linda in this moment, it is instead felt that the social worker is there to assess, leading Linda wanting to be seen as doing the right thing. Perhaps during emotionally heightened moments, moving fluidly between the multiple modes of being is challenging in the presence of an authority figure who brings out a feeling in the foster carer of what should be done, instead of behaving in response to what is felt.

There appeared to be a lack of containment provided by the social care system in supporting the foster carers by clarifying information about the child in their care, leaving the foster carers with unanswered questions and a sense of mistrust with the information they do provide.

“We had no information really about him, and in fact, they got his nationality wrong, and they weren't entirely sure about his age. And you know, so we were just thinking, well who's gonna, who's gonna, who's going to walk through the door?” Sophie.

The experiences had with the social care system appeared to lead to an impression that at times the system can undervalue those within it. Linda referred to the child feeling like a “DHL parcel” when professionals come to collect the child at short notice. This

dehumanising language is seen in Claire's account, where it feels for Claire that she is often made to feel like a small cog within the wider social care system. This leaves Claire with a sense of powerlessness, where her own needs as a foster carer are not considered.

"You know, you don't know who's going to land on your doorstep the next time round and foster carers are human." Claire.

In order for Linda to feel heard within the system, she described having to work against the system and fight for her voice to be heard. The extract below reflects the lack of power and agency Linda experiences within the system.

"The was the most stressful time I've ever been through was that because we wasn't listened to and, and we got to be literally, we had to rattle cages to get listened to, to say this isn't working for us." Linda.

For Wendy, the consequences of feeling like she is working against the system is evident in the extract below. During moments where collaboration with the system is vital, such as supervision and information sharing, she feels these moments are now futile.

"I think we just pay lip service to it, and now we go through the motions. Sometimes it's a zoom call, sometimes it's a telephone call or we have had some face to face socially distance supervision, but frankly it's just a tick box exercise and it's a total waste of time. Utter waste of time, it gives me nothing at all." Wendy.

The relationship with the social care system appears to be hostile in some cases. The foster carers appear to be highly suspicious and vigilant. During the foster carer's account, they often spoke of the social care system as a whole, rather than the individual social workers and staff within it, perhaps enhancing a greater sense of 'us versus them'. There was

a sense of often feeling like they had to work against the system, instead of the possibility of collaboration.

The fractures outlined in this superordinate theme create tensions due to the distance between the idealised foster caring role and the foster care they provide in reality. While these cracks act as an injury within their sense of self, their relationships with others and the social care system, they are able to sustain their foster caring role. The next superordinate theme outlines how these fractures are repaired.

3. Healing, coping, and making sense

Given the multiple modes of being that appear to be required when providing foster care to looked after children and the various fractures that can develop, the ability to heal and cope is fundamental in order to persevere within this caring role. The following section outlines helpful and healing experiences.

Finding the middle ground

The foster carers often recalled instances of providing care which required holding opposing ideas or information in mind and making sense of it by finding a solution somewhere in the middle. This appeared particularly evident when the foster carers were required to integrate multiple modes of being, including that of the additional mother and the professional. For some foster carers, this was around finding a balance between providing care that felt intuitive, often based upon instinctual “*mothering*” drives and more careful and considered therapeutic care.

“There’s a natural nurturing, you know, that you would hope most foster carers have, but there’s an intentional and therapeutic angle that

you're coming from all the time in a way that's totally different to your own children.” Sophie.

It appears for Sophie that this balance of natural nature and intentional therapeutic care is what makes providing care to looked after children unlike the care she provides to her biological child. It seems that she is continually aware of striking this balance between effortless and effortful care.

This balancing act is not only an internal experience for the foster carer, but one that is also shared within their partnerships. Anna, Claire, and Rebecca spoke of oppositional caring positions taken when providing care which was understood as being of the benefit to both the child and their marital relationship. Rebecca spoke of her and her husband taking on roles of “*good cop*” and “*bad cop*”, as well as Anna describing herself as the “*passionate one*” and her husband as the “*methodical one*”. It feels as if each person within the partnership takes on a role that forms one part of providing care to looked after children, but together they can provide a sense of balanced and well-rounded care. This is not only felt as a strength for the foster carers, but acts as an opportunity to safely model difference within relationships to the children in their care:

“He's so laid back, he's practically horizontal, whereas I'm much more up and down. And I think that's a great thing to demonstrate to children in a safe way, but it does mean that how we react to them is different.” Claire.

A caring dilemma for Claire appeared to arise when she experienced urges to control the child in her care in an attempt to prevent the child experiencing further traumatic events, yet at the same time, being aware of her reduced parental responsibility. It appears for Claire she has settled in the middle, offering a sense of containment to the child in her care.

“If you've got a traumatized child you can't, the things that you might do with a child to tell them they're naughty in a, in a family home where they're not traumatized, you know that they're, they're secure within their family, you can't always do with, with young people in foster care so we might let things go, or address them in a different way to how you would address that if you, you know, your 15 year old came home drunk, you might lead the riot act, whereas here, it's actually more like, come home, you're cared for, we're pleased you're here and you're safe.” Claire.

Additionally, the foster carers appear to experience a dilemma of balancing acceptance verses encouraging change in the children in their care. For some foster carers, there appeared to be a process of moving away from placing expectations upon the child for positive change. This process seemed to be contextualised within understanding the sometimes limited scope for rapid change for children who are traumatised. For Wendy, the balance of acceptance verses change was a process that not only occurred in the expectations she had for the child in her care, but also around the expectations that she has for herself within this role.

“You're not going to be able to change it even in a few years, you're probably not gonna be able to change it at all. But you can help them manage it and, and, and go on to hopefully lead, you know, a good life, hopefully. I mean he's, he's got massive problems and it's been a really, really difficult road, but he's in a good place now, he's got a friend, another friend, he's in a good place, and looking forward to go to going to university and he's functioning and, you know, we can't turn back the clock can we? I mean as much as I, you know, wouldn't we all love to be able to turn the clock back and make it all right? But it's just not possible.” Wendy.

Yet, despite moving away from their own expectations and desires for rapid positive change for the child in their care, there seemed to be an essence of holding hope that

remained. There appeared to be a balance between attending to the everyday needs of the child and at the same time hoping for a positive future. It seems that at times holding hope for change was an adaptive coping strategy for the foster carer, particularly at times that felt like relentless hard work with very little reward.

“All your feeling is that you're pouring everything out, and you know and not getting anything back, and that is the reality of fostering a lot of the time. So, you have to draw on something deeper than just the superficial sort of, how is it looking at the moment? Well at the moment it is looking pretty shit to be honest! But, you know, five years down the line, actually, you know, it's looking quite good.” Sophie.

The process of finding the middle ground facilitates coping with various challenges that occur while providing foster care. It appears that the ability to harness difference within the partnership of the foster carer can bring about complimentary caring styles, rather than only developing fractures between them. Moreover, the ability to attend to the everyday and accept the child for where they are allows room for hope to develop, instead of only acknowledging the losses experienced by the child in their care.

A curiosity to understand

In order to cope with the various challenges within the role, the foster carers appear to experience a deep curiosity to understand. This curiosity extends to both the child in their care and professionals within the system. This experience of curiosity seems to allow the foster carer to go beyond forming judgements based on behaviour and instead facilitates an interest to what may motivate the actions of others, often resulting in compassion.

The foster carers detailed managing behaviours that could understandably interfere with the relationship between the foster carer and the child, including violence, aggression and

developmentally delayed behaviours. To cope with these behaviours, the foster carers appear to have a sensitivity to the child's internal world and an active interest in understanding what may motivate the child's behaviour. This experience seems to be intuitive, as if they attempt to read the child's mind. Rebecca experiences this when she is struggling to toilet train the teenage children in her care and when chores around the house greatly increase due to frequent bed wetting. Despite her frustrations, Rebecca understands this as an expression of the child's emotional state:

“We think it's to do with like fear and stuff as well or like if there's a lot going on in their minds, it's like them saying like I'm scared of whatever's going on. And that's, that's been, that's quite challenging sometimes when both of them decide to wet the bed at the same time.”

Rebecca.

To further understand the child in their care, the foster carers appear to draw upon the life experiences of the child. Sophie experiences this as an effortful process, as she details trying to understand how negative past experiences with the child's birth parents may be impacting the relationship the child has with her. Linda experiences understanding the children in her care as if she is a detective, investigating the reasons why the children in her care consistently display aggressive behaviours. The answers Linda searches for change over time and are based upon education and training resources she has access to, perhaps reflecting a professional mode of being activated in understanding the reasons behind the child's behaviour.

“I think 2009 to 2010, I began to really see that the children had a lot of similarities in their behaviours. And people, I mean, I used to drive people mad because I, I used to go on at them about foetal alcohol

syndrome... and then you begin to think, you know what...This one hasn't had foetal alcohol, but he's been, he's had trauma and everything and when the, when the courses started on about neurology and the brain I was like "oh my God! Eureka!" This is so enlightening." Linda.

The curiosity to understand the child's behaviour also appears to influence how the foster carers behave and respond to the child. This experience feels particularly important for Claire, as she shared concerns that children may not be able to verbally communicate their needs initially to her, so instead she relies upon reading non-verbal signs of communication when trying something new.

"So, you know, it's... you do it tentatively, and you test things out very, very subtly and see whether or not it takes and just what the reaction is and actually, if you don't get much of a reaction, you might want to go back and see if that works again." Claire.

The foster carers not only experience a curiosity to understand the children, but also to understand others in the system around them. In an attempt to evoke empathy and kindness in strangers, as opposed to negative judgement, Anna developed this phrase "*he finds the world very difficult*". Both Anna and Victoria have experienced allegations from the birth family of the children in their care, yet despite this they attempt to understand the family member's mental states and why this may have influenced them to make an allegation. Anna experiences empathy for the birth mother, understanding her resentment that may fuel her allegations, as she is the one with the "*big house and the children*". Victoria also attempts to understand the allegations made by the child's birth parents by identifying with how hard it can be to acknowledge mistakes as a parent:

“We've been going to court and all sorts since he has lived with us really and they are, they're still at it now. But they, they never... you know, maybe any parent that's done something wrong doesn't want to admit that they're wrong, you know? I've probably done things with my children before and they might say you're no angel!” Victoria.

Sophie also experiences a curiosity to understand the social care system and the professionals within it. Sophie seems to experience an intricate process of understanding and predicting social workers responses, why they may behave in such a way and attempting to alter her own behaviour in order for the system to operate for the benefit of the child.

