CONNECTION AND RELATIONSHIP IN CARE—
THE VOICES OF FOSTER CARERS: A WESTERN AUSTRALIAN STUDY

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Explanatory note about the title of this thesis

‘The heart connection and the relationship’ is a quote from a foster carer who was involved in this study. The foster carer was summarising what she feels is required of foster carers in providing care for children that will promote a sense of permanence and internal stability.

The quote comes from the following paragraph:

‘But also knowing that chapters do come to a close…like we all as grownups leave our jobs and go find something else or move house or move country, not everything has to have permanence but in the big picture there has to be some sense of connection and I think that’s the heart connection and the relationship that just the whole picture expands more to contain that.’ (Participant 9).

I chose to paraphrase part of this quote to include in the title of the thesis as it contains two key words which pertain to the essence of this study, from the voice of a foster carer.
Thesis Declaration

I, Stephan John Lund, certify that:

This thesis has been substantially accomplished during enrolment in the degree.

This thesis does not contain material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution.

No part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of The University of Western Australia and where applicable, any partner institution responsible for the joint-award of this degree.

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The research involving human data reported in this thesis was assessed and approved by The University of Western Australia Human Research Ethics Committee. Approval#: RA/4/1/2221.

Written participant consent has been received and archived for the research involving participant data reported in this thesis.

Eris Jane Harrison provided professional copy editing, in accordance with the guidelines laid out in the university-endorsed national ‘Guidelines for editing research theses’ (email: erisjane@bigpond.net.au).

This thesis does not contain work that I have published, nor work under review for publication.

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Date: 4 April, 2018
Abstract

There is an overall paucity of research to support an adequate evidence base for practice and policy decisions in Australian foster care. In particular, the voices of foster carers are largely missing from the literature and discussion around what works in foster care. This is a gap which means that there is not enough known about the critical mediating role that foster carers play in the child’s journey in care.

Foster carers’ understanding of their role and of their place within the foster care system are components of knowledge required to enhance the care they provide. This study looks specifically at the foster carers’ part in assisting children to achieve a sense of permanence and stability as part of their experience of care. As foster care has become more professionalised and the State as Corporate Parent has taken more responsibility for children in State care, the role of foster care has become more complex and demanding.

The data gathered in this study from in-depth interviews with foster carers in Perth, Western Australia, informs the development of a new relationship-based framework of fostering which emphasises the importance of critical elements of the foster care role.

The findings of this study relate to the understanding that foster carers have of their role, their knowledge of and connection to the fostering system and how they perform their task, as key mediating influences on children in their care. The need for foster carers to nurture a sense of belonging and identity in children and to have the time and skills to build a mediating relationship with the child in their care were reported by many of the research participants. The necessity for fostering agencies and support staff to provide individualised support to foster carers was also an important message from this study. Rather than a ‘one size fits all’ type of approach to supporting foster carers, each carer’s unique needs should be considered to ensure that they feel supported and able to meet the needs of the child in their care.
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GLOSSARY OF TERMS

Acronyms

AFCA  Australian Foster Care Association
AIHW  Australian Institute of Health and Welfare
CPFS  (Department for) Child Protection and Family Support
DCD  Department for Community Development
DCP  Department for Child Protection
NHMRC  National Health and Medical Research Council
SGO  Special Guardianship Order

Definitions

a) Corporate parent: ‘a group of people authorised by law to act as an individual [parent] and having its own powers, duties and liabilities in so doing’ (Collins English Dictionary 1995, p. 358)

b) Emergency foster care: emergency care in home-based care is provided for children who require a placement immediately, due to concerns for their safety (Richmond & McArthur 2017, p. 6)

c) Foster care: care provided by an authorised carer for a child who is unable to live in their usual home and who is placed in that carer’s home. The carer is normally reimbursed for the costs of caring for that child. The care may be emergency, respite, short-term, long-term or permanent care (Richmond & McArthur 2017, p. 6).

d) Foster carer: someone not related to the child, who provides care for a child, outside the child’s usual family home.

e) Foster care system: a virtual entity, comprising the government and community-based agencies, organisations and individuals who have some legitimate stakeholder responsibility for, or influence on, children placed in foster care or those who are foster carers providing care for children.

f) Long-term foster care: the length of longer term foster care varies according to jurisdiction and legislative arrangements. The care is provided when it is anticipated that a child may not be able to return home for a longer length of time.
g) Out-of-home care: placement away from home as a result of child welfare intervention (Diamond 2009, p. 14).

h) Parenting and parental responsibility: culturally defined concepts which are broadly about ensuring children’s health and safety, preparing children for life as productive adults and transmitting cultural values.

i) Protection and care: from the legal definition of a ‘child in need of protection and care’ (State of Western Australia 2004), *Children and Community Services Act 2004*, as bringing the provision of conditions likely to support the mental, physical and emotional development of the child.

j) Relative, kinship or family care: a form of out-of-home care in which the caregiver is a relative other than the parents, or someone who has a pre-existing relationship with the child. The carer may be a member of a child’s community. This can be formal (where the carer is authorised and reimbursed by the jurisdiction in which they live), formal through the Family Court of Australia, which may not involve any financial support, or informal. For Aboriginal and Torres Strait Islander children, a kinship carer may be another Aboriginal or Torres Strait Islander person who is a member of their community, a compatible community or from the same language group (Australian Institute of Health and Welfare 2017, p. 132).

k) Respite foster care: a form of out-of-home care used to provide short-term accommodation for children and young people, where the intention is for the child to return to their prior home. In family-based out-of-home care, this may be organised in a planned and regular fashion to give the child’s usual carers, parents or guardians a break (Richmond & McArthur 2017, p. 7).

l) Short-term foster care: the length of short-term foster care varies according to jurisdictions and legislation. It often refers to care extending to about six months (Richmond & McArthur 2017, p. 7).

m) The State: may be used to represent a single State or as a more global term for all States; expressed through executive decision making, parliamentary debate, policy frameworks, Public Service policy, program decisions and service delivery, target populations and exclusions; the State as an entity is virtual, and constructed from multiple parts (Diamond 2009, p. 14).
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Face red with anger, tears rolling down cheeks, mouth downturned, 20 month-old Alice lashes out, pulling a handful of hair from the head of her four-year-old brother, Peter. He sits quietly withdrawn, little emotion showing on his face, strapped in a seat belt in the back of a car. Alice and Peter do not know where their parents are. They do not know the person transporting them. They do not know where they are going.

Unaware of the true significance of this trip, they are joining 46,500 other Australian children, each on his or her unique journey through the child care system.

*(Fahlberg 1994, p. 4) (Australian Institute of Health and Welfare 2015).*

CHAPTER ONE:
INTRODUCTION

Working with foster carers and seeing how they perceive their role and carry it out in sometimes very difficult circumstances has been the motivator for me to undertake research in the field of foster care – one of the components of out-of-home care systems for children who are unable to live with their birth families. Of particular interest to me have been the potential outcomes for children of placement in foster care and the mechanisms by which outcomes might be improved by augmenting the foster care experience of these children. My long-term work in this field of fostering has enabled me to witness how carers and children manage and struggle as they try to navigate the complexity of the foster care system. I have developed a particular interest in understanding more comprehensively, and representing the voices of, foster carers in their endeavours to assist children through their journey in care.

It is apparent from even a preliminary overview of the extensive scholarship on foster care that the research literature is dominated by a focus on the children rather than the carers (Ackerman & Dozier 2005; Delfabbro, King & Barber 2010; James, Landsverk & Slymen 2004; Biehal 2014; Rock et al. 2013). It is also evident that the more limited research on carers generally neglects their own subjective interpretations of the role (Pickin, Brunsden & Hill 2011, p. 62). Much of the comparatively more limited research on and with foster carers focuses on their lived experience. The mainly qualitative studies on fostering have helped to build a picture of the impact of caring for children on the foster carer and their family (Schofield et al. 2013; Blythe et al. 2013; Daniel 2011).

This research looks at the relationships between carers and children in their care, and how these relate to children’s care journeys from the perspectives of the foster carers.

1.1 BACKGROUND TO THE RESEARCH

As a practitioner and manager in the field of foster care and child placement for more than 15 years, it has been my observation that the choice of foster care as an intervention is often made with the best intentions, but not always with good outcomes. Anecdotal observations over this time indicate that limited consideration is given to the background and needs of children entering care and to their unique circumstances.
In this vein, Biehal (2014) notes:

Unlike most children in the wider community, fostered children may face challenges to the formation of new attachments due to the adversities they experience before entry to care and, in some cases, their subsequent experiences within care. Some may have social, emotional and attachment difficulties that may make it hard for them to bond with foster carers and, equally, may make it harder for carers to develop relationships with them (Ibid., p. 957).

The quote above is significant in underlining my motivation for this study in that it refers to the relationship between foster carers and children in their care. Throughout my career, I have sought to ascertain the best framework for assisting foster carers to build helpful and supportive relationships with children, bearing in mind that children have often experienced adversity which often impacts on their ability to build and maintain social relationships.

I have repeatedly witnessed the negative impact on children’s mental and physical health and wellbeing and the transience and insecurity of life circumstances and relationships that follow, once they are placed. This perception is supported by Underwood et al. (2000) who, in their West Australian study of general practice services to children in State care, conducted two separate but related studies into the provision of health care for children in foster care. Their findings highlighted significant shortfalls in health service provision for this cohort. Unarguably, the area of care for children in State care is fraught with uncertainty and emotion.

Much of the more recent focus on foster care itself has been on how to increase the stability of foster care in order to ensure that children and young people have greater ‘permanence’ and security (Koh et al. 2014; Harkin & Houston 2016; Rolock 2013; Vinnerljung, Sallnäs & Berlin 2017; Moore, McDonald & Cronbaugh-Auld 2016). This focus is very welcome as a way to highlight the benefits of temporal stability for children. However the focus of this study is more on being able to detect the presence of the sense of internal stability for children – an issue that is less evident in the literature.
1.2 RESEARCH AIMS

This study seeks to explore, from the carers’ perspective, the relationship between foster care and children in their care as they facilitate or impede a sense of internal stability (which is defined later) alongside the physical care for these children. It also investigates foster carers’ understanding of their role, the foster care system, children’s journeys into and through the system, and the needs that the children have. Essentially, the research aims to deconstruct the notions of permanence and stability in this relationship setting and establish some practice and policy principles for reframing the sense of permanence and stability for children in foster care.

Specifically, this study investigates carers’ embodied understanding of the care experience for children and young people and of the significance of their role as mediators in that experience. It focuses on short and long-term carers’ understanding of what impedes or contributes to a sense of permanence and/or stability for the children in their care and of the significance of their relationship in achieving these outcomes. In other words, it investigates the carers’ point of view as to when they deem that the child feels like a permanent part of the family. Through dialogue with carers, the study explores their understanding of their role, their relationship with children in their care, and their lived experience of the work they do. It looks at their conceptualisation of permanence and stability and represents their views on the knowledge, skills and personal qualities required to meet the needs of children in their care.

The research aims are premised on three central assumptions:

1. Through their intervention, carers can ease, complicate or compromise a child’s journey (Fisher et al. 2000; Cairns 2002).
2. The carers’ role is constrained or facilitated by the system of which they are a part (Blythe et al. 2013; Biehal 2014).
3. Carers play a crucial role in facilitating or impeding a sense of ‘ecological and relational permanence’ (Stott & Gustavsson 2010, p. 621) sufficient to enable children to manage the inherent transience of the care system. Their capacity to enable children and young people to establish positive attachment relationships (Schofield & Beek 2006) is crucial if they are to develop a resilience that enables children to emerge from the care system without harm.
1.3 RESEARCH QUESTIONS

1. How do foster carers understand their experiences of fostering?
2. How do foster carers conceptualise their work and make sense of how their relationship with the child benefits or impedes the child’s journey in their care?
3. How, if at all, do foster carers see themselves contributing to the child’s sense of belonging and identity in the family?
4. How do foster carers do what they do to help children feel a ‘sense of permanence’?

In undertaking the research I aim to obtain and present a thick description (Geertz 1973) of understanding how a sample of carers in Perth, Western Australia, see their role and incorporate an understanding of the broader context of the care system, including:

- their perception of the care system and their role within it
- the needs of children they care for and the measures required to address those needs
- the relationships they need to form with children in their care to mediate the adverse circumstances of placement.

Geertz (1973) holds that anthropology's task is that of explaining cultures through thick description which specifies many details, conceptual structures and meanings, and which is opposed to ‘thin description’ which he asserts is a factual account without any interpretation. Thin description, for Geertz, is not only an insufficient account of an aspect of a culture; it is also a misleading one. According to him, an ethnographer must present a thick description which is composed not only of facts but also of commentary, interpretation and interpretations of those comments and interpretations. The task is to extract meaning structures that make up a culture, and for this, Geertz believes that a factual account will not suffice. He argues that these meaning structures are complexly layered one on top and into each other. Each fact might be subjected to complementary and clashing interpretations which ethnography should study.

Through dialogue with general foster carers, the study explores their understanding of their role, their relationship with children in their care and their lived experience of what is increasingly referred to as ‘corporate parenting’ (Bullock et al. 2006). The latter concept is important. As foster carers operationalise their understanding of their work within the context of different parenting roles, they are sharing their role with the State, which is in fact the legal
and corporate parent (Fahlberg 1981). One matter of significance is how foster carers understand their shared parenting roles, including how they make sense of the State as parent in the lives of the children for whom they care.

Although there is significant information and data about the lived experience of foster carers (Blythe et al. 2013; Cairns 2002; Edelstein, Burge & Waterman 2001; Seaberg & Harrigan 1999), it is specifically their work in encouraging this ‘sense of permanence’ which I aim to foreground and which forms the key conceptual thread for the thesis.

Some key conceptual threads are fundamental in exploring these questions.

1.4 KEY CONCEPTS

From the very beginning of conceptualising the theoretical focus for this research, the terms ‘sense of permanence’ and ‘stability’ emerged. These have been key terms that framed the development of the research activity and the development of the thesis. This study is informed by and interlinked with these two key conceptual frameworks: permanence and stability within the context of a growing understanding of the concept of corporate parenting. Of the possible ways of interpreting these frameworks, I have chosen to view them from a relational perspective. This perspective is used by Kelly and Salmon (2014) and is derived from attachment theory. The model presented by Kelly and Salmon is designed to assist foster carers to consider the impact of the child’s previous relationships and experiences and how they influence the child’s ideas and behaviour (Ibid., p. 535).

Maaskant et al. (2016) studied the impact of the relationship between foster parents and foster children on the child’s wellbeing. The Maaskant et al. study found that the child’s wellbeing was related to strong attachment relationships with foster parents (Ibid., pp. 389-391). The intent and outcomes of the two studies cited above fit with the intent of my study, to examine the interpersonal factors between foster carers and children in their care. In this study, I look at how all of the concepts of permanence and stability apply to children in care and the relationship between foster carers and children.

1.4.1 Permanence

In framing this study within the context of the concept of permanence, I consider a broad and multifaceted definition which focuses not only on the temporal permanence of place and
time, but on the sense of permanence felt by a child, as interpreted by carers. By this I mean the feelings of belonging and identity, of family inclusion, and of more than just time spent in a particular household. This concept as it is defined here incorporates the theoretical ideas of scholars such as Nina Biehal (2014), Barber and Delfabbro (2003) and Schofield and Beek (2014), who all testify to the importance of these aspects of permanence as necessary to the wellbeing and appropriate development of children and young people.

I acknowledge that the term permanence is generally used in the literature in its adjectival sense – associated with the planning aimed at reducing the number of changes of care places in the life of a child who is unable to live with their birth family. It is clear that this is not the way the term is used in this research.

The relationship between the nurturing of a ‘sense of permanence’ in children and the foster carers’ experience of whether and how this might be achieved is explored in depth throughout this thesis.

1.4.2 Stability

The terms permanence and stability are frequently linked in the literature, and, just as the definition of permanence is frequently applied to external circumstances, stability is often reduced to a description of temporal continuity. This study is concerned instead with the existential notion of ‘internal stability’; it focuses particularly on the mediating impact of the relational dynamics between carers and children as they promote or impede a sense of permanence and/or stability within and for the children in their care. A number of scholars have focused on different aspects of the meaning of stability in the lives of children in foster care. Mennen and O’Keefe (2005) investigated what is required to support children’s significant attachments throughout their care journey and recommend more funding for recruitment and support for foster carers in order to better support and value the work that foster carers do. Gillian Schofield (2002, 2003) has looked at the relationship between permanence and stability in a number of studies which also include the psychosocial impact of placement on children. Schofield emphasises the importance of a ‘secure base’ for children in care, which includes foster carers who are stable, well trained and resourced. In her work with Mary Beek (2014), Schofield explores the internal issues related to attachment and stability for children in foster care, focusing on the need for foster caring to be strongly grounded in attachment based practical strategies to support the belonging of children. In the
psychological literature, Erikson (1963) refers to the need to support the internal stability of all children as they grow and develop.

I have chosen to expand the term stability to this one called ‘sense of permanence’ because in this thesis I am trying to capture what stability might mean in the lives of children. I wanted to expand the idea of stability in order to explore the essence of the work that foster carers do to enable children to flourish rather than just keep them in a stable home. However, the more customary language of stability is also incorporated throughout the thesis, in part because it is the common parlance of much of the research literature and scholarship, as well as being a central concept if not an organising principle in out of home care policies and programs (Barber & Delfabbro 2003; Iwaniec 2006; Jones Harden 2004; Norgate et al. 2012; Rubin et al. 2007).

Both permanence and stability have been utilised in relation to the role of foster carers in order to explore their ability to assist children to feel a ‘sense of permanence’ when they are living with a foster family. In considering how to answer the four research questions, some secondary questions emerged. One of these was: ‘How do the foster carers help the child settle into the family, deal with some of their likely feelings of disconnection from family and community, build trusting relationships and allow the child the space to grieve while giving them messages of acceptance and belonging?’ All of these elements are acknowledged by researchers to date to be essential ingredients that facilitate the healthy development of children and, in particular, their sense of identity.

1.4.3 Internal stability

As outlined above, there is much in the fostering literature that refers to placement stability for children. Throughout the years of experience working with foster carers, I have witnessed a phenomenon where children settle into placement and appear to become more stable or settled in themselves as a result of a positive relationship experience with a foster carer. Erikson (1963) identified the need for what he called internal stability during the latency stage, for children 6 to 11 years of age. It is possible to compare internal stability as I conceptualise it, in part, to emotional security, which is mentioned in the foster care literature. Frey et al. (2008) present a study of the ‘Belonging and Emotional Security Tool’ which is used by Casey Family Services in the USA to assist foster carers and children to explore emotional security and belonging. Schofield (2002) writes about the ‘secure base’ provided by foster carers, where children are able to feel a sense of belonging with that foster
family. Cashmore and Paxman (2006) contend that the ‘felt’ security and continuity of relationships in foster care are two significant contributors to positive outcomes for the children once they leave care.

This concept of internal stability will be used throughout this study to describe the continuum of experience of the sense of belonging, stability and security that a child or young person feels in a foster family.

1.4.4 Corporate parenting

The origins of the term ‘corporate parent’ can be found in the United Kingdom (UK) in the early 1980s, when a large number of children in care were the responsibility of a group (or corporate) of large children’s charities (Senate Community Affairs References Committee 2004). Since then, the term has taken on the meaning of the whole of society, or community, inasmuch as children’s care is the responsibility of every citizen (Bullock et al. 2006). In this thesis, the term corporate parent refers to the individual or State entity (acting for the State) which is responsible for guardianship and decision making for children, under legislation. In other words, a corporation as defined in the Australian Pocket Oxford Dictionary (1976): ‘body of persons legally constituted as an artificial person authorised to act as an individual and preserve rights in perpetual succession’.

The State takes on this role of corporate parent when there has been some intervention by child welfare authorities and the child is placed away from their normal home. This could include a variety of different care options, including residential care, foster care, kinship care or secure care.

1.5 RESEARCH CONTEXT

During my time practising in the foster care sector, I have been interested in the impact of placement on children and foster carers and the lack of research in the area that can provide guidelines for policy and practice. A preliminary perusal of the literature confirms this observation. Bromfield and Osborn (2007) note that:

… there is an overall shortage of research … such that it is not possible to claim an adequate Australian evidence base for sound policy and practice decisions, or to be able to single out particular areas as a priority for research (Ibid., p. 35).
Cashmore and Ainsworth (2004, p. 10) concluded that there is insufficient investment, infrastructure and coordination in out-of-home care research in Australia. More recently, a large study of the English child care system concluded that research into the effects of placements is patchy and that there remain many gaps in knowledge in this area. That study highlighted the need for further research to inform managers and policymakers as to how to target services (Sinclair et al. 2007).

My research examines these issues from the viewpoint of foster carers themselves, representing their voices within the context of the fostering system.

In Western Australia, and throughout Australia, most children placed in care are placed with foster carers or kinship carers. The latest overview of child protection in Australia published by the Australian Institute of Health and Welfare shows that 94% of children in care are in home-based care arrangements. Of these, 39% are in foster care, 49% are in kinship care and 6% are in other care situations (Australian Institute of Health and Welfare 2017, p. 49).

Foster care is an umbrella term for a range of care arrangements, which vary in intensity, remuneration and accountability. The focus of this study is the care provided by formally registered carers with whom children in the care of the State are placed for a short or long period of care. The term foster care is used for a whole range of home-based care options from one end of the spectrum, kinship care, to highly specialised professional care. There are significant differences between stranger foster care and kinship (family) care, and it is only stranger foster care that is the subject of this study, for reasons that are outlined in Chapters Two and Three.

1.5.1 The complexities of researching foster care and foster carers
The foster care system in Western Australia is a mixture of generic and specialist services that have grown from charitable or church-based agencies providing community services and the statutory government welfare department providing residential and home-based care options. Recent growth in the foster care system in Western Australia has particularly been in the area of kinship or relative care. As ‘general foster carers’ (formal, registered, stranger carers to children) become more difficult to recruit, there has been increased reliance on relatives or people known to the child to take care of them. In Western Australia, about 43%
of children in State care are in relative/kinship care (Department for Child Protection and Family Support 2016a, p. 34).

For the purposes of this study, I refer to foster care as the formal care of children and young people in State care provided by general foster carers or strangers, not family or kinship foster carers. I make this distinction to limit the scope of this thesis. Unarguably, the issues facing relative foster carers, although often similar to those of non-family carers, encompass the unique connection that the relative or known person has to the child and the family dynamics that often underlie the care situation.

General foster carers are a clearly defined group. There is uniformity in their preparation and maintenance because all foster carers have to meet certain competencies and guidelines under State legislation (State of Western Australia 2004). General foster carers are fully integrated into the care system and they care for a generally defined group of children: those who are assessed as being suitable to live in family type settings and be integrated into the broader community. The age group of children cared for by general foster carers is from birth through to 18 years of age.

1.5.2 The Western Australian foster care system in context

The situation of increased dependency on an ever-decreasing number of foster carers is evident in Western Australia, creating an environment where foster carers are under increasing pressure to take more and more children into their care (Department for Child Protection and Family Support 2015c). In 2011–12, Western Australia was one of only two States and Territories in Australia where the net number of foster carers decreased (Australian Institute of Health and Welfare 2013). The situation has improved somewhat, and the latest figures indicate that in the financial year 2015–16, 332 households in Western Australia commenced fostering, while 199 households ceased fostering. In Victoria, South Australia, Tasmania and the Australian Capital Territory, more households exited than commenced foster care (Australian Institute of Health and Welfare 2017).

In the Western Australian Government-commissioned review of widely publicised criticisms of the (then) Department for Community Development’s ability to protect children, the consultant describes the WA out-of-home care system as ‘precariously beyond capacity’ (Ford 2007, p. 37) and reports her belief: ‘that the Department’s ability to provide adequate placements and quality support for children in care has been seriously eroded’ (Ibid., p. 37).
The situation described by Ford mirrors the international situation. In jurisdictions around the world, increasing numbers of children and young people are removed from their families and placed in care to protect them from abuse or neglect or because of the inability of their primary caregiver to care for them for reasons of mental or physical illness, incarceration or disability. And simultaneously, the capacity of out-of-home care systems to meet the demand and generate maximum beneficial outcomes for these children has come under significant pressure (Hayden & McHugh 2006).

1.5.3 Growth in numbers of children in care
In the decade between 1997 and 2007, the number of children in out-of-home care in Australia increased by 102%, from 14,078 to 28,441 (Australian Institute of Health and Welfare 2008). Nationally the rate of children in out-of-home care has increased each year from 2008 to 2012, from 6.3 to 7.7 per 1,000. In the five years from 2008 to 2012 there was a 27% increase in children in out-of-home care (Australian Institute of Health and Welfare 2013). More recent statistics indicate that there has been an 11% increase in the number of children admitted to out-of-home care between 2014–15 and 2015–16. Nationally, 3,035 more children were admitted to care in 2015–16 than were discharged from care (Australian Institute of Health and Welfare 2017).

The growth in numbers of children entering and remaining in care has been termed a crisis by some authors (Barber, Delfabbro & Cooper 2001; Ainsworth & Maluccio 2003; McHugh & Pell 2013). The crisis has manifested itself as reduced numbers of foster carers and increasing numbers of children requiring out-of-home care placement (Clare, Clare & Peaty 2006, p. 32). Despite what is apparently an increased dependency on placement as a key protective intervention for children facing adversity, and in the face of what has been described as the emerging crisis in foster care in Australia, the circumstances associated with successful outcomes for children placed in the care of the State continue to be under-researched (Ibid., p. 32).

1.5.4 Aboriginal children in care
Aboriginal children comprise about 53% of children in care in Western Australia, even though the Aboriginal population is only 3.1% of the total Western Australian population (Department for Child Protection and Family Support 2016a, p. 34). An Aboriginal child is more than 15 times more likely to be in care in Western Australia than a non-Aboriginal child (Australian Institute of Health and Welfare 2017).
The over-representation of Aboriginal children in foster care is an important factor in foster care because it impacts on all foster carers in Western Australia. Most foster carers in Western Australia are non-Aboriginal (Department for Child Protection and Family Support 2016a, p. 36) and are likely to have an Aboriginal child placed with them at some point in their fostering journey. The significance of being placed with foster carers who have different child rearing, kinship and other cultural traditions is that, unarguably, it has potential adverse consequences for an Aboriginal child (Paxman et al. 2014; Maclean, Taylor & O’Donnell 2017). The critical importance of belonging and identity for a child in care has been highlighted in much of the foster care literature (Thoburn 1994), and this is a factor in the Aboriginal child’s experience in care.

Culture is central to the formation of identity, and cultural understandings are arguably important in appreciating the experience of both children and foster carers (Foster Care Association of Victoria 2014). In this study, foster carers were asked to reflect on the ways in which they address issues of belonging and identity: generally, for all children in their care; and specifically, how they understand and respond to the need of Aboriginal children to stay strongly connected to their cultural identity.

1.6 WHAT I HOPE THIS STUDY WILL ACHIEVE

My hope in proposing this research is to add to the knowledge in the field of foster care and to influence change in the foster care system in order to ultimately improve the fostering experience for foster carers.

1.7 RESEARCH DESIGN

A qualitative method of enquiry is used for this study. The research is exploratory and located within the interpretivist framework of social constructionism. This perspective refers to the meaning constructed by human beings as they engage with the social world they are interpreting (Crotty 1998). The ontological framework within which this study is located is constructionist, recognising the uniqueness of the perception of each person and located within the systems and discourses available. Language, perceptions and identity of foster carers are important within this framework.

1.7.1 Data collection

Data collection for this study was done by in-depth interviewing. Potential interview subjects were contacted by the researcher through contact with key agency managers who expressed a
willingness to distribute information about the study. The interviews were semi-structured and conducted in the homes of study participants. More detailed information about data collection and study methodology is available in Chapter Three.

1.7.2 Study limitations
This study includes data collected from interviews with a small number of foster carers in Perth, Western Australia. Sampling did not attempt to differentiate care types, demographic backgrounds of carers or number of years of experience of foster carers. These factors mean that there is a limitation of the study in terms of the ability to generalise the outcomes of the study to other jurisdictions or to a broader range of foster carers. In addition, this study did not aim for saturation of points of view of participants; rather, it aimed to gain an understanding of the experiences of the foster carers who agreed to participate. The choice of limiting the study cohort to ‘stranger’ foster carers, rather than including kinship or family carers, as they are known in Western Australia, is also a potential limitation of this research. This is discussed further in Chapter Three.

1.8 SUMMARY
The voice of foster carers is largely missing from the research and practice literature in the field of foster care. Better understanding of the support needs of foster carers and of the nature of the work that they do is essential so that their voices are visible as key stakeholders in the care system. The study is informed by the first voice stories of foster carers rather than the more distant ‘dominant voice’ (Crotty 1998) of researchers, policymakers and practitioners who traditionally are able to express views and have information disseminated.

This research considers the relationship between foster carers and children in their care as a crucial mediating factor in the child’s care experience. However, this thesis is about more than relationships. It is about understanding of role and the system within which role is shaped, about children’s journeys in foster care and their associated needs. Out of these understandings, I anticipate that a more nuanced appreciation of the child/carer relationship will emerge that will assist practitioners to facilitate the child’s journey in developing ‘internal stability’.

1.9 ORGANISATION OF THE THESIS
The sequencing and structure of this thesis has been developed diagrammatically to map the thematic detail. This diagram is available in Appendix A.
This research is presented in nine chapters. Chapter One outlined the justification for the study and summarised the purpose, focus and key conceptual frameworks.

Chapter Two explores the conceptual and theoretical frameworks that inform this study. That chapter looks at the existing literature, provides information and analysis about the sociopolitical context and the fostering system in Western Australia, and proposes an understanding of the research in relation to what is proposed in this study.

Chapter Three describes the research design and methodology used for this research study. It includes the selection of participants, methods used, ethical considerations, limitations of the study, data collection and data analysis procedures.

Chapter Four explores foster carers’ voices in relation to the first research question. The chapter addresses how foster carers understand the child’s journey in foster care and what they understand of the impact on children of placement in care.

Chapter Five looks at the second research question, how foster carers understand their role in relation to the children in their care. It also focuses on how their relationship with the child benefits or impedes the child’s journey in their care.

Chapters Six and Seven focus on relationships between foster carers and the children in their care and how the foster carers view these relationships. The sense of permanence and stability that children in care form as a result of the connection with foster carers is also examined in this chapter. These chapters focus on research questions three and four respectively.

Chapter Eight synthesises the data from the previous chapters and brings them together to suggest a conceptual framework for relationship-based fostering. In that chapter, the three stories of the research converge to propose answers to the research questions.

Chapter Nine provides a summary of the entire study, discussion of the findings, implications of the findings for theory and practice, recommendations for further research, and conclusions.
CHAPTER TWO:
THE LITERATURE, CONTEXT AND CONCEPTS

This chapter contextualises this study by introducing the systemic and conceptual issues as presented in the literature. The overarching exploration in this chapter is of what the research scholarship and literature say about the history, role, function, demands and changes in foster care and how foster carers manage and adapt to the demands of their roles. A primary premise underpinning the study is that carers play a critical role in mediating the child’s journey in care. The purpose of this chapter is to examine how this role is articulated in the literature and how it is seen to impact the life of the child in care. The chapter also explores overlaps and gaps in the literature and the presence or absence of the carer’s voice.

To contextualise current understandings of the role of foster carers, the chapter commences by reviewing historical developments in the international, national and Western Australian care system; it reflects particularly on changing constructions of the role of relationships between carers and the children placed with them. This exploration is further contextualised by the provision of a broader historical consideration of the out-of-home care system and, specifically, by a description of different constructions of how the work that foster carers do has been, and is, perceived.

Two of the research questions for this study are structured around the notions of permanence, belonging and identity of children in foster care. Therefore, a consideration of the child development, attachment and identity literature as it relates to foster care is addressed in some detail. Two parallel and equally important themes associated with the research questions are explored in some depth. The first of these is the nature of the child’s journey through the foster care system and what research has illuminated about the impact of foster care on the child’s sense of permanence and internal stability. Concepts critical to this exploration are: identity; belonging; permanence or impermanence; and a sense of place and of the past, present and future. The second theme is what the current research can elucidate about the understanding foster carers have of their own role and particularly how they understand the nature of that relationship as a mediating factor in the care journey of the foster child in their care.
The thread that connects these various topics throughout the chapter is understanding of the foster carer’s significant mediating role in the child’s experience of being in the care of the State.

2.1 LITERATURE REVIEW STRATEGY

In planning the strategy for the literature review for this study, the depth and breadth of available literature in the field was considered. Foster care itself is a broad field, and the specific concepts that are the focus of this study, particularly around permanence and stability as a sub-genre of foster care, were the priority for search. However, the literature is not necessarily well defined around those terms and so it was important to begin with a search of some of the general foster care literature and narrow the search based on references gleaned from the first round of searching. Given that the development of this study occurred over nearly nine years, it has been important to ensure that literature reviewed is up to date.

2.1.1 Plan for search of sources

The starting point of the search for relevant sources was to identify some of the key search terms required for the study. Initially, this search started very broadly and then narrowed to provide a manageable and targeted library from which to draw. The initial key search terms and then tighter search fields are outlined in the table below, along with the databases and other search mechanisms employed for the study. The terms were searched both in isolation and together (using Boolean search methods), with a variety of combinations being used to broaden search criteria.

**Figure 1 Literature Review Search Terms**

<table>
<thead>
<tr>
<th>Initial search terms</th>
<th>Second order search terms</th>
<th>Databases and other search mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster care</td>
<td>Fostering + identity</td>
<td>One Search (UWA library website) – covers multiple databases</td>
</tr>
<tr>
<td>Caring</td>
<td>Foster care + identity/ permanence/belonging</td>
<td>Google Scholar</td>
</tr>
<tr>
<td>Permanence</td>
<td>Sense + of + permanence</td>
<td>ProQuest</td>
</tr>
<tr>
<td>Stability</td>
<td>Foster + care</td>
<td>SocIndex</td>
</tr>
<tr>
<td>Identity</td>
<td>Foster + child</td>
<td>Sage Journals Online</td>
</tr>
<tr>
<td>Fostering</td>
<td>Foster + children</td>
<td>FAMILY – Australian Family and Society Abstracts</td>
</tr>
<tr>
<td>Corporate parent</td>
<td>Foster + development</td>
<td>ERIC</td>
</tr>
<tr>
<td>Corporate parenting</td>
<td>Permanence + identity</td>
<td>Academic Search Premier</td>
</tr>
<tr>
<td>Legal parent</td>
<td>Placement + disruption</td>
<td>Social Sciences Citation Index</td>
</tr>
<tr>
<td>Foster carer</td>
<td>Placement + breakdown</td>
<td>Wanslea Family Services</td>
</tr>
<tr>
<td>Child</td>
<td>Placement + stability</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>Long + term + care</td>
<td></td>
</tr>
<tr>
<td>Childcare</td>
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</tbody>
</table>
Resources that resulted from these searches were then categorised according to specific focus and potential usefulness for this study. From there, a further review of references from the most useful literature resulted in another annotated bibliography from which to draw the next round of literature. While the field of literature to be cited in this study narrowed gradually, other, more broadly descriptive foster care studies and reviews were retained to provide context.

2.1.2 Terms of reference

After searching the sources as described above and accessing a wide variety of different types of documents, I identified terms of reference to review the literature, particularly with the research questions in mind. The studies which deal with the broad notion of fostering as intervention, within which to frame the study, were identified. The next key literature sets to be reviewed were where there was explicit exploration of foster carers and their interaction with foster children, or the foster carer’s own biological children. The dynamics of the fostering family were of particular interest, as were foster carers’ own views of their role and place within the foster care system. Literature that framed the argument around stability and permanence in care, the child’s sense of belonging and identity and the potential impact of a foster carer on the child’s experience was also prioritised. This includes sources which deal with child development in care, attachment and related issues.

The grey literature provided some more practical context, in particular, proceedings of foster care conferences, position papers of foster care associations and articles by practitioners.

Key comparator studies were searched. No direct comparison research was found; however, some with similar themes and foci were sourced, some of which are covered in the next section.
2.2 SEARCH FOR KEY COMPARATOR STUDIES

Part of the review of the literature for this study focused on finding some key comparator studies to use as reference points for this research. The key search terms for these studies were structured around foster care, identity, sense of belonging and permanence.

Moran et al. (2016) provide a useful starting point on the literature on outcomes for permanence and stability in foster care. This scoping review features a wealth of recent literature, particularly from Ireland and also from international researchers and academics from which to draw. The evidence that is collated in this report which is pertinent to this study is that outcomes for children in care around permanence and stability are contextual and multifactorial. Significant factors on outcomes for children in foster care include the age that children enter foster care and the length of time that children spend in care. In addition, the findings of some studies in this scoping review acknowledge the complexity of family dynamics in the foster situation and the impact that this has on permanence and stability (Ibid., p. 6).

Pithouse and Rees (2014) explore the daily lives of the foster families whom they research and present a comprehensive overview of what is working well and what could be improved for foster families in the UK. This study has application to other Western countries and focuses on families which their support workers judged to be successful foster carers providing ‘durable good care’ (Ibid., p. 14), in order to extract some data which shows primarily what works in foster care. This research is a small, qualitative study which shines a light on good practice within foster families and between foster families and their support staff. The premise of the study authored by Pithouse and Rees shares some of the intent of this study in that it has extracted rich data on how foster carers work in order to help to positively shape the lives of children in their care.

Biehal (2014) writes about the importance of subjective as well as objective permanence in a study which interviewed foster children and foster carers about their experiences. The focus was on how children and carers navigate the complexity of the child being located with the foster carer but having a sense of belonging to their birth family and foster family. Biehal found the interaction of multiple factors contributed to the child’s feelings of permanence and belonging. The framing of the study conducted by Biehal resonates with the starting point for this research study, in that it is the child’s sense of belonging and internal stability that is being studied.
Blythe’s (2013) study on the experience of women who were long-term foster carers in Australia is one piece of research that provides a useful point of reference for this study. Blythe’s study is qualitative, as this study is, and reveals that those women who provide long-term foster care for children view themselves more as mothers, rather than carers. This finding is an important comparison point for this study, where foster carers were also interviewed and their experiences are documented in terms of how they view themselves.

Frey et al. (2008) suggest that a key issue in achieving permanence for children in care is the level of emotional security felt by children and young people, including the factors that help and hinder how they build secure emotional attachments to foster carers. The term ‘emotional security’ is similar to the notion of ‘internal stability’, which is a term used in this study to describe the condition where a child has developed a strong relationship with the foster carer and is able to feel a sense of belonging and security in placement. Frey et al. describe the development and use of a tool called the Belonging and Emotional Security Tool (BEST) which assists foster carers and children to build their relationships and have discussions about what belonging is about in the fostering context.

Holman (1975) conducted comparative research into children who were fostered by private agencies and local authorities in England and reached some conclusions that are relevant to this study. He differentiated between ‘inclusive’ and ‘exclusive’ types of foster carers based on the foster carer’s style and how they included birth family, social workers and other key stakeholders in the care of, and planning for, the child. This research, although now over 40 years old, continues to have relevance because similar themes are evident in this study. The findings of this study also reflect differences in styles of fostering along these lines.

There are some studies which look at the experience of the child moving into and out of foster care, but which give little or no account of the foster carer’s point of view. Goodyer (2016), Vanderfaeillie et al. (2013) and Thoburn et al. (2012) for example offer insight into the outcomes for children at various stages of the care journey. In terms of comparison to this study, the fact that foster carers do not feature prominently in these studies make the studies less relevant to explore in any detail.

Other contemporary researchers who have conducted a range of different studies in the area of foster care are Nikki Luke and Judy Sebba at the Rees Centre at the University of Oxford. They have authored and edited studies and reviews of literature in topic areas such as recruitment and motivation of foster carers, peer support in fostering and the placement of
siblings in foster care and associated outcomes. These studies and literature reviews inform the broader literature that is relevant for this study, but they are peripheral to the specific topic area covered here.

2.3 FOSTER CARE—HISTORICAL AND IDEOLOGICAL DISCOURSES

In order to put foster care and the role of foster carers into context, this section establishes some historical and ideological background to foster care as an intervention. The role of foster carers has changed as the sociopolitical landscape has required different responses of foster carers. It is difficult to provide a concise history of foster care, because its development has been so varied across the world. The understanding of what foster care is also differs according to regional differences and historical contexts. As the definition of foster care itself is contested, it is not necessarily useful to compare the systems of care in each country and how they developed. What is offered here is a brief overview of how the modern concept of foster care in Western industrialised countries has grown over the last century.

Foster care has developed differently in different countries, depending on a variety of factors. These include government priorities, community development, cultural considerations, level of industrialisation, colonisation and myriad other historical reasons (Delap & Melville-Fulford 2011). The concept of foster care may include care of children by a variety of different people in a child’s network or outside their community. It can encompass kinship or relative care, meaning that the child is cared for by a relative or person who is known to the child. Foster care may include care provided in group home arrangements, where a child or sibling group resides in a home provided to live-in carers by an auspicing agency, either government or non-government. What all foster care arrangements have in common is that the child is not in the full-time care of their biological parents (Australian Institute of Health and Welfare 2013).

Foster care as a formalised system of out-of-home care is prevalent mainly in Western countries and has, in some ways, replaced the care of extended family when parents were unable to care for their children. Foster care started as informal arrangements between family members and also between families in local communities and towns who required help with looking after children. In the United States (USA), the UK and Australia, the development of foster care started in the charitable sector, with individuals or faith-based organisations taking action to assist families or street-present children who were orphaned or abandoned (Children’s Aid Society 2013; Keating 2013). When a parent or parents were sick, deceased
or otherwise unable to look after their children, family, friends, neighbours and sometimes strangers would help and care for children in their homes (Liddell 1993).

The modern day notion of foster care, which is prevalent in mainly Western, developed countries, involves the care of children by either relatives or strangers, in the foster carers’ homes in the community. In most Western countries, the foster care system is legislated and structured, with supporting standards of care and regulations to attempt to ensure that children are cared for well. Where there is an organised system of foster care, the State generally controls both entry of children into foster care and also the assessment and approval of foster carers (Delap & Melville-Fulford 2011).

The developing role and delegated authority of carers has changed as foster care has become more regulated and more closely scrutinised by State welfare authorities (Tomison 2001). However, the past history of informal foster care has influenced the volunteer nature of the current role, even though there has been significant professionalisation which is described in more detail further on in this chapter.

2.3.1 Fostering history and discourse in Australia

Foster care has been occurring in Australia almost since the first settlers arrived in New South Wales in 1788. Liddell (1993) reports that abandoned or neglected children were placed with approved families and the first orphanage was founded on Norfolk Island in 1795. Traditionally, families sought support from extended family, neighbours or friends in their community when they required some assistance. Foster care emerged from informal beginnings as a response to a need to have children placed outside their families when informal support structures were not available. These arrangements were usually supervised by voluntary ladies’ committees (Swain 2013).

Since the early 19th Century, in Australia, there has been debate over the relative benefits of residential care and foster care. Institutionalisation progressed through until at least the middle of the 19th Century, with some significant growth in numbers of children being abandoned and neglected as a consequence of population increases and the gold rush. Throughout the 19th and the first half of the 20th centuries, children were placed in large institutional facilities when they could not be cared for by their parents. These institutions remained the main form of out-of-home care until home-based foster care was revived in the post-World War II period.
The rise of foster care continued throughout the late 20th Century, and administration of foster care was taken over by State and Territory Government authorities (Swain 2013). Writing about developments in the 1960s, Mowbray and Mason describe the shift from a reliance on institutional care towards a care model more closely aligned to the values of the nuclear family. According to these authors, this was the catalyst for the deinstitutionalisation of care for children in Australia in that decade (Mowbray & Mason 1993).

The deinstitutionalisation of the care system was based on a social policy preference for family-based care for children. The ability for institutional facilities to meet the parenting needs of children was questioned, as was the impact on children’s attachment when living in an environment with multiple caregivers (Tomison 2001). Foster carers were seen as potential key mediators for children in care (Lonne et al. 2009) and, although the voluntarism of the role was still prevalent, there was recognition that foster carers had a place in the parenting parent role as defined by Fahlberg (2012).

2.4.2 Prevention and reunification services
In the USA, as recently as 1980, the legislative and funding shift towards preventative services, where the aim was for reunification of families, meant a shift in social policy from family breakup to family maintenance (Hacsi 1995). This has also been noted in the Australian literature. In their review of out-of-home care literature and policy in Australia, Smyth and Eardley (2008) state:

> Child protection has been characterised historically by pendulum swings in policy between emphasis on family maintenance and on child removal. Nevertheless, the underlying priority in most jurisdictions is now to keep children with their original family wherever possible. If children are placed in care, the goal is ultimately to reunite them with their families where appropriate (Smyth & Eardley 2008, p. v).

Foster carers are asked to look after children in the interim, while child protection authorities and other agencies work with biological families to assess the optimum level of reunification (Senate Community Affairs References Committee 2004).

The place of foster carers in prevention and reunification services in Australia is contested and varied. The discourse of including foster carers in work with birth families when reunification is being attempted is very new and is very difficult to find in the literature. Through practice, more positive stories of strong relationships between foster carers and birth
family members have emerged, but it is often considered too difficult to work in an inclusive way with foster carers (Terry 2013).

2.4 THE SOCIOPOLITICAL LANDSCAPE IN WESTERN AUSTRALIA

In order to provide a context to the carer’s understanding of a child’s care experience in Western Australia, it is first necessary to set the scene and examine the sociopolitical context within which child placement in care takes place. This societal backdrop naturally has some impact on foster care, on the system of caring for children and on the experiences of those providing that care.

Western Australia is a geographically and culturally diverse region. It is a State of 2,525,500 square kilometres and a population of just over 2.2 million people. Over three-quarters (78%) of the State’s population live in the greater metropolitan area of Perth (Australian Bureau of Statistics 2012). The 2011 census data has confirmed that Western Australia is the fastest growing State in Australia, with the population increasing by 14.3% between 2006 and 2011. This is significantly above the national growth rate of 8.3% (Ibid.).

In comparative global terms, Western Australia is a relatively wealthy State, with an economy that is buoyed by the rich mineral, oil and gas resources that are mainly in the North West of the State. At the time of commencement of this study in January 2008, Western Australia was the best performing economy in Australia. According to a 2013 report released by Deloitte Access Economics, the Western Australian economy grew twice as fast the rest of Australia in 2011–12. WA's economy grew by 6.7% in 2011–12, compared to 3.5% for the rest of Australia (Deloitte Access Economics 2013). The more recent outlook is less buoyant, with growth softening and contractions in job creation and business investment. In short, the outlook for Western Australia economically is less optimistic than in the previous five years (Deloitte Access Economics 2015).

2.4.1 Social inequality

Socially, the population in WA is diverse, with an increasingly cosmopolitan society and the extremes of wealth and poverty being represented. As with many developed economies, there is a high rate of social mobility and family instability, particularly with people moving to the State from interstate and overseas to work in the resources sector. The Australian Council of Social Service (ACOSS) reports that Western Australia has the highest level of income
inequality in Australia, meaning that the gap between those earning the most and those earning the least is greatest (Australian Council of Social Service 2015).

