

Growing up in a Family that Fosters: A Qualitative Study

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Dedicated lovingly to my dad, the proudest dad in heaven with the biggest smile and the kindest heart.

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With eternal love and gratitude, Julie x

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Abstract

Growing Up in a Family that Fosters: A Qualitative Study

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Introduction: This study aims to examine fostering through the eyes of children whose parents provide foster care. The very nature of fostering requires these children to share their family and their home, yet the impact of this change has seldom been considered from the birth child's perspective. This research aims to identify the changes that occur within the family as a result of fostering and to consider the impact of these changes in relation to the adjustment, psychological well-being and development of the foster parents' own children.

Method: A qualitative approach was adopted whereby the process of data collection and analysis was informed by the principles of grounded theory (Glaser & Strauss, 1967). Nine interviews were conducted with participants aged between 12-17 years old. Interviews were recorded and transcribed so that the narratives could be coded and analysed. A provisional framework that was grounded in the data was developed to explain the findings.

Results: Perceived changes identified by the participants were conceptualised by the core theme of 'loss'. Findings suggest that these changes facilitate greater emotional and practical responsibility in the birth child, which in turn was

associated with accelerated maturity and a positive sense of self. External factors that reinforce and maintain self worth were also identified.

Discussion: These results were discussed in the context of relevant literature and the implications of the findings were considered in relation to future research. Methodological limitations were also examined.

Conclusion: Negative feelings associated with fostering appear to be reduced by the positive feelings associated with helping others. Although the birth children of foster carers appear to find it difficult to adjust, the findings suggest that the changes experienced have a positive influence on their psychological well being once they have adapted. Further research is needed to substantiate these findings.

At the end of the day the foster kid is still coming into like your life, not just your mum and dad's life. It's not just their life they're coming into, they're invading your house too (17 year old daughter of foster carer).

1 Introduction

1.1. *Aim of Study*

The aim of this study is to provide a unique insight into the world of fostering through the narratives of young people whose parents have chosen to foster. Most research in this area has focused predominantly on the foster child and the factors that enhance or reduce placement stability. Interestingly, the impact of fostering on the wider foster family has seldom been considered. This is somewhat surprising given that one of the known risk factors associated with placement disruption is the presence of foster carers' own children (Bebbington & Miles, 1990).

The objective of this study is to examine the impact of fostering on the biological children of foster carers within a qualitative framework. To inform this research process, a detailed on-line literature search was performed via the NHS Scotland e-library using the PsycINFO (1967-2006), Ovid MEDLINE R (1966-2006) and Social Work Abstracts (1977-2006) database. The following key words were used to facilitate the search process: foster care, foster parents/carers, foster families, fostering, biological/birth/natural/foster children. The introduction that follows is intended to provide an overview of foster care provision and relevant research findings as informed by the literature review.

1.2 Fostering

According to recent figures, over 12,000 children were being looked-after by their local authority in Scotland on 31st March 2005, an increase of 4% from 2004 (Scottish Executive, 2005). Approximately 3,500 of these children were living with foster families.

The reasons for children being taken into care are various. Typically, however, a child/young person is received into care if their developmental needs or their health/safety is thought to be compromised by their remaining at home. Alternatively, some children enter the care system because of parental bereavement, illness/disability or imprisonment. Most commonly, children are placed in foster care with parental agreement, although some children are taken into care without parental consent, under a care order.

The nature of foster care provision has changed in recent years (Minty, 1999). Previously, long-term foster care was the dominant model, but the emphasis today is very much on short-term care. This reflects the popular view that the child is 'best-off' with their biological parents. However, the emphasis on short-term provision appears to have resulted in 'oscillation', in which children are repeatedly moved in and out of the care system.

There has also been a shift towards 'specialist' and 'respite' foster care provision. Specialist foster carers are typically paid higher rates to care for children who are

seen as more challenging. Respite refers to the provision of short term care that is designed to give parents a break from caring for children with highly complex needs or disabilities.

In permanent foster care there is an expectation that carers will become foster 'parents', providing better parenting than the children received in their own homes. There is also an expectation of remediation, in that the child will show educational, developmental, behavioural and emotional improvements. This is illustrated by Minty (1999), who notes that children in long term foster care show some educational progress and improvement in their IQ scores.

A further distinction can also be made between kinship fostering and regular fostering. The former refers to the placement of a child with a member of their extended family, such as a grandparent. The latter refers to a child being placed in the care of foster parents who are not biologically related. In this type of provision, direct contact with the child's natural family is usually maintained. The amount of contact between children in care and their birth families is steadily increasing. Current legislation promotes contact but also stipulates that risk for the child should be carefully assessed to inform whether or not contact should be supervised. Foster parents typically liaise with social workers to facilitate contact, which often takes place in the foster carers' own home.

Typically, social workers seek to match children to foster families against certain criteria such as age, ethnicity and geographical location. However, the distinct

shortage of foster carers in the UK reduces the possibility of 'matching' between the foster child and the foster family. In Scotland alone, there is an estimated shortfall of 1,700 foster carers (The Fostering Network, 2006). The potential to match foster children appropriately has been further reduced by a decline in residential care. This has placed greater pressure on fostering agencies to accommodate more children successfully. As a result, foster care is now the primary source of provision for looked-after children in Scotland.

An increase in the private fostering sector has also made recruitment and retention of foster carers within the local authority system more difficult. Private fostering refers to arrangements made directly by a parent for their child to stay with someone who is not a relative for more than twenty seven days. Private foster carers have no parental responsibilities, although there are special rules that govern how the child should be looked-after. Although the local authority should be informed about the arrangement, this type of provision is not regulated in the same way as regular foster care. The British Association of Adoption and Fostering (2006) proposes that the control and registration of private fostering should be reviewed to protect and safeguard children who are cared for in this way. Unfortunately, an increase in the private fostering sector has subsequently led to a shortfall of foster carers within the local authority system. Consequently, foster carers are often persuaded to accept children outside of the categories that they previously agreed to take. Not surprisingly, this frequently results in placement disruption. It has been suggested that instability has increased as a result of

reduced placement choice and increased stress/pressure experienced by foster families (Holland et al, 2005).

Placement breakdown or disruption rates have been found to vary between different local authorities. However, placement instability does not necessarily reflect quality of care. For instance, a child might have benefited from a placement that has broken down. Alternatively, inadequate care might occur in placements that remain fairly stable over time. Although this is acknowledged, it is widely accepted that repeated moves within the care system are detrimental to the successful development of a foster child (Strijker et al, 2005).

Several factors have been associated with placement instability. For instance, breakdown is more likely if the child is older when they are first received into foster care (Minty, 1999). Indeed, successful transition is more common amongst younger, well functioning children. This is reflected by Barber et al (2001) who found that adolescents with mental health and behavioural problems were the least likely to achieve placement stability. Perhaps not surprisingly, Barber notes that there is a higher incidence of placement breakdown amongst adolescents who display conduct problems, hyperactivity and violent behaviour.

Other factors considered to have an adverse influence upon the placement include placing a foster child with a family who has a child of a similar age or under the age of five (Berridge & Cleaver, 1987). Indeed, placement stability is thought to be

compromised if foster carers are concerned about the welfare of their own children. Farmer et al, (2005) also report a link between placement instability and stressful life events experienced by carers within the six month period before a foster child arrives. Although good practice would assume that the foster carers personal situation is reviewed before a child is placed with the family, the significant shortage of carers in the UK suggests that this is unlikely to happen. Unfortunately, foster carers often feel pressured to accept children, irrespective of their own capacity to cope. Carers who accept foster children under pressure have subsequently expressed feelings of guilt when their own children are dissatisfied with a foster placement (Poland & Groze, 1993).

1.3 Foster Children

Before turning attention directly to the foster family, it is important to first consider the often complex needs of children who enter the care system. The aim is to inform the reader of the challenges that fostering can present and emphasise the importance of providing stability and continuity of care for the looked-after child.

Unsurprisingly, this particular group of children are extremely vulnerable. Many will have experienced difficult and often traumatic childhoods, involving abuse and/or neglect. Children who are raised in safe and stable environments have better short and long term adjustment than children who are exposed to harmful experiences (Harden, 2004). Neglect is associated with a variety of developmental difficulties, including cognitive, language, and academic delays. Internalizing (e.g.

anxiety/depression) and externalizing problems (e.g. aggression/impulsivity) are also common (Hildyard & Wolfe, 2002). Children who have been physically, sexually and/or emotionally abused also present with a range of similar difficulties (Glaser, 2000).