“Social workers are under a great amount of pressure. So, if you question their decisions or plans, you're not necessarily making that personal, but they can take it that way. And it makes them kind of rigid and determined to kind of stick to one part, and I don't think that's necessarily a very, very healthy dynamic for the child.” Sophie.

The curiosity to understand others appears to facilitate healing within many areas of providing care. Instead of a child being viewed as disobedient and serving to rupture the relationship between the foster carer and the child, the foster carers experience challenging behaviours such as bed wetting and aggression as motivated by fear rooted within past experiences. This curiosity also serves to heal difficult relationships with others, including the birth family of the child and professionals within the social care system.

Heightened self-awareness

The foster carers seemed to experience having an awareness of themselves as key to being able to cope within this role. One important area of self-awareness the foster carers experience appears to be their capacity to regulate their emotions, due to the impact of

appearing angry or unpredictable being triggering for the child in their care. Anna spoke of the child's behaviour attempting to provoke a heightened emotional response from her, however, for her to remain curious to the child's behaviour, she is required to regulate her emotions. Anna illustrates in the extract below that the skill of responding instead of reacting to her child's needs is something that she has developed over time.

“This child is going to push your buttons! And he's going to test you and, and you know, what are you going to do about it? And you know, most people if they, if they see something they don't like, they react to it, and that is a real skill to learn, is not to react to it.” Anna.

Claire was able to name only two instances where she felt her emotions took control over how she reacted to the children in her care. In these instances, Claire experienced urges to punish, rather than urges to understand. In the extract below, Claire details how she regulates her emotions in order to prevent her from reacting in the moment. Pivotaly, this includes an awareness of her emotional threshold indicating a need to remove herself from a situation to give her room to think.

“So, the two times, where I've probably got a bit cross within reason, I've sort of said, you know “you must do it!” I've got very, not punitive, well it's kind of punitive but you know, “You must do it, or else!” And, and, then I've gone away, and I have thought about it, and I have actually literally removed myself from situation, because I can feel that I'm going to completely blow.” Claire.

The foster carer's awareness of their own limits was regarded as a strength. Linda spoke of knowing when to activate moments of self-care in order to preserve her energy within this role and linked this awareness to *“knowing yourself very well”*. Both Anna and Linda

reflected upon becoming more accepting of the fact that not all battles against the system can be won, despite their best efforts. Anna understands learning this about herself as a key moment of modelling for the children in her care.

“I have to know when to drop it and when to pick it up and to recognise what I can change and what I can’t change. Also, you must be able to reflect on your input into a situation, because if you can’t learn, how can you expect the child to?” Anna.

Questioning the motives behind their own desires to foster was key in maintaining the role of providing care. Wendy spoke of a dynamic internal process of understanding and making sense of why she came to this caring role and once she understood this, she can see herself continuing this role for the long term. To facilitate understanding her intentions behind her caring role, Sophie asks herself a number of questions, which allow her to recognise her own needs when providing care.

“Do I have a need to be kind of thanked or do I have a need to be, you know, reassured that I’m doing a good job? There’s a really healthy process of seeing yourself under the microscope and questioning those things, which, which I do think is really helpful, but it’s a hard process to go through because I think there were probably elements of I just want to be doing a good job. Well, this is a human being, who is incredibly traumatized and, you know, this isn’t about you feeling good about yourself.” Sophie.

This process of questioning for Claire appears to allow for the difficulties experienced within the role to be named. This allows her to experience space to emotionally and cognitively process the role, which seems to be powerful, particularly where physical space during periods of national lockdown were hard to come by.

“But because it's 24/7, you don't get to walk away from it, it's not like your standard job. So, I think questioning it and always checking whether it's the right thing, even this early on, or maybe it's because it's still early on, probably isn't a bad thing... You know, there's no break away from this and there's even less break away in a pandemic, so I think verbalizing it probably allows it to just go off into the universe, and then you can come back and think more realistically about situation.” Claire.

The foster carers heightened self-awareness facilitates coping with the challenges of providing care. Their capacity to reflect upon and regulate their emotions, to be aware of their own limits and question their intentions to foster and ability to carry on appear to generate room to process the challenges, allowing for strength and greater clarity within their role.

Embodiment of idealised values

Through providing care, the foster carers experience a greater connectedness and an opportunity to represent and behave in line with their idealised values. The term ‘idealised’ was selected due to these values being held in high regard. Yet, at the same time, these values may be challenging to live in line with consistently while providing foster care, thus perhaps informing the high expectations of themselves that can cause the fractures outlined in the previous superordinate theme.

The value of providing care to others seems to be somewhat inherited, as for Rebecca and Victoria there is an intergenerational aspect of providing foster care and more broadly for Linda an intergenerational aspect of *“taking people in”*. For Sophie and Linda, the experience of fostering as a family allows for these same idealised caring values to be passed onto their birth children:

“They are compassionate and have seen the other side of what things are like. They’ll all be brilliant parents... and I think, right, whatever time they’ve lost, I’m sharing this with other children, I think they’ve got a great skill base and they are lovely well-balanced people.” Linda.

While there are gains that are experienced as a family providing care, there are also losses experienced for the birth children, as acknowledged in the quote above. However, it appears that the very experience of difficulty and loss are where the greatest experience of learning about caring for others occurs for the birth children of the foster carers. For Sophie, she shares the experience of her birth son feeling a great sense of injustice that fostering an unaccompanied child resulted in the family no longer being able to go abroad on holiday. However, it appears that the very experience of struggle, frustration and even unfairness facilitates the experiences of resilience and safety within the family:

“There is a robustness there in the heart of the home. And there is a robustness there that can withstand real strain, so sometimes it’s easy to feel scared when the child that you’re looking after could kick off and something terrible might happen. But actually, recognising that it’s okay, if someone has a bit of a breakdown, it’s okay... because actually here we’ve demonstrated that it’s robust and that there’s a respect and love between all of us that, that kind of means you’ll be okay.” Sophie.

A similar experience of recognising idealised values of caring for others also occurred within the marital relationships of the foster carer. Victoria spoke about seeing a different side to her husband through providing care to looked after children with severe learning disabilities, seeing a patient, humorous and gentle side to her husband. For Wendy, she experiences a clear sense of admiration for the commitment to care her husband demonstrates,

which in turn develops a new insight into her husband's character and serves to strengthen their relationships through a shared embodiment of caring values.

“He actually lived in the hospital for three months with her, because she was 13/14 months old at the time, because, you know what, you don't take a 14-month-old baby in hospital and say bye, do you? I actually think there must be a God, because what are the chances of me having a husband, who says well, I will stay in hospital with her, so he was there, virtually for three months, while she had all her operations. I mean that's unique; I mean, you'll go a long way to find somebody else that.” Wendy.

The experience of providing foster care not only allowed for the foster carers to witness idealised values within others, but also within themselves. Linda described herself as a giver and it appears fostering and the roles she partakes associated with fostering, such as volunteering at a fostering charity, gives her a sense of energy and fulfilment. For Sophie, this role facilitates a greater connectedness with God. Her religious values system allows for greater meaning to be generated out of taking the difficult route of helping those who are rejected and powerless within society:

“It's like the parable of the leaving the 99 sheep and going off in search of the one. And you know that is, that is everything, it's everything.”
Sophie.

The experience of the various challenges and fractures within the role of providing foster care appears to create an opportunity for meaning making within the foster carers. It allows for the foster family to experience togetherness and a shared sense of strength and resilience. Fostering also allows the foster carer to witness idealised caring values, which are

often embedded intergenerational family narratives, to be passed on to their partners and children.

Containment from the social care system

There was a dominant perspective held during the interviews of the social care system being experienced as punishing and at times withholding of support. However, there were also moments where an alternative perspective was held, and the subjugated experience of a helpful social care system was detailed. The experience of being held in mind by the social care system and the professionals within it appeared to be particularly healing for the foster carers. Victoria spoke of the experience of having a positive reputation within the social care system which she often draws upon as evidence to support her belief that she is indeed doing a good enough job. For Linda, this sense of being held in mind was experienced through the practical gift giving by the local authority to its foster carers. It appears that this gift and the message behind it facilitated the perspective that foster carers are considered important within the system and their hard work is recognised:

“Everybody had an afternoon tea from Tip Tree delivered to their door with lovely messages and I think, that's the thing isn't it? Sometimes people just need to know and be sent messages, just to say, you know, thinking of you or whatever.” Linda.

Claire and Anna remarked upon the reparative experience of feeling understood by professionals within the system. Both foster carers provided details of interactions where social workers did not hold power to improve the difficult and frustrating positions they were facing, but instead validated their experience. It appears that conversations that provide emotional validation facilitate positive and productive working relationships that give the foster carer energy to continue on in their role.

“I’ve had some amazing, absolutely amazing, social workers, my supervising social worker is one in particular, I could tell her anything. She couldn’t solve it, but she had empathy and we would laugh, we joke about it, and I’ll get on with it.” Anna.

In addition to the experience of validation, both Sophie and Rebecca spoke of positive experiences of sharing their challenges of providing care with social workers. The experience of feeling safe enough to share the challenges of providing care with a social worker felt particularly important for Sophie. The ability to experience safety within this relationship appears to require both physical and emotional qualities. Sophie spoke of using the time with her supervising social worker to reflect and discuss the relationship with the child in confidence and with privacy, however the ability to do this during the lockdown was markedly reduced:

“I just literally do not feel like I had any space. And so, even like having supervision with my social worker, which is an important outlet, you know, I didn’t feel like I had privacy or the space. I was very conscious, so you don’t really feel that you can make use of those outlets.” Sophie.

A containing social care system that offers emotional validation to the foster carers appears to be particularly powerful in healing the often-experienced fractious relationship between the foster carers and social care. Importantly, the healing experience was not due to the ability for social care professionals to bring about change, but rather to validate their emotional experience.

CHAPTER FOUR: DISCUSSION

Overview

I will begin this chapter with an overview of the aims of this study and a summary of the findings. This will then lead onto the discussion of the results in reference to pre-existing literature and theory. I will discuss the strengths and limitations of the study, along with outlining how the results of this study could be used to inform practice and future research. I will end this chapter by providing a reflective account on the experience of conducting this study and before concluding remarks.

Study aims

The aim of this research was to provide a phenomenological account of how foster carers experience their role of providing care to looked after children. In particular, my primary aim for this study was to explore the sense of identities and roles that are experienced while providing foster care. The secondary aims of this study were focused upon how the experience of providing foster care may shape the foster carer's sense of self and their relationships with others, along with how they sustain providing care to looked after children.