2.4.2 Impact on fostering
This social disparity is significant for this study because there is a flow on impact for the recruitment and retention of foster carers, who tend to be mostly in the low and middle income brackets in Australia (McHugh et al. 2004). Although McHugh’s study is now more than 10 years old, there is no more recent data publicly available in Australia on the profile of foster carers. Anecdotally, in Western Australia at least, this situation appears not to have changed. The cross-section of foster carers interviewed for this study certainly fits this profile.

Osborn at al. (2007) argue that: ‘The most common reasons given for not fostering are the disruption to the person’s own family circumstances and the financial costs associated with foster care’ (Ibid., p. 3). Together, this trend and the economic imperative to support their own families with an increasing cost of living have meant that fewer community members are volunteering to become foster carers. While the need for foster carers has been rising, in Australia and internationally, there are decreasing numbers of individuals willing to foster. As noted by Bromfield et al.:

In Australia and internationally, while the need for foster carers has been rising, there are decreasing numbers of individuals willing to foster. This has been attributed to the greater participation of women in the workforce, the inadequacy of remuneration provided to carers, increasing expectations of carers, and attrition as existing carers age (McHugh 2002b; Siminski, Chalmers & McHugh 2005), cited in Bromfield et al. (2007, p. 2).

These factors (along with other issues such as the challenging behaviours of children in care and inadequate support) have also contributed to decreased retention rates for existing carers. (Bromfield et al. 2007; Siminski, Chalmers & McHugh 2005).

The pressure on the fostering system outlined above is relevant to this study because it influences the experience of foster families. As the pool of available foster families decreases, while referrals of children to foster care services increase, foster carers are under increasing pressure to take multiple placements and to keep children in their care longer, because alternative placement options are limited (Australian Institute of Health and Welfare 2013).
To further contextualise the child’s journey as seen from the foster carer’s point of view, we must first understand some of the issues surrounding children in care in Western Australia.

### 2.5 PROFILE OF CHILDREN IN CARE IN WESTERN AUSTRALIA

In Western Australia 975 children entered care in the year from 1 July, 2014 to 30 June, 2015. Of these children, 53% were aged four and under, while 20% were aged 10 or older (Department for Child Protection and Family Support 2015a). Of the 4,503 children in care in Western Australia on 30 June 2015 (a nearly 6.5% increase from the previous year), nearly 52% were Aboriginal (Department for Child Protection and Family Support 2015a). This shows a massive over-representation of Aboriginal children in care, especially considering that Aboriginal people comprise only about 2.5% of the population (6.7% of the population under 18) in Western Australia (Australian Bureau of Statistics 2012). Another significant indicator of the current issues in the care system is that children in care are coming in younger and staying in care longer than in previous years (Department for Child Protection and Family Support 2015a, p. 44).

Because of the lack of statistical specificity, it is not possible to accurately determine the number of children who were placed in foster care in Western Australia during the financial year 2014–15 as it is defined in this study. However there were 1,735 children in general foster care arrangements on 30 June 2016. This represents about 37% of the total number of children in Departmental care (Department for Child Protection and Family Support 2016a). According to the last census data, there were 538,963 people in Western Australia under the age of 18. The proportion of children in care is around 6.9 per 1,000 which is lower than the national average of 8.6 children per 1,000 (Australian Institute of Health and Welfare 2017).

The latest national statistics indicate that the rate of Aboriginal children in care is 10 times the rate for non-Aboriginal children. In Western Australia, the rate of Aboriginal children in care is more than 17.5 times the rate for non-Aboriginal children (Australian Institute of Health and Welfare 2017). These figures include children who were placed in residential care and also those who were placed with relatives. Nationally and in Western Australia, about 66% of Aboriginal children reside with kinship carers (Ibid.). Due to the over-representation of Aboriginal children in care, the issue of the cultural needs of children and how they are taken into account is an important one to explore, because it builds the picture of the care system and the profile of children in care in Western Australia.
2.5.1 Cultural needs of children

The cultural needs of children are significant in the care system inasmuch as children from Aboriginal, and children from culturally and linguistically diverse, backgrounds are over-represented and are often placed with carers from cultures other than their own. As was mentioned previously, Aboriginal children make up more than 50% of the children in care in Western Australia (Department for Child Protection and Family Support 2015a). It is not clear how many Aboriginal foster carers are registered in the State, but, according to the latest data, about 66% of Aboriginal children are placed with relatives/kin, other Aboriginal caregivers or in Aboriginal residential care (Australian Institute of Health and Welfare 2017). This does not necessarily mean that the cultural needs of this 66% are being met, because it is possible that the Aboriginal caregiver could be from a different cultural group from the child. In addition, there is the 34% of children that are placed with non-Aboriginal caregivers.

According to Bromfield et al. (2007), some of the reasons for the difficulties in recruiting Aboriginal carers include the small population, meaning a smaller pool from which to draw potential carers, existing care responsibilities and an ageing population (Bromfield et al. 2007).

Connection with culture is a basic need of a child in care, and, according to CPFS’s policies, ‘the development of cultural plans is a requirement of case planning’ (Richardson, Bromfield & Higgins 2005, p. 85).

2.6 WHY CHILDREN ARE PLACED IN CARE

Under Western Australia’s Children and Community Services Act 2004, a child may come into foster care on an emergency basis as a result of a crisis or a notification of suspected abuse or neglect by someone who knows the child (State of Western Australia 2004). The placement of the child may be planned or unplanned, with or without the parents’ approval. The child’s family may consent to the child’s coming into foster care, or the decision may be made by child welfare authorities. Admission into care can be a traumatic time for the child because they are taken from their family and placed with strangers. It can be particularly stressful if this occurs at night or in an unplanned way, where the parents or other family caregivers have not given consent.

Accurate data detailing reasons that children are placed in care in Western Australia is not publicly available. The Australian Institute of Health and Welfare (AIHW) does provide data.
for notifications and substantiations of abuse and neglect which has some correlation to the reasons that children are placed in foster care. According to the latest AIHW data, over the last five years, substantiations for emotional abuse have increased slightly, while substantiations for neglect, sexual abuse and physical abuse have remained steady (Australian Institute of Health and Welfare 2017, p. 33). In Western Australia, substantiations for neglect are around 29% of the total, while emotional abuse accounts for about 35%, physical abuse 18% and sexual abuse about 18% of substantiations of harm to children (Ibid., p. 23).

The Children and Community Services Act states that a child must be at significant risk of harm or at risk of neglect, where provision has not been made for the care of a child, before the State can take them into care under a legal arrangement such as a protection and care order (State of Western Australia 2004). However there are other circumstances where children and young people are voluntarily placed in foster care because a parent is unable to look after the child and agrees to placement in foster care.

In Western Australia, under the current legislation, a child can be put on a provisional care order for up to two years, or a care order until they are 18 years of age (State of Western Australia 2004). However, there is no permanent care order as such, and even orders until 18 can be, and often are, challenged and overturned by the court, sometimes even after some years. This results in a system characterised by impermanence and transience for children.

2.6.1 Implications for foster carers—decision making and matching
As a result of the high threshold of entry into care, the levels of children’s need which foster carers are likely to be required to meet are high. Children who have experienced chronic abuse and neglect are likely to require significant therapeutic intervention on a day-to-day basis from foster carers. This means that foster carers need to be prepared for children who present complex and difficult-to-manage behaviour.

In terms of decision making for child protection authorities, there are issues to consider, including, most importantly, the value of bringing the child into care versus supporting the child and family in the home situation. As Fahlberg states: ‘the deficiencies of the current situation must be balanced against a realistic picture of what foster care can offer’ (Fahlberg 2012, p. 185).

There are several important factors that should be considered when a child is placed into care. Pre-planning is recommended as a way to consider the bio-psycho-social impact of placement
on the child. Fahlberg notes that the time taken to remedy the situation when placement planning is poor and there is a disruption is usually more than the time required to plan adequately in the first place (Ibid., p. 177). The opportunity to plan the best possible placement intervention, including such factors as geographical proximity to significant networks for the child, what type of care family would best suit and also what supports are required to meet the needs of the child, is critical for good outcomes for the child. In addition, the opportunity to prepare the child for the move into foster care from their birth family is ideal where possible (Ibid.).

2.7 IDENTIFIED PROBLEMS IN THE FOSTERING SYSTEM

The problems that currently exist in the care system in Western Australia are present to some extent in other jurisdictions, nationally and internationally (Fernandez & Barth 2010; Wood 2008). These challenges include increasing numbers of children entering care, a reduction in the number of foster carers being recruited, the reliance on relative foster care and a reduced number of beds within residential care units (Senate Community Affairs References Committee 2004). For example, there has been almost a 6% increase in children in foster care in WA from 2013–14 to 2014–15 (Department for Child Protection and Family Support 2015a). In addition, the instability of placement is a significant issue, with many children in care experiencing multiple placement changes (Delfabbro, King & Barber 2010; Rubin et al. 2007). In a 2008 survey of children and young people in care in Queensland, almost 20% of respondents were concerned about having to move to a different placement in the next few months (Commissioner for Children and Young People and Child Guardian 2008).

While there is no correlating data available on the number of foster carers, anecdotally, the number of available placement options is not keeping up with the increase in children coming into foster care. According to some limited research in this area, recruitment of carers is a concern for most States and Territories (Delfabbro, King & Barber 2010; Osborn et al. 2007), and one solution that has been suggested and debated for a number of years is the professionalisation of foster care (Butcher 2005).

Within Australia, each jurisdiction has grappled with the complexities of child protection in recent times, resulting in several major reviews of States’ and Territories’ child protection systems. As a consequence, there has been a realignment of functions in some jurisdictions and an increased investment in services (Ford 2007).
2.7.1 Reviews of care systems—towards change?

Reviews of child protection and care systems across Australia are not uncommon and are usually prompted by a significant event, such as the death of a child in care or evidence of systemic abuse or misuse of power.

In 2000, an inquiry into Substitute Care in NSW by the Community Services Commission had the following to say:

Too often key decisions are made on an ad hoc or by chance basis. How a child or young person enters care, where they are placed, the quality of the care they receive, how many placement changes they have, whether or not they keep in touch with their family or friends, whether they feel loved and wanted and what happens to them after care are often determined by what is available at the time and the efforts—or lack thereof—of individual workers or carers, rather than by careful planning around the individual needs of the child within a well functioning support and care system (NSW Community Services Commission 2000).

In 2008, the Report of the Special Commission of Inquiry into Child Protection Services in NSW (known as the Wood Report) was released. This report recommended wide-ranging changes to the child protection and foster care system in NSW.

Similar issues have been documented in Western Australia in a review of the former Department for Community Development (DCD). In this report, the Chair of the review, Prudence Ford, stated that the system was ‘close to collapse’ and that ‘it is therefore time for a different approach’ (Ford 2007, p. 37)

In a more specific comment on the foster care system in Western Australia, Ford writes:

Evidence also shows that there are an increasing number of children experiencing multiple placements due to limited care placements and there are also many good care providers (i.e. foster carers, relative carers, group homes, hostels) that are being asked/pressured to accept more children than is appropriate. This ‘over-crowding’ often results in placement breakdown and/or further damage and trauma to the child (Ford 2007, p. 38).
The Ford Review made 70 recommendations to address deficits in the child protection system, including a number of recommendations regarding improvements to the foster care system in Western Australia. These included, but were not limited to, the following areas:

- Recruitment and training of carers should be improved.
- Subsidy and other supports for carers (including respite) should be increased.
- Carers should be respected and valued, and their opinions should be sought about care issues.
- Adequate information should be given to carers to enable them to provide quality care to children and young people (Ford 2007).

On 1 July 2013, the Queensland Child Protection Commission of Inquiry recommended sweeping reforms to the child protection system, citing under-resourcing of early intervention programs, a highly risk averse culture and pressure from other parts of society on the Child Safety Department as the major issues facing the system (Queensland Child Protection Commission of Inquiry 2013).

These reviews and changes to the child protection systems often have a profound impact on foster carers, and yet few report being involved or consulted as key stakeholders of the reviews. One foster carer in my study commented:

> I feel like we are always the last ones to find out about anything from [agency] about changes in the foster care system. I would like to have more input into making the system better, but I think professionals think that all we are good for is caring for children (Participant 8).

### 2.7.2 Other systemic issues

The pressure on the foster care system outlined above impacts on foster carers who rely on the support of those developing and implementing policy and procedure. Foster carers are a key stakeholder in the fostering system, and their ability to influence change or to effectively perform their caring role depends on how the key support staff, advocates, policy makers and legislators within the system are able to meet their needs.

There has been strong interest from practitioners and policymakers in the foster care sector in Western Australia in expanding the number of placements available for children and young people, and also the range of placements to suit the varying needs of children coming into care. There is also a drive for universal sector standards by which each program and service
can be evaluated and held accountable. Both of these come under some proposed reforms to the out-of-home care sector in Western Australia (Department for Child Protection and Family Support 2015b; Department for Child Protection and Family Support 2015c).

There has been some work done in this area in the last 10 years, with the ‘Better Care, Better Services’ standards being introduced in 2008 as a set of minimum standards for foster care and residential services throughout Western Australia. These standards apply to government and community service agencies alike and have been developed in consultation with foster carers, children and young people and community service agencies (Department for Child Protection 2008). This example of consultation and collaborative system improvement is happening more in Western Australia, but the challenge for government is finding viable ways to include foster carers in meaningful consultation. Although the Foster Care Association of Western Australia includes the representative voice of some foster carers, a large proportion of foster carers are unrepresented and are not actively engaged in systems review or change when it occurs.

2.8 THE CHANGING CONTEXT OF THE CARE SYSTEM

As a result of social policy changes and shifts within society as a whole, the perception of the role of foster carers has changed with time. Throughout all of the 19th Century and much of the 20th Century, children were often separated from their parents, placed in institutions and raised—sometimes without contact with parents or family members. In the last 20 years, social policy commentators in many industrialised, developed countries are reporting a shift in policy and practice to acknowledging the importance of connection with birth parents and extended family and the value of the primary parental relationship, even if the child cannot live with their family full time (Mallon & Hess 2005; Hutchinson & Sudia 2002; Lonne et al. 2009; Reich 2005).

The care system, as defined in this study, incorporates all of the agencies and individuals which are either legislatively or voluntarily tasked with providing care and services to children and young people who are not able to live with their birth parents. This includes statutory agencies, non-government providers, foster carers and professional and para-professional staff who are employed to support foster carers and children in care. Although there are some individual differences in care systems in different countries, the general system structures and processes are similar in most Western countries.
An example of the changing context and perceived role of foster carers is evident in the UK, where the reliance on foster carers to look after children seems to have grown from a financial, as well as a philosophical, imperative. Nutt (2006) points out that, in the 1970s, there was a crisis in institutional care and a lack of confidence that adequate care was being provided to children and adolescents in residential facilities. At the same time, foster care was recognised as a cheaper alternative to residential care. These factors, combined with the notion that every child deserved a ‘normal family life’, meant that ‘fostering became part of institutionalised welfare’ (Ibid., p. 6).

2.8.1 Western Australian systemic reform

Prudence Ford provides a view of the Western Australian context in the last decade in her comprehensive review of the child protection and care system in Western Australia in 2007. Ford highlights the precarious position of the system and states that the ability of the Department for Community Development to properly care for children “has been seriously eroded” (Ford 2007, p.37).

Although there have been reforms in CPFS since the Ford report was released, anecdotal evidence suggests that there is still a view from foster carers and practitioners that the care system does not provide a standard of corporate parenting that meets the needs of children adequately. There is very little research or statistical analysis specifically on placement moves or disruption in foster care in Western Australia. There is also nothing in the literature on the impact of foster carers in Australia on stability. This is one of the areas that this study addresses by specifically exploring foster carers’ understanding of their role in relation to the stability of children in their care.

Osborn and Delfabbro (2006) included some Western Australian children in their research sample when they studied placement disruption in out-of-home care. One of the key findings of that study was that over 90% of children who experienced significant placement disruption also had a family history of significant trauma (Ibid.). An earlier study in South Australia by Barber and Delfabbro concluded that placement instability did not necessarily have a significant impact on psychosocial outcomes for children in care (Barber & Delfabbro 2003). The messages from research in Australian contexts are limited and mixed. There is a clear need for more research in this area in Australia.

The latest available Australian data indicates that 80% of children in care on 30 June 2016 had been in their placement for one year or longer. Twenty-six per cent had been in their
placement for two to five years and a further 40% had been in the same placement for five years or more (Australian Institute of Health and Welfare 2017). The figures for Western Australia are similar to the national figures.

2.9 FOSTER CARE: ISSUES FOR CHILDREN AND CARERS

Any study of foster care and the experience of foster carers requires some examination of what the experience is for children for whom they care (Barbell & Freundlich 2005). This study focuses primarily on foster carers, but the dynamic between children and foster carers is an important point of investigation to help contextualise the foster carers’ experiences (Goodyer 2016). This section explores some of the issues for children in care as they relate to foster carers and their relationships with children. As reported in the literature, some of the critical issues for children are around the separation from family and confusion about their sense of belonging and identity when they are placed in care (Goodyer 2016; Schofield, G & Beek, MM 2014). In addition, the child’s attachment and the impact of placement in foster care on the child’s development are key factors to be explored.

2.9.1 Children’s separation and loss

Fahlberg (1994) writes in some detail about the separation and loss experienced by children who are brought into the care system. Apart from the separation from primary attachment figures and other significant people, a child is often also disconnected from their community, school and familiar surroundings. Fahlberg notes also that the previous life experience of many children placed in care is typified by deprivation, physical, emotional and social, and argues that the way the trauma and distress resulting from this dual burden of deprivation and separation is managed within the care system has significant implications for the immediate and long-term wellbeing of placed children.

Bowlby’s work on attachment theory informs our knowledge of maternal deprivation. Bowlby studied the impact on children who were hospitalised or institutionalised of separation from their parents. His work provided the basis for the current awareness of the impact on children who are removed from their family (particularly emphasising the mother) and placed in care (Bowlby 1998). There is more detail on the work of Bowlby and others on attachment later in this chapter.

Other writers similarly note the implications for children of how their experiences are managed; for example, Tarren-Sweeney (2007) suggests that children’s problems can be
exacerbated by being placed in foster care, and Bruskas (2008; 2010) and Fernandez (2010) report that foster care can be a restorative and healing environment for children which helps them to develop assets that assist them to recover from early life adversities.

Coming from difficult circumstances into a foster carer’s home is not necessarily immediately comforting or a positive experience for a child, however. A number of authors have written about the child’s sense of feeling bewildered, overwhelmed and distressed once they enter foster care (Fahlberg 2012; Festinger 1983). While the foster home should be a place of safety and comfort for the child, some studies have reported a perception by the child that the foster home is somewhere where rejection, fear, resentment, anger and mistrust of the foster care system has been expressed (Commission for Children and Young People and Child Guardian 2013; Goodyer 2014).

These studies note that feelings are usually the result of a combination of the circumstances under which children exit family without any notice or any input into the decision making about coming into care. Further, the child may not understand why they are no longer living with their family. There is some limited literature which shows that, during this early period in the care system, the child does not take in the breadth or depth of information given to them about why they are in care and the complexity of the situation in which they find themselves (Goodyer 2014; Havnen, Breivik & Jakobsen 2014).

Commenting on the systemic factors in the UK impacting on a child’s journey into and through the care system, Bullock et al. (2006) propose improvements to the State’s role in the care of children. Their suggestions include better policy integration across all levels of government, a commitment to high quality care and a renewed focus on better matching of children to the best possible placement for them. They also propose a better response for care leavers, to ensure that they have their needs met by the State as they are preparing to move to independence. Bessell and Gall (2009) similarly argue that the negative consequences of placement are the burdens borne by children who have very limited choice or control over what is happening to them. Expanding on this argument, Mudaly and Goddard contend that children in the out-of-home care system have been invisible and inaudible (Mudaly & Goddard 2006, p. 18).

Fahlberg writes about how foster carers can help to mediate the child’s distress when entering care and in the various stages of care (Fahlberg 2012). Other authors, for example Thoburn (1994), Cairns (2002) and Gilligan (2009), also provide some guidance for foster carers on
how to respond to children’s needs, based on research and practice experience. The themes that emerge from these authors are largely based on attachment theory and on the emerging data and therapeutic knowledge about the impact of early adverse experiences on a child’s behaviour and development.

2.9.2 Competing and overlapping parenting roles

Fahlberg wrote the seminal foster care text, *A Child’s Journey through Placement* (1994), a book that provides some fundamental theoretical background and practical advice for foster carers and staff who support them. Fahlberg describes the role of the foster carer in a way which encompasses the critical elements required and also gives examples of how foster carers can deal with some of the complexity of children’s behaviour and of the foster care system. Despite being a text that was written more than 20 years ago, Fahlberg's contribution to foster care continues to strike a chord with practitioners and foster carers alike. The book that precedes this one, *Helping children when they must move* (1981), provides an excellent breakdown of specific roles that foster carers need to consider in their place in the care system.

Fahlberg (1981) separates the parenting role into three distinct domains—the *birth parent*, the *parenting parent* and the *legal parent*. For children living with birth parents, the three spheres of responsibility are integrated; however, when a child enters the care system, the domains of responsibility become separated, with significant implications for the child, who now has a legal parent (State of Western Australia) and a parenting parent (the foster carer) in addition to their birth parents. More recently, the terminology of ‘corporate parenting’ (Bessell & Gal 2009) is sometimes applied to the legal role assumed by the State welfare authority, delegated by the court, when legal proceedings have been undertaken to bring a child into care.

The legal, or corporate, parent role is usually fulfilled by the State statutory welfare agency or authority. The birth parent domain refers to the genetic characteristics that have been passed onto the child; for children in care, the parenting parent role is delegated by the legal parent (State of Western Australia) to the foster carer. Fahlberg argues that, in addition to providing the basic necessities to live, this responsibility also includes providing the love and nurturing that a child requires and the discipline and boundaries that are essential for positive child development (Fahlberg 1981).

There are clear indications in the literature that, when children enter protective care, they can experience a type of ‘system abuse’ in an ineffective system that cannot adequately protect or
nurture them (Welbourne & Dixon 2008, p. 305). Problems associated with corporate parenting (Bessell & Gal 2009, p. 2) undertaken by the State include over-complicated and fragmented interventions, highly bureaucratised administrative procedures and systems designed more for accountability requirements than for effective child welfare practice. A significant focus of this study relates to the expectations placed on foster carers in their role as ‘parenting parents’, and the extent to which their role is, in fact, perceived in Fahlberg’s terms as that of parenting.

There are references in legislation, regulations and policy as to who holds the parental responsibility for children. For example, in the UK, the Children Act 1989 determines that parental responsibility is either held by birth parents or shared between birth parents and a local authority (Biehal et al. 2010). This legal distinction has some potential impact on foster carers, who could have a child in their care for the duration of their childhood and yet not have legal parental responsibility for that child. From a review of the literature, it is clear that the legal parent role is the least explored in the foster care texts. Although the legal parent is the most powerful role, it is the least understood by foster carers and the most complex to define.

Given the absence in the literature of an explicit focus on carers’ own perception of their role, this study seeks to obtain carers’ understanding of the broad domains of parental responsibility identified by Fahlberg, and to explore the ways in which they define their particular parenting responsibilities as part of a system providing corporate parenting for children in the care of the State.

2.9.3 Attachment and children in care

Bowlby’s (1969) work on attachment is fundamental to our understanding of what children in care experience when they are separated from their primary caregiver. Bowlby believed that attachment behaviours are instinctive and will be activated by any conditions that seem to threaten the achievement of proximity, such as separation, insecurity and fear. Bowlby suggested that a child would initially form only one attachment and that the attachment figure acted as a secure base for exploring the world. The attachment relationship acts as a prototype for all future social relationships so disrupting it can have severe consequences.

Importantly for children who come into foster care, Bowlby posits that, if the attachment figure is broken or disrupted during the critical two-year period, the child will suffer irreversible long-term consequences of this maternal deprivation. This risk continues until the
age of five. There are some critics of Bowlby’s version of attachment theory, notably Michael Rutter (1972).

Critics such as Rutter have also accused Bowlby of not distinguishing between deprivation and privation—the complete lack of an attachment bond, rather than its loss. Rutter stresses that the quality of the attachment bond is the most important factor, rather than just deprivation in the critical period.

Bowlby used the term maternal deprivation to refer to the separation or loss of the mother as well as the failure to develop an attachment. Are the effects of maternal deprivation as dire as Bowlby suggested?

In *Maternal Deprivation Re-assessed* (1972), Rutter suggests that Bowlby may have oversimplified the concept of maternal deprivation. Bowlby used the term 'maternal deprivation' to refer to separation from an attached figure, loss of an attached figure and failure to develop an attachment to any figure. These each have different effects, argued Rutter. In particular Rutter distinguished between privation and deprivation.

Rutter argues that the problems such as antisocial behaviour, affectionless psychopathy, and disorders of language, intellectual development and physical growth are not due solely to the lack of attachment to a mother figure, as Bowlby claimed, but to factors such as the lack of intellectual stimulation and social experiences which attachments normally provide. In addition, such problems can be overcome later in the child's development, with the right kind of care.

One of Bowlby’s other studies, ‘*Forty-four juvenile thieves– their characters and home life*’ (1946), studied the attachment of 44 young people who had a criminal offending history. This study holds relevance to children in care because many of the 44 thieves in Bowlby’s study had been moved around a lot during childhood, and had probably never formed an attachment. Many of this cohort had grown up in foster care. This suggested that they were suffering from privation, rather than deprivation, which Rutter suggested was far more deleterious to the children.

Howe (2006) has contributed to the literature around attachment particularly as it pertains to children requiring permanent placement. Howe advocates for carers to be educated in child development and to be supported to recognise and work with attunement and attachment difficulties in children. Howe makes the point that research on attachment is ahead of practice
and that there is an urgent need for foster carers and adoptive parents to be given the tools to manage complex attachment issues for children who are coming into their care (Ibid., p. 133).

2.9.4 Child development and identity

Foster carers are at the front line of caring for children who have often survived abuse and neglect which has impacted on their development in some way. Foster carers need to have some knowledge of child development in order to discern what behaviour and milestones they can expect to see from their foster child at different ages and stages (Fahlberg 2012). In addition, an awareness of the impact of adverse life experiences on child development will equip the foster carer for some possibly unusual or unpredictable behaviour that may be triggered in the foster home or school.

Thompson (2014) offers a perspective on the impact on child development of stressful experiences in early life. He outlines the psychological and physiological consequences of high stress environments and also discusses the plasticity of the brain and the ways in which caregivers can reverse the harm to children through interventions that improve foster carer responsiveness and assist the child to regulate their behaviour. Thompson’s model of intervention is based on multi-generational responses to child development issues which stem from multi-generational origins (Ibid., pp. 53-54). The important issues for this study revolve around how the developmental issues experienced by children in care impact their sense of identity and belonging within the foster family.

Some children in foster care have social or emotional difficulties that impede the ability for them to form meaningful relationships with foster carers. Biehal (2014) highlights this issue by focusing on the child’s ability to form their own identity within the foster family. The child who is damaged by adverse early experiences and has problems trusting adults and even caregivers will often struggle to find their place in the foster family (Ibid., pp. 956-957).

Schofield and Beek (2006; 2014) focus on building a secure base for the child in care by ensuring that developmental needs are carefully considered and factored into interventions by foster carers. The emphasis in this model is on considering the maturity and developmental age of the child and not relying only on the chronological age. Schofield and Beek echo the views of other authors who posit that the child who has had a difficult start in life will face challenges which impede their age appropriate development.
2.9.5 Parenting or caring?

One fundamental dimension of fostering which relates to the issue of identity is the distinction between the role titles foster carers and foster parents. In different jurisdictions, different terms are used for what we in Australia usually call foster carers. In the USA, for example, the term foster parent is used, whereas in the UK, Australia, Ireland and New Zealand, foster carer or caregiver are preferred. It is difficult to find any literature on the subject of the ontological distinction between the titles foster carer and foster parent.

Biehal et al. (2010) describe the shift from foster parent to foster carer as representing a shift in the tasks expected of those looking after children and a redefinition of their place in children’s lives. It is perhaps an acknowledgement of the role distinction that has become more important within the fostering system, to highlight the need for caregivers to be inclusive of birth parents and not to be seen to replace them. Ward and Munro (2010) state that the change in nomenclature from foster parent to foster carer is due to the caregivers’ no longer being seen as replacement parents but more as being expected to work in partnership with parents in ‘facilitating contact and eventual return’ (Ibid., p. 138).

The following example from the UK illustrates the manner in which this change in terminology, and associated perceptions of role, have become broadly accepted. In 1991, the Department of Health in the UK applied the language of parenting, arguing that the role of a caregiver is to: ‘care for the child as if he [sic] were a member of the foster parent’s [sic] own family’ (Department of Health 1991, p. 12). More recently, the UK Department for Education has produced a Foster Carers’ Charter, which outlines some of the expected responsibilities of foster carers, and the language differs significantly in this document, which asserts that ‘foster carers must provide positive adult role models’ for children. That there is some confusion about the role of carers is apparent in the Foster Carers’ Charter, however, which goes on to argue that carers should: ‘treat the foster child as they would their own child, and be a ‘pushy parent’ in advocating for all aspects of the child’s development’ (Department for Education 2011, p. 2).

It seems, from this shift in terminology, that carers are required to be both like and unlike parents.

The awareness of this shift in terminology helps to inform this study and, in particular, how those providing care to children define their own role. Do they consider themselves carers or substitute parents? What do foster carers understand to be the difference? The terminology
shift from carers to parents can be tracked in some ways to the conscious shift towards professionalisation of fostering services. Shaw and Hipgrave (1989), cited in Nutt (2006), track this to the mid-1970s in the UK, when a range of ‘specialist’ fostering initiatives were introduced. The change to the use of the word ‘carer’ was to highlight the skills and knowledge required for the role. However, there is also evidence to suggest that ‘carers’ was used to differentiate the role from that of the birth parent.

2.10 PROFESSIONALISATION OF THE FOSTER CARE ROLE

The literature notes some ambivalence from foster carers, policymakers and fostering support staff about the notion of voluntarism versus other motivations in foster care. While foster care started as a voluntary activity to support those who needed assistance in the community, there is now a number of different foster care arrangements, ranging on a continuum from the purely voluntary model to the well-paid, professional carer. Wilson and Evetts note that: ‘despite [their] receiving widespread support, the move to professionalisation has not been universally welcomed by foster carers’ (Wilson & Evetts 2006, p. 39). They acknowledge that this move towards professionalisation is not supported by all foster carers, some of whom express caution that there could be some compromise in the foster carer’s relationship with the child if fostering became financially rewarding (Ibid.).

Nutt (2006, p. 6) observes that children who enter the care system are not ‘children without families’ but ‘children from families with problems’, thus emphasising the continuing connection between children and their parents. Similarly, noting the fundamental and continuing importance for children of their birth family, Fanshel and Shinn (1978) describe the absence of parents able to care for a child as: ‘the crowning insult’ in terms of the impact on the child; they note that the implications for a child’s wellbeing are more significant than impoverishment, ill health, malnutrition and racism.

Reflecting on the symbolic meaning of placement for children, Schofield (2003) asserts that being fostered is significant for children’s sense of social belongingness, in that they are not being raised in the way that most children are, either with one or both of their birth parents. Schofield also raises the issue of divided loyalties between birth and foster families, the ‘cultural imperative of blood ties’ and the powerful urge which usually draws children who have been in care back to their birth families or, at least, drives them to learn more about where they are from.
The complexity of relationship dynamics and family disconnection that a child’s separation from parents creates contributes to the challenges experienced by foster carers seeking to meet a child’s needs.

In the last 20 years, there has been an active debate in the literature about the professionalisation of foster care, for example, Barber and Delfabbro (2004), Fernandez and Barth (2010), McHugh (2002) and Sinclair et al. (2007). Shaw and Hipgrave (1989) trace the beginning of specialist fostering in the UK to the late 1970s, arguing that, as these specialist or professional services were emerging, they were seen as a substitute for residential facilities, allowing for the continued deinstitutionalisation of children in care. Testa and Rolock (1999) suggest that the move towards professionalisation of foster care is one response to the shortage of voluntary foster families, due in part to the shift in the labour market, which has meant that more women are seeking employment outside the family home in the USA and other English speaking countries (Ibid.). More recently, Blythe et al. (2013) noted that the caregivers’ disagreement about the professionalisation of the fostering role is broadly based on the type of care provided.

In 2013, the issue of professionalisation of fostering was brought back into the public arena when a foster carer asked the then Prime Minister, Julia Gillard, about entitlements for foster carers and in particular, how the government could assist to professionalise fostering (Lauder 2013).

2.10.1 **Impact of the carer on the child’s journey**

A significant emphasis in the current and recent foster care literature is the impact on the child of placement. Studies focus largely on such subjects as:

- the impact of trauma on children in care (including the neurobiology of trauma) (Delima & Vimpani 2011)
- grief and loss as they relate to foster care (Holland & Crowley 2013)
- attachment and the implications of separation for attachment relationships between children and birth parents (Hughes 1997, 2006)
- the relationship between resilience and children’s ability to cope with adverse events (Cashmore & Paxman 2006; Gilligan 2009).

The literature notes the significance of the foster carer’s role in framing the care experience in care for a child (Cairns 2002; Fahlberg 2012; Sinclair 2010), positively and negatively.
They are the face of the child protection system to the child, the person most intimately involved with the day-to-day care of the child. They may be the sounding board, the shoulder to cry on and the initial link to the complexity of the system; alternatively, they may be distant, task focused and unable to provide comfort and confused about and overwhelmed by the system; they may, or may not, help the child make sense of the myriad feelings and thoughts that are with the child as a consequence of their situation. However, as Fisher et al. (2000) note, the foster carer is integral to sharing with the child the burden that they feel at being rejected, displaced, abandoned and mistreated, and this is not often recognised.

What appears to be missing in the literature is a focus on the relationship between foster carers and children and the potential benefits or drawbacks of that dynamic on the outcomes for the child. There has been much written about what foster carers should do, when a child is placed and throughout the different phases of placement (Delaney & Kunstal 2000; Fahlberg 1994), outlining the responsibilities of carers, but failing to acknowledge the potential impact on carers of dealing with the critical separation and loss issues experienced by children. There is also a significant lack of grounded, practical information or advice to guide foster carers’ interventions and equip them to meet their responsibilities as relational mediators in the child’s experience in the care system.

In particular, there is an absence of a consideration of the parallel experiences of children in care and their carers, who are equally, if differently, impacted by the complexities and transience of the care system. Nor does the literature emphasise the influence of carers’ own life experiences in the dynamic between carer and child and, in particular, their strategies for managing loss, grief and uncertainty. These complexities are examined in this study.

2.10.2 Expectations of foster carers’ role

There are a number of expectations of the modern foster carer which are beyond what was expected even 10 years ago. As well as the parental role within the home, and providing nurturing and the basic necessities of life to a child, the foster carer is increasingly expected to do a job of work in the home (Daniel 2011). The foster carer takes on almost para-professional responsibilities without the attached status (Australian Foster Care Association 2001). For example, in Western Australia, the competencies required of a foster carer prior to approval are:
- The foster carer(s) is able to provide care for a child in a way that promotes the wellbeing of the child, promotes the child’s family and interpersonal relationships, and protects the child from harm.
- The foster carer(s) is able to provide a safe living environment for a child.
- The foster carer(s) is able to work cooperatively with officers, a child’s family and other people when providing care for a child.
- The foster carer(s) is able to take responsibility for the development of his or her competency and skills as a carer.
- The foster carer(s) is a person of good character and repute (Department for Child Protection 2010).

Foster carers are required to attend training, to keep notes of critical incidents and significant events and conversations, and to interact with a variety of professionals, often giving their perspective on what is in the child’s best interests. The foster carer is part of a care system which demands accountability and transparency, but also expects carers’ participation in planning and therapeutic re-parenting, involving often complex and time-consuming tasks and delegated responsibilities which extend well beyond day-to-day parenting expectations (Department for Child Protection 2012a).

As part of their learning and development, foster carers are encouraged to learn about attachment, the impact of trauma on early brain development, cross-cultural fostering and child development and other local aspects of legislative and regulatory requirements which impact on foster families (Ibid.). This is because of the recognition of the benefit of foster carers’ understanding these issues as part of the implicit expectation of their role. This focus on learning and development has been a gradual transition in fostering, where the role of foster carers has become more and more professionalised.

2.10.3 Motivation and professionalisation
Oldfield (1997) and Sinclair, Gibbs and Wilson (2004) have written about the shift away from the solely altruistic motivation for foster carers to a combination of motivations featuring a more complex system of payments which takes into account children’s needs and the knowledge and skills of foster carers. In addition, there has been increasing interest and lobbying from foster carers and foster care advocacy groups for foster carers to be more involved in the team that provides professional services to children in care (Department for Child Protection 2009b; Sinclair, Gibbs & Wilson 2004). There is also ambivalence about the
parenting role in regard to payment of foster carers. George highlights that this is not a new debate, citing concerns expressed by English policymakers in the 19th Century that: ‘if foster parents were paid too much, then it would become like a job rather than like a family and in particular, they worried that fostering would become a mercenary activity’ (George 1970, p. 225).

One argument often put forward against the increased remuneration and professionalisation of foster care is that potential carers would be attracted to fostering for financial, rather than altruistic, motivation (Martin, Unrau & Wehrmann 2006).

2.10.4 Role confusion

The Australian Foster Care Association (AFCA) commissioned a report in 2001 which highlights a tension within the foster care system. The report outlines the potential for resentment between paid employees who work during office hours (government or non-government support workers) and who are not necessarily intimately connected to the children with whose care they are charged, and the volunteer foster carers who are expected to care for the children each day and night (Australian Foster Care Association 2001). Some jurisdictions and individual agencies have sought to address this issue by adjusting systems to attempt to include foster carers more in all aspects of planning and decision making for the child in their care (Department for Child Protection 2009b).

The AFCA report also reports some role confusion and distress due to lack of recognition or status, expressed by foster carers (Australian Foster Care Association 2001). This context within the foster care system is an important one, because it relates to the identity of carers, how they perceive themselves and, in particular, how they see their role.

Colton, Roberts and Williams report on this issue, citing a study by Rhodes, Orme and McSurdy (2003) which investigated the foster carers’ understanding of their role and associated expectations. In the study, the views of foster carers and agency workers around role expectations of foster carers were examined. There was a lack of agreement evident between workers and carers around the expectations of the parenting and agency responsibilities. This highlights a lack of clarity of expectations which could have a detrimental effect on working relationships (Colton, Roberts & Williams 2008).
2.10.5 Accountability and transparency

The rise of managerialism, marketisation and the professionalisation of services has meant that foster carers have to be prepared for a high level of accountability and transparency in their role. The expectation of the skills and knowledge required of them and of their commitment to learning and development means that their role is increasingly like a job of work as much as it is about parenting a child (Wilson & Evetts 2006). Schofield et al. (2013), in an English study drawing on interview data with 40 long-term foster carers, conclude: ‘social workers and care planning systems need to recognise that children need skilled carers, but they also need loving parents’ (Ibid., p. 54).

Schofield (2003) also highlights the difference between ‘caring’ and ‘parenting’, which adds to the complexity experienced by children in long-term foster care. Schofield points out that there is no expectation that foster carers will provide a parenting role to the children in their care into adulthood, as a birth parent normally would. The child’s legal status often changes at 18 or before, and thus, the link between their corporate parent (State of Western Australia) and those providing the day-to-day parenting of the child (foster carers) is severed.

2.11 PERMANENCE AND FOSTER CARE

The concepts of stability and permanence are two discrete notions that are often linked in the foster care literature. Authors such as Selwyn and Quinton (2004), Sinclair (2010), Sinclair et al. (2007) and Thoburn (1994) have explored the relationship between permanence and stability in care.

Fahlberg writes about ‘…the child’s most basic need for continuity of relationships’ (Fahlberg 2012, p. 199). It is this very notion of the relational benefits of stability that is discussed in this thesis. The study provides practitioners and policymakers with an insight into aspects of the carer–child relationship that build a sense of permanence, beyond notions of geographical stability, and gives new meaning to the definition of the terms ‘permanence’ and ‘stability’, which are both critical concepts in this field.

Several jurisdictions, including Canada, the UK and Western Australia, have attempted over the last 10 years to address the issue of permanence for children in foster care (Department for Child Protection 2012b; Selwyn & Quinton 2004; Stangeland & Walsh 2013), and, as with constructions of stability, the term relates both to carer arrangements for children and to the child’s state of mind and experience of their world. The use of the term in relation to carer
arrangements is inconsistent; whether ‘permanence’ means permanent placement in foster care, adoption or permanency planning (which could be return to family or permanent placement) is not always clear in practice or in the literature.

There is greater clarity in relation to the concept of a ‘sense of permanence’ (Senate Community Affairs References Committee 2004), however. This sense of permanence involves more than just having a long-term place to stay and having their basic needs met; it is the sense of ‘being connected’, receiving unconditional acceptance and love (Senate Community Affairs References Committee 2004; Thoburn 1994). Thoburn (1994) suggests that a ‘sense of permanence’ is required to ensure the wellbeing of a child, a sense of belonging and security that a family and the State can offer a child. Thoburn contends that this sense is informed by a number of factors, not necessarily related to legal status. These include: security; belonging; family life; being loved; and loving.

The dimensions of permanence identified by Thoburn fit within the existential notion of ontological security (Thompson 2000) in that they go beyond a measure of temporal and geographical security determined by the length of time that a child or young person stays in a care placement to consider the ‘internal’ state of the child and their sense of socio-emotional security—of beingness and belongingness in the world. It is this notion of *sense of permanence* that underpins this study.

The sense of permanence concept links to the notion of ‘inner stability’ described previously in this chapter. Both ideas refer to the impact on the internal state of the child and how this influences the child’s sense of security and wellbeing.

2.12 TRANSIENCE, IMPERMANENCE AND INSTABILITY

A premise underpinning this study is that foster care, by its very nature, is impermanent and subject to change, depending on a number of factors which are not easily controlled. The wishes of children and parents and decisions by child protection authorities and the courts, as well as changes in foster carers’ circumstances, all make for a system that does not provide enduring, guaranteed stability for children or foster carers (Boddy 2013).

Boddy offers a useful definition of permanence which takes into account the different factors which are relevant to this study:

A meaningful definition of permanence must recognise the key qualities of family relationships for children and adults across generations – including a
Sinclair et al. (2005), in their research into permanence for children in care, make the distinction between ‘objective’ and ‘subjective’ permanence. The former refers to placement stability, while the latter incorporates a ‘sense of belonging’ for children or how well they felt part of the foster family (Ibid.). This is an important distinction for foster care because it acknowledges the importance of the child’s own concept of a feeling of permanence and thus introduces a subjective element to the measure of permanence.

The emphasis by many authors on objective permanence and the disruption of placement which may lead to frequent placement moves are two factors that are often cited as indicators for poor outcomes for children in care (Commissioner for Children and Young People and Child Guardian 2008; MacDowall 2013).

Biehal (2014) published the results of a qualitative study into children’s and foster carers’ views on the sense of belonging and its relationship with subjective permanence. Biehal identified four types of belonging which help to make sense of the level at which the child feels ‘settled’ or ‘connected’ with the foster family. The types identified were: ‘as if’, ‘just like’, qualified and provisional. These types form a kind of continuum of belonging, from ‘as if’ being children who express the view that their foster carers are just like their parents, to ‘provisional’, meaning a child who didn’t express a strong sense of belonging (Ibid., pp. 959-964). Biehal’s findings highlight the importance of the connection that the child has with their birth family and the complex familial world in which the child finds themselves when in and out of foster care. Biehal’s study, although focused on the views of children, holds some relevance to this study because it offers some insight into the different expressions of belonging in the foster home. Participants in this study also said that they perceived that children’s sense of belonging and the continuum are along similar lines.

2.13 POLICY AND LEGISLATION TO SUPPORT PERMANENCE

Bullock summarises a UK government initiative to legislate and create social policy which was designed to establish more permanency options for children in care:

At the time of the Parker report and following the Children Act 1989 [in the UK], the number (but not the proportion) of children in long-term fostering was expected to fall in the United Kingdom as stronger reunification and adoption

The risks that stability and family membership will not be achieved for an important minority of children requiring long-term care are evidenced by the research conducted by Sinclair et al. (2005). A snapshot sample of 596 foster children looked after on a particular date was followed over a period of three years. It included some cases where there was no plan that the child would grow up in foster care, but others where the placement was intended to be ‘long term’. Reviewing this work, Sinclair concludes that:

‘in a sense’ long-term fostering is a compromise. It is not family life at home. It is not full adoption. It is not treatment. It is not accompanied by systematic attempts to change the environment from which the child has come. Only in the case of those young children placed for subsequent adoption does it commonly seem the ante-room to a better life (Sinclair 2005, p. 123).

At the most general level, we know a great deal about how to support foster carers and about the kinds of fostering that foster children need. We know much less about how to ensure that carers provide quality care. Foster carers who are kind, firm and slow to take offence are more likely to achieve positive results than others who embody these virtues to a less marked degree. There is much less evidence on how to select, support or train carers so that their performance approximates more closely to this ideal (Bullock et al. 2006).

In Western Australia, policy and legislation has been introduced to provide guidance to courts and child welfare authorities to ensure more security and permanence for children in care. CPFS has updated its Reunification and Permanency Planning policies. Both these policies, in conjunction with the associated practice guidelines and the Special Guardianship Orders legislation (2010) were introduced to improve permanency arrangements for children in care (Department for Child Protection 2012b; Department for Child Protection 2012c; State of Western Australia 2004).
The philosophical drive for these policies came from the placement drift (children moving from foster home to foster home) that was resulting in poor outcomes for some children in care (Department for Child Protection 2012c). There was also political pressure to reform the child welfare system to improve planning for children’s future, when their parents were unable to commit to having their children restored (Ford 2007).

To date, there is no evidence indicating that these policies and legislation have made a significant difference to the permanence and security of placement for children in Western Australia. Recent reviews of the reunification and permanency policies indicate that their take up in CPFS has been limited (Department for Child Protection and Family Support 2013). What is clear, however, is that the Special Guardianship Orders (SGO) have been popular among carers, meaning that some children have been given more security of tenure with their carer families. This ensures that a child is more likely to stay with the foster family who has obtained an SGO. The SGO is an interim order which grants guardianship to a person other than the parent, usually the foster carer or relative carer of the child. When the SGO is granted, CPFS steps back and closes the case, allowing the family to have a more ‘natural’ life. However, in some cases, a carer subsidy is still paid, and contact orders may be in place to ensure that children and young people stay in touch with significant birth family members. In the financial year 2012–13, 373 children had their orders transferred to special guardianship in Western Australia (Department for Child Protection and Family Support 2013).