Attachment theory provides a useful framework for conceptualising the needs of foster children. Attachment can be defined as an enduring emotional bond that exists between a child and a primary caregiver (Bowlby, 1969, 1988). In accordance with this model, a child is biologically predisposed to form a secure attachment with a caregiver who is both sensitive and consistent. Children who are securely attached will feel safe to explore their environment and will look to their caregiver for comfort when distressed. Unfortunately, many children and young people in the care system have developed insecure attachments as a result of inadequate parenting, which has subsequently led to further disrupted relationships with future caregivers and other family members.

Bowlby further suggests that internal representations or concepts about the self and others are formed as a result of these early attachment experiences. Insecure attachments have been shown to foster a negative sense of self and impede a child's ability to form healthy relationships. Conversely, securely attached children have more self worth and are capable of forming positive relationships with others as they mature.

Three categories of insecure attachment have been defined:

- Avoidant
- Ambivalent
- Disorganised

Foster children with avoidant attachment styles will often present as self-sufficient and have a tendency to suppress their emotions. They may find it difficult to rely on other people and have learned not to make demands. Consequently, they may appear distant and avoidant of forming close personal relationships. Typically, this pattern of attachment is associated with rejecting and/or over involved parenting in childhood.

In contrast, foster children who have developed ambivalent attachment styles try to maintain proximity with a caregiver by acting out and expressing their emotions. As a result of early experiences, they fear that others might not always be there for them and consequently will seek attention by throwing tantrums and/or displaying clingy behaviour. These children are often overwhelmed by the prospect of separation and the emotional distress they experience upon separation can be extreme. Previous experience of parental inconsistency and withdrawal is commonly associated with this presentation.

Disorganised attachments are frequently associated with children who have experienced abusive childhoods. A disorganised attachment relationship can develop when the primary caregiver is frightened or frightening to the child. Typically, these children view themselves as unworthy and have limited expectations of others. The child is unable to organise their behaviour at times of stress in order to receive the emotional support they need because the carer is both the source of fear and potential safety. As these children develop, they tend to become increasingly self-reliant and controlling.

Foster children who have experienced adverse parenting and subsequently formed insecure attachments are extremely sensitive to environmental cues that might inadvertently and unintentionally suggest that their current carer is displeased with them (Golding, 2006). This is thought to remind the child of their relationship with their primary caregiver and consequently trigger painful feelings. In response to this, the child will commonly behave in a way that elicits a negative reaction from others. Thus, feelings of low self worth are maintained if the carer responds to this in a way that the child interprets as rejecting or dismissive.

These types of presentation can be extremely challenging and difficult for foster carers to cope with and understand. For example, a foster child might respond to care and affection with defiant and aggressive behaviour. Consequently, carers can also be left feeling rejected and despondent, which can result in placement disruption if they interpret the foster child's behaviour as a personal failure.

Unfortunately, this lack of stability serves to reinforce a foster child's internal belief that they are somehow unworthy and undeserving of love and care.

Not surprisingly, there are often marked differences between the physical age of the foster child and their level of emotional maturation. At times, this can make their behaviour even more complicated to understand. Increasingly, Clinical Psychologists have a role to play in interpreting these behaviours and placing them in the context of early childhood experiences. In highlighting the function of their behaviour to the caregiver, the aim is to prevent placement breakdown through misinterpretation of certain behaviours as simply 'manipulative', 'odd' or 'bad'. The aim is to reduce further disruption as a result of subsequent moves in the care system. Indeed, placement stability is seen as critical in helping foster children re-evaluate inner working models of the self and others through the formation of positive attachment relationships (Golding, 2006).

The behaviour of children who have experienced early trauma has also been considered from a neurological perspective. Research suggests that adverse early life experiences impact on the developing brain and that the relationship between the infant and the primary caregiver is fundamental to how the brain grows. Neurological literature suggests that there is a critical period during which time a lack of stimulation will result in delayed development (Glaser, 2000). Neurological studies have also shown that childhood maltreatment is linked to emotion regulation (Dent & Brown, 2006). Indeed, it is not uncommon for foster children to have difficulty self-regulating their emotional response. This link is thought to

explain why many foster children have difficulty reflecting on their behaviour and understanding how their behaviour impacts on those around them.

These developmental difficulties are compounded further by a life in the care system. For instance, there are significant inequalities in health care provision for this population in relation to their peers. This is somewhat surprising given the higher incidence of both mental and physical health problems amongst this group. Results published by the Scottish Executive (2003) revealed that looked-after children aged between 5-10 years were six times more likely than their peers to have a mental health problem (52% v 8%). Similarly, young people aged between 11-15 years were four times more likely to have recognised mental health difficulties (41% v 9%) in relation to their peer group living at home. Developmental problems amongst this population are thought to be associated with high socio-economic disadvantage, increased vulnerability to abuse/neglect, poor parenting strategies and high rates of parental mental illness or drug/alcohol dependency (Carr, 2004). As a result of parental neglect, the health needs of these children have typically been ignored prior to entering the care system.

On becoming 'looked-after', continuity of health care provision is equally difficult due to the inflexible structure of the current health model. This lack of flexibility makes it increasingly difficult to accommodate the needs of these children, many of whom are not registered with a GP. For those who are registered, moves within the care system are often not accompanied by the child's medical records and

consequently professionals working with these children have limited knowledge of their health needs.

Fortunately, this area is now receiving greater attention by the government, which has produced some guidance for professionals on how to improve the health of looked-after children and young people. This is reflected in the report 'Promoting the Health of Looked-after Children' (DOH, 2002), which provides a framework promoting greater liaising between health agencies and social services. In accordance with this document, every child received into care should be given a health assessment that will inform the development of the child's health plan. This assessment has been expanded to include both the physical and mental health needs of the child, and it is recommended that it should be reviewed every six months.

Poor educational attainment is also reflected in this population. Research suggests poorer academic outcomes for these children in comparison with same-age peers who live at home with their parents. It has been estimated that between 50-75% of looked-after young people leave school with no qualifications, in contrast to only 6% of the general population (Goddard, 2000). Underachievement at school is thought to relate to further disadvantage in adulthood such as high unemployment and homelessness. For instance, Warren (1999) found that children raised in the care system were four times more likely to be unemployed, sixty times more likely to be homeless, fifty times more likely to go to prison and sixty six times more likely to receive social care for their own children.

Despite these figures, there has been a significant lack of research interest in this area. Although poor educational outcomes have been associated with children in care, Goddard (2000) suggests that professionals should not assume that poor academic achievement is a direct consequence of being looked-after. Despite this note of caution, carers and professionals working with this group of children often have low expectations of their academic ability. Unfortunately, many of these children lack support and encouragement in relation to their educational needs. Due to a lack of resources, social work professionals are more concerned with the direct physical and emotional well-being of these children. Consequently, their educational needs are often assigned a low priority within the care system. In response to this, the government has proposed that the educational needs of these children are considered and incorporated within their care plans. Despite some progress in this area, some local authorities have been slow to implement these proposals.

It is thought that poor educational attainment amongst this population reflects the high rates of school exclusion and non-attendance for this group as a result of emotional and behavioural difficulties. Academic performance is often compromised as a result of having to move schools several times, at often critical stages, in line with placement need. Unfortunately, bullying and stigmatization is often related to being in care. A lack of understanding of the needs of these children can make the schooling experience extremely difficult. Goddard (2000) suggests that 'resilience' amongst this group is extremely important in helping them to overcome the effects of adversity and disadvantage. Resilience promotes

coping and survival and is commonly associated with self-efficiency and self-esteem, both of which can be promoted through educational development and achievement.

Despite the difficulties that foster children typically face, their developmental outcomes can be enhanced with more stable environments. Continuity, consistency and nurturance have been found to facilitate development and emotional well-being (Harden, 2004). Thus, greater stability whilst in the foster care system can positively influence future development and act as a buffer against future risk of mental illness.

1.4 Foster Family

Having reflected on the importance of placement stability for looked-after children, the impact of fostering on the family providing care will now be considered. Although there have been some attempts to examine the foster family, the rationale has been to highlight aspects of the family that exacerbate or ameliorate emotional and behavioural problems of foster children (e.g. Orme & Buehler, 2001). These efforts have focused on identifying characteristics of foster carers that are associated with placement stability. The direction of this research is understandable given the importance of stability for the looked-after child. However, the impact of fostering on the family unit itself is poorly understood (Martin, 1993).

There is little information pertaining to foster family functioning (i.e. how family members interact and behave with each other) and dynamics. One of the few studies in this area (Seaberg & Harrigan, 1997) suggests that non-kin foster families were functioning well, as indicated by the Family Assessment Device (FAD). However, as the authors note, it is plausible that only those families who perceive that they are functioning well chose to respond to their study.