Summary of results

Three superordinate and twelve subordinate themes were identified. The superordinate themes were 'multiple modes of being: harmony and tension', 'fractures', and 'healing, coping and making sense'. For the foster carers in this study, multiple modes of being were identified when providing care. These multiple modes include that of a professional in an attempt to gain greater power and control, an additional mother to supplement rather than erase existing parental relationships, and an embodied activist where the act of fostering provides an opportunity to bring about wider systemic change. The impact of the COVID-19

pandemic sheds light on the conditions necessary to move between these multiple modes which will be discussed in greater detail in this chapter.

The challenges of providing foster care were illustrated linguistically through the term ‘fractures’, relating to the word’s semantic qualities of cracking or breaking. The foster carers appeared to experience a gap between the idealised vision of care they aspire to provide and the realities of providing foster care. The superordinate theme of fractures identified three key areas of tension: within the self, their friends and family and within the social care system. While these fractures can act as an injury to the foster carers, they are able to sustain their role through the qualities identified in the healing, coping and making sense superordinate theme. The reparative qualities include individual characteristics within the foster carer, such as a heightened self-awareness and a curiosity to understand, along with qualities that are shared amongst the family unit including embodiment of idealised values and problem solving through finding the middle ground. The final healing quality identified is a sense created by the social care system, outlined in the subordinate theme of containment by social care. The results of this study are discussed below in reference to theory and the existing evidence base.

Discussion of findings in relation to existing research and theory

Fluidity within the multiple modes

To make sense of the various identities elicited in the foster carers’ accounts, I chose the term ‘modes of being’ as for the most part these roles were not static, but rather fluid and adaptive to the context presented. Despite a variety of placements being offered by the foster carers in this sample, including respite, emergency, short and long-term care, three key modes of being were recognised across the foster carers: the professional carer, the additional mother, and the embodied activist. The embodied activist role has not been identified in past

studies and contributes to a fuller understanding of the “multiple mode” phenomenon of foster caring. The term ‘multiple’ was also used to describe the experience within each mode. For example, when the professional mode of being is activated, the state of being within this mode is varied. The experience of the professional mode results in a professional guise that can help protect the foster carer against allegation, gain greater power within the child’s care team through mirroring professional language and behaviour, but also this mode can act as a warning sign to the conditional commitment they have to the child when they are struggling to provide care.

While there was some tension experienced within the multiple modes, on the most part, the foster carers in this study were able to move fluidly between the modes activated. The fluidity in moving between multiple modes of being aligns with the experience of some of the foster carers in the Schofield et al., (2013) study where the effectiveness of holding both a carer and parental identity and moving between them was demonstrated. Levin (2017) writes of the functionality of an individual holding multiple integrated modes of being, as these multiple modes are integral for an individual to cope within a complex world where the expectation of engaging in both work and family life often require various states of being. While Levin (2017) was not referring directly to foster carers, the ability to move between these multiple modes while providing foster care appears particularly pertinent in their role where the provision of family life is intersected with providing a service for the local authority within the family home. Therefore, if the ability to move between multiple modes is beneficial for those who provide foster care, perhaps the next important question to consider is *how* they are able to move between these multiple modes.

Within Schofield’s et al., (2013) sample of foster carers, those who were able to move flexibly between the parent-carer dichotomy were those who experience satisfaction in each role. I believe the results in my study build upon this, as while satisfaction was present in each

of the foster carers, there were also challenges experienced, which may indicate further potential mechanisms to be identified in moving between multiple modes. The mechanisms which may aid the movement between multiple modes appeared to reveal themselves through the experience of the COVID-19 pandemic. During periods of national lockdown, the foster carers were required to take on new, unanticipated roles which would have typically occurred outside of the home, such as an educator, college tutor and family contact supervisor. Taking on these additional roles appeared to jeopardise the relationship between the foster carer and the child, where an increase in behavioural difficulties from the child was observed and the ability for the foster carers to contain these behaviours reduced. Therefore, perhaps paradoxically, what may be needed to remain flexible in moving between the multiple modes is a clear limit around the type of roles foster carers are expected to embody. While it was under exceptional circumstances that the foster carers were required to take on the role of an educator, it is important to recognise its implications, as other roles such as supervising family contact can be asked of foster carers. It has been argued that the professionalisation of foster care has occurred within the backdrop of cuts to essential services, where foster carers have been positioned to increasingly fill the gaps of these services to meet the needs of the looked after children (Cann, 2016). Therefore, to prevent foster carers taking on unwanted roles that may impinge on their ability to move flexibly between multiple modes, essential services outside the home for looked after children must remain.

Other mechanisms which appeared to facilitate the movement within multiple modes of being emerged within the subordinate theme of 'finding the middle ground' where both internal and external problem solving processes were recognised. One problem solving strategy appeared to be when the foster carers found a solution by arriving at a middle point between two opposing positions. One foster carer described this as finding the balance between providing care that felt intuitive, based upon instinctual mothering with more

considered, skilful therapeutic care. Caring for children using seemingly opposing caring styles has been identified in previous literature, where there is a need to be both consistent with parenting practices and implementing boundaries, but at the same time remaining flexible in order to meet the individual child's needs (Geiger, Piel, Lietz, & Julien-Chinn, 2016; Preston et al., 2012). This caring style was illustrated through one example of a foster carer's response to their 15-year-old foster child who had been drinking alcohol. The foster carer described an internal process of moving away from automatic mothering drives which may punish a child for such behaviour and instead acknowledged the impact of previous traumatic experiences and the need to provide safety and containment in these moments.

Problem solving also occurred within the foster carer's relationships with their partners in this study, where the multiple modes of being were played out within the relationship. This was demonstrated in one example where one foster carer described herself as the 'passionate one', perhaps relating to instinctual mothering drives, and her husband as the 'methodical one' who can follow due process, perhaps relating more so to the professional carer. By each individual within the relationship taking a seemingly opposite position, perhaps together they form an integrated partnership in providing foster care.

What emerged from the accounts in this study was an additional role of an embodied activist when providing foster care. This mode has not yet been identified in the existing literature, as previous research exploring role identification within foster carers largely centres around the dichotomy of a parent/ carer (Blythe et al., 2013; De Wilde et al., 2019; Schofield et al., 2013). The existing literature already points to the motivations to foster centring around the provision of a better life for children (Davi, Jones, & Gillen, 2021), the feeling of having something to offer and knowledge and personal experiences of the social care system (Hanlon et al., 2021; Heslop, 2016). However, by understanding that a foster carer may hold an activist mode of being may reshape how we view their motivation. If we begin to gain an

understanding that individuals may be motivated to become a foster carer due to their political ideologies, we may begin to postulate whether fostering is an act of resistance in society. Moreover, if we take previous literature into account whereby foster carers are better able to move between multiple roles if they experience a sense of satisfaction within each role (Schofield et al., 2013), it might be helpful to explore what satisfaction within an activist mode looks like and what occurs when satisfaction is reduced. Reduced satisfaction, linked to the mode of an activist, is considered in the section below.

Moral injury

The experience of moral injury is a helpful frame to discuss the multiple modes of being and the fractures experienced within the role of providing foster care. Moral injury is defined as the dilemma where one is aware of the moral and ethical action to take, but feels powerless in taking that action (Epstein & Delgado, 2010). While existing literature has not yet explored the concept of moral injury in foster carers, it has received research focus in social workers, where values that may have initially attracted them to the profession, such as empowering others and a desire to create social change, do not match with the sometimes restrictive practices that can occur (Lynch & Forde, 2016). The foster carers in this study spoke of their concerns of many sociological issues they feel fostering can address, including ableism, addiction, racism and imprisonment. Therefore, the act of fostering in this study for some appears to transcend empowering a child on an individual level, but also addresses sociological issues on a macro level. This sense of activism may well inform their high expectations they have within this role, which results in a sense of fractures when there is a gap between the idealised vision of care and the challenges that occur in reality. This relates to Weinberg (2009) theorising of moral injury, who argues that it goes beyond the experience of an ethical dilemma on an individual basis, but rather it is more typically linked to

politicised areas of practice, where systemic injustices are perpetuated. In the following section, I will outline both the external and internal barriers to providing care in line with their expectations which I believe to be linked to the experience of moral injury. I will then conclude by offering some suggestions of the possible mechanisms that may be at play by using a psychodynamic frame.

The significant barriers to providing high-quality foster care which were external to the foster carers in this study were reported to be their relationship with the social care system and the consequences of the COVID-19 pandemic. The relationship with the social care system was occasionally framed as preventing the foster carer from delivering high quality care, where stories of feeling ill-prepared in meeting the child's complex needs due to an omission of important information was detailed by three foster carers. These findings relate to existing research which has identified the influence of a poor relationship with social care services. For example, the social care system providing inadequate support is a frequently cited stressor in the provision of foster care (Buehler et al., 2003), with research suggesting that the quality of relationships with social care staff influences foster carer satisfaction, success of the placement and the desire to continue providing care (Piel, Geiger, Julien-Chinn, & Lietz, 2017). Additionally, Maclay et al. (2006) details the concerning consequences of a non-cooperative relationship between social care and foster carers which can result in less energy for the children in their care. The foster carers in this study also spoke of the impact of the COVID-19 pandemic preventing access to essential services, resulting in a loss of support for both the child and the foster carer. Therefore, easy access to supportive services, along with a mutually cooperative and supportive relationship between foster carers and the social care system is important in maintaining the foster carer's ability to provide care in line with their expectations and perhaps reducing their risk of experiencing moral injury.

Not only were there external barriers, but there were also internal barriers that resulted in some of the foster carers feeling powerless to take the right course of action and provide foster care in line with their expectations. The foster carers named a state of exhaustion, feeling hypervigilant to their environment and an inability to stop worrying. In many ways, these experiences the foster carers describe mirror those who have suffered trauma. These mirrored symptoms relates to the concept of secondary traumatic stress, defined as a stress response to the disclosure of another person's traumatic experiences (Figley, 2002). Existing research points to the risk of foster carers developing high levels of secondary traumatic stress, experiencing burnout, and struggling to remain compassionate to the children they provide care for (Bridger, Binder, & Kellezi, 2020; Hannah & Woolgar, 2018; Ottaway & Selwyn, 2016). The experience of secondary traumatic stress has been linked to lower motivations to continue fostering and reduced satisfaction while providing foster care (Hannah & Woolgar, 2018).

A psychodynamic frame can be used to support understanding the complex emotional experiences described by foster carers' and how this can relate to the concept of moral injury. The foster carers feelings of inadequacy, incapability in taking the right course of action and the subsequent sense of powerlessness may well be linked to a counter transference experience. This counter transference process is argued to be born from the child's projection of their own intolerable and unmanageable emotions onto the foster carer, likely arising from their early childhood experiences of their caregiver being neglectful or frightening (Browning, 2020; Ironside, 2004).