More recently, CPFS announced that they are considering strengthening legislation to support permanent outcomes for children coming into care. The recently released ‘Legislative Amendments Consultation Paper’ flags some possible changes which will put into law some of the policy that already exists. This will put timeframes on planning and decision making for courts to give children the permanence of reunification with family or placement in care (Department for Child Protection and Family Support 2015b). At the time of writing, it was not clear whether or when these legislative amendments would be progressed. Anecdotally, it appears that foster carers support these moves, although there is no evidence as to how other stakeholders have responded to the proposed changes.

2.14 SOCIETAL PRESSURES ON THE ROLE OF THE FOSTER CARER

The place of foster carers in the broader system relates to their understanding of role and how they have been included in or excluded from the consultation for child welfare reform.
Mason (1993) contends that the perspective of foster and adoptive parents has not been included in the child welfare reform debate in Australia and that their experiences in some way have something in common with those parents whose children are in care. The similarities highlighted by Mason are around marginalisation and the inability to influence the systemic issues in the child welfare system.

Foster parents are generally women whose importance in nurturing and healing children is undervalued. The status and the financial reward for their care work are very low (Ibid.). This has also led to marginalisation and the perception from foster carers themselves that their opinion should not be valued as much as the voice of professional staff or policymakers (Butcher 2005; Wilson & Evetts 2006).

The absence of the carer’s voice within child welfare reform relates to the reason for this study. Foster carers are legitimate and crucial stakeholders in the foster care system, and their exclusion from decision making means that there is a component missing from policy and practice development (Daniel 2011).

The understanding of the role of the foster carer within the foster care system has changed significantly in Australia over the last 30 years. The demographic profile of foster carers has also changed with the changing nature of work and social structures in society. Siminski, Chalmers and McHugh (2005) analysed Australian Bureau of Statistics (ABS) data for foster carers in New South Wales and reported that increases in female labour force participation are expected to contribute to a continuing decline in the number of foster carers over the next decade.

This is even the case in countries where foster care is well established. Elaine Farmer highlights the increasing concern about the supply of foster carers in the UK. One response in that jurisdiction has been increased remuneration and benefits for foster carers supported by independent agencies. However, the pressure to place children in family settings has meant a move internationally towards kinship care (Farmer 2010). As we have become more informed about the needs of children requiring foster care, social workers, researchers and social work educators have redefined boundaries of the foster carers’ role.

The motivation to foster and the reduced supply of foster carers are issues highlighted in some of the literature as factors which influence the foster carers’ self-identification of role (Daniel 2011). Foster carers report that their motivation to foster has some impact on their
role identity. For example, those who are inspired to foster to increase the size of their family usually identify their role differently to those who are purely motivated by a desire to give back to the community. This issue is covered in more depth in later chapters.

2.14.1 Grief and loss for foster carers
Foster care agencies and support staff are increasingly aware of the impact on carers of caring for traumatised children. This includes all aspects of foster carer recruitment, assessment and support and when children move from placement. The grief and loss that foster carers suffer needs to be taken into account, as the cumulative effect of this can affect the carer’s capacity to bounce back from each incident (Fahlberg 2012; Pickin, Brunsden & Hill 2011).

Grief and loss is well understood in the broader society, but often ignored when considering the sadness that a foster carer experiences when children move from placement. Fahlberg writes extensively on the need to pay attention to the grief and for support staff to acknowledge and facilitate the grieving process with and for foster carers (Fahlberg 2012). Edelstein, Burge and Waterman (2001) also cite the importance of paying attention to loss and grief experiences of foster carers. They report that, with the expectations society has of foster carers being so broad and multifaceted, the basic human need to be cared for when sad and grieving is not always met for foster carers. This is significant for this study because the exploration of the capacity of foster carers to mediate the experience for children also relies on their ability to be emotionally stable and present for the child in their care.

2.15 THE VOICE OF FOSTER CARERS
Throughout the foster care literature, there is much written from the point of view of professionals and academics with expertise in the field of fostering. Some of these, by their own admission, are also, or have been, foster carers. Notably, Fahlberg, Cairns and Gilligan are well published and respected authors in the field of fostering who have also been foster carers. However, most of the literature is written to represent the point of view of the professional in the field, citing evidence from academic studies into the impact of fostering on children and outcomes for children. This is important research which informs service design, training and program development and other aspects of fostering. However, it is difficult to find the voice of the foster carer in the literature. There are some exceptions to this, where recent studies have included some of the voices of carers.
### 2.15.1 The carers’ voice in the literature

Blythe et al. (2013) have written a thought-provoking piece on the perceptions of some Australian long-term foster mothers, which examines their perception of their role and the ambiguity with which it is viewed by foster carers themselves and by others in the field. This piece strongly features the voices of foster carers and represents their views in a similar way to this study. Ellingsen, Stephens and Størksen (2012) spoke to a small group of foster carers, birth families and young people in care in Norway to study their view of family. This is a small qualitative study, as is the Blythe et al. study, and shows another perspective of foster carers’ views on their role and place within the fostering context. Finally, in a small qualitative survey, using semi-structured telephone interviews in Canada, Daniel represents the perspectives of foster carers on a broad range of topics concerning their personal experiences of fostering. Daniel summarises the carers’ perspectives under the theoretical model ‘gentle iron will’, reflecting the sense of obligation and commitment that foster carers bring to their role (Daniel 2011).

The themes that emerge from the limited literature representing the voices of foster carers are around motivation, impact of fostering and perception of role and place within the fostering system. This study seeks to build on this literature by moving towards ideas for future practice improvement based on hearing the carers’ voices and analysing the messages that are implicit and explicit in these voices.

### 2.16 THE SYSTEM AS A PLACE OF ADVERSITY FOR FOSTER CARERS

Within some of the recent foster care literature, the concept of carer resilience has been raised as an important factor in care provided to children and in the ability of foster carers to continue fostering despite difficult experiences. Cairns (2002) writes about the importance of insight and independence (creating personal space through separation from others) as aspects of resilience for carers. Schofield (2002) and Thoburn (1994) both write about resilience with reference to belonging and hope and how critical these are in building a successful fostering relationship.

McHugh et al. (2004) note that foster carers are as susceptible to burnout, compassion fatigue and vicarious traumatisation as others in the human service field. However, foster carers do not necessarily have the professional training or support networks to enable them to deal adequately with these issues (Ibid.). Often, the signs of these issues are suppressed by foster carers, because they fear retribution, or that they may be failures for admitting that they
require support or are having trouble coping with the behaviour of the child or children in their care (Habel, Clark & Segal 2012).

2.17 THE IMPACT OF MULTIPLE ADVERSITIES ON CHILDREN

The literature takes different viewpoints on the impact on a child of being in foster care. The benefit of being in a safer environment, meaning where the child is not subject to abuse or neglect, is sometimes negated by multiple placements, disconnection from family and other significant others and sometimes, difficulties in settling into the foster home. Once again, however, there is little in the recent literature that features foster carers’ views on this topic, nor is there advice or guidance for ameliorating the adversity of the impact of the negative consequences on the child of being placed in care.

2.17.1 The influence of resilience on a child’s ability to cope with adversity

The literature around resilience, variously defined as ‘Normal development under difficult conditions’ Fonagy et al., cited in Daniel, Wassell & Gilligan (2010), and ‘the process of relatively positive adaption and achievement despite adversity or trauma’ (Luthar 2005, p. 167), has grown in depth and breadth in recent years. There is increasing interest in the field of resilience in child welfare as it relates to the impact of interventions undertaken with children who require assistance by child welfare services. Authors such as Combrinck-Graham (1995), Greene (2003), Luthar (2003) and Walsh (1998) have contributed to our thinking about what protects children and what is required for them to progress along normal developmental trajectories.

Gilligan (1997, 2009) has undertaken significant work in this area, particularly in simplifying the complex construct of resilience to enable foster carers and others in the field to be aware of the issues that enable children and young people to be more resilient. Gilligan highlights the application of resilience in child development and reinforces the critical influence that carers can have in helping children develop resilience (Senate Community Affairs References Committee 2004). Gilligan has introduced the concept of ‘thriving’ and also recognises that a child’s potential has the ability to protect against significant distress and adversity (Gilligan 1997).

Foster carers are key contributors to assisting children in care to build their resilience and promoting a sense of hope for them. The key mediating influence of foster carers in building
resilience for children is mentioned in the literature (Cairns 2002; Daining & DePanfilis 2007; Schofield 2003).

A premise informing this study is that a child’s sense of inner stability, introduced in Chapter One (Section 1.4.3), is a critical contributor to the development of resilience required to maintain the wellbeing of children in care. The foster carer, as a key person in the child’s life, needs to bear in mind the impact of being in care on the child and what it is useful for the foster carer to do to assist the child to feel this sense of internal stability.

2.17.2 What does stability mean?

The relationship building spoken about by foster carers in this study and in the literature is often associated with assisting the child to achieve some kind of temporal stability in their life and in their care journey. By ‘temporal’, I mean the notion of stability as defined by the length of time that a child is in a placement with a foster carer. The notion of internal stability that a child experiences while in care is a key issue in relation to the child’s journey and what carers have to manage. In the interviews for this study, foster carers were invited to discuss how they perceived children would settle into their home and the visible signs that children displayed that might indicate some level of internal stability.

In the Rock et al. study (2013), placement stability is narrowly defined as the length of time that a child is in placement and the number of placement moves, whereas, for this study, the discussion of stability considers factors for the child’s sense of internal stability, not just where they are placed and how long they stay there. This definition of placement stability has been described by Cashmore and Paxman (2006) and Schofield (2002) as ‘view dependent’ where internal stability is defined by emotional state, or ‘felt’ security, for example, if the child is feeling happy and safe in their placement. The definition of happy and safe is subjective, and it is also worth noting that the two states do not necessarily go together.

The placement of a child outside their birth family is inherently unstable regardless of the plans for the child or the legal status of the placement. Instability in this context is due to the dislocation of child from their family and the associated impact on the family unit and particularly on the child. This instability is dual: it is circumstantial, as the child is relocated from their known environment to an unknown setting; it is also internal, because as the child loses key relationships and ‘identity clues’, their world becomes unpredictable (Selwyn & Quinton 2004). The negative emotional impact of these inner and outer disruptions is significant and, as Fahlberg (2012) notes, distress is inevitable.
Stability is a widely argued element of ‘good’ foster care, yet it is also a concept that is often misunderstood. The term is defined or described in a variety of ways. It is sometimes understood as the number of placement moves that a child has: in other words, how ‘geographically’ stable the child is (Selwyn & Quinton 2004). A second definition might be termed ‘context’ stability: how long a child remains in one placement, with one foster family (Perry, Daly & Kotler 2012). A different perspective again is that which focuses on the child meeting their developmental milestones and the extent to which this occurs being a function of how stable the child is (Norgate et al. 2012).

Alternatively, stability could mean something about the child’s behaviour and ability to settle into the foster family (Rubin et al. 2007), what Bessel and Gal (2007) refer to as the ‘relational dimensions of out-of-home care’, which, they note:

> often place heavy burdens on children, who are required to navigate relationships not only with their birth parents and families … but also with myriad others, including carers, workers, legal professionals and counselors (Bessell & Gal 2009, p. 2).

### 2.17.3 Placement moves and stability

Fahlberg writes about the potential impact of instability on relationships for children: ‘Many children in foster care have moved from one family to another, never having experienced the continuity in relationships which seems to enhance self-esteem and identity formation’ (Fahlberg 2012, p. 174).

Bessel and Gal similarly note the impact on children of multiple placements in care, arguing:

> The frequency with which children in out-of-home care have their placements changed increases the burden on children. In the majority of cases, children have no or little say over their placement (Bessell & Gal 2009, p. 2).

Rubin et al. report that research evidence over the last two decades indicates that frequent placement moves for children in care correlates strongly with poor outcomes for the child (Rubin et al. 2007). In their study tracking placement moves for children across 11 US States, Wulczyn and Chen report that a substantial proportion of children stay in the first placement where they came into care. For those who have moved, however, age was a significant factor, with the older children being more likely to move than younger children and infants (Wulczyn & Chen 2010). Biehal et al. (2010) echo this finding, adding that the extent of
behavioural and emotional problems displayed by children and young people ‘appeared to increase the risk of placement disruption’ (Ibid., p. 266). Wulczyn and Chen also concluded that some placement disruption was due to placement mismatch, where some teenagers and children with complex needs, in particular, should have been placed in residential care as a first option, rather than in foster care, when there was high probability that the placement would break down (Wulczyn & Chen 2010).

Sinclair et al. conclude that many placements are ‘not intended to last’ (Sinclair et al. 2007, p. 175) and that, for many children, stability of placement may only be achieved after a number of placements while the child’s needs are assessed and the correct match is achieved based on these needs. However, Sinclair et al. also found that children do not like placement moves, and so there is a strong case to minimise placement moves, based on the impact on the child of moving (Ibid.).

The significance of this data on the impact of placement moves, and ultimately to this study, is that stability is a subject which has been explored with regard to the views of a variety of stakeholders, but not from the viewpoint of foster carers. There is no literature available on how foster carers can influence the internal and also the geographical stability of a child.

2.17.4 Relationship with carer and the impact on stability

There is some evidence to suggest that a focus purely on placement stability based on a child staying with one carer family throughout their time in foster care is not an accurate determinant of stability as such (Barber & Delfabbro 2003). Regardless of the temporal stability of their placement arrangements (Fahlberg 2012), a sense of inner instability may continue to describe the child’s journey through the care system and beyond. To avoid this outcome, emotionally containing relationships are required, which enable the child to maintain an internal sense of continuity and connection, with self and significant others. The relationship between a child and their foster carer(s) is critical to this achievement.

Barber and Delfabbro (2003) suggest that the attitude and perceptions of caregivers should be taken into account when considering the issue of placement stability. All too often, decisions are made about children’s placements without consultation with caregivers, which may lead to the full information about the child and their relationships with foster family members not being considered when important life changing decisions about a child’s future are being made (Ibid.).
Stein and Munro (2008) conclude that the two factors about placement stability that provide better outcomes for young people are the relationship with the carer and the opportunity for continuity of care, meaning better opportunities for education and career prospects. In this context, stability is defined both in terms of length of time that a child spends in one placement and the sense of continuity experienced by the child in terms of their key relationship with the foster carer. The connection between inner security or stability and the child’s circumstances, as described by Stein and Munro, holds specific relevance to this study because one of the key factors in this exploration is the impact of the child/foster carer dyad on the child’s sense of stability.

In this study, a range of different understandings of stability are explored, representing the experiences of different foster carers and how they conceptualise stability.

One recent English study has highlighted some key factors in the implications for placement stability and relationships with foster carers. Rock et al. (2013) report that:

> Placement stability was positively associated with greater commitment to placements from both children and carers, good communication and attachment to the foster family. Similarly there was strong evidence that poor integration into the foster family is associated with increased instability (Ibid., p. 20).

The research aims to find out from foster carers what they understand by notions of ‘inner’ and ‘context’ stability and how either or both might be achieved.

2.18 SUMMARY: THE LITERATURE AND THEORETICAL FRAMEWORKS

This chapter has examined the literature which outlines the purpose and place of foster carers in relation to the child’s journey in care. It has explored foster care as a form of intervention and has looked at the role of foster carers in relation to the child and within the broader system. The chapter focuses on the significance of the foster carer and the carer–child relationship as a key mediating the impact on children of their care experience. It highlights the limited reference to, or acknowledgement of, the voice of the foster carer.

The gaps identified in the literature, particularly around how the carers’ voice can influence the direction of how foster carers are perceived or understood, link to the underlying reason for this study. The embodied experience of carers, from their point of view and linked with their understanding of role and purpose, is the subject identified for exploration in this study.
The next chapter explores the methodology for this study and continues to build the background for the exploratory research framework which has been used.
CHAPTER THREE:
RESEARCH DESIGN AND METHODOLOGY

Chapter Three outlines the perspectives that underpin this study and the design and methodology that has been used. This is an exploratory study in the qualitative tradition. Qualitative research is often focused on meaning and explanation. McEwan and McEwan (2003) highlight the ongoing qualitative process of interpreting and using multiple methods of observation and analysis to answer complex research questions. The interpretation of human interaction and the construction of stories based on life experiences are important in this enquiry.

The study does not seek ‘truth statements’; instead, its goal is to offer a thick description (Geertz 1973), a representative picture, of how a certain group within a society, in this instance people who care for foster children in the care of the State, act and interact, and to describe the embodied understandings of purpose, task and relationships that inform their behaviour. As part of this exploration, the study conceptualises notions of stability and permanence as they relate to children in the care of the State, and explores the understanding that foster carers have of these concepts.

At the heart of this research is a search for foster carers’ lived experience, their embodied understanding of their role in assisting children to develop ‘a sense of permanence’ and of the fostering system in which they are located, and their ability to manage the relationships with the children in their care.

3.1 VERSTEHEN AND INTERPRETIVISM

The perspective informing this study is interpretivism. In contrast to a positivist approach, which seeks to search for rules and predictability in the common themes and interactions in society, interpretivism encourages exploration of individual situations and phenomena to highlight the uniqueness and located commonalities of each (Crotty 1998). The awareness of how the individual foster carer acts within the system of which they are a part is of fundamental interest to me in this research. The interpretivist approach is an appropriate fit for this study, particularly as it pertains to the investigator’s preconceptions guiding the process of enquiry (Chowdhury 2014).
Crotty argues that the interpretivist approach ‘looks for culturally derived and historically situated interpretations of the social-life world’ (Crotty 1998, p. 67). In so doing, he notes that considering experiences from an interpretivist viewpoint will help to establish the authenticity of these experiences as genuine social phenomena. This is a perspective shared by Schwandt (2005), who describes his understanding of the plurality of interpretivist views as: ‘Proponents of these persuasions share the goal of understanding the complex world of lived experience from the point of view of those who live it’ (Ibid., p. 118).

Weber’s social action standpoint fits firmly within the interpretivist perspective. Rejecting the deterministic focus of the Structural and Functional schools, Weber argues instead that society is a product of human activity, asserting that the focus of exploration should be on a search for verstehen—the interpretive understanding of the subjective motivations individuals attach to their actions, rather than erklären—truth statements (Weber 1962).

Weber was interested in pursuing the understanding of people’s individual experiences and highlighted the importance of this in the social sciences. At the time, this was at odds with the more positivist research in the natural sciences which seeks to establish law-like generalities (Ritchie & Lewis 2003). His then controversial stance really marked a shift in social science research that has paved the way for the importance of qualitative research which explores individual experiences and uses this data for the benefit of practice improvement and policy making. This focus on individual experiences and how they influence society is important to this study because the research questions require a grounding in the experiential narratives of foster carers.

As noted previously in Chapter One, the research questions for this study are:

1. How do foster carers understand their experiences of fostering?
2. How do foster carers conceptualise their work and make sense of how their relationship with the child benefits or impedes the child’s journey in their care?
3. How, if at all, do foster carers see themselves contributing to the child’s sense of belonging and identity in the family?
4. How do foster carers do what they do to help children feel a ‘sense of permanence’?

The interpretivist epistemology supports this research to look at both the unique individual and the located collective qualitative aspects of fostering. The emphasis on the interaction between social actors and the nexus between the individual and the broader society will
ensure that there is dialogue between me, as researcher, and the research participants in order to collaboratively construct a meaningful reality (Cohen & Crabtree 2006).

Within the framework of this epistemology, as the findings of the study emerge and change, an iterative process takes place, where researcher, research participants and the literature are linked. This process looks at the significance of relationships within the research context and the meaning that arises from these relationships.

3.2 SOCIAL CONSTRUCTIONISM

Crotty asserts that there is no necessarily true or valid nature of relationship; instead, he differentiates between useful, fulfilling or helpful relationships and unhelpful or unrewarding relationships (Crotty 1998, pp. 47-48). He notes that these relationships are socially constructed, impacted by dominant discourses and power relationships shaping understanding. The specific construction with which this study is concerned is the meaning given by foster carers to their relationships with children in their care, as these are shaped by the broader cultural and sociopolitical forces impacting on the provision of foster care, locally, nationally and globally. If it is relationships that help to give people and social realities meaning, then the meshing of social constructionism with interpretivism, Crotty argues, is about the mode of meaning generation, not the kind of object that has meaning (Crotty 1998).

Constructionism refers to the meaning ‘constructed by human beings as they engage with the social world they are interpreting’ (Crotty 1998, p. 43). Social constructionists view knowledge as constructed rather than created. Steedman (2000) writes about the need for social constructionists to make sense of what it is to be human, rather than the importance of investigating scientific knowledge. Crotty argues that interaction of social beings in the world and with other stakeholders and objects is what constructs the meaning within which their relationships exist.

Hibberd similarly describes social constructionism as the ‘arranging of parts … into larger structures for a certain purpose …’ and notes that there is a social element to this (Hibberd 2005, p. 3). She argues that a critical element of social constructionism is enabling an ‘unconstrained and unlimited outlook’, that is, there is nothing inevitable about it and it is not governed by nature, but by social forces (Ibid., pp. 3-4). This concept links back to the notion of ‘verstehen’, which connects the relationship between the actions and the understanding.
that individuals attach to them, in a social context. Social constructionists such as Hibberd suggest that there are potentially unlimited possibilities within the social domain, because each social player brings their own understanding and history to the relationship.

3.2.1 Foster care as a socially constructed model
As outlined in Chapter Two, foster care is a socially constructed mechanism for dealing with the problem of caring for children whose families are deemed unable to provide the care they need, that has grown and developed as society has changed. As there have been different perceptions of children, family, place of government and protective interventions, so has the construction of foster care changed. Although the term itself, ‘foster care’, is similar throughout the Western world, different interpretations of purpose, role, task and relationship have emerged (Creswell 1998).

This study focuses on the understanding of foster carers about their relationships and their place within the social construct of foster care. For example, there are formal and informal power imbalances that underlie the corporate parenting relationships that exist between the State and foster carers and children. In addition, the constructionist lens adopted for this study enables me to explore the intra-familial dynamics that impact on foster carers and the children in their care.

3.2.2 The role of language and culture
It is important to highlight the significance of language in the social constructionist epistemological perspective. As meanings are constructed between social beings, the definition of concepts and the precise use of language are critical. The language that is used determines the exact nature of the social being and separates it from other similar beings or constructs, making precise exploration and analysis possible (Ritchie & Lewis 2003).

An underlying premise of this perspective is that each person’s individual but located understanding of their social domain and interaction with others must be articulated and deconstructed to facilitate a commonality of meaning. Crotty discusses the relativism inherent in constructionism. The notion that ‘different people may well inhabit quite different worlds’ (Crotty 1998, p. 64) highlights the need to focus on each stakeholder’s reality and the meaning they ascribe to their world. Cultural factors within society are significant in determining the structure of relationships and meaning in this study. The cultural components that make up the social construct being examined cannot be separated from the whole. Crotty suggests that, while the culture is enabling, it is an ‘entrée to a comprehensive set of
meanings’, but he further argues that it can be crippling, if that culture ‘shuts us off from an abundant font of untapped significance’ (Ibid., p. 64).

The language that is used is the description of that cultural meaning. The approach taken is discursive, with the understandings behind words emphasised in an attempt to understand located meaning. It is in the development of the meaning for the individual within an identified common group with which this study is concerned. The participants’ language and the understandings reflected are also located, reflecting the power of dominant discourses—it is this element that is crucial to constructionism—especially Crotty’s metaphor of layering, or sedimentation (Crotty 1998, p. 59), through which meaning becomes accepted as truth, without question.

Language, therefore, gives us the basis for the social meaning of relationships; within a social constructionist framework, the ascription of relationships is important. In this study, language, through the words of participants, is used to explore their understanding of the relationships associated with, arising from, and shaping their role. In addition, language underlies critical aspects of policy and practice frameworks that underpin foster care, the systemic direction of the corporate parent (previously discussed in Chapter Two) and all facets of how foster carers relate to children and other stakeholders. The language ultimately impacts on the relationships that form between foster carers and others, and the dynamics within those relationships. There are also other factors that impact on relationships in fostering, and these are described briefly in the next section.

3.2.3 Structural impacts on relationships

Thompson (2000, p. 31) argues that interpersonal relationships need to be understood in the context of the society in which they occur, asserting that values, structures and power relations within society will influence the construction and context of social relationships. Foster carers work within a systemic context, and a critical part of this study is the understanding that foster carers have about the system and the structures which influence the care they provide to children. The constructionist perspective underlies this structural analysis and provides the framework within which to explore the experiences of foster carers.

More specifically, the foster carers’ understanding of their relationships with the children in their care and how these may facilitate or impede the development of a sense of internal stability and continuity for these children are explored. In other words, research participants were asked to examine their own understanding of stability and permanence as it related to
the children in their care. These understandings are deconstructed and critically analysed with reference to the existing knowledge in this area.

3.3 HERMENEUTICS

The hermeneutic approach is interpretative and concentrates on the meaning of experiences and their developmental and cumulative effects on the individual and on society (Polkinghorne 1982, p. 50).

The hermeneutic approach outlined by Polkinghorne, above, is embedded within the interpretivist search for located understanding (verstehen).

The dialogical and cyclical approach to exploring text and analysis of themes in the hermeneutic tradition is appropriate for this study. As themes are identified, they inform a continuing process of exploration, analysis, reflection and further exploration described by Addison as: ‘circular movement … from understanding to interpretation to deeper understanding and more comprehensive interpretation’ (Addison 1992, p. 52).

Crotty argues that to explain this hermeneutic process is: ‘to talk of understanding the whole through grasping its parts, and comprehending the meaning of parts through divining the whole’ (Crotty 1998, p. 92).

Thus, the research process is one of continuous, deepening, dialogue with participants, texts and self as new insights are acquired: a process of reflection and review, deconstruction and synthetic reconstruction of multiple perspectives.

In the modern hermeneutic tradition, placing oneself in the mind of the social actor, as described by Schleiermacher (1998), is the approach taken in the dialogue between researcher, foster carers and texts, or, in this case, the thematic content of the research (Blaikie 1993). In other words, the researcher needs to become familiar with the life and the intent of the research participant, to understand their point of view from their context. This study is looking for new meaning through a cyclical interpretation and reinterpretation of texts and dialogue. As the different and deeper layers of meaning are identified in the data, they build a thematic picture of the experiences of the research participants, interlayered with the data that arises from the literature and from my insights as the researcher.
3.3.1 Seeking synthesis

Ultimately, the intent of this hermeneutic process is to seek a new understanding of discrete themes, through exploration of their interrelationships—a transformative process of seeking synthesis. This technique is used mainly in qualitative research in health and social sciences.

In the context of this study, themes related to the three key strands of examination: the words of participants; the subjects expressed in the literature; and the interaction of the researcher with these strands and including his own experience working within the fostering system are drawn together to generate a new interpretation of the subject area (Jabareen 2009). Concepts are woven together to establish a new perspective through which to view relationship-based foster care. This is similar to the concept of the ‘Bricolage’ as described by Kincheloe, McLaren and Steinberg (2011, pp. 167-168).

The notion of research as bricolage comes from the work of the cultural anthropologist Claude Levi-Strauss (1966), who refers to using, or viewing, what is at hand in social situations or research and argues the need to recognise that the researcher must be aware of the different actors and social situations that make up the complete picture being researched. Levi-Strauss describes the expression as a ‘heterogeneous repertoire’, with extensive but still limited potential (Ibid., p. 11).

3.4 INSIDER/OUTSIDER RESEARCH

The place of the researcher and the impact of this on the research undertaken is a topic of discussion which needs to be addressed in the methodology of this study. In the social sciences, much research is conducted by ‘insider’ researchers—in other words, researchers who are in the same or similar position as research participants in the fields in which they are researching (D’Cruz & Jones 2004; Minichiello, Aroni & Hays 2008).

Minichiello, Aroni and Hays (2008) suggest that the methodological issue when the insider–outsider controversy is considered relates to who can ‘provide more satisfying or better sociological knowledge’ (Ibid., p. 189). Other researchers, such as Blauner and Wellman (1973), Ellis and Orleans (1971), Valentine and Valentine (1970) and Zinn (1979) have concluded that there is some benefit in being an insider researcher, particularly as the insider will know the right questions to ask and is more likely to challenge models or frameworks because they are more familiar with the subject matter and the stakeholders.
In this study, my place as a ‘complete member researcher’ as described by Adler and Adler (1987), means that I have fully committed to the values and goals of the interview participants because of my experience and knowledge in the field. Adler and Adler suggest that the complete member is ‘fully immersed in the research setting. One may study a setting in which he or she is already actively a member or "become the phenomenon" of interest’ (Ibid., pp. 73-74). In my case, I am fully immersed in the research setting; although I am not a foster carer, I work very closely with foster carers.

Riessman writes about the concept of ‘the outsider within’, referring to the issues of the researcher’s position in their own study (Riessman 1994, p. 135). Beyond the subjectivity and inclusion of self which impacts on any researcher, the additional complexity of a researcher who is an insider in their study is relevant to this research. To paraphrase Riessman, I characterise myself as a researcher in this study more as ‘the insider without’.

In this research, although I am close to the subject area and likely to be known to some of the participants, I am technically an outsider, as I am not a foster carer. My role as a service provider placed me in a complex position in which I was neither totally inside nor outside. In so doing, I paid particular attention to the challenges to subjectivity that were incumbent upon me, to ensure that research participants felt able to respond openly and that I could interpret data as objectively as possible.

Because of my knowledge of foster carers and the possibility of knowing some of the study participants, I had to give serious consideration to any perceived or real subjectivity or bias that may arise or be seen to arise. Kumar (2005) makes the distinction between subjectivity and bias, the former being related to the researcher’s background, position and philosophy, while the latter is described by Kumar as ‘a deliberate attempt to highlight something disproportionally to its true existence’ (Ibid., p. 214). As Thompson (1998, p. 4) states, I have to ‘abdicate my authoritarian role’ in undertaking my study. I was very aware of particular challenges and also potential benefits in the position that I hold in relation to the foster carers, where subjectivity could be an issue that could compromise or be seen to compromise my ability to obtain information as well as to retain objectivity.

The phenomenological perspective is relevant to this research—particularly in the discussion around locating the researcher and the insider/outsider perspective. According to Lester (1999), phenomenology is concerned with ‘the study of experience from the perspective of the individual, as it requires “bracketing” taken for granted assumptions and usual ways of
perceiving’ (Ibid., p. 1). What this term means is that the focus of interpretation is on personal perspective, on description rather than explanation (Ibid.). In this context, there is a need for the researcher to put aside brought perspectives as much as possible, to leave room for the deep, rich description of the experiences of the research participants.

White (2001) describes an approach, known as ‘reflexive inquiry’, within a context of auto-ethnography. To be on the ‘inside out’ creates the potential problem of not achieving ‘anthropological strangeness’, which is the ability to distance oneself sufficiently from the research participants. White concludes that such reflexive research conducted by practitioners or managers in social work can ‘form the basis for fruitful dialogue between research and practice’ (Ibid., p. 53). In taking a phenomenological stance, I am seeking to set aside my own understanding and be open to the findings that emerge from the exploration in the study.

3.4.1 Reflective approach
Mortari (2015) contends that the ‘natural tendency of the mind is unreflective’ (Ibid., p. 2). What she means by this is that effort needs to be made by researchers in order to ensure that reflection occurs within the research process. She argues that ‘phenomenological reflection is a basic cognitive exercise to practise for developing the capability to dig for our mental experience and so to gain awareness of it’ (Ibid., p. 8). In adopting the explicit requirement for reflexivity, what this idea meant for me is the necessity for in-depth interrogation of how I, as researcher, make sense of the ethical and moral issues that confront me in my place in the research milieu. Due to the complex nature of my likely relationship as a known authority figure to some of the research participants, and the potential for a perception of a conflict of interest, the reflective approach was critical to ensuring a transparent and accountable process.

As part of this reflective method and in particular during the interview phase of the study, I wrote a regular reflective journal and discussed the interview process and the impact on me with my supervisor regularly during this period. These reflections also ensured that, as the interview process progressed, I was able to improve my method of engagement and the way I handled any potential conflict of interest. An example of such documentation from these reflective journals is supplied in Appendix B.

The reflective methods that I employed during the research process allowed me to scrutinise my own method and thinking and brought some self-understanding, thereby achieving a
description of what was occurring in my mind and in the research. Husserl has labelled this as the ability to provide some ‘descriptive phenomenology’ (Moran 2000, p. 66).

3.5 METHODOLOGY

3.5.1 Data collection methods

The primary data collection method used in this study is in-depth face-to-face interviewing, the method best suited to the epistemology and ontology within which the study is located and the nature of the research questions. In-depth interviewing is a relationship-based process, and meaningful interaction between individuals is crucial to determining another person’s understanding. As this study is largely about understanding, interpreting and providing rich description of experience, it is appropriate to engage in an in-depth process with participants. With participants, I engaged in what Minichiello, Aroni and Hays (2008) describe as an attempt to ‘understand and interpret social reality through the meanings that the informant attaches to their life experience’ (Ibid., p. 69). It was important that informants were given the opportunity to use their own words and descriptions and not restricted to predetermined categories.

Minichiello, Aroni and Hays propose a continuum of interviewing methods based on the degree of structure involved. Structured, semi-structured and loosely structured interview methods are the three categories suggested (Minichiello, Aron & Hays 2008).

Participants were provided, in the initial correspondence that they received, with a description of the research that outlined its purpose and the interview method. A loosely structured and fluid approach was used in this study. Interview prompts were used to keep some structure to the process, but to allow enough openness to explore themes as they emerged. The prompts are listed in Figure 2 below, and the full sheet which was used for ethics approval is attached in Appendix C.
Interviews were left as open as possible, allowing participants the space to explore issues based on their own experiences. The interview was in a narrative format, with some small amount of guidance from me to help focus the participants on the research questions.

The potentially intrusive nature of the in-depth interview is acknowledged. Because the interviewee may be revealing personal insights, some very intimate, the interviewer has an ethical obligation to ensure that the interviewee is protected from distress, misrepresentation and exploitation. Richards and Schwartz (2001) explore these issues, as well as the potential identification that the interviewee faces if the researcher does not properly de-identify the material presented. Richards and Schwartz point out that it is not possible to predict accurately what might cause distress to an interview participant (Ibid., p. 136). However, there are steps that I have taken to mitigate some of these risks. Clarity about the context of the research and what interview participants were agreeing to meant that all participants had the opportunity to carefully consider their involvement in the research. All necessary de-
identification was taken care of at all stages, in particular when finalising the segments of interview transcripts which appear in the final thesis. Each interview participant was given a random participant number to avoid any potential identification.

During the interview process, I was aware of potential triggers for foster carers as the interview progressed. As an experienced interviewer and ensuring particular sensitivity as a researcher exploring sensitive, sometimes deeply personal issues, I checked the emotional wellbeing of participants during the course of interviews, and at the end. I followed up with each interview participant in the days after the interview and also offered each participant the opportunity to review the transcripts of their interview before it was used in the research.

Minichiello, Aroni and Hays (2008) suggest that in-depth interview participants may say more than they perhaps intend and then feel shame or embarrassment afterwards. When interviewing participants for this study, I was trying to create a ‘welcoming, nonthreatening environment in which the interviewees are willing to share personal experiences and beliefs’ (Karnieli-Miller, Strier & Pessach 2008, p. 280). However, Karnieli-Miller et al. also acknowledge that the ‘warm, caring, and empowering character of qualitative interviews might conceal huge power differences’ (Ibid., p. 283). In addition, the relative power imbalance between interviewer and interviewee needs to be taken into account. I attempted to address this possible power imbalance by sharing as much information as possible with interview participants. Prior to the interview, participants were given the opportunity to withdraw from the process at any stage. In addition, I shared the purpose of the study and offered to share follow up information once the study was complete. The interviews were conducted in a location and at a time which was convenient for participants. This was another attempt to make participants as comfortable as possible and to share the power with them to some extent. I was aiming for partnership with participants, as described by Karnieli-Miller et al., by observing the following conditions:

1. Participants must fully understand (at the level known to the researcher at that point) the meaning of the study and truly volunteer to participate in it.
2. Researchers must not distort the meaning of the participants’ voices.
3. Researchers must protect the anonymity of the participants (Seldman 1991).
4. Researchers have an obligation to participants’ beneficence—an obligation to provide benefits for the participant and to balance such benefits against risks (Beauchamp & Childress 2001).
5. Researchers have an obligation to nonmalfeasance that requires doing no harm. (Karnieli-Miller, Strier & Pessach 2008, p. 285)

I also used the concept of the interview as a partnership, communicative performance or conversational research journey as described by Miller and Crabtree:

Interviewer and interviewee have multiple social roles and understandings that they bring to the process, which means that each question and answer are not discrete independently meaningful and isolatable events. (Miller & Crabtree 2004, p. 187).

The conversation that made up the interview was influenced by my behaviour as a researcher and the space that I allowed the participants in which to develop the themes as they relate to the research questions.

3.5.2 Recruitment and sampling

The first stage of participant recruitment involved presenting the study proposal to key managers and research co-ordinators at fostering agencies in Perth, Western Australia. This involved six agencies, all of whom offered me the opportunity to circulate information about the research to their foster carers.

Agency representatives were advised of the criteria for recruitment, that is, general (or ‘stranger’) foster carers who had at least 12 months of fostering experience, and were asked to circulate an invitation to eligible foster carers to participate in the research. The information sheet (Appendix D) and the interview consent form (Appendix E) were made available to foster carers at this time. There is another consent form which was provided to participants to allow for the audio recording of interviews (Appendix F). Potential interview participants, who identified themselves to me, were then contacted directly by me. After discussing the research with me by telephone, those who chose to proceed organised a mutually convenient time with me to be interviewed. The interview process and the justification for it are described in a subsequent section of this chapter.

There were potential limitations associated with this recruitment process. As I relied on third persons to facilitate participant recruitment, I was not able to control the direct access to further information about the project by foster carers or to encourage them to become involved. The contacts in each agency did not have a direct stake in the research and may not have been motivated to follow up with foster carers about their interest in participating.
attempted to ameliorate this by encouraging these key people in the agencies to help recruit foster carers, because it could not be done directly by me.

Another limitation in this research is that it was restricted to ‘stranger’ foster carers, eliminating a large group of potential carers, those who are kinship or family carers: in other words, persons caring for a child known to them. The reason for imposing this boundary on potential candidates was that there is a variety of different issues for family carers that do not exist for stranger foster carers. This includes the complex dynamic within the extended family and the different recruitment, training and support arrangements for relative carers. Family carers also often have a different motivation to foster, which is based on their sense of family obligation or specific knowledge of the child requiring care. In consideration of this complexity and the different context within which family carers operate, I decided that to study family carers’ issues in relation to the research questions would be a different study, although certainly worthy of undertaking.

The primary sampling method for this study is purposive sampling, a non-probability sampling technique which relies on the participants to meet the criteria for the study, as outlined in the previous section. Kumar suggested purposive sampling, where the researcher is looking for ‘who can provide the best information to meet the objectives of the study’ (Kumar 2005, p. 179). In this study, the key informants are foster carers and so the task to recruit study participants was clear.

Minichiello, Aroni and Hays (2008) suggest planning sampling around four fundamental questions. These are:

1. What is the wider universe or population from which I wish to sample?
2. What is my interest in this population?
3. What work do I want my sample to do?
4. Which form of sampling will best help to provide the data source, which will in turn provide a response to the research questions? (Ibid., p. 170).

The intent was to obtain perspectives of informants to highlight aspects of the fostering relationship which contribute to a sense of permanence and stability. The only selection criterion in determining the suitability of potential participants was that they had fostered children for at least 12 months. This stipulation was based on the premise that any potential participants had some experience to draw on and could respond with some experiential
knowledge on the research questions. The 12 months timeframe was considered important to enable participants to reflect, with some experience, on their fostering.

The potential participants for this study were registered foster carers (all fostering through community services organisations) who are currently, or have been previously, caring for children or young people in their own homes. They all received correspondence from their fostering agency offering them the opportunity to participate in the research. It was up to them to make contact with me if they were interested. No information about an individual foster carer’s participation or non-participation was shared with anyone from the fostering agencies.

In total, 25 foster carers were selected and interviewed. All foster carers who applied to be involved with the research were contacted, a total of 30. After I spoke with all interested foster carers, five decided not to participate. Kumar suggests that in qualitative research, sample size is less important because the main purpose of the research is to explore a particular phenomenon, issue or process (Kumar 2005, p. 181). The diversity in the information that I expected to receive from participants, although rich in terms of personal experiences, was likely to be limited, given that each foster carer was performing a similar role in the same jurisdiction. Therefore, I judged that a relatively small number of participants would suffice in terms of discovering new information from each participant.

The dual parameters of time and willingness of foster carers to participate in the research were influencing factors in the sample size. The sample was drawn from foster carers resident in the geographical area known as Metropolitan Perth. Constraints of time and distance meant that it would have been impractical to interview foster carers from other regions of the State, given that I wanted to conduct face-to-face interviews. When I first presented this research in a public forum (Foster Care Conference Fremantle, Western Australia, 2009), there was interest from potential participants from areas other than Metropolitan Perth. Having interviewed 25 foster carers, however, I decided that there was enough variation in themes from foster carers in the metropolitan area, and so I did not pursue any participants from geographical areas other than Perth.

The participants in this study, having been assessed to be foster carers, all had some experience of being interviewed. However, there is a different relationship between social worker and foster carer to that between research participant and researcher. Both have inherent power imbalances, but in the research dialogue, the participant does not have the
same investment or perhaps expect the same consequences or outcomes as in the social work interview or intervention. It was important to make the different nature of the research dialogue explicit with foster carers and to ensure that they were as comfortable as possible in the interview process. This was achieved through preparation of participants for the interview from the initial point of contact with foster carers until the end of the process.

I have significant experience in interviewing foster carers in the over 15 years of my practice in this field. I applied this experience to assist foster carers to feel comfortable and supported as we proceeded through the interview and to direct the interview with some knowledge of what it might be helpful to ask and explore. Despite my experience of interviewing as a social work practitioner, however, the process was more difficult for me than I imagined. The skill of conducting interviews with the research in mind has been a challenge, particularly with foster carers whom I already know and have an established relationship with. As the study progressed, however, I was building my own techniques and confidence as a researcher and was able to feel better equipped for subsequent interviews.

3.5.3 Potential conflict of interest

Implicit in the complex role of insider/outsider and inherent in interviewing foster carers for this study was the potential for conflict of interest. Some of the interview participants were likely to be known to me and some likely to be foster carers with the agency for which I work. To achieve some separation between my work and this research, discussions with my PhD supervisors, as well as with the Chief Executive Officer of the agency for which I work, have assisted me to put my researcher role into perspective. In addition, I have separated work and study in terms of physical location, timing and even what I wear when interviewing foster carers for this study.

When participants were given information about the study (see Information Sheet in Appendix D), it was made clear how information would be stored and used, and that I was the researcher conducting the interviews. When I made the appointments for interview, I spoke to the participants about the potential role confusion and the issue of conflict of interest. All participants who knew me previously were told that I was doing this research in a different role to the one that I hold within the agency. When I spoke with the participants prior to our interview appointment, I confirmed that they wanted to go ahead and that the interview would be semi-structured around issues only related to the research. In the interview process, participants were able to hold this tension and there was never any sense
that any of the issues pertaining to my work within the foster care system were being addressed. I also asked participants not to make any assumptions about what I know about them or about their fostering, to treat me as if I had no knowledge, so that they would not miss out any key information in their responses.

3.5.4 The profile of participants
Twenty-five foster carers were recruited. The demographics of this group were varied, and aggregated information on interview participants is presented below.

<table>
<thead>
<tr>
<th>Table 1: Marital status of interview participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Married</td>
</tr>
<tr>
<td>Divorced</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2: Number of own children of interview participants</th>
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</thead>
<tbody>
<tr>
<td>Own children</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>One</td>
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<tr>
<td>Two</td>
</tr>
<tr>
<td>Three</td>
</tr>
<tr>
<td>Four</td>
</tr>
<tr>
<td>Six</td>
</tr>
<tr>
<td>Total</td>
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</table>
Table 3: Years of fostering experience of interview participants

<table>
<thead>
<tr>
<th>Years fostering</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than two</td>
<td>1</td>
</tr>
<tr>
<td>Two to five</td>
<td>9</td>
</tr>
<tr>
<td>Six to ten</td>
<td>11</td>
</tr>
<tr>
<td>Fifteen to twenty</td>
<td>2</td>
</tr>
<tr>
<td>More than twenty</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

In summary, the median number of years of fostering experience among participants was 6, and the mean number of years was 8.4. The average age of participants was 49. In terms of marital status, 16 (64%) were married, 6 (24%) were single and 3 (12%) identified as divorced. The gender mix of study participants was 18 (72%) female and 7 (28%) male. Culturally, although many of the study participants come from a variety of countries, they all identify as Australian, Anglo-Australian or Euro-Australian.

In terms of age range, two participants were between 35 and 40, four were between 41 and 45, 10 were between 46 and 50, seven were between 51 and 55, and two were between 55 and 65.

The age range of participants in this study is typical of the broader foster care cohort based on the small amount known about the profile of Australian foster carers. As noted in Chapter Four, 35–54 is the age range of the majority of foster carers in New South Wales (NSW) surveyed in the study by Siminski, Chalmers and McHugh (2005), with a predominance of females. All but two participants in this research study were within this age range.

3.6 ETHICAL ISSUES

Ethics approval was obtained on 25 March, 2009 from The University of Western Australia’s Human Research Ethics Committee. The ethics approval letter is included in Appendix G and Information Sheet provided to participants is included in Appendix D. All participants were offered the opportunity to discuss any concerns about their participation with me, and they could withdraw from the study at any time. Participants were informed that the interviews would be recorded and transcribed and that they would have access to the transcriptions if
they wanted to. Interview recordings and transcriptions will be kept for seven years and then destroyed, as per university policy.

While developing the proposal for this research, I considered any potential ethical issues in relation to the study. One of the key ethical considerations in this study for me was my place as a practitioner known to some of the research participants. This issue has been explored elsewhere in this chapter.

The issues of boundaries and confidentiality have also arisen in my planning for the study. I recognised that I would be working with, and for, some of the foster carers that I interviewed, and that they may reveal information that I may not know in the course of my work with them. I gave each interview participant the assurance that I was interviewing them in my role as a researcher and that anything that they revealed would be held in confidence by me within the normal limitations around safety of participants and others.

The other concern was the potential emotional impact on foster carers of being involved in the research. Fostering is a very personal undertaking for many and something about which foster carers feel very strongly. I considered the effect of asking foster carers to speak about some difficult experiences and how that might leave them feeling afterwards. With my experience in the field, I was able to ensure that, where necessary, support services were in place, at my suggestion, when I felt that there was a situation where an interview participant required some follow up.

3.7 DATA ANALYSIS

3.7.1 Content analysis

The study utilises a thematic content analysis approach. Data was coded and categorised into thematic sections according to the content of the interviews with research participants. The coding of data was done using NVivo 8, a software package designed for analysing all forms of qualitative data. NVivo allows the coding of data from interview transcripts into ‘nodes’, allowing the researcher to group, analyse and synthesise passages of text from interview transcripts and other data sources.