As previously acknowledged, foster children commonly present with a range of emotional and behavioural difficulties, which they inevitably bring with them into a foster placement. Living with such children can generate a large amount of anxiety for the entire family. A distinct shortage of available placements and the need to find homes for children quickly, simply adds to this stress. Carer stress is typically discussed in relation to placement disruption and the foster child's development. However, it has not been considered in relation to the carers' own children. In accordance with systems theory, one would assume that parental stress would impact on other members of the family unit.

In keeping with systemic thinking, families need to constantly adapt and adjust to critical transitions within the family life cycle. Major transitions typically refer to the arrival or loss of a family member, such as the birth of a child or a family bereavement (Dallos & Draper, 2003). The literature suggests that difficulties typically arise in families as a result of the inherent stresses and demands that accompany such transitions. However, the potential benefits to the family as a result of change are seldom considered. In accordance with this model, a key

issue for any family is how they maintain some form of identity and structure, whilst at the same time continue to adapt and evolve in response to change. Indeed, Dallos & Draper (2003) describe the family as a 'mobile' in that there is a shift in power, relationships and alignments within the family as a member leaves or a new member joins. This model provides a useful framework to consider the foster family unit, who experience repeated transitions. How foster families negotiate this change and re-position themselves would seem fundamental to a child's successful transition into foster care.

In an earlier article by Wilkes (1974), the impact of fostering on the wider family system is considered. Wilkes discusses how familiar patterns of activity and relationships within the family are disrupted by the arrival of a foster child. The position and role of each family member needs to be re-established accordingly as new relationships develop. Individual members are often unaware of how important familiar family patterns are until they can no longer engage in them. Mealtime conversations, for example, are commonly altered by the foster child's presence. Wilkes notes that the established family hierarchy is thus challenged and that certain family members may be pushed into less prominent roles.

Wilkes suggests that fostering also creates a degree of uncertainty for the carers' own children, who subsequently fear possible abandonment by their own parents. Despite their anxieties, birth children are under pressure to respond favourably and accept the foster child's arrival. However, the temporary nature of foster care makes this particularly challenging. Families are asked to invest emotionally whilst

knowing that their relationship with the foster child will end. There is a natural reluctance to become emotionally involved if the duration of the foster placement is short. Poland & Groze (1993) note that foster families often struggle to achieve a balance between not including the foster child into the family and including them so much that they subsequently have difficulty dealing with the loss of that child with whom they have formed a strong emotional attachment.

Indeed, feelings of loss experienced as a result of the fostering process are acknowledged by Edelstein et al (2001). They point out that foster parents encounter loss in a variety of different ways. Typically, they have to respond to expressions of grief experienced by the foster child and their birthparents when they are separated, as well as the grief experienced within their own family when the foster child leaves. In accordance with this article, foster parents can find it extremely difficult to understand the grief of the foster child's birthparents if they believe them to be accountable for the foster child being placed in care. Likewise, foster parents may find it hard to accept that the foster child's seemingly challenging behaviour, is actually an expression of their loss. Factors thought to influence the extent of grief experienced in relation to the foster child's departure are, the age of the foster child when they are first placed with the family, the duration of the placement and the quality of the relationship formed during this time (Edelstein et al, 2001). Although the authors do acknowledge other members of the foster family, the concepts of loss and grief are predominately considered from the foster parents' perspective, as is most of the research in this area. With this in

mind, an overview of the few studies that consider the impact of fostering on the birth children of foster parents will now be presented.

1.5 *Birth Children of Foster Parent's*

The very nature of fostering requires the birth children of carers to share their homes, their belongings and their families with other young people whom they have never met before. Commonly, these children receive minimal, if any, preparation, when their families decide to foster (Spears & Cross, 2003). In this country, preparation courses for the birth children of foster carers would appear to be the exception rather than the rule. In an article by Pugh (1996), there is reference to the somewhat superficial approach by which the carers' own children are often involved in the process. Research by The Fostering Network (2006) identified that local authorities throughout Scotland fail to recognise the needs of foster carers' own children.

Although the contribution of foster carers' own children is slowly being recognised, there are few research articles that have focused on their views directly. Although the birth child's response to fostering can impact on the success or failure of a foster placement, this knowledge has not been reflected within a research context or altered current working practices significantly. A review of the literature indicates that most research in this area has been undertaken qualitatively, using predominately survey techniques.

In most studies examining the effect of fostering upon the foster carers' own children, the foster mother has been used as a primary source of information. It is reported that many parents choose to stop fostering because of concerns regarding their own child's welfare. Poland & Groze (1993) reported that approximately 77% of the foster parents they consulted were concerned about the effects of foster care on their biological children. However, all parents in this study were continuing to foster. It would be interesting to assess why some families choose to continue, in spite of their concerns relating to their own family.

Ellis (1972) conducted ten interviews with group home foster parents to assess the difficulties encountered by their own children. Findings from this study suggest that the reactions of the carers' own children were age dependent. Ellis reported that children aged between 7-13 years experienced greater difficulty adjusting and that problems were more commonplace when the foster child was of a similar age to the birth child. Adjustment difficulties were also more apparent during the first year of a placement. Parents frequently underestimate how difficult it is for their own children during this initial period. Typically, the foster parents interviewed had lower expectations of the foster children. This frequently led to feelings of resentment in the birth child because they perceived that they were being treated unfairly. Drawing on the literature from families with both natural and adopted children, Ternay et al (2001) note that parents make a conscious effort to make the adopted child feel wanted. However, the natural child can feel resentful of this if their accomplishments are not rewarded with the same level of recognition. These findings appear to be replicated in the fostering literature, where natural children

have noted discrepancies in parenting responses, thus fuelling feelings of resentment and anger (The Fostering Network, 2006). Foster parents acknowledged that their own children were sometimes pushed aside when pressures were great and that this did occasionally lead to problems.

On a more positive note, Ellis (1972) also reported that foster parents felt communication within the family had improved and that their own children were better able to understand and respond to other peoples needs. Parents also felt that their relationships with their own children were enhanced as a result of the fostering experience. However, these findings are limited in that parental accounts might not best reflect how the birth child really feels. Kaplan (1988) reported that foster carers commonly minimise their own children's concerns and assume they are more mature than they actually are. Interestingly, Heidbuurt (2004) points out that the manner in which birth children perceive the family does not always match their parent's view. Heidbuurt also notes that parents need to be cautious in assuming they understand the reality of their children's situation and perspective.

In view of this, subsequent research has tried to assess the impact on the birth children of foster carers by ascertaining their perspectives more directly using survey, interview and focus group techniques. For instance, Twigg (1994) interviewed the birth children of treatment (specialist) foster carers. Narratives were analysed using the principles of grounded theory. The key theme to emerge from this study was 'loss', with Twigg reporting that the foster carers' own children felt a sense of loss as a result of the fostering experience. In particular, this was

related to loss of parental time and attention, family closeness and the birth child's position. Twigg reported that most birth children resent having to share their parents and that the presence of a foster child created distance between the family members. Interestingly, this finding appears to contradict the results reported by Ellis that suggests an improvement in family communication and closer parent-child relationships. Twigg also suggests that the foster parents' own children felt threatened by the presence of the foster child, particularly if the foster child was close in age to the birth child. Interestingly, Twigg remarks that the pain experienced by the birth child is commonly denied by the child themselves. Instead angry feelings are converted into concern for the foster child. This solicitude is typically rewarded by their parents and the wider community, thus providing secondary gain. This is discussed within the text as a defensive strategy that serves to protect the birth child from feelings of underlying anger generated by the fostering process.

Although the results of these two studies are interesting, the small sample size and the exclusive focus on group home and treatment foster care makes it difficult to generalise these findings to a wider context. Group home foster parents typically live with at least six foster children. This type of provision is not typical in the UK. Whereas treatment, otherwise known as specialist foster care, is more commonplace in this country and refers to children who present as more challenging and therefore require more intensive provision. It is worth noting that these types of foster care are likely to place greater demands on parental time and attention in comparison to regular foster care.

Martin (1993) argues that professionals should actively engage with the birth children of foster carers and include them in the recruitment and training process. The extent to which carers own children should be involved and the level of information they should receive about the foster child remains controversial. The opinion asserted by Martin was informed by regular meetings held with a small group of birth children aged between 10-15 years. From these consultations, a training video reflecting the key issues raised by the birth children was produced (Martin & Stanford, 1990). The young people in Martin's study felt that more information would enable them to better understand and tolerate the foster child's behaviour. They reported that the foster children commonly disclosed information to them about previous incidents of abuse and neglect. These children felt that being given information in advance would protect them from finding out about abuse under more difficult and painful circumstances. The birth child's desire for more information has also been reported in other studies (Pugh, 1996; Watson & Jones, 2002).