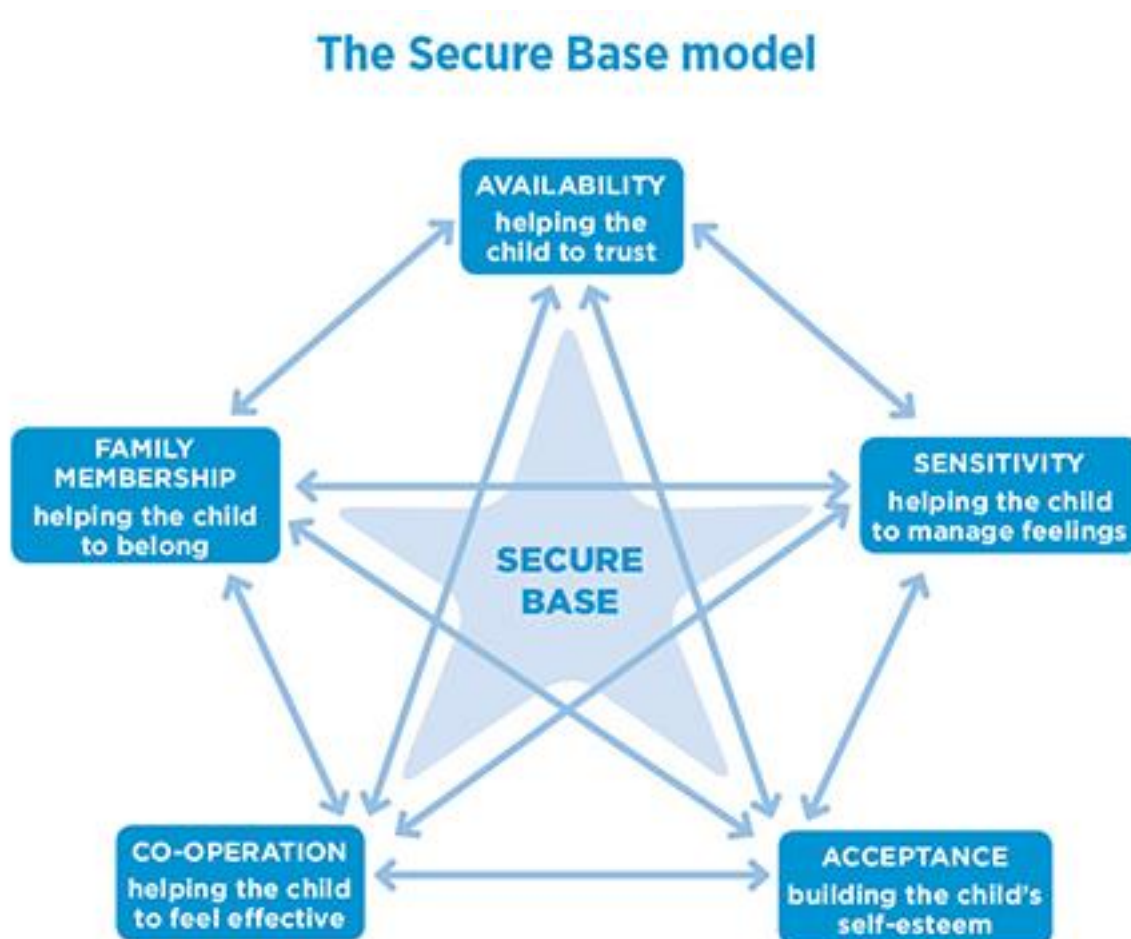
What may also be contributing to this sense of moral injury is the foster carers' recognition of taking on the role of an abandoning figure that the child consciously or unconsciously assumes they will inevitably become (Sloan Donachy, 2017). While there was a clear sense of activism within the foster carers account, the act of fostering is undeniably

embroiled within the state's power over others in taking children away from families. There is a longstanding debate over the state's ability to exercise control over families, relating to the human rights of both the adult parent and the child, where some claims relate to the state intervening too readily to remove children without appropriate preventative support or where they intervene too late resulting in irreparable harm to the child (Masson, 2008). For the foster carers within this sample, fragile moments were shared where some appeared to identify themselves as playing a part in a system that may perpetuate the child's experience of abandonment. The foster carer's experience of a speculated moral injury, born from both internal and external barriers to providing care in line with their expectations, may well have an impact on their ability to continue to provide care to looked after children. Yet, paradoxically, the foster carers description of these experiences should not be viewed as solely indicative of weakness or vulnerability within the role, but rather the opposite. Naming these challenging experiences reduces the likelihood of them being "played out" or enacted within their relationship to the child and the wider social care system (Browning, 2020). Therefore, encouraging foster carers to share their complex experiences of providing care and attempting to make sense of them is an important factor discussed in the recommendations for practice section in this chapter.

Skilful and therapeutic care through an attachment framework

The concept of providing skilful and therapeutic care emerged from the foster carers reflections that providing care to looked after children was unlike their experience of providing care to their birth children. One foster carer described this therapeutic care as deliberate and intentional, on top of the instinctual parenting that she provides to her birth children. Schofield and Beek (2009) developed a model for building a secure base in long-term foster care for adolescents based upon attachment and resilience theory. This model,

illustrated in figure 2, which illustrates the development of a more secure attachment for looked after children, will frame the following discussion where instances of adherence and divergence to this model within this sample of foster carers will be discussed. There is great richness to this model, however in this section there are three key areas I focus upon: family membership, availability and sensitivity.



Where this model differs from providing care to birth children is the inclusion and emphasis of the 'family membership' dimension, which facilitates a sense of belonging to more than one family within the child (Schofield & Beek, 2009). This dimension is most clearly demonstrated within the 'additional mother' mode of being, where the foster carers often spoke within the grammar of motherhood through their use of familial and possessive language, such as referring to the child as 'mine'. Family membership was not only

demonstrated through their speech, but also in their behaviour, such as the importance of signifying commitment when the child's behaviour is at their most challenging. The importance of feeling and demonstrating commitment relates to the findings in the systematic review in the introduction chapter, where emotional connection to the child resulted in long-term commitment (Preston et al., 2012) and where this sense of commitment was hypothesised to assist in meeting the needs of the child (Samrai et al., 2011), along with aiding the foster carer to withstand the challenges of providing care (Oke et al., 2013).

However, there were instances where long term commitment was not always demonstrated in this study. The foster carers in this study spoke of the relationship having a sense of being temporary and occasionally there being a difference in how they think about their relationship with the child, reflecting an awareness that their relationship is time limited, but behaviourally demonstrating long-term commitment. The cognitive differences in the sample of foster carers in this study may well be explained by the range of care they provide, such as providing emergency/respite care, short term and long-term foster carer compared to the sample in the Schofield and Beek (2009) who only provided long-term foster care.

Arguably, this more nuanced attachment to the children in their care may also be a protective strategy employed by the foster carers, perhaps linked to their professional mode of being. Some of the foster carers in this study spoke of the fear they encounter at the thought of the child leaving their care, with similar themes identified in the systemic review in the introductory chapter where experiences of heartbreak (Valentine et al., 2019) and intense grief (Lynes & Siteo, 2019) were named as emotional consequences of the child leaving. Other literature has identified the child leaving as one of the key stressors in fostering (Coakley, Cuddeback, Buehler, & Cox, 2007), where distress experienced by foster carers at placement transitions being a risk factor for no longer providing foster care (Buehler et al., 2003). The function in viewing foster care as a provisional arrangement has been theorised to help the

foster carers cope with uncertainty about the future relationship with the child, particularly when the birth family are actively involved (Oke et al., 2013; Piel et al., 2017). Moreover, a protective attachment style was identified in a study exploring resilience in foster families. This attachment style was described as one with emotional boundaries which helps the foster carer to commit to the child, while also maintaining their own wellbeing, such as knowing when to take a break and when to apply for respite (Lietz, Julien-Chinn, Geiger, & Hayes Piel, 2016). This nuanced attachment style could well be at odds with some of the recommendations in developing a secure base for the child through explicit long-term commitment of enduring family membership (Schofield, 2002; Schofield & Beek, 2009). However, explicit long-term commitment may risk wounding the foster carer to such a degree that they are no longer able to continue to provide care to other children. This dilemma feels characteristic of the inherent tension between the familial and professional role identification, as behaving in line with one, such as demonstrating family commitment within the mothering role, may well risk the longevity within the professional caring role due to the distress experienced at transitions. Despite these tensions, some of the foster carers in this sample were able to form long-term relationships with the children in their care, despite it being an emotional risk.

Schofield and Beek (2009) suggest that foster carer availability can be signalled to the child through a balance of encouraging autonomy, along with providing a stable presence to turn to in order to develop trust. This was particularly demonstrated in the 'finding the middle ground' subordinate theme where there were instances of balancing urges to control the child in their care with an awareness of caring for an adolescent with a trauma history and providing a safe haven they can retreat to. In order to provide a sense of safety, Walker (2008) highlights the need for foster carers to have resolved their own experiences of loss and trauma in order to provide psychological safety for children who have had such experiences. The

foster carers in this study spoke candidly about their own experiences of loss within their family and how this may have brought them to the role of a foster carer. This reflective ability demonstrated by the foster carers in this study also relates to the sensitivity they demonstrate to the children in their care.

What appears to fuel the foster carers in sensitively responding to the child's needs, instead of reacting to them, is both their ability to emotionally regulate and their curiosity as to what may motivate the child's behaviour. The foster carers in this sample spoke of a skilled ability to emotionally regulate, facilitated by an awareness of their emotional limits and knowing when to activate moments of self-care. Additionally, the foster carers demonstrated curiosity to what may motivate their child's behaviour, linking to theoretical concepts within attachment-based literature of parental reflective functioning, parental mentalising and mind-mindedness. While there are arguably nuances within these terms, these concepts are often used interchangeably in the literature (Midgley et al., 2019). The term that is used most often in reference to fostering is parental reflective functioning, referring to a care givers ability to consider the child's and their own mental state and how mental states may be influencing behaviour (Slade, 2005). The foster carers reflective functioning demonstrated understanding certain behaviours, such as fear driving frequent bed wetting at night, and this serving to reduce the sense of frustration in the foster carer. Additionally, this ability allows the foster carers to respond to the child in a way that matches their need, for instance reading the child's non-verbal signals due to the understanding that the child may not have the ability to voice their needs.