Once all of the raw data had been entered into the software package, I linked parts of each data source and determined themes, commonalities and differences and eventually grouped the data to enable further analysis and presentation. In NVivo, the groupings of similar thematic material are known as ‘nodes’. Two types of nodes are used, ‘tree nodes’ and ‘free
nodes’. Typically, when a node is first created, it is a free node which is just kept in a list. Tree nodes have all the properties of free nodes, but in addition, they are organised into a hierarchy or tree shown in the Tree Nodes Pane in a similar way to the file and folder hierarchy in Windows Explorer. The tree nodes then become the map or chart of themes and indicate how the themes are linked. The linkages are established either by the researcher or by NVivo by a comparison of words used in transcript excerpts. For this study, I undertook the coding manually to ensure consistency.

An example of the use of free nodes can be seen in Figure 3 below. This chart details by colour, the number of items from interview transcripts that have been coded to particular nodes. The green colours are the ones with larger numbers of items coded, the smaller the box and the redder the colour, the fewer the items that have been coded to that node.

This chart gives an indication of the most popular themes expressed by foster carers and interpreted by me, the researcher, under various headings. From these nodes, the tree nodes were established some clustered under higher order headings, some becoming tree node headings themselves.

**Figure 3  Free nodes compared by number of items coded**

![Chart showing free nodes compared by number of items coded](image)

One example of higher order themes clustered in tree nodes can be seen in Figure 4 below. NVivo clusters the themes by comparing words used in the interview transcript excerpts that I have inserted. Below these nodes are dozens of supplementary nodes that have been coded by me according to the next level of themes for the research. More detailed lists of nodes and diagrammatic analysis of nodes used in data analysis can be seen in Appendices H, I and J.
In this study, data has been deconstructed, reconstructed and synthesised (Ely et al. 1997) to make new sense of foster carers’ experiences of relationship journeys with children in their care. The next step in the process was to identify links between themes that emerge from the research and those which become clear from a comprehensive review of the literature (D'Cruz & Jones 2004).

The analysis herein is an ongoing, iterative process with the distillation of new themes through the scrutiny of transcripts and reading and re-reading of field notes. As noted above, the process is a hermeneutic one, with the parallel, rather than successive or separate exploration of the words of foster carers and the literature. An example of how the framework for analysis was developed is provided in the mind map diagram in Appendix A. Some examples of interview transcript coding can be seen in Appendices K, L, M, N and O.

When this constructionist methodology was applied, it was expected that a joint understanding of participants’ experiences would emerge, shared by the interviewer and the participant (Corby 2006). In being conscious of the impact of my personal beliefs and of the stake I have in the lives of those whom I would be interviewing, and as already discussed, I adopted a reflexive approach in order to remain as objective as possible about the data and themes that present.

3.7.2 Limitations of the methodology

This study uses a small sample, exploring the experiences of foster carers in Perth, Western Australia. The research will provide results that could be used in other jurisdictions, but the intention is an in–depth examination of the experiences of these carers. Western Australia is a big State, and, while it would have been useful to include foster carers from geographical
areas other than Perth, time and resources limited this possibility. Another limitation is the lack of family carers in this study as a possible comparison group. Issues for family carers are usually different and more complex than foster carers, but, as a growing cohort in the out-of-home care sector, their issues would be useful to highlight. Again, time and resources prevented this possibility.

The limitations described above mean that the generalisability of the study is impacted. It is possible to draw some conclusions in a similar study cohort but to draw broad conclusions for the foster care system is problematic from such a limited sample. The intent of this study is to highlight the issues for this cohort and to establish a framework for relationship-based fostering that could be used as a template for fostering in other States and countries.

3.8 SUMMARY

The methods and research design in this study follow the qualitative tradition of exploratory research, which represents the stories and voices of people in relation to the social situation within which they are located. As a hermeneutic, iterative approach is fundamental to this study, the process of engagement with the data sources has emerged as I have immersed myself in the collection and analysis, ensuring that my story as researcher is also represented as a key component of the findings of the study.

The next chapter, Chapter Four, presents an exploration of the data, particularly around how interview participants perceive their place within the fostering system. In addition, Chapter Four looks at the place of the corporate parent through the eyes of foster carers involved in this study. The chapter is viewed through the lens of the foster carers’ appreciation of the needs of children in care and their understanding and response to the child’s needs.
CHAPTER FOUR: 
FOSTER CARERS’ UNDERSTANDING OF THEIR EXPERIENCES OF FOSTERING

The focus of this chapter is the first research question, that is, how foster carers understand their experiences of fostering. In this chapter, I discuss foster carers’ abilities to manage transience and uncertainty (their own and the child’s), how they make sense of the system and how they explain what this means for their capacity to recognise and meet the needs of the child.

The main overarching constructs examined in this data analysis include systemic and individual understandings of the foster carer role within the foster care environment and the systemic place of the corporate parent. The intent of placements perceived and experienced is explored in the context of relevant conceptual frameworks.

The chapter foregrounds and prioritises the perspective of foster carers, whose contextualised understanding of the system within which they are located and of their place in that system is a central concern of the thesis.

4.1 THE SYSTEMIC PLACE OF THE CORPORATE PARENT

As noted in Chapter Two, Fahlberg explains the aspects of parenting in foster care by separating the roles required into three categories. Using Fahlberg’s description of the ‘legal parent’ or ‘corporate parent’ (see Section 2.10.2) this section discusses how foster carers perceived the role of the state as corporate parent.

In a review of a number of studies concerning children in care in the UK, Ian Sinclair concludes that, although foster care can provide a long-term, stable placement where children can remain in contact with family and feel a sense of permanence, this was not the experience for most children in foster care (Sinclair 2005).

Bullock et al. outline four requirements that would make the State a better corporate parent. These are:

- The framework for care is right; including the integration of government policies at different levels, ensuring that what care is supposed to be about is actually what it is about on the ground.
• The care provided is of a high quality—standards need to be in place with the support to ensure that foster carers can provide this care.
• The system’s support to those who are coming to the end of the care experience is strengthened.
• A better definition of permanence is in place, acknowledging the complexity of the concept that it goes beyond either a permanent placement or reunification (Bullock et al. 2006).

I was interested in understanding whether foster carers in this research referred in any way to any of these concepts.

4.1.1 The corporate parent in Western Australia

In Western Australia, the agency that holds the legal responsibility for most children in foster care is the Department for Child Protection and Family Support (CPFS). In conjunction with the Children’s Court, CPFS makes decisions about the protection and care of children who are not able to live with their birth parents. Children in care are allocated a case worker who is delegated the responsibility to plan for the child and liaise with stakeholders in the child’s life to make decisions that are in the child’s best interests.

Foster carers in this study expressed a variety of views about their knowledge or understanding of Fahlberg’s notion of the ‘legal parent’, embodied in the WA context as the ‘system’ or CPFS. Fahlberg’s outline of the responsibilities of the legal parent include financial responsibility and responsibility for ‘life decisions’ (including placement) for the child. The legal parent would also assume legal responsibility for the child’s actions (Fahlberg 2012).

The following comments from foster carers who participated in this study illustrate some of their understanding of the legal parent role of CPFS:

…the Department has to take ultimate responsibility as it does. The system is good how it works (Participant 2).

I think that’s really good the Department acting like a responsible parent (Participant 2).

Unless they’re on a Guardianship Order the Department can move them anytime they like (Participant 17).
Most foster carers (n=20) in this study demonstrated an understanding of the importance of CPFS as corporate parent and most were supportive of its role. Some foster carers questioned CPFS’s ability to perform this role adequately, given the breadth of responsibilities it holds.

4.2 FOSTER CARERS’ PLACE WITHIN THE FOSTERING SYSTEM

In analysing participants’ responses, I was mindful of Lonne’s incisive observation in 2009, because his observation resonated with many of the findings in this analysis.

... in many highly proceduralized systems of child protection carers do not fit easily in either group [service user or part of the care team], their status being sometimes blurred and ambiguous (Lonne et al. 2009, p. 86).

The foster care system in Western Australia is highly systematised and proceduralised with many different levels of intervention and accountabilities. In its most recent Annual Report, CPFS, one of the key agencies in the system, quoted the Ford Review of 2007 as describing CPFS as ‘overwhelmed, confused and defensive’ (Department for Child Protection and Family Support 2013, p. 1). Although CPFS is only one agency within the system, most foster carers in this study referred to CPFS as one of the important organisations in the Western Australian foster care system.

In response to the need highlighted by the 2007 Ford Report, which presented 70 recommendations to improve the Western Australian child protection system, CPFS has implemented a number of significant reforms. One such reform is the introduction of a ‘Foster Care Partnership’, a policy and practice framework which outlines mutual responsibilities in the way Departmental staff and foster carers should work together, including consultation guidelines, timelines for information sharing and Departmental obligations to include foster carers in planning forums and other significant decision-making processes and events (Department for Child Protection 2012a).

This agreement is, as yet, in the early stages of implementation, and it is clear from the responses of participants that it is yet to provide secure evidence of effective outcomes in terms of a sense of partnership among carers. A feeling of confusion and being overwhelmed within the system was reflected on by most foster carers (n=19) involved in this study, who spoke about the size and impersonality of the system, and not feeling that they are part of it. For example, one foster carer stated:
… having been in the system I can just see how complex it is and what a huge issue it is and I don’t think we’re doing enough for the kids (Participant 2).

Many (n=16) foster carers described the system as ‘other’ and did not recognise their contribution to, or membership of, the system, in that they spoke about it as being in some way removed from their own experience. For example:

… the system, the people and there is no accountability because everyone’s so busy (Participant 20).

… now I have seen many children who are in and out, in and out … and sadly because of the lack of carers and the stress placed on the system (Participant 25).

According to responses from 20 out of 25 foster carers involved in this study, they are not engaged with the broader system and, more often than not, feel less important than professional support staff, birth family and policymakers in terms of significance in decision making and having their opinions heard and acted on. The implication is that their sense of status and agency in being able to influence change for children in their care, and on the system as a whole, is likely to be significantly limited.

Other research has reached similar conclusions. For example, one study in the UK by Fisher et al. (2000) reported the views of foster carers about their place in the system. One quote from that study that was resonant of foster carers’ views in this research was:

Sometimes you feel as if you are at the bottom of the pile. Everyone's views (child/parents/social workers) seem to come first and you have no say (Fisher et al. 2000, p. 228).

Another UK study reported similar findings to those of this research, with foster carers making such comments as: ‘foster carers are second class citizens’ and: ‘foster carers are unimportant and their views are ignored’ (Wilson, Sinclair & Gibbs 2000, p. 203).

Such comments were echoed by many foster carers. Unarguably, they reveal a sense of inability to influence outcomes for themselves or for children, and, arguably, this sense of a lack of agency can be related to systemic issues.
As one foster carer noted:

… it just seems that everyone’s got different agendas … if we all like, all the different departments, if we have the same mindset that we’re after the best for these children (Participant 8).

4.2.1 Carers’ place in a confusing system

Paralleling the significance of relationships as a mediating factor in circumstances of adversity (see Section 2.1), many carers (n=16) spoke about the ‘good people’ within the system doing their best for foster carers and children, as illustrated by the comment from a carer who noted:

I have to say at the end of the day it’s hard—it’s hard to think is it really, really child focused … I just find that in my experience sometimes it’s a bit too much focused on the parent of origin—to keep them happy. So I accept that this is the system that we have … it is evolving, it is changing … I respect all of the people that are involved; you know, that I have been involved with at DCP (Participant 1).

However, many (n=17) reported that they felt peripheral in a confusing system. Almost unanimously, they expressed a sense of isolation and dislocation from the agencies and other foster carers as well as what they described as the legislative and bureaucratic context which, they thought, drives or impedes decision making. Many foster carers expressed frustration that they were not able to influence change for the children in their care.

Carers (n=14) reflected on their sense of powerlessness within the broader care system and the absence of positive working relationships with professional practitioners, which had implications for their capacity to meet the requirements of their role. One carer comments:

… we didn’t imagine you know the people, meetings, the people you see and all the people … you know it was um a bit hard at first cause you think, oh I’ve got meetings here, meetings going to see there but now that after a while you get used to all that, you know what to expect now (Participant 11).

There was a prevailing view among foster carers (n=18) that the system had failed them and the children in their care, and, in some cases, had further ‘abused’ the child by not adequately meeting their needs. This view was illustrated by the comment of a foster carer who noted
that she had a negative experience with the system and that she felt powerless to act on behalf of the children in her care. She reported:

I didn’t have any way to protect these children and no-one was protecting them because of one person’s perspective on what was happening (Participant 20).

When they felt that they were not heard or supported by others within the system, carers reported that they often took matters into their own hands in managing difficult and complex situations. This included making decisions about contact arrangements, the health and educational needs of the children in their care and other significant matters which normally should be decided in consultation with the child’s agency case manager. Most of them explained that they understood that this behaviour was potentially risky for the foster carer, as they knew that they risked stepping outside of their delegated authority. Their stated reason for taking these risks was that they felt that it was in the child’s best interests to have situations attended to, as they had not been given a timely response from the support agency. One illustrative example of this is given by this participant:

I started doing the driving to and from contact because she needed me there for security and there was no consistency in drivers and they were always late (Participant 8).

### 4.2.2 Foster carers’ sense of transience and uncertainty

Other significant findings in relation to systemic issues arising from this study relate to carers’ sense of transience and uncertainty (for themselves and for the children in their care). A number of foster carers (n=13) spoke about staff turnover, decisions being changed without consultation and a feeling of fear about the future for themselves and the children in their care. Reflecting on this issue, one participant said:

Changing case workers all the time … they don’t get to know them well enough and they can always cause a problem when they don’t understand the child as well as you do (Participant 14).

Most foster carers (n=19) who identified such negative experiences, for example, a child moving to another placement at very short notice or lack of information or follow up from agency staff, demonstrated a particular sensitivity to future uncertainty. They described how they attempt to protect themselves and their families from similar situations’ occurring.
One foster carer spoke about the impact on a child of the uncertainty and transience that the carer had observed:

… now [agency] had actually done more harm in a way I think by not listening to, cause I’ve seen these kids you know and you can see what they need (Participant 10).

The thematic analysis highlighted the fact that the impact of this perception of uncertainty on foster carers included anxiousness, feelings of powerlessness and the inability to give unconditional acceptance to children in their care. As explained by participants, the implications for foster carers include the difficulty in building or maintaining strong, trusting relationships with children because they often do not know what the future will hold, or when an unplanned move will cause stress, grief and loss to them.

Almost all interview participants (n=22) spoke about the problems that they had experienced as a result of transience, for example, their perceptions of the impacts of multiple placement moves, and the traumatic impact this had on fostered children. They also spoke of the impact on their own children when fostered children left at short notice, or arrived at ‘yet another placement’ with the associated difficult behaviour resulting from multiple placement moves.

4.2.3 Under-utilised and under-informed

The third and final theme relating to the systemic context is the sense that foster carers conveyed of being under-informed and under-utilised. Foster carers (n=20) reported that there was a general lack of information given to them about the foster care system and their role, including boundaries and expectations in relation to their care of the child. Specifically, they said that they lacked background information about the children whom they were fostering and sometimes about the basic needs of the children. Foster carers reported that, initially, they required more background about the child, their family and early experiences. They explained in some detail how ongoing information about the children’s progress as the placement developed would have enabled a better standard of care to be provided by foster carers. One foster carer commented:

… without the information on the child, it makes caring for the child really difficult. We ask for more information about their history, behaviour and their triggers but all too often we as carers are kept in the dark (Participant 10).
Foster carers also spoke of being under-utilised, not in relation to the number of children placed, but more in the sense of not being involved in decision making or having their knowledge and views about children sufficiently recognised. Seeing themselves as key stakeholders in the placement of the child and as the person who usually spends more time with the child than anyone else, foster carers felt that they should be consulted more and included at all points in decision making for children in their care. This issue of underutilisation is a significant issue which was reported by 19 of 25 foster carers in this study. These carers stated that this sense of lack of involvement had an impact on their ability to perform their role within the system and also on their own ability to influence positive outcomes for children. One foster carer sums up her experience of not being included in decision making in the following way:

… what is also hard is when you go to a meeting with [agency] and they have made all these decisions about things, and it’s like you are the one who is holding the baby, it’s quite hard (Participant 1).

Another expressed a similar view around the theme of decision making:

… although they think sometimes they’re making the best decisions and they make their rules accordingly, it doesn’t necessarily mean that is the best decision (Participant 23).

The same foster carer makes the following statement about her feeling about her role:

… we tend to get treated as one of least important members in the whole circle of things (Participant 23).

In their research, which investigated the impact of stressful events on 950 foster carers, Wilson, Sinclair and Gibbs (2000) similarly found that foster carers were frustrated by the lack of input that they had during significant planning and case coordination for the child. Two comments from foster carers in their study are useful in highlighting the issues raised by participants: ‘After a placement breakdown, foster carers are shut out of planning’; and ‘Plans do not accord with the day-to-day experience of actual child’ (Wilson, Sinclair & Gibbs 2000, p. 203).

Similar views were echoed by foster carers in a qualitative Canadian study by Daniel (2011) which looked at the perspective of foster carers with at least five years of experience. Daniel concludes:
‘decisions made by the agency were not done as expediently as they would like and they felt they [foster parents] did not have very much control over these decisions’ (Daniel 2011, p. 914).

One participant in Daniel’s study stated: ‘[foster parents] don't have any rights and the birth parents and children get looked after not foster parents’ (Ibid., p. 914).

In summary, foster carers in this study reported that the complex and proceduralised nature of the system is one of the most difficult parts of fostering. Nineteen out of 25 foster carers reported that the main cause of worry for them was not the issues around caring for children, but rather the difficulties that they encountered with others, particularly case managers, in the foster caring system. This includes problems navigating the complexity of the system and also dealing with other stakeholders (case managers, school administrators, therapists) who do not support the foster carer’s view or make the job of fostering more difficult (according to the foster carer).

The confusion, dissatisfaction and lack of understanding of the system expressed by those who identified as long-term foster carers may be understood in a number of ways. The issue that stands out most clearly is the lack of flexibility for the needs of individuals within the system. The interview participants expressed the view that there tends to be a ‘one size fits all’ model of support and supervision that does not take into account different needs and abilities of various foster carers and children.

Some participants spoke of ‘over servicing’, some of ‘under servicing’, by agencies. Their observations can be interpreted as foster carers feeling that their own personal circumstances and preferred ways of working have not been taken into account and understood by service providers. Others reported the lack of appropriate services to meet their needs and the needs of the child in their care. Some examples of lack of services cited by interview participants included therapeutic services, financial reimbursement and support by staff in regard to children’s contact with family and also disparate experiences of flexibility of service availability and creativity of staff in changing agency structures and procedures to suit individual families.

Most foster carers (n=23) stated that their motivation to foster and the rewards that it brought them outweighed the problems that they experienced with the system. Most of the foster carers (n=9) who identified as long-term carers stated that they tried to distance themselves
from the system as much as possible, trying to protect their families and the children in their care from being negatively influenced by the foster care system. Part of the motivation of these long-term foster carers was to ‘normalise’ the children in their care, to reduce the stigma for the child of being in foster care. For example:

… he [foster child] finds them [Departmental caseworkers] an irritation more than anything else. So we try to make life as normal as possible and our agency helps by dealing with the Department and as much as possible they leave [foster child] alone (Participant 17).

4.2.4 Distinction between long-term and short-term fostering

Foster care is not an exact science; it is a changeable, unpredictable undertaking which relies on input from a range of stakeholders. Plans for children’s placement can change at short notice, and foster carers need to be flexible to cope with these changes. Notionally, there is a distinction between those foster carers who tend to provide long-term care for children and those who identify as providing short-term care for children.

Participants in this study spoke about their own self-identification as long or short-term carers. Eleven of the participants identified as long-term foster carers, while 14 identified themselves as short-term foster carers. The distinction between short and long-term fostering and the views of carers who self-identified as either is covered in more detail in subsequent chapters, but it is important to state, in relation to foster carers’ place within the fostering system, that this distinction is important to foster carers who participated in this study and does impact on their perception of themselves and the role that they are performing. One participant highlighted this issue and introduced her role as a short-term carer as follows:

… for me particularly with the short term my primary thing is for them to feel safe and welcomed and then everything else is sort of a flow on from there (Participant 2).

This foster carer described her view of short-term fostering when she commenced fostering:

… my understanding to begin with was that a child would be in our care for days or weeks, and depending on different circumstances um whether they would be placed with us just as a temporary role … before they either go to long term or back to their family or whatever (Participant 23).
It was evident from the data that the perception of foster carers of the distinction between short and long-term fostering framed their view of their role but also their place in the fostering system. Long-term fostering carers saw themselves more as on the fringes of the system, needing little intervention or assistance, whereas short-term carers spoke more about being connected to other stakeholders and being part of the system and expecting support and assistance from agency support staff.

4.2.5 Foster carers’ views on the professionalisation of fostering
Most interviewed carers did not specifically mention or relate to the notion of a professional identity as a foster carer. This was not an explicit question asked at interviews, but it emerged around the discussion of foster carers’ role. The conclusion that I draw from this is that the debate around the professionalisation of fostering is not a critical issue for these foster carers. It appears that the discussion, which is present in the research and practice literature, has not filtered down to carers in this study to any great extent. There were comments made by many participants (n=13) about elements of the professionalisation of the role, in that foster carers are expected to attend meetings, provide notes and information about the care of a child, attend to their own learning and development and provide, in some cases, what is called a ‘therapeutic care environment’ for children in their care. Twenty out of 25 foster carers interviewed used language which incorporated elements of what could be considered ‘professional language’ around such areas as child development, the impact of trauma on children and the purpose and impact of contact arrangements between children and their parents.

Foster carers in this study had mixed views of the professionalisation of fostering. Some participants (n=12) expressed views on a more professional approach to fostering and their perception of its impact.

One view from a participant was:

… we are expected to know so much about trauma, child development and to attend meetings, take notes in our diaries and do so much more than simply caring for the child (Participant 17).

This carer reported that expectations of foster carers are much more than parenting a child, but that there is significant learning and development expected as well as participation in the care team with professionals and other support staff.
The role as understood by nearly all foster carers interviewed incorporated some elements of a para-professional role, as this is now implicit in the expectations of fostering in Western Australia (Department for Child Protection 2009a; Department for Child Protection 2012a). By ‘para-professional’ it is meant that foster carers have responsibilities, including documenting notes, attending to their learning and development and meeting competencies, that include knowledge of child development and working cooperatively with professionals.

Wilson and Evetts note that: ‘despite receiving widespread support, the move to professionalisation has not been universally welcomed by foster carers’ (Wilson & Evetts 2006, p. 39). They acknowledge that this move towards professionalisation is not supported by all foster carers, some of whom express caution that there could be some compromise in the foster carer’s relationship with the child if fostering became financially rewarding (Oldfield 1997; Wilson & Evetts 2006).

The AFCA commissioned a report in 2001 which highlights a tension within the foster care system. The report highlights some role confusion and distress due to lack of recognition or status expressed by caregivers (Australian Foster Care Association 2001). This context within the foster care system is an important one, because it relates to the identity of caregivers, how they perceive themselves and in particular how they see their role.

Colton, Roberts and Williams report on the issue of how caregivers perceive themselves in their roles, citing a study by Rhodes, Orme and McSurdy (2003), which investigated the caregivers’ understanding of their role and associated expectations. In the study, the views of caregivers and agency workers around role expectations of caregivers were examined. There was a lack of agreement evident between workers and caregivers around the expectations of the parenting and agency responsibilities. This highlights a lack of clarity of expectations which could have a detrimental effect on working relationships (Colton, Roberts & Williams 2008).

Having highlighted how foster carers perceive their role within the fostering system thus far, I look in the next section at how foster carers respond to the child’s experience in care.

4.3 CARER RESPONSES TO THE CHILD’S EXPERIENCE IN CARE

The moment a child enters the foster care system, their life changes. They have become part of a complex, sometimes bureaucratic system which comprises numerous levels and many stakeholders (Fahlberg 2012). Each child’s unique circumstances, background and early life
experience will have some impact on their journey into and through the care system. The age of the child and how they are admitted into care are also significant factors to consider in shaping the child’s experience (Ibid.). To come to some understanding of the relationship between foster carers and children in their care, I examined the commentary of participants relating to their observations of the experience of children who come into the care system.

Fahlberg states that: ‘Once in the child welfare system, the child’s traumatic separation from his birth family is frequently allowed to drift into permanent estrangement’ (Fahlberg 2012, p. 176). In the very worst of circumstances, this, of course, can be the case. When the adults working within the system do not adequately allow for the child in care to preserve their identity by appropriate levels of contact, estrangement is a possibility. In addition, if the child is allowed to ‘drift’ through the system, from placement to placement without continuity or consistency, there is some evidence that their experience can be very traumatic (Commissioner for Children and Young People and Child Guardian 2008; Thoburn 1994).

4.3.1 The trauma of placement

John Bowlby states that: ‘the loss of a loved person is one of the most intensely painful experiences any human being can suffer’ (Bowlby 1998, p. 7).

Placement in care and movement through care may be traumatic processes for a child. The child leaves a familiar (if often dysfunctional) family setting to live with strangers, possibly in a new suburb or town. Once in care, the child is familiarising themselves with the foster family and, at the same time, is dealing with the separation from family and significant others and the aftermath of the usually difficult situation that precipitated the entry into care. Much has been written about the trauma associated with placement and with placement moves, particularly in the last 20 years. Fahlberg (2012) devotes a whole chapter to minimising the trauma of placement moves in her seminal text, A Child’s Journey through Placement.

Fahlberg emphasises the two main factors that lessen the trauma of a move into or through care for a child—planning for the placement and preparation of the child (Fahlberg 2012). Of course, it is not always possible to plan or prepare, particularly when a child needs to be taken into care for their own safety at very short notice. The interruption of the relationship between parent and child is a significant factor in the trauma and loss experienced during the transition into care (Fahlberg 2012).

One foster carer in this study describes some of the trauma that one child in her care experienced due to multiple placements in care:
So it was multiple rejections, rejection after rejection and I think that it was the mother figure that became the object of her anger (Participant 19).

The context around this statement was the very antisocial behaviour exhibited by the child while in placement with this foster carer.

Another foster carer reported this perspective of a child placed in care with her:

… for weeks, [child] would only come out of her room to eat. She didn’t talk to us, she would cry often and would reject my attempts to comfort her. It was clear that she was traumatised at being removed from her family and it was very difficult for our family to live with (Participant 3).

It is evident from comments such as this that the adverse childhood experiences of children in care can be compounded by the experience of being taken into care. Bruskas cites a number of authors, including Bowlby (1998) and Jones Harden (2004), to conclude that ‘Maltreatment, such as neglect, and the removal from parents (foster care) are traumatic events that can affect the immediate and future developmental and mental health of children’ (Bruskas 2008, p. 70).

4.3.2 Disrupted attachment and trauma-based behaviour

Fahlberg (2012) writes about the possible attachment challenges faced by children who come into foster care, particularly if they have not been able to form an early attachment to a primary caregiver. The potential impact of this, and of behaviour that results from the impact of trauma, was mentioned by most foster carers (n=22). Foster carers also mentioned the benefit of training and support from more experienced foster carers in learning about attachment and trauma and the impact that trauma has on early brain development.

The interviewed foster carers acknowledged the importance of preparation, for example, speaking with those who know the child (other carers, case manager, family members) and professionals who could provide some practical strategies to cope with difficult behaviour. They found these strategies useful in terms of the attachment and behavioural challenges that could present when a child was placed with them. Some of these challenges that foster carers experienced included defiant and oppositional behaviour, aggression towards the foster carer and other family members and also ‘withdrawn’ behaviour, where the child would struggle to engage with the foster family members.
To deal with the possibility of placement disruption on the child, the interviewed foster carers spoke about the importance of providing internal stability once the child is in care. While acknowledging that the child may have experienced significant instability before coming into care, most foster carers (n=21) also acknowledged that part of their role was assisting to create a sense of stability for children.

4.4 FOSTER CARERS’ EXPERIENCES OF A SYSTEM UNDER PRESSURE

Some foster carers in this study spoke about the pressure to take children, the lack of foster carers in the system and what they saw as the seemingly endless numbers of children coming into care requiring placement:

We make ourselves available for crisis placements even though we have another two children in our care. There just doesn’t seem to be enough carers to go around, so we want to make sure we are doing our bit and more (Participant 18).

Although there isn’t pressure there from our agency directly, we hear about all the children needing placements through other carers and we know that if we don’t step up and take more children, they will end up suffering more (Participant 2).

The tide of children entering care never seems to end … it is up to us as individuals in a caring community to do more (Participant 5).

The themes captured in these comments stem from experiences within the fostering sector of systemic issues outlined above, where carers perceive the need, see how they can help and volunteer their service to ensure that children are protected and safe. The comments highlight a commitment from some of the carers in this study to do more fostering than they may have initially expected, as they have seen the need to accommodate more and more children. This was not the experience of all participants, as some limited their fostering for a number of factors, including self-protection, an assessment of what was best for their family and a motivation which was more based on providing one stable, long-term placement for a child.

Foster carers mentioned the impact on them and their families of caring for children when they did not feel equipped with the cultural knowledge or expertise to meet the needs of the child. According to some of them, this led to feelings of guilt or anxiety that the care they
provided was not adequate and that there could be future implications for the child if they were not properly connected with their culture. One foster carer reported:

> I worry that the Aboriginal kids who are in my care will lose the connection to their family and culture … I know that I am doing my best but they need to be with family (*Participant 2*).

Another foster carer stated:

> We do what we can to teach culture to children who come into care with us … but I don’t think that we are the best people to do that for them (*Participant 20*).

The worries expressed by the two carers above were echoed by a number of participants in this study. The implication behind these comments and other similar ones is that foster carers are seeking guidance, training and information to build their confidence in caring for children from cultures of which they have limited understanding.

Foster carers in this study also reported lack of information and knowledge about why children are placed in care. This is covered in the next section. They also spoke about matching for placement and being able to prepare themselves and their families for a child coming into care with them. Some reported that they are not always included as much as they would like in the decision making around placement and in the information gathering that would improve their role. Others had positive experiences of matching to share.

Two foster carers reflect on this issue:

> If carers had more input into the children coming into their care, there would be less placements breaking down. We know what kind of child will fit in our family (*Participant 22*).

> … [agency] included us from the start in the decision making about whether [child] would come to us full time or not. She had been with us for respite so we knew her well and to be asked for our view about her long-term placement was very good for us and her (*Participant 9*).

Most foster carers (n=24) expressed frustration at a lack of information about the children who are placed in their care. A response that represented the views of many participants was eloquently stated thus:
How can we be expected to provide the best care that we can if we don’t know about the history of the child … or even their basic information about their health and routine. It makes it really hard to know what to say sometimes (Participant 12).

While most (n=22) foster carers expressed a general sense of knowing what factors were at play for children coming from families where they had experienced abuse or neglect, they said the individual circumstances and how this impacted on the behaviour and routine of the child in their care was often missing.

Another general comment about children’s circumstances came from this carer:

I don’t want to know too much about the child’s background because I know it will upset me … what I need to know is the triggers for the child, not all of the ins and outs of the abuse that they have suffered (Participant 11).

This comment was echoed by a small number of participants (n=5) and highlights the emotion that is linked to foster care and how individual stories can impact on carers. The theme of foster carers protecting themselves emotionally by not wanting to hear too much detail of a child’s story came through as a minor theme, raised by four participants, but more often carers (n=18) wanted to know more because they felt that this knowledge would assist them in caring for the child.

These comments suggest there is a need for foster care support agencies to ensure that carers’ views are taken into account and that information is given to carers to ensure that they are making the best decisions about placement and about the future needs of the children in their care. More than half the carers in this study reported feeling as though their family’s needs were not taken into account when decisions are made for the child or for a placement decision. This is a significant factor in satisfaction for foster carers and for stability in placement and, ultimately, for improvement of the fostering system.

4.5 SUMMARY

This chapter has explored the understanding that foster carers have about the foster care system and has focused on their views about their place within that system.

Foster carers expressed the sentiment that they feel like outsiders within their operational context and that they feel a sense of confusion and uncertainty about their role. A sense of
lack of engagement with key stakeholders in the system was reported, and a limited sense of status. Although there was acknowledgement of the increased professionalism expected of foster carers, most carers who participated in this study didn’t feel adequately acknowledged for this increase. However, most foster carers reported feeling rewarded in their role and that these rewards outweighed the challenges in navigating the complex system.

Foster care provides an opportunity for society to protect and care for its vulnerable children, but, for the best outcomes for children, all stakeholders must understand the system and how they can best perform their role. In addition, research and evidence of best practice must inform service delivery.

The next chapter explores the foster carers’ understanding of their role and discusses in more depth the response to the second research question, how foster carers conceptualise their work and make sense of how their relationship with the child benefits or impedes the child’s journey in their care.
CHAPTER FIVE:
FOSTER CARERS’ CONCEPT OF THEIR ROLE

Chapter Four considered how carers understand the system of which they are part and their place in that system. This chapter moves on to consider in greater detail their understanding of their responsibilities towards the children in their care. There are three broad domains that underpin this and the next two chapters:

1. How foster carers understand the needs of the children they care for—what do they do to mediate and manage the different aspects of the placement?
2. How do foster carers manage the circumstances of the children in their care, for example, the arrival, ongoing changes and impact on the child and transitions?
3. How do foster carers manage the family system, including the place of the foster child in the family and the impact on their own children?

The views of foster carers on their feelings about their roles in relation to ‘parenting’ or ‘caring’ were not clear cut. That is, it is not possible to make a clear distinction between categories of foster carers and how they perceive their view on this issue. One distinction made by foster carers themselves is that of long-term and short-term caring. This distinction is explored in detail through the lens of foster carers’ perception of their role in this chapter.

5.1 FOSTER CARERS’ CONCEPT OF THEIR WORK

Most (n=19) interview participants in this study at least touched on the issue of lack of role definition. Some comments from foster carers were as follows:

… it is complicated to work out whether we should be just caring for the child or whether we should do more advocacy with his parents or help out with contact. It is not clear as to how much of that ‘extra’ work we should be doing (Participant 12).

I don’t know if I am comfortable providing short-term care anymore. I don’t know if my role is making any difference or if I am becoming part of the problem in ripping families apart (Participant 20).

… depending on who I speak to at [agency], I get mixed messages about how far they want me to take my role. Some of the staff there think that I should be
doing more social work type work I think … I don’t feel comfortable with that idea (Participant 17).

These three carers are expressing views about very different issues, but all relate to a lack of understanding of their role as foster carers. These carers all had different levels of experience in fostering, and their inability to clearly define their role (or indeed for others to be clear on their role) reflected some of the literature (Warman & Henshall 2008; Barbell & Freundlich 2005).

Barbell and Freundlich cite factors such as lack of support and consultation ‘disrespect for foster parents as partners and team members’ and ‘lack of agency responsiveness, communication and support’ as reasons for foster carers ceasing their fostering (Barbell & Freundlich 2005, p. 508). The lack of role definition for foster carers complicates the job of carers and so creates a more difficult environment in which to perform their role (Ibid).

A number of writers assert that foster carers often receive mixed messages about their role and are sometimes admonished by agency case managers for being too close, too attached or otherwise enmeshed with a child in their care (Blythe et al. 2013; G. Schofield & M. Beek 2014; Schofield et al. 2013). The expectation of fostering is that a family opens their home and their heart to a child and shares many difficult experiences with the child. This is the fundamental relationship that allows a child to feel part of the family and to settle and eventually begin to heal from the trauma experienced prior to being placed in care (Daniel 2011).

Schofield et al. (2013) argue for social workers to work more flexibly with foster carers to manage the complexity of their role and acknowledge the different roles they play as parents and, increasingly, as foster care professionals. Findings from a small qualitative study with foster carers in Canada by Daniel (2011) support Schofield’s argument.

One of the interviewed carers in this study spoke of the complexity of their role and difficulties in working with the agency support staff:

I feel like I am doing the social worker’s job some of the time. I make arrangements for contact, debrief the child when they have had difficult experiences and sometimes talk to the child’s parents and help them out. This makes my job confusing and I’m not sure if I should be doing all this (Participant 22).
Most foster carers (n=20) involved in this study reported significant ambiguity about their understanding of the role that they were undertaking. Some of the confusion was attributed to lack of clarity from support staff and also to being asked to do things as part of their role that they had not expected. The disjunction between what foster carers had envisaged the role to be and the actual reality was evident in their responses in interviews.

Some foster carers expressed a view that they were not sure where their role begins and ends. They were unclear about such things as whether they could initiate direct contact with birth parents, which decisions could be made about the child’s future, and how far their day-to-day responsibilities stretched in the care of the child.

5.1.1 Foster Carers’ knowledge of their role

Foster carers involved in this study spoke about receiving information necessary for them to perform their role, as well as the usefulness of the training and development provided by various agencies, giving them confidence to manage the complexity of the fostering role. For example, one carer commented:

[agency] are always sending out up-to-date information about fostering in the newsletter, and training courses (Participant 5).

Some foster carers actively sought out knowledge and participated keenly in training programs to enhance their understanding of their role. Others did only what the agency required of them but usually sought out information themselves by speaking with other carers or searching online or in libraries, to better equip them to care for children and cope with fostering.

The knowledge base of some foster carers (n=12) in this study includes reference to how they dealt with trauma and related behaviours and issues around their or the child’s identity, permanence, stability and the foster care system in which the foster carer is located. Those foster carers (n=11) who sought out further knowledge or training in these areas demonstrated confidence and reported more positive outcomes, compared to those who relied on their intuition or did not actively seek out methods to improve their fostering (n=8), in order to better meet the needs of the children placed with them.

Two foster carers with over five years of fostering experience, spoke about their confidence from accessing training and other resources:
I tend to go to a couple of training courses a year … recently I attended a training on supporting my own children in fostering and it has made a huge positive difference to how I listen to my children’s views … overall my confidence has increased as I complete different trainings run by our agency (Participant 13).

If I look back at where I was nearly five years ago what has really made a difference to how good a foster carer I am, I think the training and other resources that [agency] provided. I never thought fostering was so complicated, I thought it was just like being a parent (Participant 19).

The views expressed above were not typical of all respondents in the study, but there was a significant proportion (n=15) who spoke about the benefits of learning and development offered by their agency.

In a Canadian study of foster carers’ views, Daniel (2011) reports that:

… foster parents’ satisfaction and intent to continue fostering was related to their perceptions about the usefulness of training, which can help them feel more prepared and supported in dealing with difficult children (Daniel 2011, p. 912).

This was also the viewpoint of most participants in this study. However, many foster carers noted that support agencies were not always flexible in meeting their needs for appropriate right training and development, and at a time when the carers could access it easily. This meant that they often missed out on training opportunities because of their competing priorities.

5.1.2 Permanence, stability and foster care ‘drift’
The perception from foster carers that it is necessary to categorise foster care into long and short term links to the notions of permanence and stability that are central to this thesis. The insecurity and transience of the foster care system, as previously mentioned, were central in the interviews. Those foster carers who identified the importance of being a ‘long-term carer’ saw their place in the system as being essential in stopping the ‘drift’ in placement for children and being a permanent, stable family where a child can grow up, live safely and securely and build attachment bonds to the family. Many long-term foster carers spoke about
this and cited their main motivation for fostering as providing stability. Here is one quote that is typical of many on this subject:

We heard that children in foster care had to move from place to place and this affected their behaviour and chance for a normal life. We wanted to provide a safe, stable place for a child so they didn't have to move again (Participant 7).

This notion of ‘drift’ refers to the multiple placement changes that sometimes occur for children in foster care as circumstances require them to move from one home to another. The critical component of drift in terms of permanence and stability is the lengthy placement away from the birth family, without a clear goal to return the child or find some other permanent home.

5.1.3 Parenting and long-term vs short-term care

In terms of the understanding of role, participants who had children in their care long term and had no children of their own saw their role as parent, with the intervention of social work and other support staff as necessary—but often bothersome. These foster carers spoke of the child being ‘reminded’ that they were foster children each time someone from the foster care agency made contact with them. This was seen as negative by the foster carers and also by the children, according to the foster carers. One example of a comment from a foster carer that highlights this follows:

As soon as [child] hears that his social worker is coming to visit, he retreats to his room or gets angry. He says things like ‘why do I need a social worker, there’s nothing wrong with me, why can’t they just leave me alone’ (Participant 20).

One Australian study indicates that those foster carers providing long-term care are less interested in a professional identity than those providing short-term care (Smyth & McHugh 2006).

This view has been evident in this research study. Of the 25 caregivers interviewed, 11 identified as long-term caregivers and 14 as short-term caregivers. Of the 11 long-term caregivers, nine reported as identifying more as parents than carers and said that the aspects of the ‘professional’ role of caregiver were less important to them. Some examples of these perceived aspects of the role included contact with professional or para-professional agency
staff, attendance at planning meetings and intensive documentation of daily routine and events.

One long-term carer commented:

We feel like the parents of [child]. He has been with us since a baby and as far as we know he will be staying with us. We don’t want to do all that carer stuff, like training and meetings, we just want to raise this boy as our own

(Participant 21).

The distinction between the views of short-term and long-term caregivers is important because it reflects the different perceived purposes of fostering. In their recent study, Blythe et al. (2013) highlight the difference in caregiver perceptions which were mirrored by caregiver responses to the author’s study. Short-term caregivers saw their role as preparing the child for return home or for long-term placement. They did not see a parental role as being appropriate in the role that they were fulfilling. Long-term caregivers saw their role very much as integrating the child in their care into their own family. In the latter, caregivers identified a parental role for themselves and a closer association with the primary, intimate, multifaceted relationship of a parent rather than a relationship usually associated with caring.

What came through strongly from many of the carers in this study are the fluid and ambiguous notions of long-term and short-term care. Although carers might commence fostering with an idea of the type of foster care they are interested in, the placement of children is unpredictable, and emergency and short-term placements often extend into long-term placements. Interview participants spoke about the uncertainty of placements and how their plans changed based on the relationship they built with the child in their care and the attachment bonds formed. According to many carers in this study, long-term and short-term care are really only abstract constructs which are used ambiguously and mean different things to different people.

5.1.4 The parenting role and relationships between foster carers and children

As noted in Chapter Two (Section 2.10.2), Fahlberg (1981) separates the parenting role into three different roles: birth parent, legal parent and parenting parent. This is a useful conceptualisation because it allows children and caregivers to understand the complexity of the care system and who is responsible for which aspect of their care. It is in the home of their foster carers that the child is likely to form their most regular and intimate day-to-day
relationships. These are the ‘parenting parents’, as Fahlberg describes them, whose responsibility is: ‘to meet the child’s daily needs for nurture and discipline’ (Fahlberg 2012, p. 158).

Fahlberg further asserts: ‘The foster parents must also help the child to develop healthy and strong new attachments to them’. (Fahlberg 1981, p. 15).

A central premise underpinning this study is that the quality of this ‘parenting’ relationship—how foster carers conceptualise and respond to each child’s needs—impacts on the child’s identity, their core sense of internal stability: (see explanation in Chapter One, Section 1.4.3) and how they link past, present and future. The carer’s capacity to foster a sense of acceptance and belongingness while, at the same time allowing the child to continue to ‘belong symbolically’ within other key networks of relationships is critical for this sense of ‘biographical continuity’.

One short-term foster carer explains her role as she sees it in assisting a child to maintain their identity:

I see my job as the mediator between the child and their family … I’m not there to replace the parents but to create a safe and stable place for them to rebuild their relationship with the important family members (Participant 7).

This short-term foster carer spoke about attempting to link past, present and future for the child in their care:

When a child comes into our house, I always want to try to give them a sense of hope for the future, that they can have a relationship with their family members. We always take photos for them, make up a life story book and try to help them make sense of the part that we have played in their life (Participant 12).

One long-term carer describes how he tries to make children feel accepted:

We try to give children unconditional acceptance here. It doesn’t matter where they came from, what bad stories have been told about them, I want them to feel that this is a safe, stable place and that if they move on from here, they will be in a better place emotionally than when they arrived (Participant 19).

Whether carers can provide this critical ‘place of acceptance’ is a key focus of this study. One of the significant factors impacting on their capacity is their understanding of the broader
foster care system and their specific role responsibilities within that system. Fahlberg (2012) notes that carers must be able to differentiate between their day-to-day parenting responsibility and the broader mandate of professionals responsible for long-term decisions about the child’s life—the ‘legal parents’. She notes also that they must be clear about the lifelong significance for the child of their birth parents.

The psychological parenting literature maintains that parenting is about tasks and relationships (Woodcock 2003). All foster carers are asked and expected by the agencies for which they foster to form some kind of parent-like relationship with the child in their care. This means that they are expected to form some attachment and bond with the child, to connect with them on an emotional level and to have some feelings for the child and some interest in their future progress and development. This could be described as providing a secure base and being attuned to the needs of the child (Beek & Schofield 2004). The unconditional acceptance and support of the child is one key element of assisting the child who is not living with their family.

The message, then, from some of the key literature is that it is building relationships and undertaking parenting-like tasks which make up the parenting role that caregivers of children in the care system are required to undertake.

When asked about their perception of the role that they were undertaking as caregivers, 11 study participants, nine of whom where long-term carers, two short-term carers, reported that they did define their role as one of parenting; they asserted that they were treating the foster children in their care in the same way that they treat their own children. Those participants (n=3) who did not have own children, spoke about their response as being based on how they would treat their own children and that this would be the same for foster children. Illustrating this viewpoint, when asked about his understanding of his relationship with children in his care, one participant stated:

I want them to see themselves as a daughter just like every other daughter

(Participant 16).

Another reflected:

Too much is made of the ‘foster’ in ‘foster child’. I see them as a child first, just like my own children and those other children who I know and love

( Participant 2).
These responses were typical of those long-term carers who saw their role as a parent-like role in relation to the care of foster children. Most foster carers expressed a good understanding of their role as day-to-day parents of the children in their care. However, there was an apparent lack of understanding of the role of the state as corporate parent, as is explained below.

5.2 THE IMPACT OF FOSTER CARERS’ UNDERSTANDING ON THEIR ROLE

According to this study, the feelings and thoughts of foster carers about their role are very much aligned with the type of fostering that they have undertaken. Allowing for the different approaches of long-term and short-term foster carers, and providing individualised service to foster carers, is an important message to take from the research in this area. The interviewed foster carers expressed uncertainty about their role and associated frustration at the expectations of others, for example, other foster carers and case managers. This ambiguity of the caring role is also highlighted by Blythe et al. (2013). In that study, long-term foster mothers perceived themselves as mothers, not carers. Blythe et al. also cite evidence that to deny foster mothers the role of mother has a ‘negative effect on their health and wellbeing’ (Ibid., p. 1068).

In terms of how the difference in approach (more like caring or more like parenting) impacts on a foster carer’s ability to look after children well, this depends on whether the foster carer understands and acknowledges their own feelings and why they consider themselves as more of a parental or caring figure in the child’s life.