Reed (1994; 1997) studied the experiences of birth children whose families were looking after children with a serious learning disability. The views of 23 birth children were obtained via group discussions and individual interviews. Participants commonly reported their involvement in helping to care and look after the foster child. Despite this apparent increase in responsibility, the majority of participants were content with their level of involvement. However, a minority of respondents did express dissatisfaction about lack of parental attention, privacy and excessive responsibility. Although approximately three quarters of those

consulted spoke affectionately about the foster child, a quarter of participants reported that they found it difficult being part of a foster family. In accordance with other findings, all but one of those who expressed negative views were close in age to the foster child.

The findings from this study relate to specialist foster care provision. Further research is needed to establish whether similar feelings of warmth and affection towards the foster children are mirrored by birth children whose parents provide regular foster care. Are birth children likely to display the same level of solicitude towards foster children without a severe learning disability and be equally accepting of greater responsibility?

Interestingly, Pugh (1996) questions whether the birth children of foster carers are forced to grow up more quickly as a direct result of fostering. These children are commonly exposed to aspects of life that most parents would like to protect their children from (e.g. drugs, abuse and violence). This loss of innocence appears to be coupled with a level of maturity that is untypical of adolescents. Several studies support this and suggest that carers' own children demonstrate a degree of sensitivity and emotional maturity that is far beyond their years (Part, 1993).

Despite some concern regarding the impact of fostering on the welfare of the carers own children, several studies have also highlighted some benefits. These include companionship, appreciation of own family and satisfaction gained from helping others (Ellis, 1972; Martin, 1993; Part, 1993 & Pugh, 1996). Similar

findings were also reported in a more recent survey by Watson & Jones (2002). A total of 86% of respondents in this study provided some form of altruistic response when asked about the best aspects of fostering. However, the same study highlighted that the children of foster carers also had to deal with a wide range of difficult emotional issues, such as the loss of a foster child. In line with other studies, sharing parental time and belongings was also reported by many children as one of the most difficult aspects of fostering. Perhaps more worrying, is that some of the responses in Watson & Jones' study raised child protection concerns about the carers' own children relating to bullying and assault.

Part (1993) conducted a survey of foster carers' own children in one Scottish region and reported that 80% (60) of respondents liked fostering. However, the remaining 20% of children in her study remained uncertain as to whether they thought fostering was actually a good thing. Interestingly, participants who indicated that they liked fostering also acknowledged that it could be difficult and upsetting for them. Lack of privacy, parental attention and dealing with difficult behaviour exhibited by the foster child, were identified by these children as the worst things about fostering. In line with other findings, the best things about fostering were categorised as companionship, looking after babies/young children and the challenge of helping others.

More recently, O'Riordan & Veale (2005) emphasised the resilience of what they refer to as 'children who foster'. This term is increasingly being used to represent the role and the contribution of the carers own children. For example, the video

produced by Martin & Stanford, (1990) also used this title. However, although it is important to recognise the part that these children play in the fostering process, this terminology is somewhat misleading. There is a real danger that this language could inadvertently reinforce the notion that carers' own children are responsible for the foster child's welfare. Although the literature suggests that the birth children of foster carers have greater emotional and practical responsibility than other children of their age, professionals should be careful not to make them feel unduly accountable in this way. Interestingly, authors who use this terminology also highlight the role ambiguity that is commonly experienced by this group. Sometimes these children take on parental responsibilities in relation to the foster child (Spears & Cross, 2003; Martin, 1993). It is possible that terms such as 'children who foster' serve to increase the role ambiguity experienced by the children of foster carers.

In terms of benefits, Spears & Cross (2003) also suggest that fostering facilitates an increase in the birth child's confidence and improves their communication skills. Furthermore, older children reported that they found fostering easier because it impacted less directly on their daily lives. The children in this particular study indicated that they had a greater appreciation of their own circumstances, learned how to deal with loss and how to manage their own feelings of anger effectively. Although these benefits are acknowledged, one has to question whether or not children should be put in situations where they have to learn these skills at such a young age. Disadvantages discussed by Spears & Cross include being exposed to

verbal abuse and the threat of violence, dealing with disclosures, coping with different parental expectations and sharing parental time/attention.

Poland & Groze (1993) note that placements can become confusing for the carers own children when they are asked to convey love and understanding to a child who they perhaps dislike. There is a real pressure on birth children to 'get along' with the foster kids and consequently this can inhibit the carers' own children from expressing any negative feelings that they have towards them. If their dislike of a foster child or placement is expressed, birth children have subsequently reported feelings of guilt and selfishness for not wanting the placement to continue. Heidbuurt (2004) notes that the birth children of foster carers often feel compelled to give the 'right' answer when asked how they feel about fostering. Research by The Fostering Network (2006) suggests that some children feel reluctant to approach their parents with their own problems because these appear 'petty' in comparison with the foster child's difficulties. Commonly, they see the pressure that their parents are under and do not want to burden them further with their own problems. It is perhaps somewhat worrying that young children are masking their own feelings to prevent causing further stress within the family.

Research in this area has typically been undertaken by individuals associated with placement teams. It is reasonable to suppose that birth children might feel inhibited whilst discussing their views with these professionals, because of concerns regarding how their comments might influence the fostering agency's perception of their family. Interestingly, none of these studies have reflected on

this. Children of carers might be concerned that their responses could potentially jeopardise their family's position as foster carers and ultimately risk their livelihood.

1.6 *Adolescence*

For the purpose of this study, the views of adolescents will be considered. It is therefore relevant to briefly summarise adolescent development in order to situate the participants' responses within a developmental context.

During adolescence, teenagers strive for independence and autonomy. Frydenberg (2002) asserts that most adolescents want greater equality and consultation within the context of a close, supportive parental relationship. This is typically a difficult time for many parents, who are expected to support their children's individuation whilst remaining confident that their child will turn to them when help is needed. Lack of parental closeness and support during this phase of development can lead to maladjustment (Steinberg & Morris, 2001).

During this period, teenagers experience physical changes as they progress through puberty. Increased conflict between adolescents and their parents is commonly associated with this change (Steinberg & Morris, 2001). In accordance with Piaget & Inhelder (1969), changes in cognitive development are also apparent as children enter the formal operational period (11+ years). This stage of cognitive development is typically associated with a growth in abstract and systemic thought. Young adolescents however are constrained by what Carr (2004) refers to as

cognitive egocentrism. This is characterised by self-centred behaviour during this period. During this phase of development, individuals begin to form a sense of identity in relation to who they are and how they fit into the social world.

Although it is acknowledged that fostering can increase stress within the family, no research is available that examines how the birth children of carers cope with this and adjust accordingly. There are however studies of coping amongst the general adolescent population which gives an insight into how teenagers typically manage stress. During this phase of development, adolescents frequently encounter a wide variety of stressors both at school and at home. In fact, conflict within the family has been identified by teenagers as one of the main sources of stress during adolescence (Compas et al, 2001).

Adolescent coping refers to how teenagers respond to stressful situations. It is the process whereby individuals try to manage internal or external demands that they interpret as exceeding their own resources (Fields & Prinz, 1997). It is relevant to note that adolescents have a more limited coping repertoire than adults because of their developmental stage. For example, they typically have less control over their circumstances and cannot readily avoid stressors because their freedom is restricted. Their stage of cognitive and social development further reduces the number of coping responses available to them.

It has been proposed that the level of cognitive development in younger adolescents might exacerbate stress if the young person concerned does not fully

understand what is going on. Conversely, others have suggested that lack of understanding may actually serve as a protective factor, in that adolescents might not be fully aware of how a situation might impact on themselves and others (Fields & Prinz, 1997).

In accordance with a social learning perspective, children learn how to cope with stress in the context of their family lives. Parents act as role models for their children, who learn through direct experience and observation. It follows that parents who employ adaptive coping strategies are likely to provide adaptive coping models for their children. Although exposure to a particular coping model will influence how a child/adolescent responds, individual temperament and levels of physiological arousal also contribute to coping ability (Compas et al, 2001).

Broadly speaking, coping responses can be categorised according to their function. The problem/emotion focused coping model provides a useful framework to illustrate this (Lazarus & Folkman, 1984). In accordance with this model, stress levels are associated with how the situation is appraised and assessed by the individual. Strategies that aim to modify the stressor are referred to as problem-focused coping. These include seeking information, generating solutions and taking action. Emotion-focused coping refers to regulating the emotional state that accompanies a particular stressor. For example, seeking solace and support or avoiding the source of stress.

As children mature, they tend to use a wider variety of cognitive strategies to ameliorate emotional discomfort in response to stress. At the same time, there is a decline in the use of problem solving and behavioural avoidance strategies with age. The emergence of formal operational thinking is thought to broaden the adolescent's choice of coping strategies because they are better able to think abstractly, consider various points of view and evaluate consequences.