The foster carers in this study demonstrated a number of attachment informed parenting practices. To help frame their caring practices, the parenting model in figure 2 (Schofield & Beek, 2009) illuminated the skilled care they provide in order to facilitate the development of a secure base in the child. The question of whether these skills were acquired

through a professional context of attending training programs or whether these receptive skills relate to a natural ability, may again point to the tension between foster carers being skilled professionals or attuned instinctual parents. From the findings in this study, I believe the foster carers reflected both, where their curiosity to understand themselves and others, along with their ability to emotionally regulate felt intuitive. In addition, their previous experiences of working in care settings and the training they have received may well have enhanced these skills. Attachment informed care is more likely to be achievable if foster carers are supported in a relational way by attachment informed systems as we are more able to provide containment if offered containment when needed ourselves (Douglas & Rheeston, 2009).

Exploring the role of a foster carer through a relational lens

The foster carers in this study presented the provision of care through multiple modes of being, which appeared to be fluid and adaptive to the situation at hand. Most often, the mode of being was activated in the presence of another, reflecting how Stern (2002) writes of the self as a relational construct, shaped by the relationships with others and therefore by its very nature, the self is multiple and forever in flux. Similarly, Ryle and Kerr (2002) argue that despite the prevailing individualistic culture in the west, individuality and one's sense of self is rooted and maintained within their relationships with others. The concept of the self as a relational structure has implications for both how the foster carers presented their self to me as a researcher, which I will discuss in the reflective account, and how their sense of self is presented to others around them which I will discuss below.

Understanding the self within a relational framework has implications for the professional mode of being that can be activated while providing foster care. The professional mode of being appears to serve a function for the foster carers in three areas: gaining greater power, understanding their limits to the care they can provide and providing occupational

protection to reduce risk of allegation. However, as discussed in the results section, there appears to be limits to how helpful this mode is, as when in the presence of other professionals, this mode of being seems to dissolve. To understand the permeability of the self, Ryle and Kerr (2002) point to the philosophical and literary work of Bakhtin (1986) who writes of the process of knowing one's self by looking into the eyes of another. Moreover, Bakhtin (1986) writes of the consequence of when the other is dismissing: "*absolute death (nonbeing) is the state of being unheard, unrecognised, unremembered.*" (pg. 287). The foster carers in this sample spoke of the interactions with the social care system as sometimes hostile, with some describing the relationship as mistrusting and feeling as if their opinion is not valued. Therefore through understanding the roles activated through a relational lens, the professional carer has the potential to be a fragile mode of being for foster carers.

The long standing history of professionalising foster care and the construction of a foster carer as a professional caring role within policy documents (e.g. Hollin & Larkin, 2011) may be placing foster carers within a double bind. A double bind is a dilemma in which an individual receives conflicting messages, which can result in the feeling of "*damned if one does and damned if one doesn't*" (Ringstorm, 1998, pg. 297). The double bind the foster carers may be experiencing here is the expectation to be a professional, however they may not be viewed as professionals by others and therefore may struggle to maintain a sense of themselves as professional in some contexts. I argue this conflict is depicted in the Foster Care in England review document for the Department of Education, as this document states that foster carers should not be viewed as professionals akin to social workers, but rather lay people, however at the same time they need to be treated professionally (Narey & Owers, 2018). It is not necessarily the case that all foster carers who experience this bind will suffer such a level of tension that will result in this role feeling unsustainable. As identified in previous research, experienced foster carers appear to tolerate high levels of tension between

working independently and collaboratively with social care, where they demonstrate the confidence to put forward their opinion, yet accept that social services hold the power over decisions made (Maclay et al., 2006). Nevertheless, there seems to be firm parameters around what the term means to be a professional within the child's care team. Since I believe an emphasis on language is important, it may therefore be helpful to move away from the language of a professional, which is arguably ambiguous, and move towards language such as an expert, which may be more acceptable.

In particular, the term 'expert by experience' moves away from an ethos consisting of professionals knowing best, but instead moves towards more responsive and inclusive forms of partnership based working (Thompson, 2002). The concept of a foster carer being viewed as an expert amongst the care team has been promoted previously, where three key areas of improvement were predicted. Twigg (2009) suggests that if foster carers were to be viewed as an expert in relation to the child in their care, they would likely feel more satisfied within their role, this in turn may have a positive impact on recruitment and retention and if foster carers were able to increasingly communicate the needs of the child then potentially the child's needs would be progressively met and outcomes may improve. While these are ambitious areas for predicted improvement, if we take the least ambitious of these aims of increased satisfaction and link this to Schofield's et al., (2013) finding of satisfaction resulting in greater movement between the carer and parental roles, this could be an area for social care practice to consider. Yet, it is also important to note that this term has not been uniformly welcomed, where the term 'expert by experience' has been considered patronising to service users, deflecting away from the meaning of being an expert and its attempts to empower are argued as more symbolic in nature, rather than materialising in greater empowerment amongst professionals (McLaughlin, 2009; Scourfield, 2010).

Practice implications with a clinical psychology lens

Within this section, I will outline some practice implications which will draw ideas from the clinical psychology arena into the social care arena. I recommend elements of these approaches that could be adapted to support foster carers in their complex role and I am not implying that foster carers have the specific mental health issues for which these approaches were developed. These suggestions in particular focus on facilitating the multiple modes of being activated while providing foster care and highlighting areas which could promote healing and repair when challenges within the role are experienced. It feels important to highlight my positioning as a trainee clinical psychologist, with no experience of working within social care settings and I recognise the difficulties in securing funding for such support services within the social care context. Therefore, these suggestions are framed tentatively with the aid of therapeutic models and how they may fit within a social care setting, where evidence is referenced throughout including theory-practice links within the context of social care and supporting foster carers.

Acceptance and commitment therapy. The experience of moral injury, which I have theorised relates to the activist mode of being, has been linked to a psychological intervention named Acceptance and Commitment therapy (ACT). Nieuwsma et al. (2015) suggests the theoretical principles underpinning ACT, including concepts around acceptance and values led action, could be helpful for those experiencing moral injury. In particular, this therapeutic modality has the potential to facilitate meaning from the experience of moral injury, rather than dismissing any potential experiences of guilt, and in turn develop committed action towards living a life in line with a person's values. The benefits of using ACT in social care settings is its flexibility and non-manualised approach, meaning that there is no recommendation for duration of treatment and therefore can be used flexibly to meet the needs of each client (Montgomery, Kim, & Franklin, 2011).

The potential healing nature of living in line with one's values was demonstrated in the superordinate theme of "embodiment of idealised values". The foster carers in this sample spoke of not only themselves living in line with their caring values, but also their family and partner doing this too. Specifically, it appears that the experience of challenges while providing foster care as a family can provide a sense of meaning making and an opportunity to embody their value of providing care to others. This has been observed in existing literature where Lietz et al. (2016) suggests that resilience within a families that foster is enhanced when they are able to develop a shared meaning from the struggle and through this process, the challenges become easier to accept. How these principles could occur in practice is helping the foster carer identify what their values are and exploring ways in which they could live in line with these values. This task may be particularly helpful during times of challenge or where they experience the gap between the way in which they want to provide care and the reality of providing care.

Dialectical thinking. The foster carers in this sample appeared to often problem solve by acknowledging two oppositional states and attempting to hold both in mind by finding a solution somewhere in the middle. This style of problem solving is at the core of a therapeutic modality of Dialectical Behaviour Therapy (DBT), where dialectical thinking consists of taking multiple perspectives and gaining an understanding through the acknowledgement of opposites (Veraksa et al., 2013). DBT has been evidenced as an effective approach for working with care leavers, where the idea of holding onto multiple truths that are apparently opposing has been helpful in understanding their needs, such as viewing the young adult as both apparently competent and emotionally vulnerable, independent and dependent (Andrew, Williams, & Waters, 2014). Holding onto the idea of dialectics has been argued as a helpful paradigm for the social care system to adopt as it may facilitate working through conflict as it allows for the idea of no one absolute truth (Cooper &

Parsons, 2009). This may well be a helpful concept to draw upon not only in the caring practices towards the child, but also within the social worker and foster carer relationship. Adopting a dialectical thinking style may scaffold the social care system in acknowledging the multiple modes within the foster carer. Additionally, this dialectical thinking may help the foster carer validate their own expertise they hold about the child, while also recognising that ultimately the social care system holds the power in decision making about the child.

Reflective functioning. The foster carers in this sample demonstrated a curiosity to understand the child in their care, which allowed them to go beyond making judgements based upon their behaviour, but instead fuelled an interest into what may motivate their behaviour. The Anna Freud National Centre for Children and Families identified reflective functioning as such a protective factor that they developed a Reflective Functioning Program for foster carers (Midgley et al., 2019). The proposed mechanisms of change within this group program include bolstering the foster carers sense of curiosity and open mindedness about both the child and their own mental states, along with becoming more aware of both their own and their child's emotions (Redfern et al., 2018). The anticipated outcomes of this were predominately child focused, including an improved relationship between the foster carer and the child and improved mental health outcomes for the child. However, given the results this study, I wonder if there is a need for these anticipated outcomes, and therefore the intervention, to also include a focus on the wider system around the foster carer and child. Indeed, the child should always remain of central focus, however, I believe there could be some utility in applying reflective functioning to the foster carers own family system and the wider social care system around them. It is clear from the results in this study that there can be challenges in the relationships within the family of the foster carer, where there are differences around the intention to foster amongst family members and in how they care for the child. Perhaps applying the reflective functioning principles to these situations, or indeed

including the wider family unit within training on reflective functioning, could aid in reducing this conflict and result in greater understanding. Additionally, the ability to mentalise the social care system may well be reparative for the foster carers. One of the foster carers within this sample demonstrated an understanding of the context of the social worker as being under substantial pressure and because of this awareness, adjusting her own behaviour in approaching the social worker, facilitating greater empowerment within her professional mode of being. Therefore, there could be potential benefits in extending the focus of reflective functioning for both the foster carer and the system around them.