5.2.1 Are foster carers undertaking a caring or a parenting role?

One way to distinguish between a parent and others who care for the child can be made by using the word carer. The word carer often implies a contractual relationship rather than one of intimacy and reciprocity, which is usually what is implied by the word parent.

Hugman (1991) highlights the difference between caring for and caring about. The fundamental distinction that Hugman draws is between caring based on commitment and caring based on task. The former might be undertaken by a parent in relation to their child, and the other by a helping professional whose job it is to care for another person (Ibid.). Hugman describes the caring based on task as tending. The distinction between caring for and caring about is relevant as we explore the motivation for fostering among caregivers. If caregivers perceive their role as that of parent, then their care comes from commitment and a
relationship of intimacy rather than from task. Caregivers who perceive themselves as professional care providers may define their relationship with children in their care in narrower, more contractual terms, with a greater emphasis on task. Those carers involved in short-term, limited interventions such as respite are perhaps more likely to fall into this category.

Foster carers in this study readily identified how they perceived their role in relation to caring for or about. For some, there was a combination of both, but most were able to identify whether they felt that they were undertaking more of a caring or parenting role. One short-term foster carer states:

> Although I am doing parenting tasks, I defer to his birth parents for important decision making and I emphasise that I am taking care of him until his mum and dad can have him back. I want him to know that this is a temporary arrangement and that I am not trying to replace his mum (Participant 1).

Another interview participant, also a short-term carer, picks up a similar theme:

> The parental role is the most important attachment a child can have. This is not me, I am taking care of [child] until someone in his family can step up. I see myself very much as a carer, one step removed from parent (Participant 14).

These statements and other similar reports from other interview participants indicate a particular understanding of role which is very much aligned with a ‘caring for’ role. Other foster carers specified a role understanding which was more of a ‘caring about’ type. For example:

> I am the closest that [child] has to a parent. As far as I know he is not going back to family. He calls me Dad and I treat him just as I do my other kids (Participant 3).

This response was typical of many carers who identified as long term and who had children in their care who, they considered, would probably not go home to family.

In Australia, New Zealand and the UK, caregivers today are often part of a care team, where remedial treatment and placement planning is part of the everyday routine for the caregiver and the child (Department for Child Protection and Family Support 2016b). The caregiver is sometimes expected to attend meetings with child development professionals and sometimes
has a number of duties, including participating in the case management of the child’s case (Ward & Munro 2010). This may include writing observations or reports that can be used to inform the care needs of the child. Caregivers are expected by support agencies and child welfare authorities to attend training, stay up to date with the latest child development trends and assist a child to make sense of their difficult situation. In past decades, the expectation of caregivers was more about a voluntary role, where their out-of-pocket expenses were covered in exchange for meeting the basic needs of the child (Ibid.). Caregivers are still expected to meet these fundamental needs, but expectations have expanded to include other dimensions of intervention and care (Australian Foster Care Association 2001, p. 6).

Riggs, Delfabbro and Augoustinos (2009) report the results of a study into foster carers’ views of their caring experience, focusing on how they identify themselves as a foster family. One of the key themes in this study is the identity that foster carers claim for themselves, and in particular, often that of parent, not to the exclusion of the birth parent, but in addition to the birth parent (Ibid.).

Interview participants expressed opinions about their role as foster carers. Some of the discussion in terms of role centred around the perception or feeling that the foster carer had in relation to how their role could be compared to a parenting or caring figure in the child’s life:

I think it means no difference than my own children, I am a mother and I am caring for children because they can’t be by their own family (Participant 14).

This carer who made the statement above perceived her fostering role as similar to her mothering role with her own children. Her identity as a carer was aligned with the parental role but not to the exclusion of the child’s own parents.

Another interview participant expressed a similar view. She clearly feels that her fostering is as a parent but still states that the child belongs to someone else:

I’ve been able to play the role of a parent to someone else’s child (Participant 18).

The two views expressed above illustrate the significance of the role assumed by some foster carers and how their own sense of identity as a parent figure determines how they perceive and treat children in their care.
Another carer who transitioned from a respite carer to full-time carer for a child had the following to say:

I am now the parent figure, which is a completely different role, and as much as it would be easier to just say don’t worry about brushing your teeth and there won’t be any homework and we can just have fun together, that wouldn’t be responsible and it wouldn’t be right, so I took this role on seriously and I want to do it the best way for you, and it’s hard for you because you want me to be that person and I am not (Participant 21).

This carer also refers to herself as a parent figure and describes the role in terms of responsibility and needing to ensure that the parental tasks are taken care of.

Another carer noted that the parental role is just the starting point for foster carers and that the fostering role is more than parenting:

I can’t really blur the lines between what a foster carer is and what a parent is, because everything that a parent should be doing a foster carer should be doing, but probably a little bit more (Participant 5).

5.3 ROLE UNDERSTANDING OF LONG-TERM AND SHORT-TERM CARERS

According to information received through this study, the role understanding of long-term and short-term foster carers is different. The significance of this can be linked back to systemic confusion felt by foster carers (as discussed in Chapter Four), where carers reported that the type of care that they are doing was not what they initially expected. For foster carers, this creates role confusion; for some, it also creates a sense of dissatisfaction with, and disengagement from, others in the system.

In this study, a clear distinction has emerged between those willing and able to provide short term, interim placements for children and those who would like to extend their families or have a child for a number of years or into adulthood. Foster carers who participated in this research self-identified as long or short-term carers. When speaking about the care that they provide and their motivation to foster, carers spoke about the link between their motivation and the foster care that they provide.
For example, a long-term carer stated the following:

… we wanted more children and we just felt well you know, can I go through a pregnancy again and it didn’t happen and you know older and all that, so we just got really excited about fostering … both the girls were on board and we just thought well let’s just do this (Participant 8).

The significance of the above comment is in the carer’s motivation to extend their family by fostering and the desire to foster long term to ensure that their needs as foster carers were met. One of the interview participants in this study spoke about her role as a short-term carer:

… it’s more like being an aunty, you love these children and you want to do the best for them but they’re not yours so that’s sort of the easiest way I think that I can describe the relationship (Participant 15).

Most short-term carers spoke in similar terms about their understanding of their role, highlighting the fact that they did not see themselves as being in a parental role, but rather as someone providing care for a period of time until the child could be cared for by a family member.

This is a significant finding in the Western Australian context because until recently, more foster carers have left fostering than new foster carers have commenced. In 2012–13 and 2013–14 there was a net decline in foster carer number in Western Australia (Australian Institute of Health and Welfare 2013, 2014). The latest figures show a 6.6% increase in carer numbers over the last financial year (Australian Institute of Health and Welfare 2017). There appears to be a link between foster carers’ understanding of their role and their satisfaction in fostering. By being continually encouraged to take on roles that they are not comfortable with, foster carers in this study are reporting that they will become increasingly dissatisfied and possibly stop fostering.

5.4 LONG-TERM CARERS’ UNDERSTANDING OF THEIR ROLE

As reported in Chapter Four, Section 4.2, many foster carers who participated in this study saw themselves ‘outside’ the foster care system and described some frustration with the impact on their role by the birth parents and others with whom the child has contact. As the parenting parent (Fahlberg 1981), long-term foster carers saw the impact of intervention by others in relation to the permanence of their relationship with the child.
Long-term carers expressed views which were more consistent with being in a more parent-like role and not wanting to acknowledge the temporary nature of fostering. It may be that this temporary focus is because, in Western Australia, there are no permanent care orders and ‘long-term care’ can still mean instability and impermanence for foster carers and children in care. Some long-term carers reported that they sometimes resented the constant input from social workers, contact arrangements that did not seem to benefit the child and other reminders that the child was in foster care. The view expressed by most long-term carers (n=10) was that they would prefer to have more responsibility and control, not just for day-to-day matters but for future planning for the child. An example of this comes from this interview participant (whose foster child was still under the guardianship of the State):

… you get a normal family life happening and then [agency] have to come in, they have to come and see him a couple of times a year or whatever it is, so … he’s just irritated by them basically (Participant 17).

The irritation reported here, referred to as being felt by the child, was also impacting on the foster carer. The view expressed by the carer was that she would prefer more control and influence over the care of the child and the critical choices that would affect his life.

Some long-term carers reported frustration with such issues as approvals for certain events or important decisions that took longer than they had thought was reasonable. These decisions were the responsibility of the legal parent, usually CPFS. Other decisions were the responsibility of the foster care support agency. Some foster carers stated that they were unable to provide surety to the child that they would have a permanent home with the foster carers. The quote below expresses a carer’s frustration about the transience of foster care that was familiar to most foster carers in the study:

I’d have children come into care the night they were picked up or two or three nights after they’d been picked up when they’d been in different environments the previous three nights. Go off to a placement, stay there maybe two weeks, it would break down, be asked to have them back for the weekend (Participant 2).

Many long-term foster carers were confused about their role and struggled to identify what it is that they do, specifically, within the systemic context of fostering. One participant stated:

Well it’s getting better … you used to feel pretty outside and … it depends also on the caseworker and everything I guess … I think they need to because they
need to value their carers they need to involve them more because we’re such a valuable resource and we’re not used enough and I have to say I mean I think I do my best to voice that (Participant 22).

The implications of the dissonance between what foster carers understood of what is expected of them and their relationship with the agency that supports them is that, at least for most of the long-term carers in this study, a frustration develops at the ‘one size fits all’ nature of the system. Long-term carers, for the most part, expressed an interest in being more autonomous and being given more leeway in decision making, particularly on day-to-day care issues. Long-term carers really viewed themselves as the key mediator for the child and sometimes expressed resentment when they were stymied in trying to fulfil that role.

There is a link between the findings reported above and the domains of parenting which have been described by Fahlberg (1981) and summarised in Chapter 2, Section 2.10.2. Long-term foster carers in this study report some frustration with the system and its perceived impact on their role. The view expressed by long-term carers in this study shows that they felt either that the birth parent or the legal parent were not doing their job, and that, in the long-term setting, the foster carer should have more influence as the legal parent. The outcome for these foster carers is frustration and a feeling of powerlessness at their perception that the parenting job for foster children is not being fulfilled adequately.

5.5 SHORT-TERM CARERS’ UNDERSTANDING OF THEIR ROLE

After I interviewed all of the research participants and reviewed the transcripts, it became clear that the foster carers who identified as taking children into their care for relatively short periods of time held a different view of their role and their place in the system, compared to the long-term carers.

The series of quotes below provides some insight into the short-term foster carers’ views of their role. They show a range of different opinions, but all linked to the particular nuances that go with the carers’ interest in providing time-limited, interim care to children.

In terms of how the foster carers perceived their role and what they understood about their place in the system, the following two quotes from one participant provide an illustration of one aspect of role, that of a welcoming, listening person who is there for the child or young person:
… to provide a home and to provide safety and to provide a warm, welcoming place where they feel they can be safely and be accepted and be accepted for who they are (Participant 9).

… my role to be able to be present with the child on whatever level they’re at and to connect with them there and even to sit with them at that level of stress and just walk them through to expanding and feeling safer to explore the world around them a little bit more (Participant 9).

One foster carer describes her role more in terms of the short-term nature of the care provided, but also the potential for supporting families as well as the child in care. This participant was the only carer who so explicitly mentioned the potential to directly support the family of the child in care. This support to birth families seems to be considered as not part of the role by most foster carers:

I see our role as being available in a crisis for families, for the children, but always in the back of our minds is that we also help out the family as well (Participant 1).

She then goes on to describe how she perceives her role in relation to the care that is provided to the child in her care:

… to make them feel a sense of safety and security and belonging, even if you only have got them for a very short time, you can actually achieve a lot with a child (Participant 1).

Another foster carer sums up his role in terms of what he feels he is able to provide for a child who comes into his care:

… for me it’s providing a place which is stable, constant, consistent, secure, that they can actually be within, and I suppose as homely as you can possibly get it under those circumstances (Participant 13).

In addition, short-term carers spoke of having to ‘protect themselves’ emotionally from the strong attachment bond that naturally would develop between themselves and the child in their care. The reason for this is that the foster carers ultimately expect the child to leave, and so, if they become too attached, then the process of saying goodbye is more difficult for them.
The understanding of role among the short-term foster carers in this study varied but was mostly linked to something closer to a caring role than a parenting role. The foster carers described being careful not to replace the parental figure, because they expected that the child would not be with them for very long. They reported meeting the day-to-day care needs of the child but not fully integrating the child into their family system as the long-term carers in this study have done. Interview participants were able to make sense of what they do in terms of service to the community and to families and generally felt that they were part of something bigger, part of a team who provides an essential service. A sense of belonging to a very important ‘club’ or ‘team’ of foster carers, of people with a common purpose, came through in the interviews.

5.6 FOSTERING MOTIVATION AND PARENTING

Motivation to foster and understanding and acceptance of role are linked, according to foster carers interviewed in this study. Foster carers expressed different reasons for wanting to foster and connected these motives with the way they perceive themselves in relation to the child in their care.

Interview participants spoke explicitly about why they chose to foster and their view of how this impacts on their view of ‘parenting’ in a fostering context. Some of the foster carers implied the link between motivation and their mediating role with children in their care.

A strong theme among about a third (n=8) of the interview participants, for example, was viewing fostering as a way to complete their family when they were not able to have more children of their own. Others (n=12) were motivated by an interest in giving something back to the community or by a motivation more linked to a religious calling. Arguably, motivation to foster is a significant factor in understanding role and relationship. The carer’s relationship with the child is affected by the way the foster carer views themselves in relation to why they want to foster. If the motivation is to add to their family, the long-term foster carer views the child as another family member, not a guest in the home who will one day move on.

Those foster carers who had children of their own (n=18) seemed more motivated in the parenting role, and spoke of a different stimulus to foster, than those who had no children or only one child. By parenting, these carers spoke mainly of the day-to-day ‘parenting parent’ type role, including meeting the basic care needs of the child, establishing boundaries and discipline. For the foster carers who had no children, fostering was a way for the family to
parent, to fulfil sometimes long-held motivation or yearning to be a parent. Three of the
interview participants stated that they had considered adoption prior to fostering but had been
frustrated or disillusioned with the long wait that they would have to experience and so
undertook long-term foster care as an alternative.

The participants who had no biological children of their own (n=7) spoke of the particular
significance of the foster child in their family and also expressed feelings similar to those of a
birth parent when describing the child in their care or a child for whom they had cared.
Although all carers spoke about the importance of the foster child in their family, the special
meaning of having a foster child to care for, for those carers unable to have their own
biological children, was noteworthy. A quote from one of the long-term carers illustrates the
meaning to that family of having a child in their care, when they could not have their own
child biologically:

  So that’s why we were very lucky that [child] came to us as a baby, he hasn’t
  moved, he doesn’t go to respite, we’ve tried to make it as normal as we can, for
  us as well as him. He’s part of our family he's not treated any differently and
  he’s accepted that he’s ours really (Participant 17).

The above quote was part of an interview in which the long-term foster carer spoke
frequently about how the foster child fits into their family and how they have been able to
integrate him and also incorporate members of his extended family into their family network.
This was the most striking example of a parent-like situation, where the long-term foster
carer saw almost no difference between her role and the role of the child’s parents. Her
experience of fostering met her expectations and linked with her motivation to have a child in
her life.

5.6.1 Motivation to foster—short and long-term carers

As reported previously in this chapter, of the 25 foster carers interviewed for this study, 14
self-identified as short-term carers and 11 identified themselves as long-term carers. The
classification used here refers to the type of care they provide to children, rather than their
experience as foster carers. The long-term carers typically have children in their care for
indefinite periods of time, or for two years or more in Western Australia. At the time of
writing, there is no permanent care order in Western Australia. Short-term carers limited their
fostering to a few weeks or months, preferring to offer interim periods of care for children
who require it.
The motivation for short-term carers to foster was generally different to that of those who identified as long-term carers. Most of the short-term carers had children of their own at home or had grown-up children who had left home. Others had no children but were working full time or had significant other commitments in their lives. Their motivation to foster was identified as giving something back to the community, helping a child in need or answering a religious calling or drive to do something good for someone else. Most carers in this category were not trying to extend their family because of an inability or unwillingness to have their own children. One short-term foster carer expresses her view of the motivation of a short-term carer as follows:

… knowing that you have made a difference and even though they will forget you … you can’t save the whole world, it’s about individuals who come into your life, and I think that everyone that comes is meant to be here (Participant 1).

This is significant, because the discussion of motivation and ongoing commitment to fostering linked many times with foster carers’ views of the system and their place in it. The notion that one had to deal with being part of something bigger was actually attractive to many of the short-term carers. Being part of a network, a group of committed and active volunteers who were able to identify themselves and each other as foster carers, was, for many, part of their identity, particularly for those who had fostered for many years.

The motivation to foster either short or long term was indicated by the interview participants, but the understanding of their role associated with specific types of care was not always demonstrated. Many foster carers had ‘learned on the job’ and had been given conflicting messages from other carers or support staff about what their role entailed. There was acknowledgement from most (n=19) foster carers in this study that the role of foster carer was not adequately covered in pre-service training. What was most clearly expressed across both carer groups was that understanding of role was different for some and that it was a developmental process that improved with experience.

One short-term foster carer reported:

For the first year it was totally overwhelming. I wasn’t sure what I should be doing, who to listen to or whether to say yes or no to placements. I knew my role was more than a parent, but the boundaries were not clear to me (Participant 2).
Another foster carer spoke about their short-term caring role:

We always knew that we wanted to foster short-term and to help children return to their families. We have our own children and so we want to help other families as much as we can. That’s why we foster (Participant 18).

The differences in motivation and in expectation from foster carers, whether identifying as short or long-term carers, were marked. Another variation in understanding of role emerged through this study. I have labelled this a distinction of inclusive or exclusive caring styles. These are explored in the next section of this chapter.

5.7 INCLUSIVE AND EXCLUSIVE CARING STYLES

As discussed, motivation to foster is linked to the way carers understand their role and operationalise it. Linked to motivation also is the willingness of a foster carer to look at the broader picture of fostering and how their role intersects with that of other significant people to the child, for example, birth parents, extended family, past carers and professionals involved in the life of the child.

The ability for a foster carer to look at their role beyond the immediate foster family and include those stakeholders who will enhance the sense of identity and belonging for a child is one area that was explored in the analysis. Several thematic threads from the data show the distinction in caring, from exclusive, inwardly focused, to an inclusive style of fostering.

There were 19 foster carers in this study, of whom 7 were long term and 12 were short term, who encouraged positive relationships with the child’s birth family members, significant community members and foster care agency support staff. These carers were able to articulate an understanding of the importance of this inclusive style to best meet the needs of the child in their care. Although some foster carers acknowledged the difficulties that sometimes arose from needing to think about and embrace relationships with birth family and other significant figures for the child, they understood that to do so would ultimately benefit the child. One example of an inclusive attitude and way of fostering is illustrated here by one of the short-term carers:

… always in the back of our minds is that we also help out the family as well … you hope that they are okay and they get help and so when you are caring for their child, like when they see their parents that you are always positive, speak
positively to them about they are going to see Mummy, and be positive even
yourself, so that rubs off (Participant 1).

The carer quoted above believed very strongly that children should be connected with their families. She described an experience where she travelled to the far North West of Western Australia to help facilitate contact between a young Aboriginal child and her parents. This seemed to be an effort above and beyond what would normally be expected of a foster carer, but she saw it as an integral part of her role, in order to meet the needs of the child.

Others preferred to ‘shelter’ themselves and the child in care as much as possible from outside influences and discouraged contact with birth family and other significant figures in the child’s life. Below is an example of a comment made by one of the interview participants which exemplifies this ‘exclusive’ approach to fostering:

… [child] and I just want the birth family to leave us alone, every time the Department talks about contact or even when a social worker comes around it causes problems and he regresses. We can raise this child without the help offered and it is better for him if he doesn’t see his family (Participant 18).

Where the foster carer was able to be inclusive and yet protective of the foster child, the perceived benefits for the child (from the foster carer’s point of view) in terms of biographical continuity were evident. In addition, the foster carer was able to identify role satisfaction in assisting the child to stay connected with their family and networks. The foster carers with a more exclusive focus, who comprised six out of 25 interview participants, of whom five were long-term carers, discouraged contact with family and other significant people for the child and were less accepting of interaction with agency or Departmental staff. Although there was no evidence of any less satisfaction in the foster care role, there was a limited awareness of the need to promote and nurture the identity of the child.

Fostering appeared to be an easier fit for those (n=9) defining their role as part of the larger care system. These carers demonstrated team work, flexibility and resilience to changing circumstances. Those with a more inclusive style also tended to clash less with support staff, other carers and the child’s family members. This also links with the foster carer’s understanding of corporate parenting (discussed previously in Section 4.1) and their ability to see fostering more as a child needing a family rather than their family needing a child.
5.8 FACTORS INFLUENCING HOW FOSTER CARERS CARE FOR CHILDREN

So far, this chapter has covered elements of foster carers’ understanding of their role, motivation for fostering and other intrinsic factors which influence their decisions in fostering. This section looks at other aspects that can affect the foster carers’ own role identification and, ultimately, their ability to care for children.

5.8.1 The impact of marital status on fostering

In the sample of interviewed carers, 16 were married and nine were single (three divorced). Marital status is fundamentally important in this study because of the nature of fostering and the impact that it has on the individual and on relationships. Foster carers who were not in a relationship spoke of the isolation that they often felt as ‘single’ foster carers. The interview participants who were in relationships spoke about the importance of their partner in supporting them through difficult experiences and how it was so important to them to have a partner to share the positive fostering experiences with.

Many participants spoke about the impact of fostering on their relationships. This included their relationships with their partners and also some of the challenges and benefits of fostering as a single person.

The pressure of the full-time care of a child on foster carers who identified as single was raised by most single carers, who also reported that they relied heavily on their personal support network as well as the foster care agency for extra support for basic child care needs.

In addition, some participants who were married reported some of the difficulties when a child enters the home and the couple’s relationship is destabilised through the inconsistencies in parenting decision making. Participants reported that this was often due to the child attempting to ‘divide and conquer’—in other words, to use behaviour to turn one of the adults in the relationship against the other or to take sides with the child.

The complex needs and problematic behaviour of children in care can cause significant stress on individuals and on their relationships. The dynamics of a family shift when a new household member is introduced.

The consideration of foster carers’ relationships is linked with their own identification of role and, therefore, is significant to this study. As fostering occurs in the family home, and all
family members have some involvement, it is important to explore the impact of relationships on fostering and the impact of fostering on relationships.

5.8.2 Impact of fostering on foster carers’ own children

Foster carers’ relationship with their biological children and their children’s relationship with foster children are key issues for foster carers. Foster carers in this study spoke about the impact of fostering on their own children. This area is covered in more detail in Chapter Six (Section 6.8) in relation to significant relationships for carers and their families, but an overview of the issue in relation to the impact on carers with children of their own is detailed below.

Many of the interviewees spoke about the positive and negative impacts of fostering on their own children. Many of the foster carers had children who had already left home, and most of the carers reported feeling supported in fostering by these children. Others had children at home still and spoke about the complexity of managing the relationship dynamics between the foster children and their own biological children.

The significance of having children to assist with the fostering tasks and involved in the care of the foster child came through from a number of carers. One of the main emerging themes in terms of the impact on biological children was the foster carers’ displeasure when one of their own children was threatened or harmed by a foster child. This included sometimes manipulation or emotional mistreatment which caused distress or discomfort to the foster carer’s own child. One long-term foster carer describes a very difficult situation between her own son and a foster child that she had to manage:

[foster child] was told this is [own child]’s time, but I want it. So you’d have an argument with her so the moment was always lost and I think [own child] felt that quite a lot so he just withdrew more and more. At one stage he came out in a terrible sort of hard rash that lasted three weeks and we think it was a stress rash (Participant 19).

The situation described above caused significant distress to the foster carer’s son and also disruption to the family dynamics in the home.

More foster carers, however, reported positive impacts on their own children, for example, their child developing empathy for other children experiencing difficult situations and making significant friendships with the child in care.
The third main theme discussed in interviews around the impact of biological children was about how helpful they were in the introductory stages when a child first arrived in care. One interview participant commented:

… generally when a child first comes into the home I try and have my kids around ‘cause they do seem to relax quicker when they see there’s other kids there (Participant 15).

In general, many of the comments echo those of recent research with biological children of foster carers, particularly around the impact of fostering on these children. One recent Western Australian study by Targowska, Cavazzi and Lund (2015) details findings which cover similar positive and negative experiences of biological children of foster carers.

5.8.3 Fostering experience

Study interview participants represented varying levels of experience of fostering, as can be seen in Table 3. The spread of experience was extensive, from the carer who had been fostering since he was first married 37 years ago to the relatively new foster carer who had been fostering for one year. As is clear from some of the following discussion, experience of fostering plays an important part in the foster carer’s understanding of the role which they have undertaken and the individual’s confidence in expressing how their role is operationalised. Emerging from the interviews was also a sense of frustration from some very experienced foster carers that, over their many years of fostering, they were still having problems understanding the system and sometimes felt powerless to influence change.

The significance of the length of time fostering in this study is partly in the diversity of views based on differing levels of experience of fostering. Interview participants’ views on various aspects of fostering can be tracked to show some correlation to the time that they have been fostering. For example, according to the data analysis in this study, understanding of the role and also knowledge and understanding of the fostering system come with time.

5.8.4 Sense of team—personal support systems

The short-term foster carers (n=10) who expressed the sense of feeling part of a team or club reported that this mutual support network assisted them to mediate the experiences of the children in their care. The importance of the relationships with other carers and the sense of belonging to this group allowed foster carers to feel less isolated in their role. This sense of belonging seems to be an indicator for success in assisting children in their care journey, with
foster carers feeling confident and connected in their role. Some (n=3) long-term carers spoke about the benefit of being part of a carer support group, while seven short-term carers were part of a regular peer support group of foster carers.

5.8.5 Professional support systems
In general, those who identified themselves as short-term carers had a more positive view of the professional support systems that were in place to assist them in their fostering roles than those who identified as long-term carers. They recognised the value of social workers and other staff who were available to provide supervision and to case manage the placements of the children in their care. Short-term carers tended to spend more time liaising with agency staff and relied on help such as child care, transport for the child to contact, debriefing, after hours consultation and reimbursements for such costs as clothing, education, medical and pharmaceutical expenses.

5.9 SUMMARY
The role of the modern day foster carer in Australia is complex and multifaceted. There is an expectation on foster carers to be part of a multidisciplinary team to care and plan for children in care (Department for Child Protection 2012a; Department for Child Protection and Family Support 2016b).

Foster carers acknowledged that their own ability to cope with their role on a day-to-day and ongoing basis is affected by external and internal factors. Some foster carers reported that the role was simply an extension of their own parenting, and they integrated the foster child into their daily routine. These foster carers sometimes resisted the intervention of agency support staff and often sought to protect the child from external influences, including birth family members and other significant adults. Others embraced the complexity and breadth of the fostering role, becoming involved in advocacy for other carers, training and development and ensuring that the child was as connected as possible with those with whom the child had a strong connection prior to coming into care.

The main messages from foster carers about role understanding, from an analysis of the themes covered in this chapter can be summarised as follows:

- There is a significant distinction in the role of providing long and short-term care.
- Foster carers differ in their understanding of whether they are ‘parenting’ or ‘caring’.
Some foster carers are inclusive, and others are exclusive in their roles. Some prefer as little involvement as possible with stakeholders outside their family, while others are open to intervention from support staff and others with a stake in assisting foster families.

According to the reports of carers in this study, foster carers are performing the ‘parenting parent’ role that Fahlberg (1981) describes. This is the role of taking care of the daily needs of the child, including feeding, clothing, assisting with school work and socialisation and also instilling values in the child (Fahlberg 2012). Most foster carers who were interviewed for this study spoke about their role as incorporating what they do for and with children on a daily basis. The interview participants found it easy to conceptualise this part of their role and most were very comfortable with this part of fostering.

This does not mean that foster carers necessarily identified as ‘parent’ in the way the concept or notion of parent is acknowledged in the broader society (Goddard & Saunders 2001). The line between ‘caring’ and ‘parenting’ was discussed with interview participants and explored in this chapter. A conclusion that can be drawn in relation to foster carers’ understanding of role is that there is no definitive viewpoint on this issue. Foster carers stated that their motivation to foster differed, depending on a number of factors, and that they wished that this would be taken into account by support staff. For interview participants, motivation was closely linked to understanding of role. The foster carers constructed their own notion of their role, based on the reasons why they undertook fostering.

Foster carers who demonstrated a good understanding of their role were able to articulate well how their role impacts positively on the care of children. They described how they navigated the complexity of the system and the multiple loyalties (to family, to foster family and to other significant people) that children often have. Foster carers who had a good understanding of their role were also able to put their place in the system into perspective, realising that they are one key stakeholder among a number of other significant people and agencies for the child.

The ‘role aware’ foster carer showed an ability to strongly advocate for the child and also to leave the legal and birth parent roles to others who are charged with those responsibilities.

In the next chapter, the ability of the foster carer to mediate the child’s care experience will be explored. The role of the foster carer in assisting the child in their care and how they do this to create a sense of stability and permanence for the child will be discussed.
CHAPTER SIX:
FOSTERING RELATIONSHIPS—THE SENSE THAT FOSTER CARERS MAKE OF THEM

In Chapter Four, I looked at the broader foster care system and located foster carers within that system. Chapter Five covers in more detail the understanding that foster carers have about their role and what they are required to do. In particular, this chapter will address the third research question in relation to how, if at all, do foster carers see themselves contributing to the child’s sense of belonging and identity in the family.

These previous two chapters highlight the role confusion that some foster carers experience and their feelings of disengagement within the system. As highlighted in Chapter Five, foster carers in this study and those represented in the literature reported that their own needs for support and belonging are often not being met. The system is characterised by foster carers sometimes overwhelmed by the tasks that are expected of them and the complexity of their responsibilities. The focus on relationships appears to be often overshadowed by this complexity, and yet, foster carers in this study spoke with passion and enthusiasm about building relationships and the mediating influence that they feel they can have in the lives of children in their care. This chapter focuses on the relationships that foster carers build with children to do the complex and multifaceted work of fostering.

Dimensions of fostering that were explored with interview participants in previous chapters have included foster carers’ understanding and experience of the foster care system (Sections 4.2–4.4) and carers’ views on whether their role is more parenting or caring (Sections 5.1–5.2). These have been examined through the lens of systemic and temporal factors—particularly the issues raised which differentiate long-term from short-term carers. The focus in this chapter turns to the relational element of the carer’s role and how they understand and operationalise this dimension.

The particular focus in examining relationships in this context will be the influence that relationships with foster carers can have on the child’s inner state and sense of permanence and stability from the perspective of the carers. One key element of this chapter is how the relationships developed by foster carers contribute to the child’s sense of permanence and
continuity. Above all, the chapter adds to the exploration of the critical mediating role that foster carers have in the lives of children who are placed in their care.

The chapter reflects on the sense that foster carers make of the relationships that they form with children in their care and on the ways that they seek to operationalise their understanding. To aid this exploration, a ‘phased’ model is offered, which considers the different relationship needs of children as they journey into and through the care system, and carers’ various understandings and responses to those needs. These stages are described as: the early phase, maintenance through uncertainty and preparation for moving on or for staying with the foster family.

The exploration continues by looking at what the foster carers’ sense is of what children in care need from the foster carer and how their experience of previous relationships impacts on their relationship with the foster carer.

6.1 RELATIONSHIPS IN FOSTER CARE

The foster care placement is a mediating factor for children, and relationships are a key element of how the placement mediates—facilitating healing and growth or compounding difficulties. This section expands on the work presented in the previous chapters, focusing on the spectrum of relationships that exist within the fostering context and how they are understood and managed by foster carers.

The relationships that are being explored in this chapter are defined as ‘mediating’ relationships, buffers or ‘connecting links’ (The Concise Oxford Dictionary of Current English 1976, p. 678). The foster carer is tasked with making a link with the child, connecting with them in a way that assists them to make sense of their situation and to continue to develop and grow, physically and emotionally. It is also important to consider the other relationships that exist within the fostering context, for example, the relationship between foster children and other foster children, foster carers and their biological children and biological children and foster children.

An interview participant in this study introduces the topic of the significance of relationships in this way:

It’s the people we know and how we treat them and relate to them that will ultimately make a difference for [child]. We can have all of the theory in the
world but it is not a substitute for real relationships that make a difference (Participant 20).

Fahlberg writes about the importance of continuous, close, interpersonal connections for children in care, particularly if they have experienced significant transience and disconnection in their early lives (Fahlberg 2012). Foster carers in this study spoke at length about the relationships that they form with children in care and about their perception of the importance of those relationships. For example, one foster carer stated:

I try to take time to be with the child as much as I can, because only time will help me build a strong connection to the child (Participant 7).

Another foster carer reported:

Sometimes it feels like really hard work breaking through with [child] but when I do, it makes such a difference to the dynamic in our household and to his state of mind (Participant 12).

There was an awareness shown by foster carers of the complexity of relationships and how carers are tasked with managing the network of relationships that are required both for themselves and for the children in their care. The element of relationships focused on in this section is the mediating influence for the child’s care journey. The relational dynamics between children and between children and carers, new ‘rules of behaviour’ and the needs of the placed child are central to the exploration of relationship in this study.

Sinclair (2005), in his summary of 16 studies conducted into foster care in the UK, writes the following about the importance of relationships to foster carers:

Foster carers also valued relationships. They pointed to the key importance of commitment to the children. They often timed their departure from fostering to coincide with the departure of the foster children. Relationships were the basis of this commitment and of their satisfaction (Sinclair 2005, p. 53).

This excerpt from the literature highlights the value of relationships in foster care and reflects similar themes expressed by the voices of foster carers represented in this study. Some comments from foster carers pertinent to this overarching theme of relationships follow:
The wellbeing of [child] is the most important thing to us. We structure our lives around what is going to be best for him. That includes who we socialise with and who will add value to his life (Participant 24).

Another foster carer expresses similar thoughts in a different way:

It is all about the child. Getting to know them is a rollercoaster ride, but it needs to be all about them and all the people in your life and theirs need to know that (Participant 8).

Finally, this foster carer has something to say about his commitment to the child in his care:

I came into fostering knowing that I would be there for the child for the long haul. We have the kind of relationship that will stand the test of time, that was always my goal (Participant 13).

To introduce some of the complexity of the relationships dealt with by foster carers, I offer a brief insight into a study by Ironside (2012) which examined the dynamics that exist within the foster family and the importance of foster carers maintaining a ‘reflective state of mind’ when considering how to deal with complex behaviour in the foster home. Ironside (Ibid., p. 33) comments on the complexity of the task for foster carers balancing the needs of their own children and foster children and mediating the relationships between the children in the home.

As well as the complexity in foster child–biological child dynamics, foster carers in this study reported on the intricacies of building meaningful relationships with children. To demonstrate this, I return to a theme introduced in the last chapter, that of the differences and similarities perceived by foster carers between parenting and fostering.

Foster carers in this study spoke about the differences and similarities between parental and fostering relationships. There were some vastly differing views on how similar fostering and parenting are, ranging from those who saw little difference to those who felt that fostering was much more an interim arrangement and that foster carers should be more like aunts or uncles or close family friends to children. By this, they were alluding to the difference between primary and secondary attachment relationships or the levels of intimacy perceived by foster carers. Extended family members or close friends usually do not have the same attachment relationship to a child as their parents do. Foster carers also spoke about the level of familiarity as being a factor, depending on their experience with the children in their care.
The more familiar or intimate they were with the child, the more they perceived themselves as parental figures. This familiarity was usually described by foster carers as developing over time and with the opportunity to spend time building their relationship with the child.

One critical factor that differentiated viewpoints was how long the foster carer perceived that the relationship with the child would last. As previously discussed, there were those carers who identified as long term, who expected to have an ongoing, parent-like relationship that would last for a number of years. Those who saw themselves as short-term carers recognised that the relationship would be limited by the length of the time that the child was in placement with them.

This difference in viewpoint came through as a fundamental factor in the way foster carers were able to make sense of the impact of their relationship with the child. Those who espoused a more parental-type relationship spoke of unconditional love and acceptance for the child and gave more indications of efforts to assist the child with their sense of belonging in the family.

When speaking about her perception of the difference between fostering and parenting, one foster carer stated:

I mean I think 70% is just looking after a child and it’s only maybe 30% that is different (Participant 22).

This viewpoint, although brief, shows that the foster carer rates most of what is done as a carer as similar to parenting. Although ‘just looking after a child’ is not contextualised here, the foster carer was referring to the day-to-day parenting tasks, which she saw as similar to parenting her own children.

Another foster carer expressed this observation of her view of the fostering role in relation to parenting:

I have a right to make decisions for my children on my own off my own back within society’s limitations. But as a foster carer unless I’m prepared to say you can live in this house for as long as you like, there’s always a bed here for you, I don’t think that’s parenting to be honest. That’s the difference. Those kids that are in care, I might interact with them within a parental way but I wouldn’t consider I was their parent (Participant 2).
This statement speaks to the carer’s view that the child needs to belong to her own family and that the parental role is seen by this carer strictly in the sense of the birth parent. This participant identified as a short-term carer and held a view that her fostering was less about parenting and more about a tending or caring role.

A different view was articulated by this foster carer:

… we just allowed those children that came in to try and regard us as parents so you know, we were mum and dad and we made no distinction between how we treated [long-term foster child] and how we treated them (Participant 17).

This long-term foster carer identifies as a parental figure for children in her care. Her view of relationship is very much about the importance of treating children the same, regardless of whether they are foster children or not. This kind of view was not uncommon among interview participants, but unpacking this kind of statement makes it clear that there are indeed differences in how children are treated, although carers strive for similar responses to all the children in their care.

6.1.1 The significance of foster carers in promoting a sense of stability

A premise that informs this thesis is that the child relies on the significant people in their life, in this case the foster carer, to take the lead in establishing a relationship that will assist them through their experience of foster care. At the centre of this relationship establishment is the need to promote in the child some sense of biographical continuity and feeling of belonging in their life, perhaps multiple belonging. The experiences that children have had prior to placement, in either their home or another placement in the care system, are important factors in how they will relate and respond to foster carers. The issue of prior experiences of children was explored with foster carers in this study, and their demonstrated understanding of these issues was a factor in their own perception of how this impacted on their ability to form a positive relationship with the child in their care. This foster carer reported:

I don’t know exactly what happened to [child] in the two years before she came to us … I do know that she was moved from family to family, not being able to settle down. We are trying to help her settle and letting her know that she has a place to stay with us (Participant 11).

In terms of promoting some stability in the life of the child in their care, this foster carer stated:
I see my job as being that stable place for the foster child. I need to make sure they feel safe and secure with my family because often they haven’t before (Participant 22).

Riggs, Delfabbro and Augoustinos also support this view, focusing on the ‘central role that [foster] families play in the nurturing of children’s sense of self’ (Riggs, Delfabbro & Augoustinos 2009, p. 796).

6.2 MANAGING THE RELATIONSHIPS WITHIN THE SYSTEM

More than half of the foster carers in this study reported that they often felt that the importance of their relationship with the child was undervalued by others within the foster care system, such as case workers and support staff. In this context, foster carers spoke about implicit and explicit messages that they interpreted as undervaluing their relationship with the child. Implicit messages were, for example, when the foster carer was not consulted about important decisions concerning the child, or when a hasty transition for the child to move from the foster carer did not (in the foster carer’s view) take into account the significance of the relationship. Explicit messages were when the foster carer recalled being ‘put in their place’ when they tried to advocate for a child and they felt that their viewpoint was not given enough weight, given their view of their relationship with the child.

One foster carer expressed her views about explicit messages given to her:

The social worker constantly tells me that the suggestions I make are not important or part of my role. It is so difficult to keep a good relationship with her when she is always doing that (Participant 15).

Another foster carer spoke about the difficulty negotiating relationships with support staff:

We are the ones with the best knowledge of the child. Why do the social workers ignore our views? It is so hard to build a relationship with someone who doesn’t take you seriously (Participant 2).

This view correlates with and extends the message from the literature which is focused around the perception of more ‘support’ needed for foster carers. The term ‘support’ is widely used in the literature and practice but is not often defined or explained. It means different things to different foster carers and other stakeholders. Some foster carers in this study describe support as someone to be physically present for them, to assist with child care
and other practical tasks. Others spoke of support as having someone to listen to them, someone to vent to but also a person to assist with problem solving difficult issues. Some also referred to support as external services, intervention and programs that could help with a problem that the child or the foster carer presents with.

Schofield et al. (2000), McHugh et al. (2004) and Riggs, Delfabbro and Augoustinos (2009) all conclude that foster carers are asking for, and should receive, better support. The authors write about a variety of different needs of foster carers, and their support needs include a combination of those mentioned above. Blyth et al. come to a similar conclusion as this study, stating that foster carers ‘expressed a desire to have those relationships [with children] recognised and acknowledged’ (Blythe et al. 2013, p. 1065).

About one-third of foster carers interviewed in this study spoke about positive relationships with support staff. This foster carer had a positive experience of her relationship with support staff which she shared:

> I have a great social worker who always includes me and I feel listened to. I hope he stays with us because the way we work together is great for [child](Participant 4).

Other interview participants echoed this view and were happy with the relationships that they have built with support staff and other key stakeholders in their fostering network.

### 6.3 BUILDING AND VALUING RELATIONSHIPS

This section looks in more depth at how foster carers construct relationships with children and also explores their view about the value of these connections. Foster carers in this study spoke about the challenges and rewards associated with establishing a relationship with a child. Many foster carers who were able to specify what they do described their relationship-building techniques such as pro-social modelling and acceptance of difference, and evidenced qualities such as patience, creativity and resilience as they attempted to build connections with children in their care.

Foster carers spoke about the value of relationships and some of the challenges and highlights of establishing connections with children and young people in their care:

> The success of the placement has really been dependent on their relationship and we had a really, really rough rocky road for quite a while and it was
tempting to say, nah, can’t do this anymore, it’s too hard but it felt like I was in too deep in my commitment to [foster child] to back out (Participant 9).

This foster carer highlights the challenges she has faced and also the resilience that assisted her to continue to persevere with building her relationship with the child. This type of comment, where foster carers spoke about difficulties in establishing connections with children, was common in the interviews, but the ultimate rewards of breaking through and establishing a valued relationship usually emerged. Another point of view is expressed by this foster carer:

I don’t really know how you can make these children feel more at home you know apart from encouraging them to feel part of the family but it’s a matter of doing it and them feeling that they can do it too (Participant 17).

This foster carer was struggling to put into words the complex task of assisting a child to feel part of an established family unit. The foster carer in this case conveys a sense of optimism, empowerment and encouragement.

There are different types of relationships that foster carers are referring to throughout the interviews in this study. Each of the conceptualisations of relationship referred to by foster carers incorporates some understanding of task and has qualitative dimensions. Foster carers spoke about distance in relationship (trying to get closer to the child emotionally); the task oriented relationship, where the foster carer focused on what needed to be done for and with the child; inclusive relationships, where the family were trying very hard to embrace the child and encourage them to be part of the foster family; and also the difference between primary (parental) type relationships and secondary or contractual relationships. All foster carers in this study spoke about the importance of their relationship building with the child and how the ability to connect with the child is important to ensure that they are able to meet the child’s needs. Some of the literature reflects the findings here on the complexity and importance of relationship as more than a binary paradigm, with Fahlberg (2012), Gilligan (2009) and Ruch (2005) all writing about how the qualitative aspects of relationships contribute to the positive development of children. The ability for the foster child to build relationships with other children and adults in the foster family, with the assistance of the foster carer, is fundamental in their ability to have their needs met. Based on the interview data and the literature, the complexity of the task appears to be related to navigating the
child’s previous experience of relationships and the impact of this on the foster child’s ability to relate to other adults and children.

6.3.1 The complexity of building relationships

Children often move between foster homes, and foster carers are expected to build new relationships with them, to end already established ones at short notice and to do all this within the context of the broken relationship with the child’s birth family.

One interview participant spoke about how he viewed the early relationship building and the complexity of that, particularly with the acknowledged difficulty of not knowing much history of the child:

… you have to build bridges, you have to build more … confidence in the child, being able to ask you something, so you have to build a history, or forging new links (Participant 5).

This comment alludes to a systemic issue which impacts on the carer’s ability to meet the requirements of the role. Without background information or access to previous carers for information about how the child acts or potential triggers for the child, the task of building relationship is made more difficult. However, this carer offers great insight into the complexity of his method of approaching this sensitively with the child in mind.

This foster carer explains how challenging it is to build a relationship with the child when you do not have the ‘history’ with them—in other words, the foster carer does not have an established connection or know what the child responds to or is triggered by:

The difference means I have to explain things to him a bit differently and honestly with him now because, well, he is two years older now than when he arrived here. I don’t have that history with him which makes it more difficult (Participant 12).

This is an example which was alluded to by many foster carers in this study: building their own ‘history’ with the foster child and acknowledging that not knowing what has happened previously is a disadvantage when trying to build that connection.

Another foster carer recognised that the behaviour exhibited by a child in her care because of the early experiences that he had survived impacted on her ability to build a strong relationship with him:
… they’re damaging behaviours for him because they’re sabotaging relationships that he’s trying to build with people (Participant 2).

Again, without specific knowledge of prior triggers or impacts on the child’s behaviour, the foster carer is disadvantaged in terms of making sense of what the child is responding to. Establishing relationship boundaries is a multifaceted undertaking which this foster carer recognises.

Apart from the individual one-to-one relationship building that is often difficult in itself, there is sometimes the added complexity of already existing relationships; for example when siblings enter foster care together, that can add to the intricacy.

6.3.2 The added complexity of multiple and existing relationships

Children bring with them already existing, often multiple relationships when they enter foster care. These could be with immediate and extended family members, other foster carers and their families and friends and significant others in their network. The existing physical and symbolic relationships that children have formed could impact negatively on the child’s interaction with the foster carer, particularly if they have been characterised by a lack of consistency and protection and unreliability (Schofield & Beek 2006).

Foster carers in this study spoke about negotiating the child’s already existing relationships when they arrive in the foster placement. The quote below is from a foster carer who fostered two brothers:

I think he and [brother] depended on each other for all the wrong reasons and then when they came here and there was that security, other dynamics kicked in and it wasn’t good, you know, that they realised they didn’t need each other out on the street and … it really changed (Participant 12).

This foster carer was speaking about the complexity of relationship that existed between two brothers who were placed in her care, and the impact of placement in care on their relationship. In this case, the brothers had been highly dependent on each other, and this changed when the foster carer began to build the relationship with the children and started to meet their needs, therefore changing the dynamics between the children. The children learned from the foster carer that they did not have only each other to depend on for their daily needs and for care and protection. The foster carer was trying to establish a trusting relationship with both children to enable change to their pattern of dependency.
Schofield also writes about the tasks for foster children in ‘holding’ the relationships that precede their experience with the new foster family. She describes the process for foster children as ‘negotiating relationships and finding a place inside the foster family while retaining their identities and loyalties to the real or fantasy birth family’ (Schofield 2003, p. 7). This is considered in the context of belonging for the child, in maintaining identity and finding a place within the new foster family.