Stress has been identified as a significant and pervasive risk factor for psychopathology in childhood and adolescence (Compas et al, 2001). However, the use of adaptive coping strategies has been found to facilitate adjustment and minimise the development of mental and physical health problems.

1.7 *Summary, Rationale and Research Aims*

The aim of this introduction has been to introduce the reader to the relevant topic areas. However, for the purpose of clarity, a brief summary will be presented in order to highlight the rationale for undertaking this research study.

Clearly, the need for suitable foster care provision currently exceeds availability in Scotland. This trend has unfortunately resulted in greater demands being placed on foster families as the care system struggles to accommodate vulnerable children. Increased pressure on foster parents is likely to reduce placement stability for the foster child and is commonly more problematic when foster parents have children of their own (Bebbington & Miles, 1990). Despite this knowledge,

there is very little understanding of how fostering impacts on the wider family system. A distinct lack of knowledge in this area is somewhat surprising considering the depth of the fostering literature to date.

What little research is available, emphasises the somewhat negative aspects of the fostering process in relation to the foster carers' own children (e.g. lack of parental time/attention, loss of position in the family, bullying and handling disclosures of abuse). Yet despite these findings, only a handful of researchers have proceeded to carry out further research in order to substantiate these claims. Furthermore, preliminary research in this area appears to have had only minimal impact on current working practices in relation to how professionals work with the foster family unit.

By developing a greater understanding of how fostering impacts on the foster carers' own children, professionals in this field can begin to identify and address potential areas of difficulty within the foster family in order to minimise placement disruption. This could not only enhance the fostering experience for the carers' own children but also strengthen placement stability for children in care. Indeed, the benefits of a stable environment have long been recognised in relation to the development of looked-after children. Research that aims to enhance continuity of care is needed and the objective of this study is to inform our understanding of the factors that might contribute to placement breakdown by focusing on a group who have seldom been considered from a research perspective. Addressing the needs of the foster carers' own children is also likely to positively influence recruitment

and retention rates of foster carers in Scotland because of the high attrition rates associated with parental concern for the well fare of their own families. Thus alleviating the pressure on the current foster care system.

In view of this, the aims of the current study are to explore how the birth children of foster carers experience and perceive the fostering process. In examining participants' responses, the aim is to address the following research questions:

- What changes do the birth children of foster carers experience as a result of fostering?
- How do the children of foster carers adjust to these changes?
- How do these changes impact on the foster carers' own children's development and psychological well being?

A qualitative methodology was chosen because the topic being studied has received limited research interest to date. An exploratory method was selected because little is known about how the birth children of foster carers perceive the fostering experience. This type of approach provides an opportunity to tap into the perspectives of children and discover unexpected differences between children and adults. A teenage population was selected because the researcher was interested to find out how adolescents coped with fostering within the context of this developmental stage.

For the purpose of this study, data collection and analysis is informed by the principles of grounded theory (Glaser & Strauss, 1967). What distinguishes grounded theory from other qualitative approaches is its emphasis on theory development. Unlike other qualitative methods (e.g. discourse analysis), grounded theory aims to make sense of the data beyond a descriptive level to produce an analytic account of the subject being investigated. In contrast to other qualitative designs, such as interpretative phenomenological analysis (IPA), grounded theory is well established and widely recognised within the research literature. By selecting a more familiar approach, the aim is to make the findings more widely accessible and increase the confidence with which the intended audience can interpret the results. In addition, the chosen methodology also offers the researcher a clear set of techniques that guide and inform the process of data collection and analysis.

In relation to this study, the aim is to construct a provisional analytical framework that will stimulate interest and debate in this area and encourage other investigators to undertake research relating to this topic.

2 Method

The aim of this section is to provide the reader with an overview of grounded theory, to consider important ethical issues and to clearly illustrate the procedures that informed data collection and analysis. Steps that were taken to enhance the quality and rigour of this investigation are also discussed.

2.1 Research Methodology

Grounded theory is a qualitative methodology that aims to produce a theory that is embedded in the data collected (Glaser & Strauss, 1967). In accordance with this approach, data collection and analysis occur simultaneously, with each process informing the other. Early interviews are transcribed and coded, so that developing categories can be further explored in subsequent interviews. During this process, the initial research question is gradually refined and becomes more focused. In the same way, the interview schedule changes throughout the data collection phase to reflect this. Various techniques can be used to facilitate analysis as a theoretical understanding of the phenomena under investigation develops. A grounded theory consists of plausible relationships between categories that have developed from the analysed data. Typically, the researcher will stop collecting data when theoretical saturation has been reached. This is the point when no new categories are developed that further inform the theory. From a qualitative stance, the generated theory helps us to understand the social world more clearly and make sense of lived experiences.

2.2 *Theoretical Position*

In contrast to a positivist paradigm (i.e. a traditional view of science), it is acknowledged that the qualitative researcher is actively involved in the research process. Sciarra (1999) points out that the object of study cannot be separated from the thought and mind of the investigator. From this perspective, it is accepted that the values of the researcher are not independent from the process of enquiry. According to Marecek et al (2001), the investigator is an active agent who is an integral part of the research study. Unlike traditional views of grounded theory, in which theory is 'discovered' and 'emerges' from the data independent of the researcher, Charmaz (2006) asserts that theory is constructed through the process of interaction with the data. In keeping with this perspective, the researcher will endeavour to make their interaction with the data visible to the reader.

2.3 *Ethical Considerations*

Before outlining the procedural aspects of this investigation, it is important to first consider ethical issues pertaining to research with younger participants. Nelson & Quintana (2005) point out that qualitative research methods are less well developed with children and adolescent. Consequently, this can present the researcher with certain ethical dilemmas when deciding to adopt a qualitative methodology with a younger cohort. Mishna et al (2004) asserts that the unstructured and unpredictable nature of qualitative research adds an extra dimension of risk. As such, the researcher needs to carefully consider potential risks in advance before the process of enquiry begins. Time reflecting on these

issues will allow the researcher to deal with ethical difficulties more confidently if they arise throughout the course of the investigation.

Mishna et al (2004) rightly point out that the inherent power differential that exists between the interviewer and the interviewee requires special consideration. For instance, one has to reflect on whether or not younger participants feel that they are able to assert their right to discontinue. Do younger subjects feel that they can say no? Unlike adults, younger participants might convey their desire to withdraw more indirectly through their behaviour. The researcher has to be mindful of this and observe subtle cues that might indicate discomfort or distress in the child/adolescent. Interviews were conducted in the participants own home to enhance the participant's sense of control and try to readdress the power balance which otherwise heavily favours the researcher. Information about the participant's right to withdraw from the study was included in the information pack and was also emphasised verbally before the interview commenced. The message that it was acceptable to choose not to participate was conveyed to participants.

Confidentiality and disclosure issues are also intensified when adopting this particular methodology with children and adolescents. For instance, parents often expect to be informed about what their child discusses during the interview. Furthermore, the disarming nature of qualitative enquiry often results in greater disclosure. To address this, families were informed both verbally and in writing prior to the study that the information collected would not be fed back to the parents unless the researcher had particular concerns about an individual's safety

and/or well-being. Procedures regarding the management of disclosure were outlined in the information pack. Because of the sensitivity of these issues, families were also given the opportunity to ask questions in order to seek clarification and minimise any anxiety that could potentially be generated by the terms 'confidentiality' and 'disclosure'.

Although cognitively children and young adolescents might understand the concept of the study, they might not fully anticipate the range of personal experiences that could be discussed during the interview, as well as potential reactions that might be generated by the process itself. To address this, participants were provided with examples of topic areas for potential discussion to help them consider more fully what the interview process might entail (Appendix 1). This might be criticised by purists for directing/guiding the participants' responses. However, respect for the children's rights and emotional well being was regarded as a priority throughout this investigation. By way of compromise, participants were not provided with an exhaustive topic list, allowing room for flexibility in the interview for the researcher to be guided by the participant. In accordance with Mishna et al (2004) the interview process itself has a mediating effect upon the child/adolescent's voice. The interactive nature of the interview will determine which experiences the participant will ultimately share.

Children with a learning disability or under the age of twelve were not included in this study because it was felt that the above issues would be further intensified, particularly in relation to their cognitive ability and understanding in relation to the

methodology used. Although the researcher acknowledges that it is important to consider the perspectives of those excluded from this study, it was felt that this would be better achieved using an alternative technique to direct interviewing.

Having considered these issues, ethical approval was sought and obtained from the Grampian Research Ethics Committee. The ethics committee required minor amendments before the project was approved. Ethical approval was granted on 16th February 2006. A copy of the correspondence granting approval is included in Appendix 2. The completed ethics form was subsequently registered with the local Research & Development Office in NHS Grampian. A copy of the letter acknowledging that the study had indeed been registered is included in Appendix 3.