Psychodynamic principles and the relationship with social workers. The need for foster carers to have a space to safely process and reflect upon their caring experiences was a common theme throughout the results section. The impact of COVID-19 highlighted this even further, where difficult experiences were named of not being able to have an open conversation with their supervising social worker due to a lack of privacy within their own homes. While some foster carers within this sample were able to make use of supervision, there were also worries named where the space did not feel comfortable to share their experiences due to fear of judgement. This is concerning, particularly given the need for foster carers to feel they have a space to debrief after negative experiences, as well as a space where success can be celebrated (Twigg, 2009). While of course it is of the up most importance for the supervising social workers to continually evaluate the relationship between the foster carer and child, and intervene when the relationship is no longer functioning, providing a space for the foster carers to discuss the fragile moments when providing care may paradoxically provide them with the strength to continue. Drawing on Winnicott's theorising of hate in the counter transference, Browning (2020) points to the utility of foster carers candidly discussing any feelings of rage towards the child. This discussion then facilitates the foster carers understanding of their relationship with the child, thus increasing

their capacity to repair. If the foster carers are provided with a relational experience of acknowledging the fractures within themselves, then this may well scaffold them for accepting any fractures within the children they care for, enabling the child to experience greater containment (Browning, 2020). It may be most appropriate for this space to be provided by therapists separate from the social care team, which is seen within adoption services, where the Adoption Support Fund provides independent therapists who offer therapeutic parenting support.

Study strengths and limitations:

Examining role identification within foster carers is a relatively sparse area of research. Three key papers exist within the evidence base that contribute to the understanding of what types of roles foster carers identify with, namely research completed by Blythe et al. (2013), Schofield et al. (2013) and De Wilde et al. (2019) which were conducted with foster carers in Australia, England and Wales and Belgium respectively. As outlined in the introduction chapter, the act of fostering is entwined within each countries social, cultural and political climate (Baginsky et al., 2017). Additionally, to my best knowledge, examining role identification in fosters carers within just England has not yet been conducted (note Schofield et al., (2013) study included foster carers across both England and Wales). Furthermore, the existing literature examining role identification has not utilised an IPA methodology. This methodology aims to illuminate the sense making process within the participant's social worlds (Smith et al., 2009). So, not only was I able to illustrate the multiple modes of being while fostering, but also through my attempts to make sense of their social worlds, I was able to access their experience of their sense of self, their relationships with others and their mechanisms for healing and coping within this role. These additional factors and how they relate to the roles identified with while fostering have not yet been explored in one single

study in the existing literature. Another strength of this study is how the experience of individual foster carers emerge as inextricably linked to the social systems in which they live. In this respect, there are potentially useful links between the main study and the model of perseverance that emerged from the systematic review. The implication of this highlights the importance of supporting and promoting communication within the social systems.

When considering the strengths and limitations of this study, it may be helpful to draw upon some of the recommendations outlined to enhance validity in IPA studies as suggested by Smith (2011a) and covered in the methods chapter. Smith (2011a) highlights the necessity for good quality IPA research to have a clear focus and aim. Despite having a clear aim, I wonder if a particular strength of this study was that the aims were left deliberately broad and explorative. The broad aims were intended to facilitate the results being grounded in the foster carer's accounts, rather than my own pre-conceived ideas around the experience of providing foster care. Due to the exploratory aims, an additional role emerged from the foster carers' accounts: taking on the role of an activist. This is novel role adds to the evidence base regarding role identification in foster care, as previous research has been predominately concerned with either being a professional carer or parent.

Secondly, Smith (2011a) highlights the core of a good quality IPA study being grounded within high quality data. As argued in my methods chapter, the skills I have developed through the clinical psychology doctorate training program facilitated an open, non-judgemental space for the foster carers to reflect on their experiences. While the insights and poignant reflections obtained during the interviews are evident in the quotations included in the results section, I wonder if I could have taken a more explorative and relaxed interview style. By this I mean, while transcribing the interviews, I noticed that at times I relied too heavily on my interview schedule, instead of following up and further exploring the direction the foster carer was taking me in their story telling. With the benefit of hindsight and greater

confidence in my study, I now realise that whatever the direction the interview would have gone in would have resulted in meaningful and rich data, because it would have shed light on what the foster carer believes is important to tell me about the experience of providing foster care. In the future, when conducting semi-structured interviews, I will hold in mind that the interviewee should be the one steering the conversation, given they hold the knowledge on the topic. However, I believe the value of conducting two interviews with each of the foster carers was a strength of this study, which may have helped in counteracting the previous limitation. This format allowed for rapport to develop between the foster carers and I, which I believe facilitated the experience of trust in sharing the more fragile moments of providing care.

While it is important to consider the sample strengths and the limitations in this study, it may be important here to suggest that the aims of an IPA research study is not to achieve more general claims, but rather to discover the detail about the lived experiences and understandings of a particular group (Smith et al., 2009). Despite this, there are notable limitations to the sampling methods and demographics of the foster carers included in this study.

It is often argued that the sampling in an IPA study should be as homogenous as possible (Alase, 2017) so that the phenomenon of research interest is relevant for each participant (Smith & Shinebourne, 2012). In some respects, the sample in this study is relatively homogeneous as all the participants were providing foster care to looked after children at the time of the interview, they all had over one years' experience of providing foster care and all participants fostered in one region in the East of England. However, there was also a sizable degree of diversity within the sample. For example, two participants fostered through an independent fostering agency and the rest through their local authority, the type of fostering varied from emergency to long-term, there was a broad age range of the

children fostered, along with a range in the children's needs. In many ways this could point to a heterogeneous sample, where the diversity of demographics could well result in a diversity of experience. However, there is diversity in the foster carer population in England, with similar comparisons of 65% fostering through their local authority, with 35% fostering through independent fostering agencies and with the majority of foster carers (62%) offering a multiple types of foster care (Ofsted, 2021). Therefore, the diversity in this sample is arguably reflected in the general foster carer population.

However, where my current study clearly fails to capture diversity is within the racial background of the foster carers interviewed, where all the participants identified with being white British. The racial homogeneity in this sample may be due to the restricted recruitment strategy, largely relying upon one charity to disseminate the research poster. Perhaps utilising a less restrictive recruitment strategy, including several charities and perhaps those which specifically support foster carers from racialised backgrounds could have been implemented. This important area of omission is discussed further in the recommendations for future research section below.

Recommendations for future research

There are some novel areas my current study has illuminated, namely the experience of being a foster carer allowing for the embodiment of an activist and how this may contribute to suspected moral injury. The sample used in this study is limited and the aims of this study were not to capture a generalised experience of providing foster care that can be applied to the foster carer population as a whole. Therefore, the concept of activism and moral injury with larger sample sizes and various research methods may be of further research interest to seek applicability of these findings.

Exploring similar concepts of role identification in the foster carer's birth children could be a particular area for future research to explore. Exploring whether birth children identify with a familial sibling role, or a peer or a carer role will shed light on the relationships and experiences of birth children in families who provide foster care. Research examining birth children's experiences of providing foster care is a relatively sparse area within the literature. A systematic review of birth children's experiences of foster care was conducted by Thompson and McPherson (2011). This review highlighted the interpersonal challenges between birth and foster children, with birth children often experiencing concerns that they do not know enough information about the foster child before they enter the family and the expectation they feel to be a good role model to the foster child. More recent research has also revealed the emotional experiences of birth children including grief and loss when the foster child leaves the family home and strategies employed to manage this, such as distancing themselves from the foster child (Williams, 2017). Focusing on birth children's experiences could also build upon the psychosocial model developed by Schofield and Beek (2009) focusing on the provision of long-term foster care. Within the model, there is a focus on a sense of family belonging and explicit family membership towards the foster child. Where the relational processes between the foster carer and the foster child were focused upon, there is less exploration into the birth child and foster child's interpersonal relationship. Exploring this relationship with an attachment lens could be particularly insightful in understanding how to form a secure base within a foster child, particularly given the research indicating the attachment bond between siblings resembles the parental attachment relationship and can be compensatory in instances of parental abuse and neglect (Whiteman, McHale, & Soli, 2011).

As well as exploring role identification within birth children, exploration into the role identification within male foster carers could add further understanding to the provision of

foster care. Previous research on role identification has either included a female only sample (Blythe et al., 2013) or a mixed sample of both male and female foster carers and couples (De Wilde et al., 2019; Schofield et al., 2013). There is existing literature that explores the experience of men who foster by Heslop (2016). Throughout this research paper, they refer to male foster carers as 'foster fathers', assuming a familial relationship to the child, which isn't directly illustrated in any quotations or explored in the analysis. Survey data from a sample of male foster carers gathered by Wilson, Fyson, and Newstone (2007) reveals one of the key maintaining factors for continuing to provide foster care was the income it generates and that their female partners take on more caring responsibilities within fostering. This survey data thus indicates some gender differences when providing foster care. Therefore, to further explore any potential gender differences when providing foster care, replicating the current study I have conducted with a sample of male foster carers may be of future research interest.

I regard the lack of racial diversity within the current sample of foster carers as a limitation which should be addressed in future research. Exploring the experiences of foster carers from racialised backgrounds is an under researched area (York & Jones, 2017). The degree to which the racial diversity in the general population is accurately reflected in the foster carer population is disputed, with some research indicating that inner city areas are sufficiently represented with foster carers from a racialised background and in other more rural areas there being five times as many white foster carers (Kirton, 2016). Recent research exploring motivations and barriers to foster in a UK based Somalian population discovered high levels of motivations to provide care to looked after children, however considerable concerns were expressed around potential judgement in parenting practices and for cultural and religious behaviour to be discriminated against by social care services (Chowdhury, 2021). Additionally, research examining local authority documents reveals almost no evidence of formal support in place for foster carers from a racialised background, despite

policies stating the importance of equality and diversity (Kirton, 2016). I would predict that the likely systemic injustices experienced by foster carers from a racialised background would have an influence on the roles they identify with while providing care and particularly how these roles are experienced. Exploring this in future research would begin to address the evident racial disparity in exploring foster carers experiences that exists in the evidence base and that certainly my study has perpetuated. This is a particularly important omission to emphasise given the policy on promoting cultural and ethnic matching between child and foster carer, highlighting the potential to carry out future studies exploring the experience of foster carers in context of being racialised in a system underpinned by whiteness. In such situation would an even stronger “activist” role emerge?

Reflective account

I experienced a weight of responsibility when analysing and communicating the experiences of providing care for the foster carers who took part in this study. This may well have been informed by my enormous sense of gratitude in their generosity in agreeing to take part in this study. Without their generosity and willingness to share their experiences, this thesis and completing the doctorate training would not have been possible. I was often moved by the honesty and the candour in their reflections. There were times during the analytical process where I was concerned that by coding and grouping their experiences, I may risk reducing the complexity and the nuances of providing foster care that came through in their story telling. However, I now look at my results section with a sense of pride, as while I am aware that not every account could be included and that some sections needed to be reduced, I believe the essence of the complexity and fluidity of this role has been somewhat captured and portrayed. While I argue that the act of fostering is complex and understanding the mechanisms that make for fostering is an ambitious undertaking, what remained clear from

each of the foster carer's account was their dedication and passion for providing care to looked after children.