In the following quote, the foster carer describes the building of relationship as a slow process, taking into account the sensitivity that is required because of previous damaging relationships the child has experienced:

… it’s just a matter of keeping slowly, slowly working away at it without making him feel like he’s being picked on all the time and to try and let him come up with the ideas about things rather than lecture I suppose (Participant 2).

As well as the time it takes, the above quote also focuses on the sensitivity that is required when forging the new relationship. This foster carer is describing how to guide behaviour in a positive way and reinforcing what she thinks is required while ensuring that the child feels part of the process.

6.4 FOSTER CARERS’ UNDERSTANDING OF MULTIPLE LOYALTIES

The need to preserve and build the identity of the child in care occurs in an environment where the foster carer needs to hold the dual tensions of the child’s loyalty to their birth family and helping the child to establish a sense of belonging in the new foster family. Foster carers interviewed in this study reported often struggling with the complexity of multiple loyalties of children in their care.

Fahlberg (2012) describes the job of the foster carer and support staff as to ‘minimise the trauma of interrupted parenting after the separation [from birth family]’ (Ibid., p. 179). She goes on to describe ways in which foster carers can assist children to process the feelings of conflicted loyalty that they often have between their birth family and the foster family. Well organised and purposeful contact arrangements are the key to assisting a child in care with feelings of conflicted loyalty, according to Fahlberg (Ibid.).
The quote below is from a foster carer who is describing the experience of what he has witnessed the children in his care going through because of the multiple loyalties that they struggle with:

I suppose at a younger age there is a lot of confusion, probably a lot of anger, but I have watched the girls at the moment, they do—they slip away into certain periods where … there has been a hunger to re-associate [with birth parents], but they still bond with the birth parents, although there is also some anxieties, dislikes, hatreds if you want but they sort of get drowned out too (Participant 5).

The importance of understanding the loyalty that the child in care feels for their birth parents was underscored by the interview participants’ sensitivity to this issue, and the general view that emerged was that this area was important to assist the child with, to mediate their experience in foster care. From understanding the loyalty, then came the need for foster carers to understand how best to include the perspective of birth parents in the lives of children. Foster carers spoke of frustrations with birth family, success in engaging significant family members and the impact on children when the foster carer and birth family member were not able to put their own agenda aside for the sake of the child. This foster carer expressed a view that was reported by a number of interview participants:

I have had mixed experience with birth family … it is so difficult sometimes to find the best way to include them without the child getting stuck in the middle in a bad way. The child is still loyal to their parents and sometimes the parents need someone to parent them still (Participant 22).

The importance of contact arrangements between children and their birth family members was also an often contentious issue discussed by foster carers in relation to their understanding of role.

6.4.1 The importance of contact arrangements
Nearly all foster carers interviewed spoke about contact arrangements, but their understanding of the purpose of contact was different.

Some described the potential for a child to build or maintain their identity, for example:

… this is [child’s] most important attachment, they need to know where they come from, their roots, their identity (Participant 2).
Others viewed contact as a burden, a procedural necessity to comply with a court order:

I don’t know why we bother with contact. [Child’s] mum is always late, she doesn’t know how to be with him … the court has said he needs to see her each month but I think he would be better off not going (Participant 24).

In this study, foster carers mostly identified systemic factors as the main barriers for more natural and helpful contact arrangements for children and their birth families. While most foster carers interviewed understood the foster child’s multiple loyalties between their birth family and the foster family, the foster carers reported feeling powerless to influence the system to improve the contact arrangements for the children in their care. This comment from a foster carer was echoed by many other similar comments:

Contact is the most stressful part of fostering and even when we know that it shouldn’t go ahead we can’t change it … it is heartbreaking seeing the impact it has on [child] (Participant 24).

According to the interview participants, some of the blocks to improving contact included:

- poor communication with and between support staff
- unresolved issues between the statutory authority and the birth family
- lack of resources to support and maintain contact
- unclear contact plans, lacking purpose and review.

Foster carers generally understood their role in facilitating contact, or at least in preparing and debriefing the child before and after contact. The importance of contact in preserving a sense of inner certainty and continuity for the child was central in the interview responses from foster carers.

Although foster carers identified some difficulties occurring as a result of contact, including the child becoming unsettled and conflict between birth family and foster family members, most foster carers in the study were able to identify a positive element of contact in assisting the child to build a sense of identity and belonging.

6.4.2 Building a sense of belonging
The importance of relationships in building a sense of belonging for children was emphasised by most of the foster carers in this study. For example, one long-term carer goes into great detail about the individual relationship building that he has done with
the children in his care. His story was one of seeing each child as an individual and starting the relationship building from where the child is starting from. He also spoke about the importance of one-on-one time with the children in his care, and how he is able to make individual time to get to know each child better. One long-term carer describes one way that he builds relationship as follows:

... you’ve got to show a lot of interest and then the child knows that, ‘oh he's starting to take a bit of interest in me’ and then they start to open up a bit

( Participant 11).

This foster carer is able to demonstrate an ability to operationalise his knowledge about what works in establishing a relationship with a child. The next example shows a foster carer’s capacity to show an understanding of what is required for negotiating complex familial relationships with children.

A long-term carer spoke about how he views the relationships with children placed long term in his family as ongoing, permanent family relationships:

... we’re bringing you into our family now and it’s not again this temporary residence, this is not the deal, this is a relationship which is going to endure and that’s what we’re encouraging all the time, saying you know you’ve just been given another family and you’re all going to be sisters, one to another until you die so you may as well get used to it right now (Participant 16).

The carer was clear that this is not explicitly how he would speak to a child, but he indicated that his method was one of trying to give a sense of permanence to the child by making them feel included in the family. By this, the foster carer is helping to build a sense of temporal and psychological stability for the child and is underlining the fact that the foster child belongs to their family.

The understanding of building the sense of belonging differed between long and short-term carers in this study. Short-term carers tended not to prioritise this aspect of relationship, preferring to focus on immediate issues of welcoming the child and ensuring that the child’s needs for safety and protection were addressed.

The building of relationships between foster carers and children in their care was one of the primary subjects covered in the interviews for this study. Foster carers reported various
phases in their relationships, which I have classified into different stages in the child’s placement with the foster carer.

The next sections of this chapter examine the phases of children’s care journey and how foster carers negotiate their relationships with children during these phases.

6.5 STAGES IN THE FOSTER CARE RELATIONSHIP JOURNEY: THE EARLY PHASE—PREPARING FOR ARRIVAL

Before the child is placed with a foster family, or meets the carer, there is a pre-arrival phase which many foster carers in this study spoke about. They spoke particularly about the information and knowledge required to successfully establish the complex relationship with a new child.

Key issues raised in their reflections included the need to:

- complete the practical tasks associated with the child’s arrival
- anticipate and contain disrupted attachment and trauma-based behaviour
- manage the unknown
- prepare their own children.

6.5.1 Practical tasks required to prepare for the child’s arrival

Most foster carers in this study were aware of what needed to be done in a practical sense before children arrived in their care. This included the setup of the home and the child’s room, buying the equipment that was required and also organising schooling or child care as required:

Initially it’s just the very basic things, like how are the beds, maybe change … is it the girls’ pink mat on the floor or the boys’ track mat on the floor, put away all those teddies and dollies, because it’s a 10 year old boy … and for us, because we live such busy lifestyles, the next thought then is okay … we have got this meeting tonight, we have got church tomorrow, we have got work on Monday, so immediately you start thinking of the next level of practical things, and then based on the information you have about the child we organise the house (Participant 25).

Most foster carers were conscious that the right physical environment and ensuring as little disruption to routine as possible would assist the child’s sense of continuity. Foster carers
described ways that they could keep children connected with their schools, families and communities to give them some stability and links with familiar people and places. For example, in relation to keeping children connected to their family, one carer noted:

Her other family contact it was actually really positive … I was getting her to see her nana once a month who she hadn’t really seen a lot of … so I’d drive her down there, she would spend a night, and I’d pick her up, and it was really positive, and she was starting to get to know her, and nana was spoiling her and she was starting to verbalise things like ‘you know, nanas are meant to spoil their grandkids’ and I am getting that like it was just really positive. And her contact with her uncle was very positive as well, hard work in organising and managing, but most of the time quite positive (Participant 21).

For experienced foster carers, the preparation was sometimes a routine of briefing, checking in with family members and passing on information that the family needed to know about the child:

When I know a child will be arriving, we communicate what we can to all of the family. If possible, we will sit down together and chat but that’s not always possible (Participant 4).

Sometimes this preparation was very limited, particularly when placements were arranged at short notice. Less experienced carers reported needing time to alleviate some immediate family members’ anxiety and discuss plans for when the child arrives, taking into account the feelings and thoughts of family members, particularly their own children. According to the comments from foster carers, the process tends to become more integrated with more experience. Foster carers stated that the awareness becomes tacit or implied as foster carers build their confidence in fostering.

6.6 MANAGING THE UNKNOWN

Managing the unknown describes the need expressed by foster carers to deal with the anxiety and nervousness that precedes taking on a new task, dealing with an unknown situation. This was reflected on by most foster carers (n=20) in this study, whether they had been fostering for 12 months or for many years. One foster carer said:

Well I can still remember to have our first foster child and I was sitting in this garden crying ‘cause he came and I thought how am I ever going to do this
because I felt so distant from it all and it was just so scary to start off with (Participant 22).

The main issue articulated by foster carers was the unpredictability of the child’s presentation, but there was also worry about the child’s ‘fit’ for the family. A smaller number of carers (n=7) reported feeling anxious about how the foster child would interact with their own children and the potential impact on the family dynamics if there were relationship difficulties between any of the family members as a result of the foster child moving in.

There is an inevitable unknown element with each placement that caused foster carers to be ‘on edge’ and nervous prior to the arrival of the child.

This carer spoke about how foster carers have to manage the unknown:

… no they’ve got to tell us more information, we can’t just do this in the spur of the moment, that’s not the way it’s done. And I said no, we won’t take her we’ll think about it and she was then placed in a temporary placement with another short-term foster caring couple (Participant 16).

The sense from most foster carers was that managing the unknown does become easier with experience, but not knowing what to expect from each child placed with them still causes anxiety and stress. Foster carers spoke about fear and lack of confidence in being able to know what they should be doing to manage the child and the anticipation of not knowing whether the child would ‘fit in’ to the family.

Another foster carer describes the process that she uses to speak with her own children prior to a child’s arriving or after a child has left. This way of managing the unknown or encouraging family input into fostering was not articulated by many foster carers:

There have been times when a foster child hasn’t been here where we had to sit down and regroup and talk about where we are at and how we move on from here (Participant 12).

Foster carers spoke about emotional preparation for themselves and their immediate family members prior to, and during, the arrival of the child. One foster carer described her way of preparing herself, of managing the anxiety of the time before the child arrived:

I used to write a journal before they came, just everything that was so bizarre or so emotionally churning with me (Participant 20).
Some foster carers (n=8) would provide the space and time for their partners and children to enjoy some time together prior to arrival, because they understood that it would be more difficult to find the time and space once the foster child arrived. This was not always possible and depended on the amount of notice given prior to the child’s arrival at the home.

Foster carers reported that, as they became more experienced, it became easier to prepare, because they had the confidence that they had been able to successfully manage previous situations.

What emerged from the data about foster carers’ understanding and ability to manage the complexity and uncertainty of the unknown was a mixture of strategies to deal with the pre-arrival phase with all foster family members. There was some description of tasks undertaken by foster carers in preparation of the placement, including consultation with family members and accessing as much information as possible. For some foster carers, there were tensions evident, mainly centred around the potential impact of placement on their own family members and how to prepare for this. Experience of fostering was expressed sometimes as positive or negative, with foster carers who had difficult experiences when a child previously arrived reporting an increased anxiety at this stage.

6.6.1 The impact of fostering experience on preparation

Less experienced foster carers, particularly those who had been fostering for less than three years (n=6), expressed nervousness that they would ‘do the wrong thing’ and that this would impact on the child in a negative way. They spoke about possibly appearing insensitive to the foster child, by saying something that triggered anger or sadness in the foster child, and some were worried that the child would come to some harm in their care if they were not able to supervise them or care for them adequately.

Experienced foster carers, or those who had been fostering for more than three years (n=19), tended to be more blasé about the impending arrival and usually had an established routine to check in with family members and talk through any issues prior to placement. In some cases, their practice was more routinised and did not take into account the different needs of each child. However, in other cases, there were some real positives in having the experience and confidence to respond to the needs of the child on the basis of what has worked previously.
One of the most experienced foster carers in this study reported:

… it depends on the child whether …what we adapt to him or her … it’s a hard one to just sort of come out with what we do, because every child is different, is completely different (Participant 3).

This carer expressed confidence to deal with each situation as it arose and used different approaches, depending on the needs of the child. She found it difficult to explain her preparation techniques, because they had become so instinctual, part of her ‘automatic response’ to a child, depending on their presentation and on the situation.

For 16 of the 25 interview participants, who had previous difficult experiences of fostering, there were worries that there would be a recurrence of previous difficult situations. A number of different experiences were shared by foster carers in this study. Some examples were: if a foster child had to leave at short notice as a result of difficulties fitting into the family; or if the carer or an immediate family member was subject to aggression or abuse. Other factors included lack of support by the fostering agency, resulting in a placement breakdown, and the child’s needs not being met by the family. When a foster family had experienced some of these situations, they spoke about being wary and more cautious when seeking information about children who may be placed in their homes.

6.7 PRE-PLACEMENT PLANNING OR MATCHING

Another factor that was reported by some short-term foster carers (n=10) in the interviews is that, in their experience, most children come into foster care in emergency situations, and so there is little opportunity for pre-placement preparation or introductions. Even when there had been some notice of placement, often the transition had been rushed, leaving the foster family to hastily prepare for the arrival of the child.

One carer had the following to say about preparation for the placement:

I would want more honest account of the child when they’ve arrived so that you had a better idea of what you’re actually getting into, and could then prepare yourself better (Participant 19).

Foster carers spoke about the feeling that planning or matching for placement rarely occurred and that it was unusual to receive enough information to make an informed decision about whether to accept a placement or not. Rather, foster carers expressed the sentiment that they
were ‘flying blind’ with most decisions about possible placements and that it appeared that important decisions were sometimes left to chance without adequate information or consideration.

This foster carer expressed a view shared by others, that planning is important to good placement matching:

… we still have children having multiple placements; we need to be avoiding that at all cost and planning. It’s about planning (Participant 1).

The impact of this on the foster carers’ role is the effect on foster families and children when some potential matching or planning issues are not properly considered. According to foster carers in this study, the potential outcome is placement mismatch, leading to disruption and the consequences for the child, for foster family members and on the foster carer’s satisfaction with fostering.

6.8 FOSTER CARERS PREPARING THEIR OWN CHILDREN

Foster carers’ own children and the impact of fostering on them and the impact of them on foster children was discussed by most foster carers in this study. The need to prepare their biological children for fostering and to continue to consult with them and debrief them was seen as important by many carers. Ideally, before the family commences fostering and also between placements and at other significant times, there should be the opportunity for the foster carer’s own child to have input into the family’s commitment to fostering. There was some evidence in the interviews with foster carers of minimising the concerns of carers’ own children, particularly the resentment about the family fostering, something that is also acknowledged in the literature, for example, in Nuske (2004). This sometimes impacts on the family’s readiness and full commitment to fostering, leading to possible effects on the foster child’s placement and sense of belonging in the family.

6.8.1 Importance of biological children

There is much research and practice-based evidence to indicate that the children of foster carers play a critical role in placement success and failure in foster care. Often, the biological children of foster carers are the first to build relationships with foster children and have a big impact on feelings of acceptance and internal stability for the foster child. A number of authors have addressed this subject in the last 30 years, with several citing the impact on children of foster carers as the reason for placement breakdown (Nuske 2004). Nuske
describes the world of children of foster carers as ‘confusing and contradictory’, where they share their families, befriend and care for foster children and yet feel resentment and loss of the family they once had (Ibid., p. 2).

Clare, Clare and Peaty (2006) conducted research in this area in the Western Australian context. Their study looked at the experience of being a ‘child who fosters’ — in other words, a daughter or son of a foster carer. One of the findings from their study is stated as: ‘for the children of foster carers in Western Australia, fostering can provide opportunities for growth, but it can potentially be a hazardous and risky experience’ (Ibid., p. 73). This finding is borne out in the comments of foster carers in this study.

According to foster carers involved in this study, nowhere are the dynamics in the foster household more tested than in the relationship between foster children and biological children. One interview participant stated:

[Biological child] is very jealous of [foster child], I think, especially if [foster child] would call … me mum and I said ‘You have to ask [biological child] about that, call me aunty … that’s fine’, but if you want to call me mum you have to talk to [biological child] about that ‘because she is my mum, no you can’t have her, you can’t do that’ and that’s fair enough, it’s got to be (Participant 6).

There were other stories which detailed similar experiences, but also many in which biological children of foster carers have been critical to the success of the placement and have been able to sustain a foster family through very difficult experiences. The impact on the relationships within the foster household and the stability of the placement of the foster child are underscored by these comments. The peer relationships between foster and biological children have the ability to assist the foster child to stabilise in the placement and to feel wanted, accepted and part of something. In addition, the biological child can assist the foster child to learn the customs and norms of the household and the family culture, and help to ease the distress and pain of rejection that they may be experiencing. These are some of the experiences that were expressed by foster carers in this study.

One foster carer spoke about a particularly difficult experience, where her own son disengaged from the foster child, but then also from the family to a certain extent because of the breakdown of the relationship between him and the child in care:
She [foster child] didn’t like [biological child] and while [biological child] was quite tolerant for the first few months, he then just moved away completely. So he went into computers and … just wasn’t present (Participant 19).

The foster carer expressed grief and loss on a number of levels because of the experience with this foster child. She expressed regret about the impact of fostering on her own son and the problems in relationships between all household members during this time. The impact of this placement on the identity of both the foster child and the biological child, as well as the ongoing impact on both children’s sense of permanence, was significant, according to the foster carer. While the foster carer continued to persevere with the child in care and her very difficult behaviour, the biological son withdrew more and more, and, ultimately, the dynamics in the household were very difficult for all family members.

The foster carer went on to recount a story of how many different ways she had attempted to build the relationship between her son and the child in care. She made the following statement about her view of why she felt the relationship between the two children was so difficult:

She [foster child] acknowledged quite happily that she was really jealous of [biological child] because he was born into our family and she wasn’t and she wanted to be and that was never going to change (Participant 19).

In this case and others recounted by participants in this study, the problematic dynamics in the household impacted significantly on the immediate family members and also on the child’s sense of belonging. If the child struggled to ‘belong’ to the new family culture, their ability to relate to the foster family members was affected, sometimes resulting in placement breakdown because the child had no stake in continuing to try to ‘fit in’. Assisting the child to ‘fit in’ to the family culture was seen by interview participants as critical but sometimes very difficult to manage, especially when the history of the child was unknown.

Sixteen of the 25 interview participants spoke about their own biological children as being instrumental in building relationships with children placed in their homes. An important factor was the ability of teenagers and younger children to be able to relate to the children in care, show them around the home and assist them to build their confidence and sense of belonging within the home. However, there is not always a positive connection between biological children and foster children. Some foster carers spoke about the difficulties that
they experienced when their children did not like the foster children or when the relationship broke down between the children, resulting in tension and stress in the foster family.

One interview participant was very frank about her own daughter’s view of fostering:

[Biological child] hates the kids, she hates the foster kids, she thinks that it’s her home, and they have no right to be here. She has always thought that. I have told her that that’s great for her, because she has a home, and [partner] and I were together … She has had a settled life, some of these kids don’t have it, so as time goes by she has accepted we have foster kids (Participant 6).

The apparent minimising of the needs of her own child was notable here, but not uncommon among foster carers. Both in this study and previous studies, there has been evidence of foster carers minimising the concerns of their own children in the fostering environment (Tadros 2003).

The view of the participant quoted above is that her own child doesn’t like fostering; however this was mediated further into the interview as follows:

Depends on who they are, depends on who the kids are, because sometimes when they come they annoying … they are younger, ah, [biological child] loves them. We get along really well (Participant 6).

This apparent ‘love/hate’ type relationship between foster family members and foster children was a common theme in 10 of the interviews. It highlighted the tension that exists in the foster families when there is a clash between two people and there is pressure to resolve the issue and hold the view of both parties in mind. This was particularly common where the biological children of foster carers were in close relationships with foster children.

6.9 SUMMARY

This chapter has focused on the relationships between foster carers, their family members and children in their care. Fostering is relationship based and relies on the ability of foster carers to connect with children and to facilitate interactions within their families.

Foster carers in this study conceptualised the relationships that they have built somewhat differently, depending on a number of factors. Long-term and short-term carers generally expressed differing views about relationships that were more based on a parenting or caring connection.
Fostering experience also impacts on the understanding of, and ability to, confidently build mediating relationships with children in care. However, those who reported having difficult previous experiences spoke of their anxiety in preparing for a new relationship with a foster child.

The importance of the foster carer’s own children came through strongly as a theme in ways carers negotiate the important task of building relationships in the foster family.

There was a strong indication from carers of having to deal with many unknowns when planning for a child to be placed. Foster carers expressed varying levels of anxiety about this, many opining that better information, planning and matching could help to improve this situation. Foster carers also highlighted what worked for them when preparing for the arrival of a child, with a variety of practical techniques and processes, many focused on the preparation of family members by briefing, acknowledging difficulties and refocusing on the family’s commitment to fostering.

The next chapter builds on this one, exploring the relationships between foster carers and children in their care during different phases of the child’s care journey. The different phases are examined in detail, with particular emphasis on the connections required to mediate the child’s experience through these stages.
The two previous chapters have explored foster carers’ understanding of their role and how they conceptualise the relationships that are fundamental to their task. Some of the emerging themes include the distinction between perception of long and short-term carers and the complexity of the foster carers’ role. Long and short-term carers expressed different views of their role and of the parenting or caring relationships that they form with children in their care.

This chapter continues the examination of relationship through the different phases of care, from the early stages when the child arrives, through the subsequent stages when a child has been in placement for some time. The focus in this chapter is on the different practical tasks and relational activities undertaken by foster carers in this study when children are placed with them. The analysis presented in this chapter explores the foster care experience on two levels:

1. the phases of the care journey for the child
2. how foster carers manage these different phases and how they themselves respond to the child and assist the transition at each stage.

The key considerations within this examination are how the transitions between each stage in the care experience are managed by the foster carer and how the child’s sense of belonging is impacted and mediated during these transitions.

Most importantly, this chapter seeks to address the fourth and final research question, that is, how foster carers do what they do to help children feel a ‘sense of permanence’.

7.1 THE EARLY PHASE—MAKING A PLACE

When a child is removed from his birth family, the most appropriate thing that a foster family can do is to offer physical comfort to the child, talk little and accept the feelings that the child may have (Fahlberg 2012, p. 192).

The above quote from Fahlberg concisely sums up some of the important factors to be considered by foster carers when a child arrives in their care. Although they seem like simple, common sense responses, foster carers in this study describe the complexity that is linked to
receiving a child into care and the impact on the foster carer, their immediate family and the child. This phase is described as ‘Making a place’ because the child may not be ‘arriving’ in care as such; this may be the next stage of their journey through the care system, and what is required is that the foster family make a place for the child for the time that is required.

In the previous chapter, the discussion of preparation for the foster child’s arrival focused on what foster carers reported they did to prepare themselves and their family members for the arrival of the child. This section expands on that analysis to look more at what occurs when the child has arrived in the home and what practical and relational tasks the foster carer undertakes to ease the child’s arrival.

7.1.1 A staging post or the last stop?
Throughout this thesis, I have drawn a distinction between foster carers who identify as short term and long term. Previous chapters have explored this issue in relation to the fostering system and the role understanding of foster carers. This issue again comes into play when discussing the phases of the foster carer’s and child’s experiences. Foster carers in this study spoke about different ways of making a place for a child, depending on their understanding of how long the child would be staying with them. This foster carer, for example, who identifies as a short-term carer, had the following to say:

When the child arrives, I don’t want to give them any false hope that they will be here forever, or even tomorrow, so I avoid the subject of how long they will be staying (Participant 12).

Another short-term carer stated:

The child arrives and very quickly becomes part of the family. We don’t know how long they will be with us, so we try to make the most of the time that we have to try to settle the child into the home and family (Participant 8).

These two foster carers expressed views typical of most short-term carers. The overall viewpoint from these carers was that they needed to be very flexible and engage the child very quickly, so that they could maximise the benefit for the child in the time that they were placed with the family.
Long-term carers in this study, by and large, expressed a different view. These carers were expecting that, once a child was placed with them, the child would stay indefinitely, and this was the motivation for the carers to foster. One long-term carer said:

We want children to come here, stay and make progress in their development.
Our reasons for fostering are about creating a family environment for a child in a permanent context. We don’t see this as a short-term fix (*Participant 10*).

This carer speaks about their response when children first arrive:

I welcome the child in a slow and steady way, always reassuring them that they can stay here forever, this is their home and they can feel comfortable here (*Participant 24*).

The very different views expressed by short and long-term carers are consistent with views on their role and on their place in the fostering system, which is detailed in previous chapters. The impact of separation and loss for children in care in the early stages of placement, whether short term or long term, were significant issues mentioned by foster carers and are discussed below.

### 7.1.2 The initial effects of separation and loss

According to all foster carers involved in this study, the early phase, in particular, the first few days and weeks after a child has arrived in the home, is critical for setting the scene and forming an initial relationship with the child. Transience and disjunction are often significant issues for children, and the foster carer’s relationship can mediate the impacts of these difficult situations for the child. The effect on the child of separation from family or other familiar adults (possibly foster carers) and moving, whether once or on multiple occasions, has been well documented in the literature. Fahlberg (2012) writes extensively on separation and on the loss that results for children in care when they are separated from their primary attachment figure and from their immediate and extended families. She writes about how unresolved separations can interfere with new attachments. Fahlberg also outlines the factors that influence the child’s reaction to separation and loss and states that: ‘One of the most serious challenges of child care work is helping children cope with these traumatic separations’ (Ibid., p. 133).

In this study, most foster carers (*n*=20) stated that they see themselves as the mediators in assisting children to cope with separation. Foster carers shared their experiences of how
children presented when they arrived at the home. One short-term carer had experienced a variety of behaviour and presentations of children in their time as a foster carer:

The children then present … from the complete introverted quiet child to the aggressive and quite violent child … some or a lot of them just present totally normal and just very chatty outgoing and in your face (Participant 15).

During this introductory stage, carers in this study report that all members of the fostering family are starting to get to know the child and are focused on creating the best first impression for the child. They note that this is a time to set the tone and the scene for what the foster child will expect to experience, living in the family. Many interview participants described the time when children first arrived and started to get to know the family as an exciting yet stressful time. For example, this short-term foster care states:

We knew that the child would be nervous, meeting us all for the first time and being away from their family. I think we were as nervous, all wanting to make a good impression and not say something stupid (Participant 1).

This links to the need for carers to manage relationships between their children and foster children placed in their care. A key indicator for good relationship building within the foster family, according to interview participants, was the involvement of foster carers’ own children. The biological children’s reaction to, and interaction with, children placed with the family could determine the dynamic for the future of the placement.

### 7.1.3 The involvement of foster carers’ own children

The preparation of the foster carers’ own children was covered in some detail in the previous chapter; however, in this arrival phase, the preparation referred to becomes critical for how the children develop their relationships. One short-term foster carer describes the arrival phase in relation to the interaction between the foster child and her own children as follows:

… they have in most instances approached my kids first, they see them sitting there doing their homework or whatever and they have come in showing an interest in my children to see what’s going on, what are you doing here, and they’ve been a huge part in the fostering (Participant 15).

This foster carer described a natural process where her children would continue their normal activities when foster children came into the home and allow the child to have space until
they were ready to engage. When the child was ready to approach the carer’s own children, they would be ready, and the relationship would develop from there.

The short-term foster carer quoted below describes how her teenage children begin to engage the foster child:

… both of mine always show interest in the kids when they come, they’re always very welcoming, they ask them questions and they’re inclusive quite often with what they’re doing and I just think it’s easier flow of conversation. Somehow I think a lot of children feel they’re being interrogated when they’re sitting at a table just with me (Participant 2).

This foster carer was acknowledging the valuable role that her own children play in the arrival period and how she feels that the foster child finds it more comfortable than being welcomed by the foster carer alone.

7.1.4 Approaches to help children settle
Foster carers in this study offered a variety of approaches to help children settle when they first arrive at the carer’s home. Most carers (n=21) recognised the need to treat children on the basis of their individual personalities and needs. One of the short-term foster carers states:

I think they are all different just as we are and being sensitive to where they’re at is important (Participant 2).

The foster carer in this case echoed the views of a number of particularly experienced carers who were able to assess where the child was at emotionally and respond, or wait until the child was ready to engage. The message here for other foster carers and those supporting and training them is about the foster carers’ ability to judge the correct response for the child early on in placement, to make the child as comfortable as possible in their new surroundings. For experienced carers in this study, this means giving the child space initially, being sensitive to their need to settle into the home and to come to terms with their feelings in this initial period.

It is not necessarily clear or obvious what is meant by ‘settle’ in this context. Foster carers spoke about various levels of children being able to show behaviour that indicated a reduced level of obvious anxiety after some time in the home initially. Most carers did not expect that the child would be able to feel truly comfortable in the home for months or even years, but a reduction in the state of arousal from when the child first came to the home was the goal.
Foster carers spoke of starting ‘where the child is at’—in other words, not assuming how they would be feeling or what they would be thinking.

In addition to taking into account where the child is at, a key consideration for foster carers to take into account is where the child is at in their care journey, both temporally and relationally. Some factors that should be considered include whether the child has just entered care from their birth family home or has experienced multiple placements. What sense is the child making of their experience in care to date? Foster carers spoke about these issues as being significant in the way their relationship with children in their care developed.

### 7.1.5 The impact of early placement on the child’s stage in the care journey

Each child who comes to the foster carer will be at a different stage in their care journey. They may be coming to this foster carer for the first time, but they may have been with other foster carers, back to birth family for a period, or they may be coming into care for the first time, directly from their birth family. Most foster carers who were interviewed for this study were aware of these issues and of how each different experience might impact on the child. Each carer is also at their own individual place in their fostering experience. Both of these factors—where the child is at and where the carer is at—are significant in the impact of the early placement stage on the child and the foster carer.

Foster carers spoke about their own way of responding to these different situations. One short-term foster carer spoke about her experience of having children who had previously been in care, and the difference from those who were coming straight from home:

>The ones that come straight from their family are quieter, sadder in some way, pining for their mum or dad. You can tell the child who has been in care before; they act more confident and appear to be more at ease in a stranger’s home *(Participant 13).*

This short-term foster carer discussed how this knowledge came after years of fostering; others noted how to help children when they were arriving after coming straight from home:

>I try to get them to focus on a familiar thing—toy, blanket, photo, something that will comfort them a bit. But it’s hard because you don’t want to make them too homesick too soon. It might be a while before they see their family *(Participant 20).*
Almost half of the foster carers (n=11) spoke about trying to keep some emotional distance, in order to protect themselves from the cumulative impact of the child’s grief and loss, and dealing with the difficult stories that they heard from foster children. One short-term carer stated that she was:

… extra careful about how I approach things, and sometimes I suppose to some extent not approaching them, because, you know, I’ve got to keep that physical as well as emotional distance (Participant 13).

There are implications for the child from foster carers’ keeping this emotional distance, as some foster carers in this study explained. Some carers (n=8) reported that, when they keep this distance, children are learning that this is a way to deal with difficult emotions. Foster carers described situations where children themselves appeared withdrawn and had learned to keep a distance and hide their own emotions. Although some of the carers in this study (n=4) stated that, previously, social workers had encouraged them to keep this emotional distance, they understood from more recent training that it was not helpful to do this. Nutt (2006) states: ‘emotional involvement… is essential for the child’s well-being even though … this may be detrimental to themselves’ (Ibid., p. 84).

Biehal (2014) writes about the ‘continuing emotional commitment of foster carers’ (Ibid., p. 968) being important to a child’s sense of belonging. It is concerning that there may be a small proportion of foster carers who think that keeping emotional distance may be a good thing to prevent further grief and loss to themselves and foster children, while the evidence from literature shows that emotional availability and commitment is important in order for foster children to feel a sense of belonging in the foster family.

The child’s needs or behaviour is affected by their stage in the journey in care. Those who are coming to the foster carer’s home directly from their birth family may be very anxious about when they will see a family member again or very withdrawn or angry about having to leave their family. Fahlberg (1994) offers suggestions for social workers and foster carers as to how to assist the child when they enter care, encouraging active listening, patience and a compassionate, emotionally stable response. Goodyer (2014) reports that children in her study stated that moving into a foster home was ‘a time of intense emotion: feelings of injustice, being scared, bewildered or upset’ (Ibid., p. 5).
This short-term foster carer described the response of children who have come into her care who have had more than one placement already and are used to moving:

… a lot of the kids have already learned to deal with their grief on their own so
… often you go in and you hear them crying (Participant 2).

Other foster carers (n=10) described similar experiences where they saw children who found ways to grieve on their own initially, wary of showing emotion to the foster carer or their family.

The emotional needs of children in care are critical for foster carers to be aware of and deal with sensitively. This is an issue for carer learning and development, and it is the responsibility of foster care support staff to ensure that foster carers are equipped to recognise the emotional support needs of children and how the experience of being in care may impact the child.

7.2 PRACTICAL ARRIVAL STRATEGIES—ONCE THE CHILD HAS ARRIVED

There was a real focus from foster carers involved in this study on practical arrangements and tasks that were the predominant necessities for welcoming children. Only two carers spoke about how they spent time comforting the child or their own children through this potentially emotionally fraught period. It seems, from the information from the foster carers, that there is a real focus in fostering on the tasks over the relationships. There are so many expectations of foster carers to ‘do’ so many things for children that the essence of the role of consciously building a strong and robust helping relationship may not be in the forefront of foster carers’ minds.

An emerging theme from analysis of the interview data in this study was the different foci between the relational and the practical aspects of fostering. Foster carers differentiated between practical tasks, such as showing the child around the home and introducing house boundaries and rules, and relational tasks, such as comforting the child, making time for family activities and encouraging the child to express their feelings. Foster carers described the purpose of the practical strategies and how they implemented them when a child came into their care.

The following section highlights variations in carers’ awareness of what is useful or helpful in assisting the child to feel a sense of belonging and security in their early time in the carer’s
home. Some carers understood the complexity and importance of their role at this critical
time, while others demonstrated a more superficial consideration of what is required to assist
children at this time in their journey in care.

This short-term foster carer spoke about the need to be clear in the early phase about rules
and to give the child a more organised home life than they may have previously experienced:

Well because they come from you know very disorganised … situations … as
soon as they get some organisation they … really thrive … my opinion is that
all kids need stability and rules and clarity of how life is for them and … they
just really respond really well to not only rules but … love and food and
everything else that is here that they haven’t had before (Participant 22).

Another short-term foster carer describes a different approach from the above example,
with less emphasis on boundaries:

You know you want to be relaxed and you want to get to know them, but I don’t
like to set boundaries, I would like to see this as their home, not a house
( Participant 12).

In the above example, the carer sees bringing the child into the foster family’s household
culture as a process where strict rules are not enforced, and the focus is on a more relaxed
setting to help the child feel at ease initially.

The same carer spoke in more detail about the arrival period, highlighting some of the
practical elements that help to start the engagement process with the foster family. This carer
shows a sophisticated understanding of the child’s needs and of her role as a foster carer:

I didn’t bombard them when they got here. I gave them physical boundaries,
took them around the area, showed them the school, all those sort of things. We
talked about if they had any real dislikes as far as food or anything like that
went, about bedtimes and what I expected at bedtimes, we started a reward
chart … teaching them how to brush their teeth … and that is done in a very
gradual way and I thought that was all taking a bit long but I realise now that
was good for everybody (Participant 12).

The example above reflects someone who is focused on negotiation, clarification and rules
that rewarded rather than constrained, but they are rules with modelling as the method of
helping the child.
Another long-term foster carer described having learned to allow the child to dictate the terms of arrival, and very simply put it:

… just sitting back and letting them come to you when they’re ready

(Participant 15).

The approach from this carer, who was very experienced, displayed a confidence in her role and an ability to ‘sit with’ the anxiety and uncertainty of a new child coming into the home.

Most interview participants spoke about practical strategies that they employed to assist a child when they first arrived at the home. Strategies such as showing the child around, asking what food they enjoy and introducing them to the other children and pets in the house were mentioned by nearly all foster carers who took part in the study. Foster carers reported that undertaking such introductory strategies fulfilled two main purposes: information about important household matters was covered, and it was also a way to break the ice, to find a practically and socially useful way to engage with the child in the first instance.

The interview participants in this study had a range of different practical strategies to welcome children into their homes. By using these approaches, foster carers were trying to make the child feel comfortable and to ensure that they had all the information that they needed to navigate the home and family environment. They varied from those who strictly enforce rules and boundaries from the first day, through to those foster carers who allow the child some space and time to develop the initial relationship and boundaries together. These different approaches reflect the foster carers’ diverse understanding of their role and also of their own different parenting techniques. They also highlight differences in levels of anxiety in the foster carer when a child arrives, sometimes based on lack of fostering experience and sometimes related to other issues. For example, some carers had previous experiences where they had not set the boundaries tightly enough, and the outcome was increasingly challenging behaviour from the child in their care. For some foster carers, the arrival of a child triggered memories of previous negative experiences, which then resulted in increased unease about the child arriving.

The literature on practical strategies at arrival stage is limited, although Schofield writes about ‘Warm Welcomes’ where children reported positive experiences when foster carers ‘greeted them warmly, made them feel at home and gave them predictable care’ (Schofield 2003, p. 38). This was certainly spoken about by many foster carers in this study, but almost
all foster carers, particularly those who identified as short-term carers, highlighted the fact that the task is actually very complex, taking into account the background of the child and the difficult situations from which they often arrive.

Fahlberg provides some guidance to practitioners about preparing children for arrival into foster care, including before placement, and some tips for responding to a child once they have arrived. Her work really supports what foster carers in this study report. Although her book was written over 30 years ago, the emotional support and preparation advocated by Fahlberg continues to be a relevant and well used practice guide to this day (Fahlberg 1981).

Another long-term foster carer already had an existing relationship with the children who were placed with her, so she reported that the ‘arrival’ period was easier for her in that she already knew the children and was less anxious about the potential unpredictability of their arrival. This foster carer reported that she felt better about the impending arrival of the child, as she knew what to expect, and so she could help make the child feel safe more easily.

She said:

The rule setting … integrating them was far easier on them because they had a relationship with me … I think they can’t just come into a home—and I had to modify my house standards … most of the children that I have become involved with have chaotic homes (Participant 12).

One short-term foster carer spoke about the benefit to the child of giving a child some responsibility, something to look after during their stay. Some others spoke about how pets can break the ice in the early stages of a child’s stay:

… they need something, maybe it’s a little doll or a cuddly toy or they need a little job like a plant that needed watering, or going and feeding the ducks was a great one. It’s only just been extending opening up kindness and caring but it was safer sometimes to do it with an animal or a plant and then you could acknowledge what a great help they were and then they had an important role and they could step into being someone positive and have a greater sense of self (Participant 9).

The more experienced foster carers, both long-term and short-term, who participated in the interviews, had certain strategies to influence the family dynamics, including:
• individual time spent with each child
• ensuring that basic rules are made explicit early on in the child’s placement
• allowing the child space and time when they first enter the home.

In terms of relational considerations, reassurance and acceptance were two themes that stood out in the interviews in terms of how to help the child during the first few weeks at the foster carer’s home.

7.3 NEGOTIATING RELATIONSHIPS AS THE PLACEMENT PROGRESSES

One long-term foster carer spoke at length about the dynamics in relationships that she has experienced. The focus for her is stabilising the undercurrents in the household, with five biological children also sharing the home and her time and attention. Two quotes from the interview that illustrate some of the dynamics in the home follow below:

… you know it has taken awhile, but he [foster child] also knows when I am angry, I can shoot a look, and the difference is before he would just withdraw, he is now doing things like opening doors for me or bringing me a flower, because I say to him ‘you know you are not my favourite person right now, don’t you’ (Participant 12).

The quote above highlights the foster carer’s awareness of her developing relationship with the child and how important that is for her. She acknowledges that it has taken some time, which was also the experience of other foster carers in this study. The patience and tenacity required to negotiate relationships was highlighted by some carers who also spoke of the rewards once they saw some positive change in their connection with the child in their care. Some of these rewards are described in the quote below:

We have made a connection, we definitely have and I think it’s just unfolded over a period of time. I sat down and talked to him [foster child] and I said ‘are you starting to realise the things that upset me and the things that make me unhappy?’ and he said ‘yes’, and I said ‘you can see that it’s not just you though, can’t you, that I have this relationship?’ So for me it was about explaining to him why I was feeling the way I was, what makes me happy, what makes me sad, what makes me angry, and why I yell, but also letting him know not to take it personally, because as time would go by he would see that I have my moments with everybody, good and bad, and that’s what families are about, but it is about getting over it as well (Participant 12).
The foster carer’s ability to reflect and be insightful about their emerging relationship with the child in their care is a fundamental indicator for a positive future relationship. Foster carers in this study who demonstrated this reflective approach reported better relationship building in the initial phases of placement. The statement below was made by a short-term foster carer who took the time to reflect on her process in building early relationships with children:

When I first started fostering I thought that the child needed to fit in with me, with our family. What I learned is that we need to think about what it is for someone else to fit in with our already established family and routines. I always think about how we need to take the lead in welcoming and building the relationship but not overwhelm the child (Participant 6).

This short-term foster carer expressed another view, outlining a different approach to establishing relationships:

I treat the child as my own, don’t baby them, encourage them to speak up and stand on their own two feet. When they are in my home they need to learn my rules and what works for me (Participant 21).

The different ways that foster carers in this study made sense of negotiating relationships was not solely based on experience in fostering. Life experience and willingness to engage and learn as they progressed in their fostering journey were also significant factors. In addition, foster carers highlighted their own role in the social learning journey of children in their care.

7.3.1 Foster carers’ role in social learning

The insight shown by some foster carers in this study indicates a high level of awareness of the complexity of their role. Many of the foster carers interviewed have invested significant time and energy into building a strong relationship with the child in their care. There were examples of great empathy and honesty in descriptions of their interactions with the children in their care.

Participant 12 (quoted above), for example, is going through the process of assisting the child to make sense of the social learning that is occurring in the relationship. The relational work, when done well, appears to be an indicator for successful integration of the foster child into the new foster care family environment.

The intervention technique described by the foster carer here is a version of pro-social
modelling as described by Trotter. There is evidence here of ‘modelling, positive and negative reinforcement and confrontation’ which is the essence of pro-social modelling according to Trotter (2009, p. 142). Although Trotter’s work is primarily concerned with offenders and involuntary clients of social workers, there is application with foster children because this process works with a range of populations and does not require involuntary participation.

The task for the foster carer in promoting pro-social modelling is (paraphrasing Trotter) to maintain an optimistic demeanour and tone with children while acknowledging the pro-social actions of the child (Ibid.).

This optimism came through strongly in the responses of some foster carers in this study. For example, one long-term carer said:

Although we seem to take two steps forward and one backwards, I can see that [child] is making progress and there are glimmers of real hope in our relationship (Participant 11).

Another long-term carer remarked:

I can see the light at the end of the tunnel. Not that our relationship journey will ever end, but the struggles that we have had are getting less and less (Participant 3).

This sense of positivity that carers were able to hold on to may have been due to a number of factors, but one common positive indicator was family cohesion prior to the child’s coming. Foster carers who spoke of preparing their family by role modelling acceptance and open dialogue with all member of the foster family were able to maintain a positive outlook and transfer this social learning example to the child in care.

7.3.2 Relationship dynamics

This statement, by a long-term foster carer (repeated from above), illustrates the foster carer’s attempt to talk through an aspect of the family dynamics in the household and how they were impacting on her and on the child in care:

We have made a connection, we definitely have and I think it’s just unfolded over a period of time. I sat down and talked to him [foster child] and I said ‘are you starting to realise the things that upset me and the things that make me
unhappy?’ and he said ‘yes’, and I said ‘you can see that it’s not just you though, can’t you, that I have this relationship?’ So for me it was about explaining to him why I was feeling the way I was, what makes me happy, what makes me sad, what makes me angry, and why I yell, but also letting him know not to take it personally, because as time would go by he would see that I have my moments with everybody, good and bad, and that’s what families are about, but it is about getting over it as well (Participant 12).

Her technique in this instance was to attempt to be open and honest with the child and to explain some of her behaviour towards him when things became difficult for her.

This foster carer attempted to make sense of the dynamics in the relationships between herself, the foster child and her own biological children. As for many foster carers in this study, this situation challenged the foster carer’s sense of self-efficacy and also possibly brought in issues of transference and counter transference. Each foster carer has their own life story and history to bring to the fostering experience, and, in this instance, the dynamics that were challenging the foster carer may have had some connection to some aspect of her previous life history. The attachment relationships between foster carer and child are affected by the foster carer’s understanding and resolution of their own family of origin issues.

This situation was familiar to many of the research participants. The foster carer had tried many different techniques to change the dynamics in the home but was finding it difficult to influence the child and to make much progress in improving the dynamics in the long term. Cairns (2002) writes about the potential for transference and counter transference when working with children who have suffered abuse and trauma. He writes about the possibility of the child in foster care unwittingly directing their feelings about previous experiences and relationships to the foster carer. The foster carer has their own experiences which may be triggered by the child’s behaviour or demeanour, creating space for countertransference. Transference was indirectly alluded to by some foster carers in this study, and most spoke about the complexity of dealing with it while preserving the helpful relationship between foster carer and child.

7.3.3 Other key relationships

Some key relationships that were established for foster carers in this research study also included other significant people with some interest in the child in the foster care placement, for example, extended family, support staff, caseworkers and school teachers. The
importance of these relationships to the foster carers or foster children varied, but, in most cases, the person involved assisted either party through a difficult time or formed a connection which enabled the foster carer to deal with a situation in the fostering experience.

Foster carers spoke about the quality and the perceived strength of the relationships with significant people, not necessarily the number of people. The continuity of caseworker, supportive school and community networks all contributed to the foster carer’s ability to create a more stable and healing environment for the child in their care. The following quote is from a long-term foster carer who had a child in care who struggled with some difficult behaviour for the foster carer to manage:

… the school’s persevered with him, he's very lucky he's in a little community school, that is a big asset, the school working with the foster carer. He's been suspended from school because he's got anger management issues but they’ve been really good, fantastic … well the Principal and I have a good relationship, I got his number on my phone and he's got mine and I can phone him at any time … even at 1 o'clock in the morning (Participant 10).