2.4 *Participants*

The aim of this section is to provide the reader with an overview of the research inclusion/exclusion criteria and to illustrate how participants were identified and recruited to the study.

2.4.1 *Inclusion Criteria*

All participants were required to have a minimum of one years fostering experience. This was to ensure that subjects had sufficient knowledge of fostering in order to facilitate discussion during the interview process. In order to focus on

an adolescent population, it was also specified that participants must be aged between 12-18 years old. All families were recruited from within Aberdeen City. The birth children of foster carers who provide respite and short-term placements were the focus of this investigation.

2.4.2 Exclusion Criteria

Children with a learning disability were excluded from the study due to ethical considerations that were previously addressed. Families who had proceeded to adopt a foster child were also excluded because of the permanency associated with adoption. The researcher felt that the issues surrounding the adoption process were separate from fostering and therefore beyond the scope of this enquiry. For the purpose of this study, children of kinship and specialist foster carers were also excluded in order to target a more homogenous group of subjects.

2.4.3 Recruitment

All participants were recruited through the Adoption and Fostering Service in Aberdeen. A meeting was held with a representative from this service to discuss the study. During this meeting the representative was provided with a research information sheet (Appendix 4). This information was disseminated amongst staff within the Adoption and Fostering Service to inform them about the study and enable them to identify potential participants.

The parents of identified participants were initially approached by their link worker (i.e. a social worker who liaises with the family on behalf of the fostering agency) who informally talked to them about the study. Having discussed the study with their children, the parents of interested participants were asked to complete a consent form providing authorisation for their family contact details to be forwarded to the researcher. A copy of the consent form used by the Adoption and Fostering Service is included in Appendix 5.

The researcher then contacted these families by telephone to discuss the study in more detail. On obtaining verbal agreement from the parent, an information pack was sent to their home address. The information pack included an:

- invitation letter
- parents' information sheet
- young person's information sheet
- parents' consent form
- young person's consent form
- parental questionnaire
- examples of discussion topics

The family were contacted a week after receiving the information pack to ask if they wanted to proceed. If verbal consent was obtained from the parent, a date and time for the interview was arranged. The study was discussed face to face with the

participant before the interview began and both the parent and child were given the opportunity to ask questions before written consent was obtained. A copy of all the information sent to participants is included in Appendix 1.

In total, twenty potential participants were identified by the Adoption and Fostering Service, representing a total of fourteen families. However, one potential subject did not meet the recruitment criteria because they were younger than the specified age range. Of the remaining nineteen participants, two did not want an information pack sent to their home address when contacted by telephone and five decided not to participate after receiving the information pack. A further three participants were not available to be interviewed until late July i.e. after the data collection phase. Therefore, the remaining nine participants were interviewed, representing a total of eight families (i.e. two of the participants were sisters). Overall, five girls and four boys took part in this study. Information about each of the subjects who agreed to take part will be summarised in the results section of this report.

The parental questionnaire that was included in the information pack was designed to gather relevant background information about the participant and their family. Parents were asked to complete the questionnaire whilst the interview was taking place so that the following information could be gathered:

- age of birth child(ren) when the family began fostering
- type of foster placements family provide

- number of foster children that have been placed with the family
- number of people currently living in the home, their age and relationship to parent
- reasons for previous foster placement breakdown if appropriate

2.5 Data Collection

This section discusses the preparation and procedural aspects of data collection. A child protection issue that arose during this phase of the research investigation will also be discussed within an ethical context.

2.5.1 Pilot Interview

One pilot interview was conducted prior to the data collection phase. This was fully transcribed by the researcher and circulated to both the academic and clinical supervisor for comment. This process enabled the researcher to personally reflect on their interview style and to incorporate elements of the feedback provided in order to adapt their technique further in preparation for the initial interview. For example, the researcher was advised to simplify their use of language to facilitate greater understanding amongst younger participants.

2.5.2 Research Interview

The first three interviews were unstructured and in depth. These interviews were transcribed and coded so that a semi-structured interview schedule could be developed. This schedule was subsequently revised throughout the process of

data collection in light of new information. A semi-structured approach enabled the participants to talk openly about their experiences, whilst at the same time allowed the researcher to ask for supplementary information relating to the original research questions. Despite imposing some degree of structure, effort was made to keep the interview as conversational and free flowing as possible to develop and maintain rapport. The semi-structured schedule consisted of open-ended questions and is included in Appendix 6. Participants were encouraged to elaborate on their experiences by providing examples and illustrations. The researcher was mindful of how comprehension levels varied between participants and modified the phrasing of questions accordingly to facilitate better understanding. The researcher felt that the use of a semi-structured schedule was necessary in order to support younger participants through the interview process. It was hoped that this would minimise any anxiety generated by the process itself.

One participant was interviewed over two visits because of technical difficulties with the recording equipment. All interviews were recorded in full using a digital recorder and lasted for approximately one hour. In accordance with Madill et al, (2005), psychology graduates using grounded theory should aim to collect a minimum of five hours interview data. Interviews were recorded to ensure accuracy and enable transcripts to be scrutinised by others, thus helping to reduce potential researcher bias. Recording interviews also enabled the researcher to listen carefully to the participant's responses, build rapport and keep the interview conversational. Interviews were conducted in the participant's own home in a

separate room from their parents i.e. no other family members were present during the interview.

Interview recordings were stored on a computer in an audio format so that they could be transcribed. An excerpt from a fully transcribed interview is included in Appendix 7. Identifiable information was removed from the transcripts to protect the participant's anonymity. All information stored on the computer was password protected.

During the course of data collection, one participant disclosed an incident of bullying. The child concerned became upset during the interview when talking about this experience. In accordance with ethical procedures, the researcher tried to ascertain whether there was any current risk of harm to the child. It became evident that there was no immediate risk to his welfare because the foster child who had bullied the participant was no longer living with the family. However, the researcher felt that it was appropriate to inform the participant's mother that her son had become tearful during the interview whilst talking about a foster child that was previously placed with the family. Fortunately, the child's mother was aware of this incident and had actually referred to it on the parental questionnaire when providing information regarding a placement that had previously broken down. With regards to the interview, the participant consented to continue and appeared happy to engage in this process.

However, further child protection issues were raised by the same mother during a conversation with the researcher following the interview. Subsequently, the researcher contacted the Adoption and Fostering Service to discuss these further with the lead social worker. The researcher was assured by the agency that they were already familiar with this particular case and of the issues that the mother had raised.

This particular incident was discussed with the clinical supervisor and in line with ethical procedures a letter was sent to the family inviting them to contact the Department of Child & Family Mental Health if they wished to discuss any concerns or worries that were perhaps raised during the course of the interview process.

2.6 *Data Analysis*

A series of techniques were used to inform the process of data analysis. The following section aims to introduce the reader to these procedures. Although data collection and analysis have been considered separately in this report, it is important to emphasise that these processes occur concurrently. This is illustrated in Figure (i).