I experienced considerable conflicts in balancing the portrayal of the foster carers. I was very aware that I came to this research with a strong sense of admiration for foster carers, which may well be informed by a close of friend mine coming from a family that fosters. However, equally I am aware of the stigma associated with providing foster care. This stigma can be illustrated through when I have discussed my thesis topic with others. It was not unusual to be met with more disparaging remarks about those who provide foster care, such as it being motivated solely by money, that they are unskilled in some ways, or even bewilderment of why somebody would want to take on such a role. An awareness of how foster carers are perceived may well have played out during the analysis stage where some extracts pointed to moments of misattunement which I felt was challenging to portray in a way that didn't appear critical and on the other hand, moments of incredibly skilled care that I felt I wanted to highlight. During these moments, supervision was essential. I am grateful for my supervisors who provided space to discuss these moments of tension, where helpful conversations encouraged a sense of curiosity and deeper exploration around why the foster carer may have shared that particular account. These conversations during supervision helped me move away from a labelling, and even at times judgemental stance, to a more curious and explorative stance.

This notion of stigma may have also played out interpersonally during the interview process. While completing the interviews with the foster carers, I noticed the tendency of the foster carers to discuss their experiences from a positive, strengths-based position. This was initially a concern, as while this would provide meaningful information about the benefits of providing foster care, I was concerned that I would not gain insight into the more fragile moments. I feel the second interview was essential in gaining an understanding of the more

delicate moments, however their perception of me and therefore how they positioned themselves within the research interview may influence the results section to at times appear to be an uncritical account of providing foster care. Nutt (2006) shared a similar experience of conducting qualitative interviews with foster carers, where she notes the foster carers presentation of a preferred self and linked this directly to being interviewed by a researcher who reflects a symbol of professional authority and somebody who will be portraying their experiences to the public. If I begin to understand my position within the interview as partly an audience member, this brings me to the work of Erving Goffman, who framed interpersonal interactions through the metaphor of an actor on a stage. Bullingham and Vasconcelos (2013) describe Goffman's interpersonal theorising as a performance, where individuals use a communication with another as a means to project a desirable image of themselves. IPA is grounded within the concept of the double hermeneutic approach, referring to the analytical process of the researcher attempting to make sense of the participant, who is in turn making sense of their own world (Smith & Shinebourne, 2012). However, perhaps what may be more reasonable for me to suggest is that I was attempting to make sense of the foster carer who was presenting their self in a more idealised form. Despite the second interview facilitating more of an open dialogue, I suspect through a growing rapport and sense of trust between the foster carer and I, this line of thought leads me to consider what may not have been said in the interviews and how much of the experience of providing care I have been able to capture.

Conclusion

Given the history of professionalisation within the role, it may be worth asking if in this thesis I have been able to address the intrinsic tension of whether a foster carer experiences their role as a professional carer or parent. In many ways, I argue that the foster

carers in this study embody both roles. Yet, in other ways, I argue that they are neither, as understanding the experience of providing foster care within only the parent carer dichotomy may risk simplifying their complex and multifaceted role. In this study, the foster carers presented their experience of providing care within multitudes, including a professional carer, additional parent, and an activist across the range of placements they provided, including emergency, respite, short-term and long-term care. These modes of being on the most part appeared to be fluidly activated depending on the interpersonal context of the foster carer. Despite tensions in whether foster carers are acknowledged as professional carers or parents, the demonstration of passion in caring for looked after children, commitment to their role and their provision of skilled care was clear throughout their accounts. The foster carers in this study demonstrated a range of flexible identities, skills and motivations, along with a sense of commitment and love to the children in their care, despite the challenges intrinsic to the role and regardless of short or long-term care provided to the child.

Through completing this research, I have been able to illuminate more novel aspects of providing foster care, including mechanisms which may aid the foster carers in moving between multiple modes of being, an additional role of an activist emerged and the suspected experience of moral injury when the care they provide is not in line with their expectations. Additionally, this study has strengthened areas of existing evidence, such as the qualitative account of attachment-based care foster carers can provide and the challenges they experience with the social care system. Despite this, there remains scope for a range of further research to extend and deepen our understanding of the experience of providing foster care.

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APPENDICES

Appendix A: Participant consent form



Ethics
reference number:
ETH1920-1482

Exploring How Foster Carer's Make Sense of Their Complex Caring Role

Research Team: Phoebe Wheeler Trainee Clinical Psychologist, Dr Caroline Barratt & Dr Andy Sluckin



1. I confirm that I have read and understand the Information Sheet dated March 2021 for the above study. I have had an opportunity to consider the information, ask questions and have had these questions answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw from the project at any time without giving any reason and without penalty. I understand that any data collected up to the point of my withdrawal will be destroyed.
3. I understand that there are limited risks to taking part in this study. However, due to the nature of some of the topics I may find some of the interview upsetting. Should this be the case, I confirm that I have been given helplines I can use on the participant information sheet.
4. I am aware the researcher has a duty of care to inform an appropriate authority should I say something during the interview which indicates that either myself or someone else is at risk.
5. I understand that the identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained.
6. I understand that my fully anonymised data will be used for a doctoral thesis, research publications and research conferences
7. I understand that the data collected about me may be used to support other research in the future and may be shared anonymously with other researchers.
8. I give permission for the anonymised transcripts generated from my interview that I provide to be deposited in a research data repository so that they will be available for future research and learning activities by other individuals.
9. I agree to take part in the above study.

□



Ethics
reference number:
ETH1920-1482

Participant Name:

Date:

Participant Signature:

Researcher Name:

Date:

Researcher Signature:

Appendix B- Participant information sheet

March 2021



University of Essex
Ethics
reference number:
ETH1920-1482

Participant Information Sheet

Exploring How Foster Carer's Make Sense of Their Complex Caring Role

My name is Phoebe Wheeler and I am a Trainee Clinical Psychologist in the Department of Health and Social Care at the University of Essex. I would like to invite you to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

What is the purpose of the study?

It is clear there are a number of challenges involved when providing care to children within the care system. In order to reduce some of these challenges, foster carers are suggested to show a wide range of highly skilled parenting techniques and provide high quality care. However, the burden of providing high quality care and providing care to those who have experienced difficult life events may have its own challenges on the care provider.

I am particularly interested in exploring how foster carer's make sense of their complex role, understanding the challenges that may contribute to their complex role and the reasons why they may remain in their role.

The study is to be completed as a part of the Doctorate Programme in Clinical Psychology at the University of Essex. This research project will approximately run between January 2021 and April 2022.

Why have I been invited to participate?

You have been chosen to take part in the current study because you are a foster carer, who identifies as a woman with a least one year of experience providing care to looked after children. You have been chosen to take part in the current study because you are a foster carer. You were recruited for this study through either social media, recommendations from other carers, or through a foster carer charity. The current study aims to interview up to ten foster carers.

Do I have to take part?

No. It is entirely up to you to decide whether or not you wish to take part in this research study. If you do decide to take part, you will be asked to provide written consent. You are free to withdraw at any time, without giving a reason. If at a later date you decide you no longer would like to be included in the study, please contact Phoebe Wheeler via email (pw19738@essex.ac.uk) asking to withdraw from the study. Withdrawal from the study will have no negative consequence.

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What will happen to me if I take part?

If you agree to participate, you will be given a copy of this information sheet and asked to sign a consent form. You will be asked to take part in two one-to-one, semi-structured interviews. The interviews will take place over the phone, or by video conferencing such as Microsoft Teams or Zoom. Each interview will be around an hour long and will be recorded. I will ask you a series of questions about your role as a foster carer, focusing on what it means to you, how you manage your role, the challenges you may experience and the rewarding aspects of your role. If you would like to see some specific examples of the questions I will ask, I can give you some now before you decide to take part. **If you feel uncomfortable with any of the questions you do not have to answer them.** If you want to stop the interview you can do so at any time without providing a reason.

What are the possible disadvantages and risks of taking part?

I do not expect any harm to be caused through taking part in this study. However, the interview will ask you about some of the challenges of providing foster care and therefore may touch on topics you find difficult. If you become distressed during the [interview](#) we can take breaks and you can, of course, withdraw at any time. If you were to find the interview distressing and feel you need additional support, please see the help lines provided below.

Samaritans- Confidential support for people experiencing feelings of distress or despair.

Phone: 116 123 (free 24-hour helpline)

Website: www.samaritans.org.uk

SANE-Emotional support, information and guidance for people affected by mental illness, their families and carers.

SANEline: 0300 304 7000 (daily, 4.30pm to 10.30pm)

Textcare: comfort and care via text message, sent when the person needs it most:

www.sane.org.uk/textcare

Peer support forum: www.sane.org.uk/supportforum

Website: www.sane.org.uk/support

What are the possible benefits of taking part?

Sharing your experience of being a foster carer may be a useful space for reflection, however, I cannot guarantee any specific benefits to taking part in the current study. By providing your insight, you will be contributing to the understanding in the research area which could help inform how best to support foster carers in the future.

What information will be collected?

The information collected will primarily be an audio recording of the interview.

Your age, gender, the number of looked after children you have previously provided care for, looked after children in your care currently and the number of years providing care will

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be recorded. Any identifiable information will be anonymised, and each participant will be given a pseudonym.

Will my information be kept confidential?

Yes, all information you give us is kept strictly confidential. Only the researcher who interviews you will have access to personal information about you, and no other party will have access to information that is identifiable or can be linked back to you. However, if you tell me something that makes me think either you or someone else is at serious risk of harm I am obliged to share this information with the local authority.

Once the interview is transcribed, all personal details, such as specific names of people and places, will be removed allowing the transcription to be fully anonymised. After the interview has been transcribed, the audio recording will be deleted.

All the information about you will be anonymous; no one else will be able to identify you in any publication. All information collected will be securely held at the University of Essex. I will handle your data in compliance with the Data Protection Act 1998. Ten years from the end of the study, the information will deleted from the university computers, and the paper records will be destroyed.

What is the legal basis for using the data and who is the Data Controller?

The GDPR states that your consent must be freely given, specific, informed and unambiguous. This will be given by you signing the consent form should you wish to take part in the current study.

The data controller for this study is the University of Essex under Sara Stock, the university's Information Assurance Manager (dpo@essex.ac.uk).

What should I do if I want to take part?

If you would like to take part in this study, you can opt in by contacting Trainee Clinical Psychologist Phoebe Wheeler via pw19738@essex.ac.uk. The deadline for taking part in the current study is April 2022.

What will happen to the results of the research study?