The impact of the strength in relationship between the child and the significant people in his network was consistency and continuity for the child. In each sphere of his life, in this case, school and home, the important adults were communicating well and ensuring that the boundaries and messages given at home and school were supported in each domain. However questionable the boundaries blurred by the Principal in making himself available at all times day and night, the intent of a mutually supportive relationship for the benefit of the child is admirable. The positive adult relationships that support the child’s placement with the foster carer assist to stabilise the child’s journey in care.

Foster carers also spoke about the downside, when the key relationships with other significant stakeholders were difficult or non-existent. This long-term foster carer shares a difficult experience:

The school teacher was really unhelpful, she stigmatised [child] and stopped communicating with me. She blamed all of the problems on [child] and refused to have anyone else give their input in how best to manage him (Participant 11).
From the interview data, it is clear that the quality of these relationships with people who have influence on the child and their life can be a major factor in the foster carer’s ability to build a strong support network around the child. The dynamics in the foster home are affected by external factors, as with any family, but there are usually more stakeholders in the life of a foster child and, therefore, more for the foster carer to manage.

The next stage of the foster carer’s placement experience is when the child has settled into the home (if the child has stayed), and then the boundary testing behaviour often emerges. I have titled this phase ‘Maintenance through uncertainty’.

7.4 MAINTENANCE THROUGH UNCERTAINTY

Once the foster family has moved through the ‘arrival’ stage, as described in Section 7.2, the next stage in the fostering experience is often uncertain. There are many factors which influence how long a child stays with a foster carer. The placement may be planned as short term or there may be no determined time frame for systemic reasons. It is also possible that a placement could end unexpectedly because of the foster family’s changed circumstance or a change in the case plan for the child. The court order that is in place and any legal issues that are occurring or pending may also have an impact on the placement plans. The relationships built in the arrival phase will assist foster family members to navigate the complexity of the next phase, where the placement needs to be maintained and relationships need to be consolidated.

The period of time for this stage varies, depending on a number of factors, including the understanding and ability of the foster carer and external influences in the placement—for example, in the case of short-term placements, how the transition period with birth family progresses.

The period after children have been welcomed into the home and are getting to know the foster family could be called a time of ‘maintenance through uncertainty’. According to the views of interview participants in this study, this period is one of the most challenging for foster carers. Children are more likely to express themselves, explore the boundaries set by foster carers and allow some of their ‘true selves’ to emerge. It is very difficult for foster carers to know what to expect during this period.

The impact on the sense of unity for foster family members is a critical issue here. As the family members and the dynamics are challenged by changes within the family, there can be
implications for the commitment of the family members to the foster child and to fostering. Significant changes could include the attitude of biological children to sharing their parent with the foster child. As the foster child settles and ‘tests the boundaries’, there is potential for disharmony within the home, because all family members need to navigate the challenges. The excitement and ‘newness’ of the initial period of the foster child’s arrival may subside and reveal a more realistic and problematic period where the family members may think, ‘The honeymoon is over’.

This is also the period where the child may show signs of feeling more emotionally settled in the placement. This is commonly a time when the resilience and acceptance of the family is tested. According to foster carers involved in this study, the time in which the child is now feeling more secure and is able to express themselves more openly varies and depends on a number of factors. The factors below were reported by foster carers in this study.

1. The child’s developmental stage and age: foster carers reported that younger children were generally more easily integrated into the foster family and more willing to fit into the routine of the new family environment.

2. The number of foster care placements that the child has experienced: children who had a history of one or more other placements prior to coming into the foster carer’s home were initially more settled but, during this phase, presented more challenges as the uncertainty about the placement’s future caused them to experience anxiety and expect the placement to break down.

3. The child’s experiences prior to entering care: where children reported more adverse experiences before entering the placement, or it was known that their background included chronic abuse or neglect, the foster carer found it more difficult to mediate the child’s experience during this phase. Foster carers reported that, the more adverse experiences the child had had prior to entering the foster carer’s home, the more challenging behaviour they would usually exhibit.

4. The skills and knowledge of the carer: most carers were able to identify how their own skills and knowledge contributed to their ability to meet the needs of the child. In particular, they discussed how they were able to assist the child to make sense of their current situation by using de-escalation or active listening techniques. Many carers spoke about their knowledge of the potential impact of trauma on brain development and the difference that this made in how they supported children in their care during this phase.
5. The current family circumstances and pressures on the foster family: foster carers described the impact of their own personal family circumstances on their ability to care for a child. They reported that, sometimes, these situations were not taken into account by support staff, but they were fundamental in the carer’s resilience and how they responded to difficult situations that involved a child in their care.

The factors described above were identified as having an impact on placement stability in the phase after arrival of the child. They provide an indication as to the complexity of issues that exist within a foster placement, where the child and foster family’s readiness and willingness to engage and compromise are fundamental to the ongoing success of the placement.

7.4.1 Foster carers’ views on the maintenance phase
One long-term foster carer found this period very difficult and had doubts about whether the family had done the right thing in fostering the child:

… the first three months I was really worried that I had made a really big mistake because she was just really acting out and he [foster father] was really not coping with it. That started to ease off a little bit and became just a more general acting out, every day kind of acting out, probably after about six to nine months, but that first six to nine months was really tough (Participant 21).

This quote echoes the issues raised earlier in this thesis of commitment, with considerations of capacity, multiple demands and external supports that enable carers to understand and meet the child’s needs. Each foster family’s experience is unique, and the child’s situation and history play an important role in determining the foster carer’s ability to respond to the child.

Foster carers spoke about the welfare of the foster carer’s own family members as an important consideration, because difficult and sometimes antisocial behaviour emerges during this phase. The short-term foster carer quoted below describes the sometimes difficult dynamics that develop when a child’s behaviour clearly starts to impact negatively on the foster carer’s own child:

Well it’s like with your own children, you have your really good times but there’s also some times where they aren’t so good and with your own child, you know the thought never comes up that if it doesn’t work well just move them on. I pretty much like most kids but obviously there is going to be times where
there is going to be either a personality clash or the child or what I’m afraid of, is if a child is going to harm one that’s currently in my house (Participant 23).

This long-term foster carer (quote repeated from Section 6.3) describes beautifully the process of assisting her own child and the foster child during a difficult phase of the child’s placement:

The success of the placement has really been dependent on their relationship and we had a really, really rough rocky road for quite a while and it was tempting to say, nah, can’t do this anymore, it’s too hard but it felt like I was in too deep in my commitment to [foster child] to back out, but it also felt like if I did back out what message was I giving my son, that when a relationship gets difficult you put it down and give them away, give them back and walk away from it so there was this huge, huge challenging piece where it was just so unbelievably difficult but I was in too deep not to keep going through with it and it did work yeah, but it was really, really hard, it was really hard (Participant 9).

Engagement with children, finding common interests and exploring deeper aspects of the relationship with the foster child were common themes for foster carers in this stage of the placement.

The interview participant quoted below reported some of the techniques he used to build the relationship. This short-term carer also acknowledges the challenge for him in not being able to fully get to know the child when they are placed for only a short period with the foster family:

… they like to do certain things … like drawing, so you sit down and do a bit more drawing, or it might be reading books, or it might be going for walks … so you work on the strength to try and build that relationship, and it takes time, it’s not as though it’s ever going to be a real strong relationship in our situation, because … the children who are coming to us generally have some sort of baggage with them already and we are not really going to resolve a lot of that, for them that’s a long-term situation (Participant 13).

Short-term carers reported significant challenges in managing children’s needs, particularly because of the uncertainty of placement length. Most short-term foster carers reported that this uncertainty impacted on the feelings of security and stability which were interpreted by
the carer as unsettled behaviour exhibited by the child. The carers mostly dealt with this situation by finding out as much information as possible, to inform the child and also to ease their own anxiety in not knowing when the child might be moving from their care. Foster carers spoke of the frustration of not having as much information as they would like to be able to keep the child and their own family informed during this tentative phase in the child’s journey in care.

Interview participants spoke of the relative powerlessness that they experienced when decisions were made that would impact on their family and on the child in their care. In addition, some foster carers reported that promises that had been made during the early stages of placement matching were not followed through once the child had been in placement for some weeks.

One long-term carer reflected:

… what is also hard is when you go to a meeting … and they have made all these decisions about things, and it’s like you are the one who is holding the baby, it’s quite hard (Participant 1).

The relationship building that takes place during this maintenance and stabilising phase is often pivotal in determining the sense of permanence and stability for a child, according to foster carers interviewed in this study. As children’s behaviour changes and their ‘true’ personality emerges after the so-called ‘honeymoon period’, foster carers reported that the ‘real’ work of fostering commences.

7.5 THE NEXT PHASE—CONSOLIDATION OR SETTLING

In this phase, the child is often becoming more familiar with those in the family and tends to show strengthened relationships with foster family members. After the testing phase just described, there can be a sense of relief or achievement once the family has helped the child to this more settled phase. Many foster carers did report that children still show challenging behaviours in this stage; however, many have worked through some significant difficulties in relationship building and show a tendency to be more accepting of their place in the foster family.

Analysing interview data around this stage in the placement showed that a small number of carers interviewed were keenly aware of the significance of this phase and the potential for helpful relationships to emerge when the child is able to connect with foster family members.
This connection was variously described as the child’s feeling accepted or understood and having positive attachment relationships. Some foster carers also expressed relief because they felt that the child had ‘learned the rules’ or accepted the boundaries imposed by the foster carers. There are several very descriptive quotes here which I have included in full because they express important views on how relationships develop in this stage.

One long-term interview participant spoke very positively of the phase where the child in her care began to show signs of feeling more comfortable in the home, the shift from ‘I’ to ‘we’ and some clear signs that he was settling into the home:

… they would talk about ‘we’ and talk about ‘us’ collectively, that was a really nice shift to see in a really positive statement … it was great when he started just sort of opening the cupboards and looking for something to eat and then asking what anybody else wanted and he’d make something up for everybody and him answering the phone on behalf of the family and suggesting things like, can we do this, it was a shift from the ‘I’ to the ‘we’, that was huge … wanting to contribute, there was definitely a shift, there’s a long period when he was really isolated and didn’t connect so there were really definite signs that he was connecting … and welcoming regular visitors as his friends was another one too like they were also people that were there to see him, that was fairly significant (Participant 9).

The insight expressed by this foster carer illustrates the progress made by the foster child and how he stabilised in placement after having been in the placement for some time. The foster carer highlights a significant shift for the child and for the family which occurred after some difficult, and at times frustrating, months of relationship building which the foster carer also described in the interview.

The same foster carer described the shift in relationship between the foster child and her own son during this period:

… parallel to this is the relationship that he’s building with my own child … [biological child] was rejecting him at different times too. So that became difficult to contain sometimes when [biological child] was rejecting him and not wanting him to go places where he wanted to go because [foster child] became a bit dorky or uncool or inappropriate … so it was sort of holding a container for both of them and that became … a huge challenge, not wanting to not have a
This understanding of the developing relationship between her biological child and the foster child shows great insight. There were a few foster carers in this study who were able to articulate such complexity in relationship building during this settling phase. They each described a time when the connection seemed to ‘shift’ and when both children reached a point of acceptance or mutual understanding which made the relationship dynamics much more positive. These foster carers identified this shift as a time when it appeared that foster children were really moving forward with their acceptance of being in care with the foster family.

Another long-term foster carer spoke about her methods of managing behaviour during the time when the child is expressing himself or testing the foster carer’s boundaries:

You get a lot of behaviour that’s difficult to live with. I think I adopt something that’s more like a treating toddlers philosophy where you pick your fights. I let a lot skip past and I would concentrate more on the behaviours like not respecting other people rather than bedtimes or brushing teeth or what you’re eating for your dinner. I would generally observe the behaviour; if I see something that’s repetitive that seems to be quite harmful to them or to others, I’ll probably try and focus on that. And I would try not to be always on their back, try and find ways of either drawing their attention to the behaviour or distracting their behaviour or find ways that they can feel empowered about wanting to change whatever that behaviour is or seeing … empathy type things—‘how would you feel if this … ’ (Participant 2).

The sensitivity of the foster carer, gauged by their ability to empathise and hold in mind the needs of the child above their own needs, came through as the main contributing factor to success in this phase of placement, according to interview analysis. The flexibility and willingness to adapt family culture and to make changes to incorporate a new child into the family also stood out as indicators for successful relationship building during this period of maintenance during uncertainty.

7.5.1 Settling the child into the foster family

Barber and Delfabbro cite a study by Lahti (1982) which suggests that, regardless of where the child is placed, the extent to which the child settled into the carer’s family and culture was
the largest determining factor of child wellbeing (Barber & Delfabbro 2003). The Lahti study is interesting in this context in that the focus is on permanent placements, and foster parents’ views are included. In this relatively large study (n=492), stability and child wellbeing were measured, and foster parents and children were interviewed, to determine the impact on them of various types of care arrangements. One of the key findings of this study was that the preparation and information given to foster carers prior to the child’s being placed was a determinant of the child’s future wellbeing. Another finding which is relevant to placement stability is that children who were adopted by their foster carers achieved higher wellbeing scores than others in the cohort who had continued in long-term foster care (Ibid.). Other authors, for example, Cairns (2002), Gilligan (2009) and Sinclair (2005) have more recently supported these conclusions, although it is difficult to find recent, large-scale quantitative or qualitative research that supports these findings.

Foster carers in this study spoke about the struggles and the successes in settling the child into their family and household. Many carers reported that it was a ‘two steps forward, one step backwards’ type of situation, where progress was slow but ultimately satisfying for the foster family. The overall message that came across was that to provide a child with a sense of belonging in the foster family was complex, intensive work that required a foundational relationship and sensitivity to previous hurt, knowledge of attachment issues and preparation of, and work with, all family members. One short-term foster carer had the following to say about the settling in process:

> Before you start fostering you think that every child is going to be grateful that you are caring for them … they will join in with family activities and get on with all members of the family. Reality is not that simple—it takes hard work, heartache, resilience and lots of time for a child to feel settled in our family (Participant 23).

Another long-term foster carer said:

> You know when the child is feeling more settled in the family … they just act calmer, more connected or something. It is just a feeling that they seem more content, more at ease with our family (Participant 9).

Many foster carers in this study reported that the extent to which children seemed to be settled in their family significantly impacted on the dynamics in the household and on the family’s ability to continue the placement of a child. Of course, in foster care, some
placements end for a variety of reasons, while some children stay in placement with the same family. The next section highlights some of the issues within foster families once children have moved through the ‘settling in’ phase described above.

7.6 PREPARATION FOR MOVING ON OR STAYING

Not all children move on from their foster family. Some stay on with a family until their care order expires and into adulthood. However, there are some where endings are part of a placement, perhaps planned from the beginning. In other circumstances, the ending might be planned and introduced at a later stage. This could be in the case of reunification with family. Still other placements could have unplanned endings.

According to foster carers, the ending of a placement is usually a difficult period for foster carers and foster children, whether the move is planned or unplanned. There are a number of different emotions that could surface prior to and after the child’s move. The most common emotions expressed by interview participants were sadness/grief and loss and relief. In relation to one child who was reunified with her family, a long-term carer said:

Although I knew it wasn’t right for [foster child] to go back to her family, I knew it needed to happen and that it would be really tough for us. We came together as a family to grieve and celebrate her time with us (Participant 11).

Another short-term foster carer said that she was relieved when the child left:

When [foster child] left our home, we felt guilty that we were relieved. I didn’t realise the impact that she had on our family—we were all walking on eggshells when she was here, she didn’t fit in and so when she left everyone was able to breathe again (Participant 4).

Where reunification with family was the reason for ending the placement, most foster carers were positive about children’s being returned to the care of their parents but struggled with decisions when children moved to situations that they thought were not good for the children. The sense of relief expressed by one carer was expressed commonly by some short-term carers (n=6) who also spoke about the need to ‘regroup’ as a family and ‘debrief’ about the child’s placement and the impact on the family and to learn from the experience.
7.6.1 Uncertainty and the need to prepare for movement

For some children in care, uncertainty is an ongoing state. Children may be in care with no permanent care plan and with conflicting messages about plans for their living and care arrangements from month to month or year to year. Indeed, many short-term foster carers also live with uncertainty as a daily reality. These messages came through this research, with foster carers indicating the impact that ambiguity about children’s situations had on their families.

Throughout the interviews, there was a sense from many participants (n=15) that foster care is uncertain for children and for carers. Foster carers need to be prepared for children moving on almost as soon as they arrive. One short-term foster carer highlighted the importance of children returning to parents, but also the critical aspect of permanence, giving the child a sense of where they will be forever:

… you wish you could sort of keep them on, but sometimes you know when they go back to family maybe, especially on the respite, it’s good that they go back to their parents but the permanency thing is really important, to give the child that sort of security where they know that they are not going to be with another carer next week or with another carer two months later (Participant 4).

Foster carers reported different ways of preparing children and themselves for the inevitable transitions from their placements. Some had found it difficult when there was very little time to prepare, and this may have been when a placement ended abruptly or the planning was inadequate to include a good transition for the child to the new care arrangement. This was particularly indicated by short-term foster carers, who almost universally reported that transitions for children leaving their care were inadequate.

Long-term carers also reported difficulties when children were preparing to leave their care. Some interview participants (n=9) spoke of situations where children were leaving their care after living in the family for up to two years and, on some rare occasions, even longer. Foster children were attached to the foster family, and, for foster carers who had experienced this, there were significant feelings of grief and loss. When this issue was further explored with long-term carers (n=11), it seemed that grief accumulated from experiencing multiple transitions of children from their care. The impact was felt by all foster family members, even some extended family and other significant people in the family’s network.
One long-term foster carer highlights the impact on the extended family network of a child’s leaving:

> It wasn’t just our household that was impacted when [foster child] left. She had become part of our family, all of our friends and family were devastated too. We want to stay in touch but we are not sure if that will happen (Participant 10).

Short-term foster carers in this study (n=14) reported that the impact of the child’s moving on the foster family largely depends on the reason for the move. The importance of returning to parents—one of multiple reasons for moving—was implicitly differentiated between planned, positive change (to a more ‘permanent setting’), planned, negative change (to a perceived unsafe or unsuitable placement) and unplanned change.

In summary, the implications for the foster family, when a move occurs or is planned, often include a sense of grief and loss for all members of the foster family. Even when the move is seen as positive by members of the foster family, the relationships that took time and effort to form are often suddenly ruptured, causing the family to feel sad. However, some carers reported feeling a sense of relief when the child leaves, as the family has a chance to regroup and debrief after sometimes difficult circumstances.

### 7.7 WHEN CHILDREN STAY IN PLACEMENT

Foster children do not always move on from placement: many are in long-term foster care and remain with the foster family with which they are first placed. The relationship between foster family members and the foster child can be quite different in this case, because the child is seen more as a member of the family as they become more and more familiar with the family culture in which they are embedded.

As stated previously, foster carers in this study who identify themselves as ‘long-term’ carers view themselves differently to those providing short-term care. Long-term carers viewed themselves in more of a parenting role than a caring role. They reported working very hard to ‘integrate’ the child into their family and to treat the child as they would treat their own children. Short-term carers saw the placement of the child as more of an interim measure and were cautious about becoming ‘too close’ to the child, or allowing themselves to ‘attach’ too much.
According to long-term foster carers interviewed for this study, the established relationships where children stay with foster carers for years appear to be similar to a biological child’s relationship with their parents. Often, the foster child will call the foster carers ‘dad’ and ‘mum’ and will identify as much with the foster family as with the birth family. Long-term foster carers in this study saw themselves very much as ‘parents’ rather than ‘carers’ and often preferred less interaction from support staff than did short-term foster carers.

The findings from this study in this area reflected those of Blythe et al. (2013), who conducted a qualitative study into the perceptions of long-term foster carers. Long-term foster carers in the Blythe et al. study see themselves as more aligned with a mothering role than a caring role. That is, they see themselves as having parental-type relationships with the children in their care.

The long-term foster carers in this research concur with this view, with most outlining relationships with foster children which were like those of parents. The long-term foster carers wanted a more ‘natural’ relationship, without the intervention of social work staff, and in many ways attempted to ‘normalise’ their foster children’s lives. For example, they reported not referring to the child as a foster child; in some cases, they included the child’s birth family members in a similar way to their own extended family; and (with the consent of the foster child) they would introduce the child as their own in new social situations.

7.8 THE DEMANDS AND RESPONSIBILITIES OF FOSTERING

All foster carers’ responses to questions in relation to the demands and responsibilities of their fostering role revealed various strategies in managing fostering and the associated stress. Foster carers reported that they felt responsibility to preserve and build their family’s resilience, while ensuring that the foster child had their needs met. In addition, foster carers were usually at the centre of activity with the external stakeholders in the child’s life, for example, school staff, therapeutic and agency support staff. Foster carers who were involved in this study were able to reflect on the impact of this responsibility and were able to cite a range of approaches they used to meet these demands. One short-term carer stated:

Looking after myself is important, although it is not always top priority. My needs get lost in the mix with everyone else needing a piece of me. But my support worker will remind me about the importance of looking after myself (Participant 24).
Another short-term foster carer was also able to reflect on the importance of self-care:

My own kids, [foster child] and all of the household jobs that need to be done all demand my time and attention. To be the best I can be, I do need time out from time to time. Respite care helps with that, and my partner reminding me (Participant 2).

This short-term foster carer has a view that staying busy is a way to cope with the demanding role:

I just don’t stop. I think if I stop and think too much, it would be overwhelming. When a child leaves, I ask for another one straight away so that I am kept busy (Participant 16).

The approach presented by the short-term carer above was echoed by a number of study participants. Carers said that what helped them to continue fostering was not to dwell on the emotional pain and grief of difficult situations or placement endings, but to carry on and not address the issues. One very experienced long-term foster carer spoke about the impact on her of not addressing the underlying grief of years of painful separation from children she had become strongly attached to:

All of a sudden it hit me like a tonne of bricks. I don’t know why, but I realised that because I hadn’t dealt with all of that grief, it compounded and it took me months to feel better and that I could do a good job of fostering again (Participant 13).

The reactions of all foster carers to the complex grief and their reaction to the impact of the trauma experienced by the foster child that they were exposed to were expressed differently. While some appeared to be functioning well, there was unexpressed emotion below the surface, which some admitted impacted on their ability to function well as a parent and foster parent.

7.9 FOSTER CARERS’ SKILLS AND PERSONAL QUALITIES

While foster carers were not questioned directly about the skills that they require to adequately manage the tasks of fostering, many cited skills that had helped them in their capacity as foster carers. The main thing that foster carers focused on was how well equipped they were to confidently manage the care for the child as well as other demands of fostering. This included dealing with foster care support staff and other stakeholders, such as birth
parents, psychologists and teachers, and particularly dealing with the impact of fostering on their own family.

Interview participants in this study cited a number of different qualities and skills that they brought to fostering. Some of these are general personality traits that would be helpful for any parent or carer, and others are particularly suited to foster carers working within a broader system.

Hope, empathy, resilience, flexibility, patience, understanding and the ability to be a team player were the top qualities mentioned by foster carers interviewed for this study. Consistency, calmness, being well organised, nurturing and caring were also important, according to foster carers. Most foster carers, particularly the more experienced carers, were easily able to identify the key qualities listed above. Many of the interview participants spoke explicitly about how they are able to hone these qualities, by seeking support, reflecting on their role as a foster carer and taking opportunities to care for themselves. Hope and the ability to be reflective emerged as particularly critical traits for ensuring longevity in fostering. Most foster carers in this study spoke of being hopeful for positive outcomes for the child in their care and, ultimately, also for themselves. Even when they were describing very difficult situations that they had experienced, there was a sense of looking forward to something better with an optimistic future focus.

Ironside has written about the need for there to be a reflective space in the minds of foster carers in order to assist them to allow for the emotional and psychological needs of children (Ironside 2012). This was also a finding of this study, where those foster carers who had the benefit of this ability to reflect were able to identify some high levels of satisfaction with fostering and were also able to identify positive outcomes for themselves and the children in their care.

Patience was also a key factor for survival in foster care, according to foster carers in this study. This relates to patience to deal with the child’s behaviour but also patience with being part of a system which sometimes is slow to respond, is difficult to influence for change for the child and does not always appear to be focused on the needs of the child.

Some of the findings in this study are reflected in the foster care literature, in terms of helpful qualities of foster carers to assist in mediating a child’s experience in care. For example, Sinclair highlights the following characteristics of foster carers, which were identified by
social workers in a large study of foster care in the UK as being helpful for placement stability:

- seeing things from the child’s viewpoint
- caring, accepting, encouraging the child
- being clear in their expectations
- not being easily upset by the child’s failure to respond (Sinclair 2010, p. 194).

The ability to provide for the child’s emotional and physical needs is a characteristic that is mostly well understood by foster carers in this study. The importance of collaborating with birth families, school teachers, therapists, case work staff and other stakeholders in foster care was acknowledged by many interview participants as something they had not thought about prior to becoming foster carers. The foster carers in this study reported being strongly encouraged by support staff to collaborate with the stakeholders in the child’s life, although, as discussed in previous chapters, some reported that they did so reluctantly or had difficult experiences when they did try to work in partnership.

Some foster carers spoke about the potential for a child’s experience to be adversely affected if the foster carer did not protect them from the negative influences of other parties, such as birth family members. Others understood that it was important to work well with others to ensure that the child’s sense of identity and belonging were addressed, as well as prioritising the child’s sense of inner stability. This stability was understood by foster carers as the child’s showing that they were able to settle at the foster carer’s home and also establish some kind of relationship with family and significant others during contact.

7.10 INTERNAL AND EXTERNAL RESOURCES REQUIRED BY FOSTER CARERS

According to participants in this study, foster carers’ ability to manage their role depends partly on the availability of resources. In this context, I am referring to the internal and external resources required to give the foster carer the tools and the confidence to perform their role. This includes assistance (material and non-material) from support agencies and access to emotional comfort and guidance from those within the foster carers’ own network, as well as time and energy to fulfil the demands of the role.

Foster carers in this study presented with different levels of resourcefulness and different expectations of what resources are required to manage the fostering role. Some, particularly
those with limited personal support networks, relied heavily on the fostering agency and other professional services to provide resources. Other foster families looked internally and used their own networks and family resources.

Foster carers spoke of finding it difficult, sometimes, to receive a tailored support service for their needs, reporting that their support agency would often offer a ‘one size fits all’ service.

The implications of foster carers’ presenting with varying levels of needs and resourcefulness and not feeling that those needs are being met are potentially negative for the ability of the carers to perform their role. Foster carers consistently reported needing support from professional and personal networks to provide the best care possible to the child in their care.

After the responses from foster carers were analysed, the resource or relationship that they valued more than any other was contact with other foster carers. The common theme here among those foster carers who were satisfied and willing to continue fostering was that they felt less isolated when they interacted with other foster carers who provided them with collegial support. Those foster carers who chose a more exclusive type of fostering, not accessing external resources, tended to express less satisfaction and connection with the ‘fostering community’. As a result, they expressed more frustration and a sense of isolation, although outwardly they appeared to be coping with the fostering experience. Connection with others who are performing a similar role appears to be a positive indicator for foster carer satisfaction, according to carers in this study. Carers who are more isolated have a less positive experience of fostering and are not able to access advice and guidance from others who may have been through similar situations to those that the carer is struggling with. The potential impact of not having backup from other carers is the lack of an empathic support person who knows what the carer is going through, and that lack could lead to frustration and bottling up of feelings. Some carers in this study expressed these sentiments and were able to reflect on the benefits of the peer support once they were able to access it.

The final reflection on foster carers’ use of resources to aid their ability to manage fostering is that there appeared to be a lack of understanding from most foster carers in terms of their expectations about what should be the responsibility of the foster family and what should be provided from external agencies. However, most foster carers in the study focused on what the child in their care required and then provided that, regardless of whether the resources put extra strain on the family or not.
7.11 SUMMARY

Foster carers in this study highlighted the diversity of approaches in assisting a child when they were placed, through their early care journey and forward either from the foster carer to their next destination or into long-term care with the same carer. The foster carers in this study were very focused on strategies that were required to be done to, and with, children, and on building the type of relationships that help a child. Foster carers are asked to ‘do’ so many things to assist a child, for example, attend meetings and take children to contact and various appointments. Most of the foster carers in this study demonstrated the ability to incorporate their relationship-building strategies into the daily routine with foster children.

In terms of giving the child a sense of permanence, foster carers spoke about managing the different phases of care and responding appropriately to the child in care depending on their need. Foster carers spoke about giving the child the time and the emotional stability to feel a sense of biographical continuity, to connect with the foster carer and other family members. Carers reported that they sometimes spent time and effort assisting the child to settle, sometimes at the cost of time with their own children and other family members.

In the interviews with foster carers in this study, the complex interactions between children and carers were evident, and many foster carers were calling for more attention to be paid to the behavioural factors that affect their relationships with children. However, much of the focus from the interviews has been on the children’s behaviour, with foster carers also paying attention to the interactive aspect of relationships that contribute to the dynamic between foster carer and foster child. From this study, it appears that the focus of so much work in foster care revolves around the practical issues that are thought to help stabilise the placement, in temporal terms, while the more complex emotional issues that emerge for children take more time to address.

Another conclusion that has arisen from this exploration of relationship between foster carers and children is the difference in the mediating relationship that exists when a foster family commits to a ‘long-term’ or ‘almost permanent’ placement of a child. Foster carers in this study who had made a conscious decision to have a child in their family really demonstrated a parental role and a pledge that the child would be welcomed and cared for as any other child in the family. Those who saw themselves as ‘short-term’ foster carers spoke about a relationship that was certainly mediating for the child (by assisting them to make some sense
of being in care, and by providing comfort for them), but with less emphasis on the integration within the family.

Foster carers in this study had a range of different understandings of the purpose of the relationship that they are building with children, in the sense that they keep children safe and offer them a different childhood experience from that from which they came. Some carers articulated clearly the need to spend time and gain understanding about what will work to stabilise the child emotionally, not just physically.

According to findings from this study, foster carers assist children to feel a sense of permanence by sensitively responding to their needs, including them as part of their family and also supporting and acknowledging where they came from. Foster carers in this study showed deep respect for the foster children’s birth families and the importance of contact with those family members to help the children build their sense of belonging and identity.

The next chapter brings together the findings from this and the previous two chapters to examine where foster carers fit within the care system and how their relationships with children can influence the sense of stability and continuity for children in their care.
CHAPTER EIGHT:
A CONCEPTUAL FRAMEWORK OF RELATIONSHIP-BASED FOSTER CARING

This chapter examines the personal qualities and skills that foster carers bring to their fostering role. This builds on work in previous chapters which discussed what is required of carers to enable them to become effective mediators for foster children.

The main part of the chapter synthesises the themes that have emerged in the previous three chapters, suggesting a framework of relationship-based foster caring. The framework is based on four components of fostering that have emerged from the data analysis:

- Role—how foster carers understand and manage their role. This includes the mandate and purpose of foster carers within the care system, managing self and what foster carers bring to the role.
- Relationship—the heart of the subject, how foster carers view the task of building relationships with children in their care. This includes managing the interface between carers and children and the distinction between those who are more task focused and those who are more relationship focused.
- Understanding of place in the broader system and the capacity to manage the tensions and ambiguities of the role of foster carer.

Chapter Five considered the understanding of foster carers and their ability to manage their fostering role as it relates to their capacity to stimulate a sense of permanence and internal stability for children in their care. The distinctions between those foster carers who see themselves primarily as interim or short-term carers for the children and long-term carers who consider themselves more as fulfilling a parental role was explored. In addition, the ability and motivation of the foster carer to be inclusive of other stakeholders, including birth parents, was a key factor in this examination. Finally, there is consideration of themes which address the role of a foster carer as it relates to meeting the immediate day-to-day needs of a child as well as the need for inner stability, continuity and a sense of belonging for the child.

In Chapters Six and Seven, I explored the understanding that foster carers have of the impact of their relationships with children in their care. Further to this, I look in this chapter at what
is required of foster carers to develop helpful relationships; specifically, what understanding and ability is required to assist children to manage their own relationships and experiences, and, in particular, to stay connected with the past and to achieve and develop a sense of biographical continuity. A central theme of this thesis, developed throughout the previous chapters and expanded on in this chapter, is the mediating impact on a child of placement in foster care.

Emerging from this is an argument that carers’ understanding of, and response to, children’s needs inevitably mediates the experience for the child, positively or negatively. What is included in this chapter is a conceptual framework of the essential criteria—personal, interpersonal and systemic—that enable carers to mediate and moderate the journey of children in care so that trauma is minimised, continuity is maximised, and children can stay connected—with self, and with significant others.

Finally, this chapter suggests a practice-based framework to assist foster carers and practitioners in the field. The framework is designed to give foster carers a sense of their role in mediating the care experience for children and to give them ideas about assisting children to have some sense of stability and permanence.

The next, concluding chapter summarises the lessons learned from this study and makes suggestions for further examination of this subject area.

8.1 **TYPOLOGY OF FOSTER CARING**

After analysing the data and synthesising the themes from this research study, I have developed a continuum of types of foster caring that have emerged. These types are categorised based on the three different components of fostering described in this thesis, context, role and relationship, into a typology. The types are composite representations, based on the data gathered in this study. They do not necessarily represent ‘good, better and best’ but instead characterise three possibilities for types of relationship-based foster caring. The emphasis is not on the person, that is, not descriptive of foster carers, but instead describes a typology of foster caring, that is, what foster carers do.

8.1.1 **Role: ability of foster carers to manage transience and uncertainty**

As stated in Chapter Five, many foster carers in this study said that they had had very little idea of the role of foster carer before commencing fostering themselves. Despite the intensive assessment and training prior to commencing fostering, most foster carers were surprised and
shocked by the intensity of the role, once a child was placed with them. Foster carers described the impact on them when they realised that they had taken on a complex and multifaceted task. Most foster carers in this study spoke about expecting mainly to deal with the behaviour of children, and they anticipated some difficulty in this element of fostering. However, the component of the role which encompasses dealing with multiple professionals, attending meetings, negotiating contact arrangements and keeping comprehensive notes about the interactions with significant stakeholders and the child’s behaviour was overwhelming for many carers. One common theme among most foster carers was that they had come to terms with what they were able to achieve, given the constraints imposed on their role, both external and internal. For example, they acknowledged the need to bear all other stakeholders in mind and the way this impacted on their ability to make decisions for children. The internal issues were around the need to have certain accountability and monitoring of their role, inviting social workers and other support staff into their homes, and the impact that this had on their daily lives and routine.

In this context, ‘managing’ refers to meeting the immediate day-to-day accommodation, educational, health, emotional and cultural needs of the child; in other words, providing what is required to mediate the child’s care experience. Different interventions are required at different phases of the child’s journey in care, as described in Chapters Six and Seven. Foster carers reported needing to be clear about what the child needed at the various stages and the complexity in determining this, which added to the challenges of the fostering role.

The tasks and associated effort that are required from foster carers are multiple and complex, particularly considering remedial needs that a child might have after adverse early life experiences. The foster carers in this study spoke about the need to do what is required for the child to experience continuity and inner stability. Themes that emerged in this area again varied according to many factors, including the foster carer’s level of experience and the length of placement. Foster carers mentioned starting from where the child was at, giving the child space when they first arrive and are settling in, and ensuring that their own biological children are supported and encouraged to interact with the foster child.

There was also commentary on the difference between technical/practical tasks and relationship-building tasks, the latter being less concrete and requiring more emotional stability and energy from the foster carer. The degree of success, the ability for a foster carer to undertake these tasks, relies on the quality of the relationship forged with the child.
The ability to manage the role of foster carer was influenced by a number of factors, according to the data analysed in this study. The preparation for fostering, support of immediate family members and the ‘fit’ or connection with the foster care support staff were three of the key factors, according to foster carers. Another, less measurable, factor was the placement match of the child or children placed with the foster carers. Much depends on the ‘personality’ match between foster carer and child, but, in the current system, where match is often determined by who is available, there is little evidence of adequate matching’s occurring.

In terms of managing their role and providing what children need, the three main themes realised from the data are:

- knowledge base—foster carers’ understanding of trauma and related behaviour; what makes children behave the way they do?
- understanding their place in the system—an awareness of how they as foster carers fit into the broader fostering structure and how they can assist children to make best use of what is available for them
- resources—is fulfilling the demands of the role realistic with the physical and emotional resources available?

8.2 FOSTER CARERS AND THE IMPORTANCE OF RELATIONSHIPS

The heart of fostering, for most foster carers involved in this study and those who are represented in the literature, is the relationships that underlie the work. Much of the interview data and subsequent analysis was concerned with relationships and how they can impact on foster families and children in care. The themes that emerged around the subject of relationship have been outlined in Chapter Six. These included the differences in the ways long and short-term carers conceptualised relationships, and also the importance of biological children of foster carers in building relationships with children in care.

Drawing together the themes makes the core of the mediating relationship that is fundamental to children’s wellbeing and development evident. The understanding of relationships, what is required, what works and what impedes the building of relationships, is where most foster carers who participated in this study came into their own. For most carers, there was a depth of understanding, of commitment and of emotion. There was a sense of journeying with children and with other foster family members to the best of their abilities. Some carers,
However, spoke of the difficulty in building relationships, particularly with children that they did not like. Problems arose when connections were not made or when children were not in a place to accept a relationship with a new foster carer, particularly when they had experienced multiple placement breakdowns. These problems had a significant effect on the foster carers and their families. In some of these cases, placements were terminated because, according to the interviewed carers, the relationship could not be salvaged.

The following three areas are based on the analysis of themes and sum up the interviewed foster carers’ stated views on relationship building and how it impacts on foster carers and children in care:

- a focus on strong relationship building rather than just task, to best mediate the foster care experience for the child in care
- relational understanding of the child and the need for continued focus on identity and membership of birth family
- foster carers’ own self-awareness and self-confidence and ability to work with child’s history and the impact of trauma.

Most foster carers (n=19) demonstrated a strong understanding of the importance of relationships, and many (n=16) spoke of experiences where the strength of relationships that they had built with children had assisted them through crises and very difficult situations with the child. What came through was the complexity in the relationships, particularly given the uncertainty and transience of the foster care system. This focus on relationships has significant implications for this study, as the fundamental connection between foster carers and children appears to be one of the key features of a functional mediating relationship. When a child forms an important bond with a foster carer, that can assist them to navigate their current situation and also provide support for the future, even if they are not living with that family any more.

Foster carers who understood and demonstrated the critical aspects of attachment theory and the emotional scaffolding required for children to heal and develop reported more positive outcomes for their relationship with children and, ultimately, for the child. The understanding usually, but not always, came from a combination of training and development, personal experience and research that the foster carer had personally undertaken.
Foster carers spoke about the emotional toll of building strong relationships with children in care, and the resilience required to maintain those relationships. Some of the key features of those who were successful in building relationships were:

- empathy and compassion
- strong personal support network
- positive and inclusive professional network
- properly equipped, resourced and challenged in their role.

Foster carers reported the most challenging aspect of their relationship work as helping children manage ‘relationships in their head’ and assisting children to stay connected with their past—in other words, encouraging biographical continuity.

### 8.3 TYPOLOGY—SYSTEMIC FACTORS INFLUENCING FOSTER CARERS

There seems to be an assumption by those working with the foster carers that they should, as adults who have been assessed as suitable to care for foster children, be able to cope with the complex task of navigating relationship building with children who have had adverse life experiences. While foster care agencies do usually provide some input into how to ‘manage behaviour’, and there is an increasing focus on the impact of trauma on early brain development, the actual individual work to assist foster carers in their own responses to relationship building is not happening, according to interview participants.

In the first column of Table 4, described as context or the system within which the foster carer operates, I have developed three characteristics within which foster caring is categorised according to data from this study.

<table>
<thead>
<tr>
<th>Table 4: Typology of fostering—systemic factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type 1</strong></td>
</tr>
<tr>
<td><strong>Context</strong></td>
</tr>
<tr>
<td>Understanding of system</td>
</tr>
</tbody>
</table>
Understanding of the system is the first categorisation which, I contend, is a significant characteristic for good fostering. I have already discussed the understanding of the system in previous chapters, and here I separate the level of understanding into three types. The importance of knowing the fostering system and coming to some understanding of it is that, to be an effective advocate and to access the resources required to meet the foster child’s needs, the foster carer must be able to navigate the system. The ability to know the boundaries of one’s role within the system is also part of this understanding.

The next fostering characteristic that came through as important in the analysis of the data is the extent to which the foster carer is a team player. This quality comes in the systems section, because the ‘team’ around the child usually comprises stakeholders from within the fostering system. The extent to which a foster carer works as part of the team seems to make a difference to satisfaction levels for foster carers as well as to outcomes for children. Effective communication, guidance, assisting in difficult times and sharing the successes with those who have a significant stake in the outcomes for the child all rated as significant for foster carers who demonstrated the ability to work within a team context.

Finally, the willingness to work within the system is a characteristic that I have identified as indicating success in fostering. This is not just about foster carers’ acceptance or understanding of the system and its component parts, but about engagement with other stakeholders and readiness to develop and explore the various discourses which exist. This characteristic came through in interview participants, particularly as a ‘solution-focused’ attitude to looking at the challenges that present to foster carers.
8.4 TYPOLOGY—THE FOSTERING ROLE

The characteristics that I have developed under the heading of the role of fostering can be seen in Table 5 below.

**Table 5: Typology of fostering—role related factors**

<table>
<thead>
<tr>
<th>Role</th>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusive versus exclusive</td>
<td>Exclusive—prefers to control all interactions with child, does not proactively include birth family or support staff, does minimum required to include those outside immediate family. Sees child as ‘own’, not needing intervention</td>
<td>Somewhat inclusive—will not go out of way to include others, e.g. birth family, but will do what is required and assist support staff and child outwardly, while privately wanting to guard self and child from external influences</td>
<td>Inclusive—able to understand why including others is critical to building whole story for child. Birth family is included as appropriate, not to detriment of child, but carer demonstrates ability to put contact into context and sees the bigger picture. Focused on needs of child and own family but integrates other stakeholders in an inclusive way</td>
</tr>
<tr>
<td>Understanding of temporary nature</td>
<td>Prefers to think of fostering as forever, does not acknowledge possibility of child leaving</td>
<td>Understands this and dictates terms of placement, depending on own and family’s needs, not child’s</td>
<td>Focused on needs of child—wants what is best for them, whether that is temporary or permanent. Deals with impact on self and own family with minimum impact on care of the child</td>
</tr>
<tr>
<td>Short and long-term</td>
<td>Mostly long-term carers</td>
<td>Short and long-term carers</td>
<td>Short and long-term carers</td>
</tr>
<tr>
<td>Shared responsibility</td>
<td>Takes full responsibility for child, including wanting to control contact arrangements and other interaction with birth family</td>
<td>Tends to only want to share responsibility when convenient for them, ambivalent at other times</td>
<td>Understands the need for support from others and sharing the responsibility of the birth, legal and parenting parents</td>
</tr>
<tr>
<td>Motivation to foster</td>
<td>Increase size of family, provide sibling/companion to own children</td>
<td>Varies—some want to give back to the community, others to have companion to own children</td>
<td>Mostly altruistic—helping children, giving back, some religious motivation</td>
</tr>
<tr>
<td>Parenting or caring</td>
<td>Sees themselves as performing parenting tasks, child is accepted and integrated as their own child</td>
<td>Mostly caring although acknowledge some parenting tasks. Most see themselves as ‘aunt’ or ‘uncle’, interim arrangement</td>
<td>Combination approach—try to integrate the child into their family, treating them same as own children, but recognising the birth family as the primary identity of the child</td>
</tr>
</tbody>
</table>
The first category, inclusive versus exclusive, describes how foster carers include other stakeholders, particularly birth family, in the fostering role. In terms of the potential consequences of either inclusive or exclusive styles of fostering for the foster family and child in care, the key aspect here is the preservation and promotion of the child’s identity. It also concerns accessing all the resources available for the child to have their needs met and being ‘visible’ within the system to ensure accountability and transparency.

Another aspect of role that has emerged as significant in this study is how foster carers understand the temporary nature of the role. This has been a subject of great significance to foster carers in this study. Those who consider themselves ‘long-term’ carers spoke, in particular, about the uncertainty of fostering and how it impacts on them and on the child in their care. However, in reality, the expectation of role as temporary or an interim care arrangement is realistic in most scenarios, and those foster carers who acknowledge this typically were better able to navigate the consequences when the child left their care. Uncertainty and transience underlie almost all aspects of foster care, and those foster carers who can expect change and acknowledge that foster care is a very changeable environment tend to be more satisfied, according to data from this study.

The responsibility for fostering and for the care of the foster child is another aspect of fostering which I have differentiated by type. This relates to Fahlberg’s model of parenting, recognising the birth, parenting and legal parents as the three roles which, when working together, meet the needs of the child (Fahlberg 2012). This section characterises where the foster carers’ role fits in terms of responsibility for the child and working well with others who also hold some responsibility for the child.

Motivation to foster is another determinant of success in fostering which came through strongly in the interview data. When speaking about motivation, costs and benefits of fostering, it was possible to distinguish between a number of different motivations and how they fitted with the types of foster caring. The motivation to foster and to continue to foster may be different, but motivation is also a key determinant of satisfaction and ongoing success in fostering.

The final characteristic covered in this section concerns whether the foster carer takes on more of a parenting or a caring role in the context of fostering. This has been discussed at some length in Chapter Five. This has emerged as a critical aspect of role for foster carers involved in this study and is one of the characteristics about which they expressed strong
feelings. In essence, many foster carers define their own identity strongly in terms of a parenting or caring role, and I have summarised the main issues and categorised the differences in terms of type.

8.5 TYPOLOGY—TASK AND RELATIONSHIP FACTORS IN FOSTERING

The characteristics of this framework that are categorised below in Table 6 describe the task and relationship dimensions of fostering. This is the section which foster carers who participated in this study spoke about most. Relationship, and the ability to understand and build successful relationships in fostering, stand out as the key determinants for effective fostering, according to this study. The sub-categories below separate the various relationship-building tasks and understanding that foster carers demonstrated in this study.