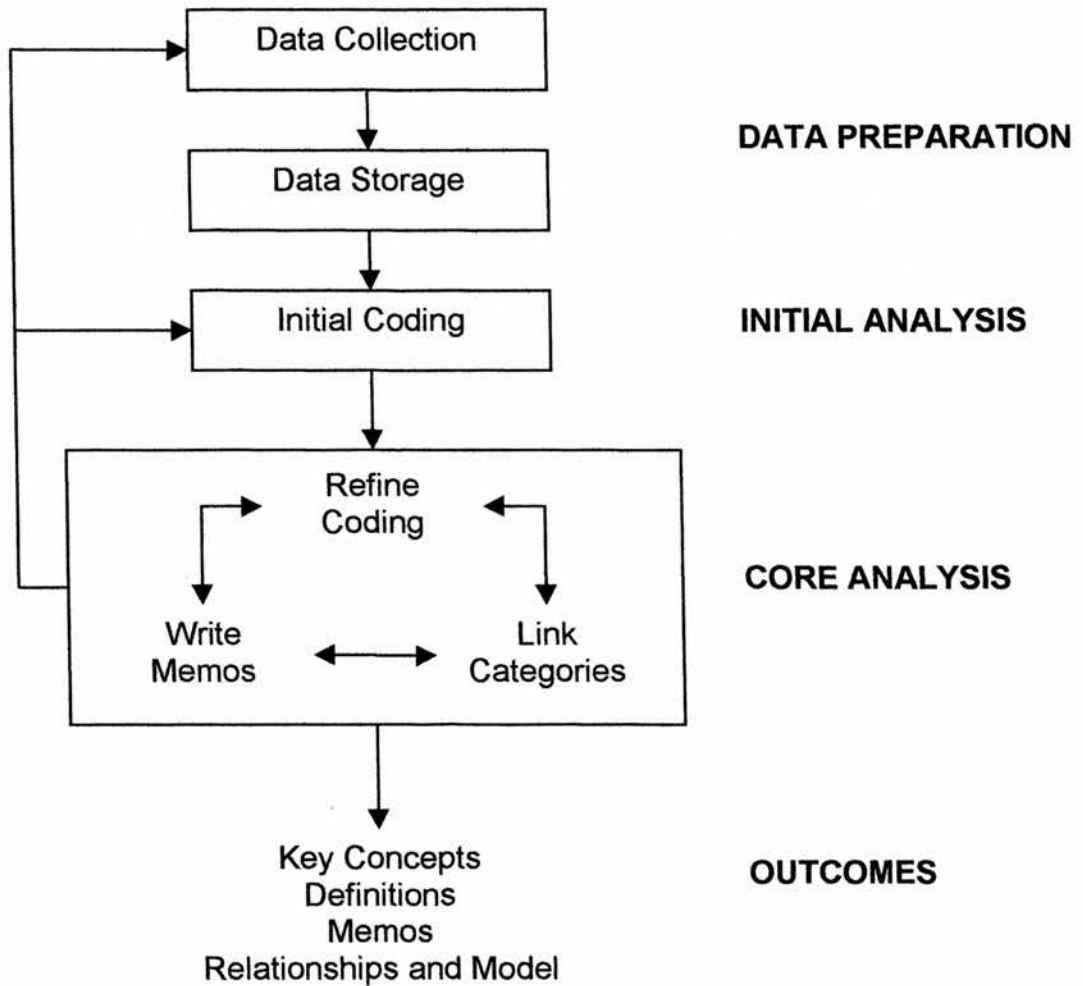


Figure (i) Steps in the Grounded Approach (Pidgeon & Henwood, 1997)

2.6.1 Familiarisation

All recordings were transcribed in full by the researcher. This aided the process of familiarisation in which the researcher was able to learn about the participants' experiences through the narrative. Transcripts were read and recordings were listened to repeatedly throughout the duration of the study.

2.6.2 Coding

Interviews were coded after they were transcribed. Coding is a process that facilitates the development of an analytic frame (Charmaz, 2006). It enables the researcher to build their analysis and construct a theoretical account of the phenomena under investigation. It provides a link between data collection and theory development. Coding assists the researcher to think about the data in new ways, a process often referred to as 'theoretical sensitivity'.

2.6.3 Initial Coding

The initial phase of coding enables the researcher to begin to make sense of the data collected. Coding at this stage is done at a descriptive level and should closely resemble the data. The size of the unit coded within the text may vary. For the purpose of this study, transcripts were initially coded line by line. This process allowed the researcher to remain close to the data and ensure that the developing theoretical framework was truly grounded. Engagement with the data helped to prevent the researcher from making conceptual assumptions before the necessary analytic work had been done. Glaser & Strauss (1967) suggest that the process should remain open-ended so that various analytic possibilities can be explored further. This process helped the investigator to look at the data more critically and identify gaps in understanding.

2.6.4 Focused Coding

Having initially coded each transcript, the researcher engaged in the process of focused coding. Unlike line by line coding, which is concrete and descript, focused

coding is more conceptual and allows the researcher to begin to explain larger segments of the narrative. This enables the researcher to integrate the initial codes that were identified into larger conceptual categories. However, Charmaz (2006) asserts that this is not a linear process. The development of conceptual categories often forces the researchers to go back and re-examine the narrative from a different perspective, thus new descriptive codes are constructed which further inform the process of focused coding. The process of going back and forth between the narratives is commonly referred to as the constant comparative method. This technique is described in more detail later in this report.

2.6.5 Axial Coding

This refers to the process whereby identified core categories are conceptually related to their subcategories (Strauss & Corbin, 1998). Once these links were identified, the researcher was able to explain the phenomena more clearly. How core categories are related to their subcategories, started to become evident to the researcher during the process of focused coding.

2.6.6 Developing a Theoretical Account

In an attempt to construct a theoretical understanding, the researcher began to think about how core categories were related to one another. Plausible conceptual relationships were constructed by the researcher. By establishing these links, the researcher was able to develop an analytic frame that best explained the phenomena under investigation. A provisional theoretical model was constructed which was informed by the coding practices that were described above.

2.6.7 Constant Comparative Method

The constant comparative method refers to the process whereby developing categories from new narratives are compared with those constructed from previous transcripts. The researcher went back and forth between the narratives to identify commonalities and variations in the data collected. This procedure also enables the researcher to identify provisional relationships between categories that can be explored further in subsequent interviews. Willig (2004) suggests that the aim of this technique is to integrate categories so that instances of variation can be accounted for by the developing theory. Silverman (2000) points out that all aspects of the data are subject to inspection and analysis using this procedure.

2.6.8 Theoretical Saturation

Although typically the data collection phase continues until no new categories can be identified from case sampling, time did not permit the researcher to continue collecting data until theoretical saturation was reached. Therefore, the theoretical account presented is the researchers working interpretation. It is a provisional account that has been constructed from a preliminary data set.

Although qualitative researchers strive to achieve theoretical saturation, the concept of whether or not this is actually possible has been questioned. Willig (2004) suggests that theoretical saturation functions as a goal of qualitative research rather than a reality. Changes in the researcher's perspective might lead to further modification of the theory even after publication.

2.6.9 Theoretical Memos

Typically, qualitative researchers keep written records of their thoughts, feelings and observations during their analysis. Within grounded theory, this procedure is sometimes referred to as theoretical memoing. Memos can reflect formative ideas about what data might mean, as well as evidence that supports or contradicts a developing theme. In relation to this study, memos and diagrams were constructed by the researcher to facilitate a better understanding of the developing categories and the relationships between them. This procedure served to direct and guide the researcher as their thinking in relation to the data evolved. Strauss & Corbin (1998) consider memos to be fundamental to the analytic process. They suggest that this procedure helps the researcher progress from a purely descriptive to a more conceptual level of analysis by facilitated links between different categories.

2.6.10 Writing the Report

In line with a grounded theory approach, the process of writing further enhances the researchers understanding of the narrative. Indeed, Charmaz (2006) asserts that the constant comparative method continues throughout the writing process as the researcher begins to contextualise their findings in the relevant literature. It is acknowledged that the writing process itself continued to facilitate the development of the provisional analytical account that is presented in the results section of this report.

2.6.11 Computer Package (N-Vivo)

The computer software package N-Vivo was used. This is an organisation tool that allowed the researcher to code and categorise the data efficiently. Theoretical memos were also formulated and stored in N-Vivo. Unlike traditional paper and pencil methods, whereby the researcher has to cut and paste codes into categories by hand, N-Vivo facilitated the development of both descriptive and higher-level coding in a time-effective way and enabled the researcher to print off coding reports that summarised the data pertaining to a particular code. This is illustrated in Appendix 8. This helped the researcher to manage and organise large amounts of written material.

2.7 *Quality of Research*

At present, there is no universal agreement regarding the assessment of quality in relation to qualitative research. Criteria commonly applied to quantitative research methods, such as reliability and validity, are not applicable in the same sense. For example, the notion of reliability as external replication has to be abandoned (Merrick, 1998). From a post positivist stance, qualitative researchers generally agree that a study cannot be replicated given the unique personal aspects brought to the investigation by the researcher and the contextual nature of the research enquiry. However, although this perspective is acknowledged, the achievement of theoretical saturation should enable the researcher to report their findings with sufficient confidence. This is not to say that qualitative studies should not be subjected to procedures that enhance rigour; indeed, the opposite is true.

Qualitative research must also be open to constructive examination. Ensuring good quality is a necessary component of all research endeavours regardless of its epistemological roots. From a qualitative standpoint, practices that enhance quality and rigour should reassure the reader that the results are not simply anecdotal (i.e. that the researcher has reported on a few well chosen examples).

2.7.1 Trustworthiness/Credibility

The concepts associated with validity are commonly referred to as credibility or trustworthiness in relation to qualitative data. Nelson & Quintana (2005) define qualitative research as trustworthy, if the investigator does not attempt to make inferences beyond the data collected. Theoretical constructions should demonstrate fidelity to the data and be meaningful to the intended audience. To enhance the credibility of this study, the researcher has endeavoured to ensure that the process of theory development is made explicit and that the construction of categories is supported by evidence directly from the data collected.

2.7.2 Triangulation

Triangulation is a procedure that is regarded as demonstrating rigour in qualitative enquiries. This refers to gathering and/or analysing data from multiple sources (Lacey & Luff, 2001). In relation to this study, anonymous transcripts were presented to clinical and academic supervisors to gain multiple perspectives. This is commonly referred to as investigator triangulation. Triangulation facilitated discussion regarding developing categories/themes. This process enabled the researcher to think about the data more broadly, to stand back from the narrative

and view it from a fresh perspective. This procedure kept the researcher alert to new analytical possibilities and prevented the researcher closing in on one plausible explanation too quickly.