The results generated from the study intend to be published in a journal article and therefore could be in the public domain. All results will be fully anonymised. The results of this study will be used as part of a doctoral thesis deposited at the University of Essex. A copy of the findings will be made available to you should you wish to see them.

Who has reviewed the study?

The ethics review body that reviewed and approved this study was completed by the University of Essex Ethics Committee.

Concerns and Complaints

March 2021



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reference number:
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If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact the principal investigator of the project, Phoebe Wheeler, using the contact details below. If you are still concerned, you think your complaint has not been addressed to your satisfaction or you feel that you cannot approach the principal investigator, please contact the departmental Director of Research in the department responsible for this project, Professor Han Dourssen (e-mail [hdorus@essex.ac.uk](mailto:horus@essex.ac.uk)). If you are still not satisfied, please contact the University's Research Governance and Planning Manager, Sarah Manning-Press (e-mail sarahm@essex.ac.uk). Please include the ERAMS reference which can be found at the top of this page.

Name of the Researcher/Research Team Members

Principle investigator:

Phoebe Wheeler, Trainee Clinical Psychologist:

pw19738@essex.ac.uk

Research supervisor:

Dr Caroline Barratt, Lecturer at the School of Health and Social Care at the University of Essex:

barrattc@essex.ac.uk

Dr Andy Sluckin, Lecturer School of Health and Social Care at the University of Essex:

andrew.sluckin@essex.ac.uk

Appendix C: Study Poster



FOSTER CARERS

Understanding your role

Providing foster care can be challenging. There is often an expectation to provide high quality and skilled care. I am interested in how you manage the complex role of being a foster carer, the challenges you face and the benefits you may experience from your role.

I am looking to interview foster carers who identify as women and have at least one year of experience providing care to looked after children.



Would you like to be interviewed about your experiences of providing foster care?

Please contact Phoebe Wheeler (Trainee Clinical Psychologist) on pw19738@essex.ac.uk to hear more about the study!

Appendix D: Sociodemographic Questionnaire:



Ethics
reference number:
ETH1920-1482

Sociodemographic Questionnaire:

Participant ID:

DOB (Month/Year):

Age (Years)

Gender:

Number of Looked After Children you have provided foster care to previously:

Type of foster care provided:

Number of Looked After Children in your care currently:

Number of years providing foster care:

Ethnicity:

|

Who is in your family?

Appendix E: University Ethical Approval



University of Essex

05/11/2020

Miss Phoebe Wheeler

Health and Social Care

University of Essex

Dear Phoebe,

– **Ethics Committee Decision**

I am writing to advise you that your research proposal entitled "How do Foster Carer's Make Sense of Their Complex Caring Role?" has been reviewed by the Ethics Sub Committee 1.

The Committee is content to give a favourable ethical opinion of the research. I am pleased, therefore, to tell you that your application has been granted ethical approval by the Committee.

Please do not hesitate to contact me if you require any further information or have any queries.

Yours sincerely,

Dr Camille Cronin

Appendix F: Interview schedule

interview schedule:

Interviews will be conducted over two separate occasions. The first interview aims to gauge how foster carers understand their role and the meaning they associate with it. The second interview aims to understand how they manage their role through identifying barriers and facilitating factors.

First interview schedule:

- Can you describe to me your role as a foster carer?
 - Use prompts. *Explore changes over time and how their narrative changes over time.*
 - What experiences led you to understand your role in this way?
- What does the foster carer role mean for you?
- What expectations are there of you as a foster carer?
 - Where do these expectations come from?
 - Do you feel you fulfil these expectations?
- Do you have any experiences in your role as a foster carer impacting how you view yourself?
- What are your experiences of your role as a foster carer impacting how others view you? (*friends, family, colleagues etc.*)
- Do you experience any conflicts within your role as a foster carer?
- In what way has the COVID-19 pandemic impacted your role as a foster carer?
 - How did you manage the impact of COVID-19?

- Did you learn anything new about your role of a foster carer due to the COVID-19 pandemic?

Second interview schedule:

- What was your experience of initially adapting to your role as a foster carer?
 - What were the challenges? Was there anything that helped? What got in the way?
- What did you expect in your role as a foster carer and how in reality did those expectations match with your experience?
 - What was that gap like?
- Can you describe to me the challenges you experience in your role as a foster carer?
 - Can you describe to me a fragile moment?
 - What helps you manage these challenges?
 - Did you seek support? Who from?
- Were there times where you considered no longer continuing with your role as a foster carer? Describe this experience to me
 - Did this resolve?
 - Did COVID-19 have any effect on this?
- Why are you still a foster carer?
 - What keeps you going in your role of providing care?
 - What drives you?

Appendix G: Extract from a transcript

Phoebe: So, I guess, starting off with an overall more general question, how would you describe your role as a foster carer?

Sophie: um, I mean it's really diverse and obviously, well not obviously, but you know, the most important thing you're doing is providing some nurture and stability, security, consistency so you're providing that secure base in the children. But that isn't the full extent of it, you know outside of that you are advocating for children. Um, so you're, you know, in some ways, you're kind of playing that educator role, especially over the last year we've been a teacher as well. Also, so our first child, our foster son, um, he was an unaccompanied young person. In addition to that, it was managing all of the immigration asylum claims and everything like that. There's a therapeutic element to it, you know, obviously you're dealing with children that do have mental health issues or certainly have trauma with loss and grief in their life. So, you have to be very intentional around that, there's a natural nurturing, you know, that you would hope most foster carers have, but there's an intentional and therapeutic angle that you're coming from all the time in a way that's totally different to your own children, you know to parenting every day or certainly my case.

Phoebe Wheeler: You know, so that's so interesting Sophie, what is that therapeutic care, how would you describe that?

Sophie: I think it's... I think it's largely about observing initially, and so, you know, you're constantly listening, you're constantly listening to what the child is saying or doing or what they're not saying. And, you know, and not in a kind of creepy "Big Brother" way, but you're

watching, you know, you're watching them, um, and you're watching them and you're hearing them and you're observing them, um, and you're sort of in your, in your mind you're trying to tie things together, and, and, trying to understand how the experiences these young people have had are having an impact on their lives now and on their ability to have a really fulfilling life in the future. So that in itself is a piece of work to sort of tie all those things together. The intentional bit really comes with working with other professionals but, to work out how best to care for that child, because every child is different and has different experiences. One approach might work really well with one child and a completely different approach works for another. So, you have to, you have to, when you're sort of approaching the emotional well-being of the child, you know, you have to be flexible in that, and you have to be quite intentional. And there's a lot that you do, that is, as you say, sort of you know, its instinctive and then there's a lot that you have to step outside and think how am I how am I going to tackle that. And then that doesn't work okay.

Phoebe Wheeler: Yeah...

Sophie : So I, so I work with, you know, a therapist. I have worked with other therapists as well and, and that, obviously that is bound with certain amount of confidentiality. But there's a relationship there that provides a safety net for our foster daughter at the moment, in sort of understanding, you know, what are the areas that are really going to cause her problems and how do we kind of provide that safety net, so that she can she doesn't feel like she's got a therapist in me. She's got a therapist in her therapist, but there's a joined-up kind of approach about this intentional stuff that I do tied in with what she's doing therapeutically and with the therapist. Does that makes sense?

Phoebe Wheeler: Okay, so it sounds like you're doing lots of things when you are providing therapeutic care to your foster daughter, I guess, how, how do you manage having to do all those different things?

Sophie: Really, it's really good question, I mean yeah I suppose I also work for fostering agency so that's another hat.

Phoebe Wheeler: yeah...

Sophie: How do I manage that, hmm. I mean, so, in some ways this is, this is going to sound like a bit of an oxymoron, but in in some ways a lot of the approaches that I have to all of those areas of my life are kind of consistent, so I would apply the same sort of logic and care and value to each of those areas and so that's kind of an outlook on life. In another way, this might not sound very healthy, but in another way, you have to kind of compartmentalize stuff. So, in one sense there's a uniform way of kind of being that that ticks boxes and all of those areas to some degree. And in another way, there is a "okay I'm, I'm going to take that hat off, and let my hair down" You or "I've got to put this hat on" or whatever it might be. There's a real dichotomy of, you know, having an outlook on life that you're applying but you're also modelling. And, and actually being able to put stuff away and, and step outside of it.

Phoebe Wheeler: And I'm also interested in terms of, has that been something that's changed over time, when you first became a foster carer, were you aware of all these different hats you may have to have within your role?

Sophie: I would say I was aware of it and conscious of it and, and I think, I think the fostering assessment is quite helpful for that, because it does allow you to sort of analyse yourself a bit and kind of pre-empt some of the things that you might struggle with. But, I also think it has developed over time and I also I think I struggled with it initially when, when we had our foster son, I think that was really, really tricky. You know, up to that point, though I've been working in fostering and done a lot of training and all the rest of it up until that point, I had just been a parent to my, to my two boys. That was challenging, that was definitely challenging to suddenly have to be, you know, you have to be all things to all people, and we all know that, that's, well if it's possible at all, it's certainly very difficult.

Appendix H: example of IPA analysis of an extract from a transcript demonstrating the linguistic, descriptive and interpretive commentary and then the code that was developed.

Extract: *“There's a therapeutic element to it, you know, obviously you're dealing with children that do have mental health issues or certainly have trauma with loss and grief in their life. So, you have to be very intentional around that, there's a natural nurturing, you know, that you would hope most foster carers have, but there's an intentional and therapeutic angle that you're coming from all the time in a way that's totally different to your own children”* **Participant 1, Sophie.**

IPA analysis:

Linguistic: use of the word ‘hope’ is this the baseline of foster care, but do some fall short?

Therapeutic ‘element’ something that is essential, but only part of the whole.

Descriptive: caring for LAC is unlike caring for your own biological children due to the continual intentional therapeutic angle required due to their additional needs

Conceptual: Dialectical parenting- natural nurturing (effortless) vs intentional therapeutic care (effortful), one requiring an innate ability and one requiring skillful training?

Code: Intuitive vs intentional care.

Appendix I: Extract of the bracketing process

24.08.2021:

→ Refining participant 1, interview 1. transcript. Clear middle class identity emerging, confidence when working with professionals, ability to mentalise the system, particularly social workers, to get what she wants. She also works in a fostering agency, was there a sense of being a professional in this interview? How can she remove herself from that professional role? She would often remark on my questions 'that's a good question' - was her professional role more activated here? Her ability to mentalise is coming through even more in the second transcript - is this a weakness for her ultimately in a system re-imagined?

Appendix J: Prisma Flow Diagram.



Figure 1. PRISMA 2009 Flow Diagram