Table 6: Typology of fostering—task and relationship factors

<table>
<thead>
<tr>
<th>Task and Relationship</th>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build relationship to mediate experience</td>
<td>Strongly interested in building individual relationship to 'integrate' child into family. Motivated to relate to child as their own child</td>
<td>If there is a connection then carer will make effort to build relationship. Often will not try too hard if child is difficult to engage or does not obviously 'fit in' to foster family. Often relies on own children to mediate the experience for the foster child</td>
<td>In tune with child, takes the time to build relationship, goes at child's pace, focusing on their needs and also the emotional health of own family members. Able to sit with uncertainty and distress of child</td>
</tr>
<tr>
<td>Preserve identity in relation to birth family</td>
<td>Not interested in preserving identity, wanting child to identify with foster family</td>
<td>Only if it does not disrupt foster family or take too much time and effort. Fostering is not number one priority, but needs to fit in with family routines and plans</td>
<td>Able to balance multiple loyalties, supportive of contact (and what is best for child in contact), able to do what is required for child's identity and needs. Uses all means to keep child in touch with birth family</td>
</tr>
<tr>
<td>Relational understanding of the child</td>
<td>General understanding of child’s relational ability</td>
<td>Some understanding but not as focused on this as could be</td>
<td>Understands and is able to manage relational needs of child. Able to balance own family relationships with foster child and other family members</td>
</tr>
<tr>
<td>Understanding of and ability to work with child’s history and impact of trauma</td>
<td>Limited understanding, seeking normalisation; some minimising of impact</td>
<td>Has some understanding and knowledge but not convinced that the impact is significant, still believes that child should be able to</td>
<td>Sensitive to issues around history and trauma, explores own understanding and strategies to work with</td>
</tr>
<tr>
<td>Type 3</td>
<td>Task focused, practical, applied</td>
<td>Relationship focused</td>
<td>Own self-awareness and self-confidence</td>
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</tr>
<tr>
<td></td>
<td>Very task focused, seeking routine, 'normal' family functioning, not focused on child’s emotional needs as much as needs of family</td>
<td>Relationship is important in order for family routine to work well, not wanting ‘deeper’ engagement with child. Does have focus on good relationship between child and biological children and any other children in the home and network</td>
<td>Limited ability to demonstrate self-awareness, more focused on practical tasks</td>
</tr>
<tr>
<td></td>
<td>Focused on tasks and application, usually very busy and concentrates on ‘doing’</td>
<td>Takes care of day to day as required but relationship and emotional issues take precedence. Will take the time that is required to assist with emotional issues and leave practical things as second</td>
<td>Confident in own parenting and day-to-day care tasks, less aware about impact of relationships on child in care, what being in care means for the child and the impact of carer’s own attitude on child’s integration in the family</td>
</tr>
<tr>
<td></td>
<td>Takes care of day to day as required but relationship and emotional issues take precedence. Will take the time that is required to assist with emotional issues and leave practical things as second</td>
<td>Absolute focus of fostering and other aspects of life is relationship. Understands the importance of time to work on these, for self and others. Is often the fulcrum around which the family and network turns</td>
<td>Generally self-aware, considers impact of self on others (especially children), stable in relationship and in other spheres of life</td>
</tr>
</tbody>
</table>

The relationship components that comprise this framework in Type 3 build a picture of foster caring which is towards the ‘ideal type’ in terms of ability and understanding. The focus of fostering in this type is building and maintenance of successful relationships. It is embodied by a strong sense of self-awareness, an ability to understand and meet the needs of others and an internal stability which promotes resilience in self and others. Accompanying this relational awareness is an ability to understand and work with the issues with which the child presents, particularly those associated with the impact of trauma of abuse and separation that is now well documented for children in foster care.

One of the most critical markers for the development and maintenance of identity for the foster child, according to foster carers in this study, is the ability of the foster carer to build a relationship with the birth family of the child. This relationship could take many forms, from personal, ongoing contact to occasional face-to-face contact, written communication or
interaction through electronic means. Foster carers who sought out and actively maintained these relationships reported good outcomes in terms of identity for children, despite some difficulties that arise as a result of these relationships. Some examples of problems that have occurred for foster carers in this study include conflict with birth family members, boundaries’ not being respected and dealing with children’s disappointment when plans are not followed through by family members.

The focus on task and practical tasks that was reported by many foster carers in this study is creating a situation where relationship building is not prioritised by foster carers or their support agencies. The potential outcome for children if strong relationships are not highlighted is a situation where children’s need for internal stability and continuity is compromised.

8.6 A RELATIONSHIP-BASED FRAMEWORK OF FOSTERING

The fostering types described above have emerged from an analysis of the voices of foster carers in this study, combined with what has been written about in the fostering literature. The types form the basis of a framework that could be employed to improve the knowledge of foster carers and those who support them, that is, case workers, other professionals, mentors and their family and personal network.

Beyond the analysis and theoretical summary, I present the outline of a practical framework for improving the understanding and ability of foster carers engaged in the sometimes difficult and fraught work of caring for other people’s children. This framework takes into account the fundamental need for foster carers and support staff to be mindful of the following factors for the child in their care:

- sense of belonging for the child, bearing in mind their emotional vulnerability
- preservation of identity with birth family, while building attachment relationship with foster family
- sense of permanence in an inherently impermanent and uncertain fostering system
- biographical continuity and stability, particularly when a child has had multiple placement moves
- parenting responsibilities—birth, legal and parenting parent and who is responsible for each.
To describe and articulate this framework, I have developed a matrix which operationalises the four main components of successful relationship-based foster caring that have emerged from this study. I present this matrix by describing the individual components and then bringing the complete framework together.

8.7 **SYSTEMIC APPRECIATION**

**Figure 5  Framework matrix quadrant one—systemic appreciation**

The top left quadrant, ‘Systemic appreciation’, recognises that the foster carer should have knowledge and understanding of the system in which they are operating. As was found in the study, those who have an appreciation of the components and the complexity of the system are better able to navigate through the intricacy to assist children in their care. They know the right way to approach a problem by harnessing the resources that are relevant to that situation. For successful fostering in this domain, the expectations of involvement in the system should be made clear and explicit to the foster carer. Their place in the system should be understood, and the foster carer should have an understanding of which other parts of the system to use for influence and advocacy for themselves and the child in their care. Clear and transparent boundaries are also part of this, as well as an understanding of the policies and procedures that govern fostering.
8.8 UNDERSTAND FOSTERING ROLE

Figure 6  Framework matrix quadrant two—understand fostering role

The top right quadrant, ‘Understand fostering role’, refers to the importance of the foster carer’s knowing where the role begins and ends. This is an individual element which will depend on a number of factors, particularly the type of fostering undertaken. As the role changes, contingent on the different phases in the fostering journey, this quadrant would probably be revisited regularly, to ensure that there is role clarity and that the foster family are all cognisant of their role and responsibilities. In this part of the matrix, the foster carer and other immediate family members need to acknowledge the importance of the birth family and their role in the identity formation of the child. More than lip service should be paid to the inclusion of, and communication with, birth family members who are significant to the child. When the foster carer comes to terms with the interim nature of their role and the uncertainty that brings, they are better able to clearly and honestly represent the care experience to the child in their care. As part of understanding the role, the most relevant training and development should be offered to the foster carer. This means meaningful, engaging experiences for the foster family members, not ‘generic’ training and development
that will allow them to ‘tick a box’ that they are continuing their learning journey as foster carers. Establishing a network of supportive, guiding individuals also comes into this quadrant. Particularly in the early stages of fostering, carers should have sound guidance from optimistic, helpful and solution-focused professionals and colleague carers. This came through strongly in the research and is also evident in the current literature on foster care support.

8.9 IDENTIFY ABILITIES AND SUPPORTS

As foster carers develop, their understanding of ability and what they bring to fostering should be explored and clarified. Fostering challenges foster carers emotionally, and, throughout this study, participants highlighted the need for personal development, exploring their own past and responses to some of the challenges presented by fostering.

In addition to looking within, there should be an external support network in place for the whole fostering family. There should be particular focus on the daughters and sons of foster carers and their critical importance in the fostering role. The network could include personal
and professional support, identifying the role of each significant person and what value they bring to enhancing the fostering experience for the foster carer.

8.10 BUILD RELATIONSHIP WITH CHILD

Figure 8 Framework matrix quadrant four—build relationship with child

From the interview data and the literature reviewed for this study, what is required to mediate the child’s journey in care is an enabling relationship between the foster carer and the child. There are some dimensions of relationship that are critical to mitigating the negative consequences of placement and facilitating the child’s emotional and social wellbeing. Some of the components important for foster carers, in enabling the development of a relationship, identified from this study include:

- carer self-awareness and insight into own previous relationship issues
- carer’s own emotional stability
- carer understanding of the needs of children in their care
- knowledge of resources and information available to assist the carer to understand the needs of the child and ways to help the child
- openness and flexibility with changing situations and ability to compassionately deal with the child’s anxiety and response to their care journey.

The building of relationship is an ongoing process and is very important in giving the child in care what they need. The bottom left quadrant, ‘Build relationship with child’, is perhaps the most obvious, but I think that it deserves special attention.

The beginning of the relationship building requires time and sensitivity on the part of the foster carer and a real commitment to learning about the child and how they would like to be treated and cared for. What stands out here is the opportunity for the foster carer to assist the child to feel a sense of their past and focus them on the present and for the foster carer to instil a sense of optimism for the future.

To build a trusting relationship, the foster carer must approach the child with honesty and openness, presenting themselves as compassionate and understanding and ensuring that the child understands that the foster carer will be available emotionally unconditionally.

The cyclical nature of this framework acknowledges that the fostering journey is not a linear process, where one comes to an understanding of one aspect of fostering and then moves on to the next. Foster carers move through and between the various phases described in this framework throughout their fostering career, visiting and revisiting the different quadrants, depending on their interest and need at the time.
8.11 FACILITATORS AND IMPEDIMENTS OF THE FRAMEWORK

Within the context of this framework, there are certain facilitators and impediments to its successful application. To be an effective mediator, that is, to be able to assist a child to navigate their journey through foster care, the foster carer also has impediments to navigate and facilitating factors that assist them.

In terms of understanding of the system, the main facilitator of this, as demonstrated by foster carers in this study, is accurate, clear and concise information and communication during all stages of the fostering journey. There is much information available, but the impediment for the busy foster carer is the necessary time to absorb the information and the filter to decide what is important and what is less relevant. Another significant facilitator for systemic appreciation is an experienced mentor who has good understanding and can assist the foster carer to navigate the system and to learn ways to stay informed but not be overwhelmed.

Facilitators to foster carers’ understanding of the fostering role, according to foster carers in this study, are:

- training and development
• mentoring from experienced foster carers
• strong relationship with professionals
• culture of openness and transparency within fostering agency.

These were all demonstrated and identified in various ways by the interview participants in this study. The motivation to come to an understanding of the role varied, but the availability of the facilitators, or being part of a helpful fostering culture, was what made the difference for those who demonstrated a good understanding of their role.

Impediments to the understanding of role include:

• inadequate preparation, feedback and communication
• mixed messages from support professionals (social workers, case workers, managers).

Again, motivation from foster carers was a factor here, as was an unsupportive culture which did not adequately prepare or inform foster carers about their role. This includes convincing foster carers to take on a different type of fostering to that they are expecting or prepared for. An example of this is where the foster carers wanted to do long-term fostering but were used as interim, short-term carers instead.

The facilitators for identifying abilities and supports were mainly around the self-awareness and confidence that foster carers have to enable them to know what their strengths and abilities are. The knowledge of, and willingness to use, their own support network was also a factor here. Some foster carers were aware of the support available to them personally and professionally but were reluctant to use the network, mainly reporting that they felt that it would make them look needy or like a failure. Those who used the network well were able to balance their lives and recognise the parts of fostering that were theirs to do and what should be assisted by someone else.

Impediments to identifying abilities and supports (in the lower right quadrant of Figure 10) relate more to the foster carer’s own sense of self-esteem and to their mental health in general. There were foster carers in this study who found it difficult to focus on improving their fostering abilities or accessing external support, for fear of shame or reprisal.

Finally, the facilitators for building the relationship with the child lie mainly in the foster carer’s own personal domain. The time that is required to spend with the child one on one must be made. Foster carers have told me in this study that, for this to happen, a supportive
home environment, with immediate family members or other supportive adult, who can help to facilitate this, is critical. Knowledge and information about the child also assist the foster carer to build the relationship.

One of the greatest impediments to building a successful relationship, according to foster carers in this study, is what I have termed a placement mismatch. This is where it appears that the foster carer and child have difficulty in establishing a helpful relationship because their personalities are so different, and the child’s emotional needs are not able to be met by the foster carer. Foster carers sometimes described this as not being able to form a connection with the child.

**Figure 10  Framework matrix including facilitators and impediments**
8.12 IMPLICATIONS FOR FOSTERING

Having some appreciation of foster carers’ understanding and abilities has the potential to assist support agencies, policymakers and prospective foster carers. More importantly, it should ultimately benefit children in care. The voices of foster carers represented here should assist those who formulate policy and procedures to explore alternative frameworks to enhance the relationship base of fostering.

The responsibilities of foster carers have grown, and the professionalisation of fostering has meant that foster carers need to be better trained and participate more fully in all aspects of the care team around the child. The potential of better trained carers, as indicated by foster carers in this study and an examination of the literature, is that foster carers are better able to deal with the emotional needs of children in their care. The expectation that foster carers will attend meetings and training, write reports and consult with professionals, is a challenge to foster carers to make the most of the time that they have with children. The relationships that they build with children are, according to the findings of this research, fundamental to the child’s sense of belonging and internal stability.

The findings of this study point to a model of relationship-based foster care where the foster carers are:

- recognised for the role that they fulfil
- able to take time to build a strong mutual relationship with the child in their care
- given the assistance and access to resources that they need, depending on their interest and stage in fostering
- supported to properly attend to the emotional and practical needs of children
- provided with flexible and individual learning and development opportunities, including an understanding of the system in which they are fostering.

8.13 FOSTER CARER SELF-AWARENESS

One of the gaps in foster carer training and development in Western Australia is a focus on personal development for foster carers. Many foster carers in this study demonstrated a struggle with self-awareness and insight into their own personal interface with fostering and
the impact that this has on fostering and on the foster carer’s ability to meet the needs of a child in care.

According to foster carers involved in this study, the positive dynamics between foster carers and children in their care are critical to the success of the placement and for the child to feel a sense of belonging in the foster family. These dynamics are influenced by the awareness that the foster carer has about their place in the relationship. From the data gathered in this study, those foster carers who demonstrated a good sense of self-awareness reported stronger capacity to manage relationship building and maintenance with children in their care. In addition, they were better able to balance the complicated dynamics among themselves, their own children and the foster child.
CHAPTER NINE:
CONCLUSION AND RECOMMENDATIONS FOR A RELATIONSHIP-BASED APPROACH TO FOSTERING

When I decided to undertake this research, my primary goal was to be able to provide a framework or model that might explain how foster carers understand and perform their role within a systemic context. My aim in doing this was to enable me to inform those working in the field of fostering about how foster carers perform their role, and to build on the limited knowledge and research in this area. I hoped that this research study would be a vehicle towards better appreciation of the work of foster carers and, ultimately, promote learning and development for foster carers and the staff who support them, to improve practice and outcomes for children.

My research journey has been challenging and enlightening and has confronted my preconceptions and long-held beliefs about fostering and the system within which it is located. As an insider of the broader child welfare system looking at a subject area with which I am intimately acquainted each working day, it has been difficult at times to separate my research priorities from my workplace obligations. Many times, I have come to the realisation that it is not necessary to completely separate them: the benefit of working in the field in which I am researching meant that, as I progressed the research, my findings informed the work I do and vice versa. This has been a blessing and a curse, and it has been impossible to research in a vacuum or to restrict my learning to the writing of this thesis. The research pathway that has paralleled my own work experience has led me to reconceptualise how foster carers are treated in the fostering system and to question how best to include their voices in all aspects of service delivery.

When framing this research and deciding on the specific elements and main interests that I have in fostering and research, and in consultation with my supervisors, I decided to focus on representing the voices of foster carers.
9.1 RESEARCH QUESTIONS

The four questions addressed by this research are:

1. How do foster carers understand their experiences of fostering?
2. How do foster carers conceptualise their work and make sense of how their relationship with the child benefits or impedes the child’s journey in their care?
3. How, if at all, do foster carers see themselves contributing to the child’s sense of belonging and identity in the family?
4. How do foster carers do what they do to help children feel a ‘sense of permanence’?

These questions have been explored in this research through the interaction of three strands or stories: the foster carers’ stories expressed and analysed through in-depth interviews; the themes and sentiments expressed in the literature; and the interaction of my own research and practice story with these two other strands. The hermeneutic process that has framed this research allowed for ideas to transform and build the research descriptions as the study progressed. The process has been iterative, and the early work has built the scaffolding for future ideas and themes and, ultimately, the framework that forms the answers to the research questions.

The conclusions which make up the responses to these research questions are outlined by the three areas of exploration, namely context, role and relationship. By looking at fostering through these lenses, I have been able to develop a greater appreciation of how foster carers see themselves, how they understand their role and how their relationship with children in their care mediates the child’s experience in care.

9.2 FOSTERING FRAMEWORK

The framework proposed in this thesis is one which is looking towards an ideal, but within a realist framework which recognises the tremendous contribution of foster carers and the pressures that are brought to bear on them in addition to the circumstances of their everyday lives.

The proposition that I make is that foster carers and support agencies assist the foster families to work towards the practice that is outlined in this framework. Each component of the framework has a ‘best practice’ outcome, which may be realistic for some carers, and may take longer to achieve for others. For some, the final outcome may not be achievable at all,
but this does not mean that foster carers should not be encouraged to work towards the best outcome.

9.3 KEY MESSAGES

The key messages that have emerged from the data and other evidence from this study are as follows:

- Foster carers have a limited understanding of, and connection to, the key stakeholders who make up the ‘fostering system’; that is, the agencies, policymakers, casework staff, advocates and other significant people who have some influence on the structure and operation of the system.
- Foster carers report a ‘one size fits all’ type of service from support agencies, leading to dissatisfaction with the professional support they receive. Some foster carers reported having too much intervention by professional staff, while others reported not having enough.
- Foster carers expressed the feeling that their role is undervalued by professionals in the field.
- Foster carers define their role differently, with one key classifying factor being how they perceive themselves in terms of the type of fostering that they undertake. This study has shown a difference between the ways ‘long-term’ and ‘short-term’ carers define their roles.
- Long-term carers described a more ‘parenting’ type of relationship with the children in their care, whereas short-term carers saw themselves more as interim ‘carers’ for children.
- Motivation for fostering plays an important part in how foster carers define their role. Those who are more motivated to increase the size of their family by fostering tend to take a more ‘parenting’ type of role with foster children.
- Foster carers were easily able to describe practical strategies that they used to assist children to ‘stabilise’ in their care but were less able to articulate how their relationship with children assisted the child’s journey in care.
- Foster carers play a key role in facilitating a sense of permanence and stability for children in care.
The structural constraints of working within the fostering system were seen as significant factors limiting foster carers’ ability to assist children in the way they would prefer. The reasons for this included the often impermanent and transient nature of fostering and the perception of extended time in decision-making processes and lack of transparency and openness from professionals. However, foster carers highlighted that the rewards of fostering, such as the significance of the connection made with children and the progress made by the child, generally tempered these constraints. Although interview participants described many problems inherent in their roles, they acknowledged that the benefits of fostering far outweigh the costs, whether emotional, tangible or perceived.

It became apparent during the research that the status of carers in the fostering system, despite rhetoric and attempts to use terms like ‘partnership’ and ‘care team’, appears to mirror the position of caregivers throughout our society (Rummery & Fine 2012). Caring roles, paid or unpaid, are not valued in the same way that other work with similar levels of responsibility is valued. Arguably, until there is some shift in our society to better value those who care for children, it is likely that foster carers will remain relatively poorly recognised, listened to and compensated for their role.

This research brings to the foreground the views of foster carers on some of the critical issues confronting the care system today. It provides insights into the often untold stories of some of the pressures of fostering and sheds light on the impact of fostering on foster carers themselves. The significant conclusions in terms of the key concepts explored with foster carers in this thesis are summarised below.

**9.4 SENSE OF BELONGING AND IDENTITY**

The prevailing understanding of foster carers in this research about the way that they assist children to achieve a sense of belonging is that it hinges on the strength of the relationship that is created between the child in care and members of the foster family. In addition, foster carers reported that the relationship between themselves and children’s family members is also fundamental to the child’s ability to develop a positive sense of belonging. Foster carers believe that the relationships between themselves and children do not necessarily develop naturally, that they have to be worked at, and that there are certain ‘blocks’ in the way which may prevent the development of this relationship. One of the problems they associated with assisting a child to stay connected with their family and to maintain and build their sense of belonging and identity is the artificial boundaries to such contacts which, they perceived were
often put in place by professionals. Foster carers reported often feeling frustrated by not being allowed to build relationships with children’s family members because of some perception of risk, which, in not being articulated, was seen by these foster carers as simply an expression of control by professionals.

9.4.1 Permanence and stability

Foster carers in this study overwhelmingly spoke of an impermanent and unstable system within which their fostering role was located. However, there was a generally well-established level of understanding and an ability to articulate the importance of the sense of permanence that a foster carer can engender for a child. Foster carers spoke of the significance to them of allowing the child to feel wanted and accepted and to form an attachment to them as significant primary caregivers for the child, whether it is for a short period of time or for a long term.

The belonging and identity needs of children in care came through as clear concerns for foster carers. The relationship between the foster carers’ ability and interest in promoting the child’s sense of identity and their sense of permanence and stability was evident. Clear links were made between the foster carer facilitating relationships with family in a sensitive way for children and their observations about how this facilitated the child’s positive relationship with the foster carer.

It is apparent from this research that foster carers’ ability to promote a sense of permanence with and for children relies on their understanding of their place in the life of the child and within the broader system. A clear understanding of the depth of the role was associated with an articulated capacity to contextualise the child’s anxiety and grief about their situation and to assist the child to feel comfortable to express themselves within the safety and security of the carer’s home.

The importance of conceptualising permanence and stability in more than temporal terms has also emerged from this research. Unarguably, the length of time that a child has been with a carer represents only one element in measuring the stability of the placement. Stability also refers to the child recognising her/his place within the foster family, feeling a sense of steadiness about being accepted within their new family, and being able to ‘settle’. Foster carers in this study were able to articulate their part in creating this sense of permanence with children and were able to demonstrate, with examples, how they had managed the complexity
of assisting the child to balance the multiple loyalties that exist within the foster family and their birth family.

Foster carers spoke about their experience of their role in establishing a sense of stability and permanence as this related to their relationships with professional support people whose job it is to sustain them and provide for their support needs in fostering. What foster carers valued in navigating these intricacies was the backing of professional staff who recognised their needs and assisted with emotional and practical assistance where required.

9.5 THE NEEDS OF FOSTER CARERS

A key learning from this study, and one that affirms previous research, is that foster carers are aware that creating an environment which nurtures and settles the child should be their key goal. This requires that professional support staff accept a responsibility to provide the care team around the foster carers, to ensure that foster carers are best equipped to concentrate on their main task of providing care for children. In addition, what is clear is that carers understand the importance of ensuring that they have the space to build meaningful relationships with children and with support staff. Foster carers in this study spoke of often lamenting the lack of time that they felt they could devote to each individual foster child when the tasks of managing the often complex emotional and physical care, educational and therapeutic needs of the child were so great.

Foster carers’ own personal development, which enabled time for them to connect with and build relationships with their own children and family members also emerged from this research as a critical element in successful fostering. Foster carers spoke about their ability to access support for their own personal issues and to spend the time and energy to ensure that their own children and partners were having their needs met.

9.6 IMPLICATIONS FOR FOSTERING

The implication for foster carers, social workers, managers and policymakers is the clear need for education, reassurance and encouragement from experienced foster carers and from support staff, to assist foster carers to focus on what is required to build a strong and helpful relationship with the foster child.

The sentiments from carers were that they want to feel included, part of the care team around the child, and that their point of view is valued and has some influence. Foster carers spoke of feeling marginalised and under-utilised and said that, because of their status as ‘only the
caregiver’, their skills and knowledge are not taken into account in decision making for children. Foster carers in this study spoke about feeling that the support offered to them was not tailored to meet their needs. These observations are salutary and point to the requirement that foster care agencies ensure that they appreciate each foster family as an individual, unique entity that requires a unique service and an individual response.

Foster carers in this research asked for more time face to face with professional staff when they want it, and also more time to spend building relationships with children in their care. They saw the relational tasks they undertake as fundamental to assisting children and young people to have a sense of belonging, a sense of identity and a sense of permanence within a fraught and impermanent system. As foster care becomes increasingly professionalised, and as social workers and other support staff experience increasing accountability and administrative responsibilities, there is a risk of decreasing available time for relationship building at all levels of fostering and, it is clear from this research that this will compromise already stressed carer/professional relationships and the care of children.

9.7 RECOMMENDATIONS FOR FURTHER RESEARCH

This research does have the limitation of involving a relatively small sample and being limited in its geographical reach. All foster carers interviewed are from Perth in Western Australia. However, what has been achieved in this study is an in-depth exploration of what these foster carers understand that they do and how they view themselves, the system and the children in their care. To gain a broader perspective of what works in foster care and how foster carers can be more included in the fostering system, this study could be expanded in size, reaching more carers. In addition, a comparative study, representing the voices of foster carers in different countries, to allow international learning and a contrast of foster carers’ experiences, would add to the ability to formulate a ‘best practice’ type of framework or model.

To gain a more complete picture of corporate parenting, more insight into the experiences of different stakeholders in the foster care system would complete the picture and perhaps build a case for systems change if it is required.

The voices of foster carers should be represented in research to ensure that a full picture of fostering emerges and to take into account a critical relationship that can mediate the care
experience for a child. If we do not hear the voices of foster carers, how can we develop the fostering system to improve the outcomes for children in care?
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APPENDICES
APPENDIX B

Reflections on learning from revisiting foster carer interviews 5 September 2012

My place as an outsider has been challenged after revisiting the interviews. For example, listening to the views/experiences of foster carers whom I have interactions with in my work currently and then reflecting on where they were then and where they are now. Two carers in particular have had difficult experiences, and I have played some role in helping them or just knowing the difficult space that they were/are in now. When listening to the interviews again, I think that I would like to talk to the carers about the interviews, about their views then and now, to help my work with them or to pass on this information to staff to assist in their support of the carer. Sometimes it is frustrating that I can’t pass on certain information that I would like to. I need to explore how powerful the insider/outsider situation is and the impact that it has on the researcher. I know that there are costs and benefits to being an outsider researching closely in my field of work, but my current experience is that the benefits outweigh the costs.

Stories of the relationships between foster carers and children. The relationship is the key element in shaping the journey for children in care. Foster carers are saying that their experiences of building the relationships with children have made the difference when things are tough in the placement. Sometimes the relationship is so hard to build when the child has significant attachment difficulties and they are just not able to accept the loving, well intentioned care that is provided. In some of these cases, what has been missing has been the therapeutic understanding of the carers to be able to effect change for children.

Including children as part of the family is a strong theme that is emerging—how to walk the fine line between helping children to settle into the foster family and maintaining their identity of their own family. Foster carers are reporting that sometimes they try to include children as part of their own family but that this is not always possible due to the divided loyalties of the foster child and also the difficult behaviour that requires specific management in a different way from their own children.

Reflections on the child’s trauma and on how difficult it is to care for them. Do we recognise and do we prepare carers enough? Helplessness when the foster carer is not able to deal with a particular behaviour. Foster carers don’t understand some of the behaviour that they see and experience and feel like they don’t know how to help a child when they exhibit difficult or unusual behaviour.
Preparation for fostering and support of agency staff. Many foster carers reported that they felt under prepared for fostering and didn’t have the training or information to equip them for the role. Also the demands of the role and the multiple accountabilities: for example to the child, to their family and extended families, to the agency, to DCP. The costs of giving so much emotionally and the social isolation are big factors. Is it actually possible to prepare someone for this task? What could be done differently or better?

The Department for Child Protection: most carers spoke about difficulties with the Department. Examples of difficulties included poor decision making, staff turnover, ‘systems abuse’.

What do these reflections mean in relation to the research questions—not what they mean in their own right, but making the links with other factors.

**From supervision 05/09**

- Carer making a true commitment with the child
- Carer fighting with the child to help the child to experience stability
- 3 domains
- Here and now: what’s going on between carer and child and how it is impacted how each perceives the other and what each symbolises for each other
- Way back when: here and now is informed by history—carers’ determination to look after the child will say something about carers history—what she brings and symbolises
- What is going on outside of the here and now: nexus of other stakeholders and decision makers leaving care less powerful
- Here and now is transient- obstacles to be overcome: people see themselves as movers even though others say no
- What is ahead of us: not knowing or grief associated with this
- Past, present and future domains are significant: Hawkins and Showey
- Stories of relationship are important, not just about the carers. Tease out some of these factors. Themes are pulled out with stories of relationship typified by domains of difficulty or ways that the domain is a key impact in shaping the journey
- Relationship: mediating/ therapeutic for past issues but also for child’s future sense of self.
Carers unprepared: cognitively, realising complexity of their place in the system and their powerlessness. Some of this can only be known through doing.

Domains of knowing, doing and being: Michelle Lefevre—Direct Care with Children

How can you experience being unless you ‘be’ in the role?

Identity transitions: process of becoming a foster carer is a transition that nobody can prepare you for.

Chapter: the past and the future in the present

Importance of reflecting on the care journey and the trauma children experience and how hard some of them are to care for—the enormity of the task

Do we even recognise sufficiently the trauma that children suffer—can carers be better prepared and assisted to deal with this.

Tragedy: the drama of caring—a metaphor, the unfolding act in the life of the child. Where does that fit in the life journey?
APPENDIX C

Interview prompts to use in foster carer interviews

The research process involves in-depth conversations with carers in order to ascertain their sense of their role, and the quality of interactions with children in their care required to develop a sense of internal security and resilience in the inevitably adverse circumstance of placement in out-of-home care.

Initially, interviews will be loosely structured around the themes listed below. Given the hermeneutic framework within which the study is embedded, early conversations will inform subsequent dialogues, and emerging themes will be introduced for consideration. This process will be fully articulated in the methodology chapter.

Background data

- Demographic details
- Length of time as a carer
- Number of children in care with brief details about reasons for placement, length of stay (all anonymised)

Themes for discussion

- Understanding of role – what caring is about; where they fit within a broader system of state/corporate parenting
- Qualities they bring to the role
- Understanding of what being placed means for children and young people
- Understanding of the terms permanence, stability, resilience
- Nature of relationships required for children to feel secure
- How they go about developing a positive/secure environment – what facilitates this process; what might impede the process
- Costs and benefits to them of undertaking this role.
Information Sheet for potential research participants

Study into permanence and stability in foster care - Stephan Lund PhD Candidate

UWA Human Research Ethics Consent Project No RA/4/1/2221

Dear Foster Carer,

I would like to introduce to you Stephan Lund, who I am supervising as a PhD Candidate in the Discipline of Social Work and Social Policy at the University of Western Australia. This information sheet is produced to answer some basic questions about the research that he is conducting and to outline your rights as a research participant. Please note that participation in this study is entirely voluntary. If you have any further questions, please feel free to contact me. My contact details appear above.

What is the research about?

Stephan is conducting research in the area of permanence and stability in foster care, and on what foster carers do to make children and young people feel safe and secure. Stephan hopes to find out what foster carers do that gives children and young people a sense of permanence. He hopes that this information will help other foster carers and case workers to help children and young people in foster care.

How have participants been recruited for this research?

To recruit foster carers to be involved in this research, Stephan has approached managers in foster care agencies in Western Australia who will approach foster carers directly via letter.

How will the research be conducted?

Stephan will be interviewing foster carers who would like to be involved in the research. These interviews will take place in your home or in another place which is convenient to you.
These interviews will be recorded and Stephan will then transcribe the recordings. He will then send you the written transcript which you can edit as you wish for accuracy and for what you would like to have included in the research. It may be necessary for another interview to be conducted at a later date.

What information will be included in the published research?

When analysing the content of the interviews, Stephan will be looking for common themes throughout the research. He may include direct quotes from research participants or paraphrased statements. At no time will these statements be identified. At the completion of the research, the interview transcripts will be kept securely for a period of seven years and then destroyed.

What will be done with the information gathered?

The information gathered in interviews will only be viewed by Stephan. Whilst in use, all material will be stored in a secure location in my personal research setting. Tapes will subsequently be stored in a locked cupboard in the Discipline of Social Work and Social Policy.

What could go wrong?

If any part of this research process causes you discomfort or distress, we will do whatever possible to assist you to access support and guidance. This could be by suggesting resources that you might access or people that you could talk to. If necessary and with your consent the researcher can speak on your behalf to someone in your agency who could assist you.

Informed consent

By signing the enclosed form, you are giving consent for Stephan to contact you to make an appointment for an interview. At any stage you may withdraw your consent verbally or in writing. You don’t have to give any justification or reason for this decision, and you will not be prejudiced in any way for doing this. In this case, any record of your participation in this research will be destroyed unless you agree otherwise.

Confidentiality

Your name or other identifying details will not be used at any stage in this research and it will not be published in the final thesis or in any other published work relating to this research.

Please feel free to contact me if you would like to discuss anything pertaining to this research now or at any time during the research process.

Yours sincerely

Dr Brenda Clare

8 August, 2009
APPENDIX E
Informed Consent Form

Study into permanence and stability in foster care

Stephan Lund PhD Candidate

I, ........................................ have read the information sheet provided by Dr Brenda Clare. I understand that I may change my mind and withdraw from the project at any time. I understand that my identity (myself, my partner, my family) will not be revealed.

1. I agree to take part in this study.
   Yes/No

2. I understand that Stephan Lund wishes to interview me as part of this study and I agree to be interviewed in my own home or another mutually agreed venue.
   Yes/No

I can be contacted to set up the interview by telephone on .................................or by email at..............................................

3. I am interested in receiving a copy of papers arising out of this study.
   Yes/No

Please email these to me at .................................................................

Name.................................................................

Signature.............................................................Date..................
APPENDIX F
Informed Consent Form: audio recording

Study into permanence and stability in foster care

Stephan Lund PhD Candidate

I agree to the non-identified taped audio recordings of my interview to be used by Stephan to illustrate themes in the research in the following ways:

- Conference presentations;
- As part of presentations to interested agency staff and foster carers who are participating in the study;
- To be presented as part of the finished thesis to examiners;
- Any other purpose within the scope of the ethics approval for this study.

Yes/No

Name………………………………………………………………………

Signature………………………………………………………………….Date………………
APPENDIX G
Ethics approval letter

Our Ref. RA/4/1/2221

25 March 2009

Dr B Clare
Social Work and Social Policy - M256
UWA

HUMAN RESEARCH ETHICS COMMITTEE

Project: Permanence and stability in out-of-home care placement-relationship journeys that contribute to a child's wellbeing

Student: Stephan Lund - PhD - 18606231

Please be advised that ethical approval of the above project has been granted by the Human Research Ethics Committee.

The Committee is bound by NHMRC Guidelines to monitor the progress of all approved projects until completion to ensure that they continue to conform to approved ethical standards.

The committee requires that all Chief Investigators report immediately anything that might affect or impact upon ethical approval of the project, including adverse events affecting subjects.

Approval should be sought in writing in advance for any amendments to the original application. You are also required as a condition of this approval to inform the Committee if for any reason the research project is discontinued before the expected date of completion.

A report form for completion will be sent to you twelve months from this date or one month after your indicated completion date.

Please note that approval has been granted for a period of four years. Initial approval is for a period of one year, and, thereafter for future periods of one year at a time.
subject to the receipt of satisfactory annual reports. At the end of the four-year period you will be required to complete a new "Application to Undertake Research Involving Human Subjects" should you wish to continue with your research.

However, in special circumstances, the Chair has the authority to extend the approval period in order to complete a project. **Failure to submit a final report may result in delays for future applications.**

Please quote Project No RA/4/1/2221 all correspondence associated with this study.

Yours sincerely

KATE KIRK
Executive Officer
(Human Research Ethics Committee)

cc: Dr Sato Juniper
APPENDIX H
Coding—NVivo Nodes

NVivo Free Nodes

Shift from foster parent to foster carer
Cultural perspectives of fostering
Sense of justice
Prevention work
Indiscriminate socialising
Key relationships
Foster care not good for children
Foster carer's sense of security
Demonisation of foster carers
Ideological perspectives of fostering
Positive progress
Others' perceptions of fostering
Placement breakdown
Consistency
Placement mismatch
Matching for placement
Inconsistency
Own perception of fostering
Short term and long term fostering
Cultural factors
Instability of system
Foster carer's responsibilities
False resilience
Anger
Flexibility of children
Safe caring
Foster carer qualities
Different behaviour management
requirements
Identity
Sense of permanence
Fear-anxiety
Children need care and love
Systems failure
Drift in foster care
Divided loyalty- foster carers
Complexity of system
Permanence
Insecurity of placement
Fostering vs parenting
Resilience
Attachment
Survival
Stability
Carers as mediators

Dynamics in relationships
Child's journey
Adapting to new household
Rules and boundaries
Complexity of relationship
Behaviour management

NVivo Tree Nodes

Relationships
With case worker
With foster carer

Birth parents
Romantising birth family
Cultural links
Extended family support
Contact
Inclusion of
Influence of
Relationship with

State's role
Underutilisation of foster carers
Keeping children informed
Commitment of staff and carers
Permanency planning
Consult carers more
More services for chn
Continuity of support
System biased to parents
Guardianship orders
Lack of psych services
More foster carers needed
More carer training
DCP not trusted
No permanence
DCP lack of communication
Responsibility
System works well
Abusive system
Child's voice
Valuing foster carers
DCP lack of resources-overworked
Poor practice
Stop drift
Foster family
Outings - holidays
Costs and benefits
Learning
Companion for own child
Personal freedom
Recognition by others
Own children's awareness
Time
Couple time
Energy
More love to give
Challenge
Positive interactions with children
Intangible rewards
Being part of something bigger
Stress
Sense of satisfaction
Impact on own children
Seeing progress
Making a difference
Financial

Family unity
Younger children easier
Religious motivation and support
Biological children - influence of
Negative influence of
Positive influence of
Positive influence on
Negative influence on

Role model for children
Single carer
Challenges

Mutual support
Respect for space
Advocate
Flexibility
Matching with
Role
Opportunities
Community involvement
Consistency between foster carers
Complicated arrangements
Connection
Photos and special things

Respite
Treat all children equally
Fostering demanding-difficult
Normalise fostering role
Don't rush
Learn about background
Extended foster family
Ability to help
Learning as you go
Support agency
Difficult behaviour
Support of
Integration
Responsive to needs
Inclusion
Impact on carer

What works with children
Valuing possessions
Survivor not victim
Education support
Encouraging empathy
Remembering what child likes
Physical contact-affection
Common interests
New experiences
Choose your battles
Positive reinforcement
Activities children enjoy
Counter intuitive parenting
Reflection with child
Allowing to express emotions
Honesty
Connecting with child
Settling into the home
Individual responses

Safety
Sense of agency
Security
Love
Routine
Health and wellbeing
Caring
Trust
Boundaries
Belonging
Child's understanding of care
APPENDIX I

NVivo Tree nodes compared by number of items coded
APPENDIX J

NVivo Free nodes compared by number of items coded
APPENDIX K

Interview transcripts and coding: relationship building

Coding of interview transcripts

Theme: relationship building—highlighted yellow

**Participant 12**

He is not a hard boy to make happy. You say thank you to him and give him a hug and he lightens up. So I found a little bit that making the effort of giving him a hug is saying ‘thank you’ when he brought me the flowers. I mean getting to know this person and it is like having a permanent visitor and you can’t afford to be on your best behaviour, but he struggles with conversations with me, with everybody in fact, that’s been a bit of a battle. We don’t actually sit and have conversations. He will tell me things, and that’s been tricky, because he is struggling with that because he sees that [bio child] will come in and he will have stories that have a beginning, a middle and an end, whereas [child].... And I said today, ‘[child]’, he said ‘sorry’, ‘take a break, take a break and come back and we’ll talk”. But he really struggles with this, and I can see that he is really trying. We have made a connection, we definitely have and I think it’s just unfolded over a period of time. I sat down and talked to him and I said ‘are you starting to realise the things that upset me and the things that make me unhappy?’ and he said ‘yes’, and I said ‘you can see that it’s not just you though, can’t you, that I have this relationship’. So for me it was about explaining to him why I was feeling the way I was, what makes me happy, what makes me sad, what makes me angry, and why I yell, but also letting him know not to take it personally, because as time would go by he would see that I have my moments with everybody, good and bad, and that’s what families are about, but it is about getting over it as well.

**Participant 5**

Sometimes it takes quite a deal working around that, but you have to be consistent, favouritism doesn’t, cannot come into it, and then you have to be very careful that you don’t— we all make mistakes, but when you do make mistakes— you own up to it. You come out straight up front and say ‘listen, I’ve made a great error of judgement here, I was wrong’. See that you are being seen as fallible as well, that you do make mistakes, but that you can say ‘ look I’ve made a mistake’, so there is that sense of justice, and they have to have that sense of justice, and they have to feel that justice has been done too, but the stability in that you don’t change things, just allow them calm, explaining to them big events, like moving to the house here, it was weeks of this is what’s going to happen, then you do gradual, you change, you take them to the new school, you introduce them to the new school, you make sure they have new friends, you make sure that the teachers are doing the right thing, you always have to be there, you always have got to be seen that you are behind them, so when they turn around you are there. Empty gestures don’t work, they see through that, so being consistent in what you do, always consistent.
APPENDIX L

Interview transcripts and coding: sense of permanence

Coding of interview transcripts

Theme: sense of permanence–highlighted yellow

**Participant 20**

So I reckon from those two experiences and from the girl that I’d mentored or my little sister it’s two years, that it takes two years for a system to – mine and theirs to actually just beginning to emerge, and then after that the third year is you see some little glimpses of ‘that is pretty okay’, you know, a normal thing happens, you know, they might go and do something, or you might just generally burst into laughter, because the knitting is happening. And I reckon then after about four years, then you have got a unit, with external, because you’ve got the Department, you’ve got agencies, you’ve got their family, initial family systems, busting that occasionally, which is fine, because that’s life, so I reckon then now it has been seven years, now there is more of those times than the bubbles.

**Participant 22**

I guess it starts when they accepting you and they’re sort of involving you in their lives and … knowing that they’re not staying is very unsettling for some and you know having that I wanna stay with you and it’s hard for kids to give themselves because they know they’re not going to stay so and you don’t want to lie about that so you always wanna be open about that and that’s the tricky part about the short-term care I guess and the long term that’s always been the case cause he’s always been stable I guess when he came he wasn’t and he didn’t laugh much and he didn’t he was very serious and slowly you know you work with the child and then he’s developed and then he sort of became more happy and more himself and more free I guess

**Participant 12**

I think he genuinely there is a fondness there and it is little things that have changed for me when he used to write cards or do drawings it was to and from [child]. When he did them for his family or his mum there were hugs and kisses and love and all that, now I am getting the hugs and kisses too. There is a difference obviously, you know it has taken awhile, but he also knows when I am angry, I can shoot a look, and the difference is before he would just withdraw, he is now doing things like opening doors for me or bringing me a flower, because I say to him ‘you know you are not my favourite person right now, don’t you’
Coding of interview transcripts

Theme: impact on biological children – highlighted yellow

**Participant 15**

Yes we had considered we had a 3 year old autistic boy severely autistic come in and we just loved him he was absolutely wonderful and we were looking at keeping him long term and it started things in motion but then one morning the kids slept in and it sort of got me to thinking and I thought this isn’t my kids they don’t sleep in and I gave them the day off school and we had a bit of a talk and they said oh mum we love [child] he’s so good but we can’t sleep at night because he’s awake all night and I was thinking okay can we put him somewhere else in the house, how can we work this but there really wasn’t another way around it and I had to say no he’s gonna have to go because it’s affecting them and what I can do for them.

**Participant 15**

…kids that are coming in for a placement they tend like my kids might just be sitting watching TV and because you know my kids aren’t out doing something outrageous or in their faces their kids are then searching them out going what’s he doing and what’s she doing there you know they have in most instances approached my kids first they see them sitting there doing that homework or whatever and they have come in showing an interest in my children to see what’s going on what are you doing here and they’ve been a huge part in the fostering.

**Participant 2**

…the only thing that he’s really resented is damage to his stuff and [bio daughter] to the same degree but it has worried him more when his things have been damaged or touched and both of them a little bit have found it at times quite difficult with the demands the kids wanting them to interact with them when they’re here. [bio son] feels a sense of guilt about that [bio daughter] can just say I’m busy.
Coding of interview transcripts

Theme: internal stability– highlighted yellow

Participant 9

So I sense my role to be able to be present with the child on whatever level they’re at and to connect with them there and even to sit with them at that level of stress and just walk them through to um expanding and feeling safer to explore the world around them a little bit more, but if they wanted to be closed and shut down then I will just sit with them and being with them in that state.

Participant 9

But he has just come such a long way in terms of who he is, his self worth and other ways of being in a family and how other families can be which you perhaps haven’t seen, other healthy ways of being you know, so he’s got some really good ground rules in practice and even now and then when he would do some real dorky things, he’d sort of look up at me and go, ‘Is that right [carer]?’ Like we developed this trust where we could check in with me of what is the acceptable code of behaviour because he just didn’t have it, he didn’t know how to be a friend, he didn’t know how to be cool, he didn’t know the rules of friendship.

Participant 23

…it see it in their behaviour and in how they interact with us as a family. When I think about how unsettled they were when they came, and how they just seem so much more settled now. I don’t know how to put it, it’s like something just clicked and they feel like they are part of this family.

Participant 12

For me it’s about something that is hard to name. There seems to be a time when children just accept us as their family, and change their behaviour. They seem happier in themselves and although they can still have difficult behaviour, it’s something about how settled and stable they seem. It’s great to get to that stage, where [child] seems to accept us as their family and they continue to love and cherish their own birth family too.
APPENDIX O

Interview transcripts and coding: short and long term fostering

Coding of interview transcripts

Theme: short and long-term fostering – highlighted yellow

Participant 22

I have to say I mean it’s probably a little bit coloured now– because I haven’t fostered for a while the short-term thing and I always really enjoyed it because you know you get this challenge and you get this puzzle and after a few weeks you’ve sort of been able to work with it and help a child and it’s just really rewarding to do that and then I guess long term is really rewarding because you get to give a child a future you know which you don’t feel with short time cause it’s not about the future so much as the present so but that’s enough in itself you know you can’t change the whole world and even do a little bit is good

Participant 9

It’s very different on a short term and a long-term stay. If you know that the child’s a short term placement then the rules, your house rules aren’t imposed in the same way there’s a lot more sort of going with the flow and following their lead, so short-term placement, there would be more fun in it, yeah you’d, if the child was ready for fun, that fun is often a step down the track to after they felt safe and comfortable and yeah, it’s so different, and some children need a sense of having some sort of control so even having a little drawer or a place where they can put their own things or making a little picture or putting their name on something, giving them some connection of ownership and belonging.

Participant 7

…in short-term care there’s not a lot I’m going to be able to do for them in helping them to change their behaviours that type of thing but for me particularly with the short term my primary thing is for them to feel safe and welcomed and then everything else is sort of a flow on from there.

Participant 17

So as far as feeling permanency goes I mean [child] couldn’t be any more permanent if we all tried ‘cause I mean basically we regard him as ours and right or wrong, but at the same time, I think actually in a way it’s been one of the greatest parenting things to learn because most parents when they have kids of their own, they all think that their kids belong to them, don’t they, no, and they think they have hard times letting go of them whereas for us because of [child] being a foster child you’re always kind of reminded of it
you know it's stopped you ever thinking he's really mine cause he's not and, and they make sure that you know.