2.7.3 Reflexivity

Parker (2005) asserts that reflexivity is a necessary component of good qualitative practice and should be made visible to the reader. The assumption that theoretical construction incorporates the researcher's view of reality, suggests that the process through which understanding is developed should be made transparent. Reflexivity allows the researcher to work with subjectivity in an explicit way (Merrick, 1998). It requires the investigator to think about how their involvement in the research process informs their interpretations of the narrative. A reflective diary was kept throughout this process to allow the researcher to consider how their own belief system influenced their theoretical understanding.

3 Results

The aim of this results section is to firstly provide the reader with relevant information about the sample of participants who were recruited to the study and to secondly, present the findings that were identified through the process of analysis. Results will be examined within the context of the original research aims and will be considered in greater detail within the discussion section of this report.

3.1 Participant Information

Participants were aged between twelve and seventeen years old (mean age 14.4 years). Five girls and four boys were interviewed for the study. Two of the participants were siblings that lived in the same household. Therefore, eight foster families were represented in total. Years of fostering experience ranged from a minimum of two years to a maximum of thirteen years. Number of foster children placed with the families at the time of interview ranged from zero to three. The age of the foster children varied from babies to adolescents. Nine foster children were under the age of ten, five foster children were over the age of ten. Seven out of eight families provided both respite and short-term foster placements. One family provided respite provision only. None of the foster families officially provided permanent care, however all of the families who provided short term placements had children stay much longer than expected (i.e. in excess of one year). Five two parent families and four one parent families were represented. Three of the participants had no siblings, four had one older sibling and two had one younger

sibling. Information pertaining to each of the individual subjects is provided in Tables i-v (Appendix 9).

3.2 Changes Experienced by Birth Children

One of the original research aims was to examine the changes experienced by the birth children of foster carers as a result of the fostering process. The core categories identified pertaining to change are 'Loss' and 'Increased Responsibility'. These categories will be examined independently and illustrated by examples from a cross section of interviews. Although core categories will be examined separately, the analysis indicates a relationship between these two categories. Fundamental to the developing framework is that aspects of loss facilitate increased responsibility as a consequence of the many emotional and practical demands experienced. The proposed relationship between the two categories is illustrated in Figure (ii).

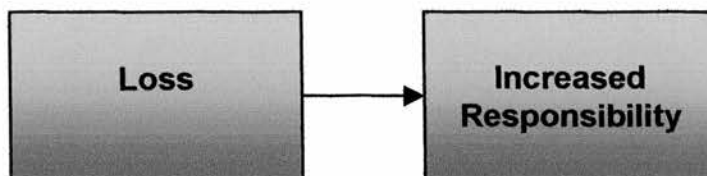


Figure (ii): Relationship between Core Categories

Loss & Increased Responsibility

3.2.1 Core Category: Loss

The theme of loss is used to categorise some of the changes experienced by the foster carers' own children as a result of the fostering process. This concept is discussed within the context of the four following sub-categories:

- innocence
- foster child
- parental time
- space and belongings

These are illustrated in Figure (iii) and will each be considered in turn to familiarise the reader with these concepts. A descriptive account of the themes will be presented, however the relationships between the core categories will be considered in more detail throughout the discussion.

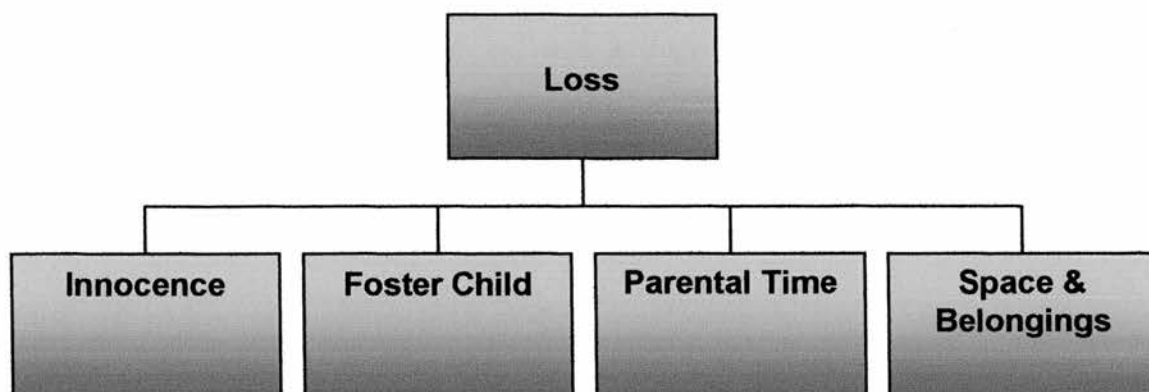


Figure (iii): Core Category Loss & Related Sub-Categories

3.2.1.1 Sub-Category: Loss of Innocence

This term was used by the researcher to reflect an awareness of negative aspects of life such as childhood abuse, neglect, parental drug taking and violent behaviour. What is illustrated in the narratives is an adult like knowledge of the real world and a true sense of what goes on in some families behind closed doors. Although adolescents are likely to become more familiar with these issues during their teens, most of the children interviewed reported being familiar with these aspects of life from quite a young age. Typically, parents try to shelter their children from such matters until later in their development, regardless of whether or not they choose to foster. However, the very nature of fostering exposes the carers' own children to these difficult topics at an earlier stage than perhaps most parents and indeed children would wish. A realisation of what life is really like is reflected in the following examples, which also suggest that non-foster families are not commonly confronted with this type of information.

It's just made me realise more I think about the world ... when I was younger I would just realise like with the baby that was abused, like none of my friends would have thought that would have ever happened ... when you're little you think that the whole world is perfect (Participant 1).

I think like, we see like what they (the foster children) go through and that ... other people don't actually see what they do go through. It makes you realise (Participant 2).

I've noticed, I've kind of realised things and I've thought about different things and I've just kind of realised what life is really life (Participant 9).

Although foster families are provided with information from the agency pertaining to the foster child's background, this information commonly arrives after the foster child has been placed with the family. Consequently, foster parents have little time to consider what aspects of this information, if any, they wish to convey to their own children. Even if parents choose not to share this information directly, it would appear that the birth children of carers typically learn about the foster child's past during the course of the placement. The following quotations illustrate the participants' familiarity with negative aspects of life pertaining to the foster child's upbringing:

Before I met her I was like, 'what's she (the foster child's mother) doing, she's a drug addict, she made the baby a drug addict', I don't see how she could do that, but then it's totally different when you meet them (Participant 1).

Like we had once a baby that was abused and I never met the family, so straight away I was like, 'no way, abusing a baby I was like no', I just didn't want to know them basically ... my mum was really upset when we had that baby 'cause she (the baby) had a broken hip, a broken leg and a broken arm and it was just horrible seeing my mum like that and then it made me upset and like the whole family was upset and I didn't really want to see anyone that could do something like that to a little baby ... so it was, you did feel like, you felt down ... but it was, it was quite hard dealing with that (Participant 1).

*It makes you feel like, think about what goes on like actually before they come here kind of thing, because the first day we got * (foster child), she ate her food like she'd never seen food in her life. She was eating as much as we were. It was like, she dropped a pea on the table and we picked it up and put it in the bin and she was screaming because of this one pea on the table, but then it was alright after that she actually realised that she was getting food everyday (Participant 2).*

Some of the stuff we all found out was quite scary about some of the stuff they (the foster children) had to actually go through ... it's just you don't believe what they've been through (Participant 2).

You don't get the full story 'cause obviously she's (referring to her mum) not allowed to tell you the full story, but when my mum started (telling me about the foster child's background) I was like, 'no you're lying, nobody could actually do that to their kid', and realising that they do just, oh it makes my stomach, oh that's just wrong, they should be shot (Participant 7).

*It upsets me because I don't know, it just upsets me to think that somebody could actually do that to a little kid 'cause like as I said * (foster child) had his skull fractured and he was only a baby when that happened and like a baby baby. How could you do that to a little thing? Fair enough they cry all the time but still there's no need for that (Participant 7).*

These examples illustrate the type of information that the carers' own children acquire during some foster placements. Although some of the participants learn about the foster child's past directly from their parents, others simply begin to question what might have happened to these children that accounts for their current behaviour in certain situations. Perhaps more alarming is that some participants acquired this knowledge from the foster child directly. This is illustrated below:

A foster child we've had before told me about things that had happened with her mum and dad before, that she'd seen and that she'd ended up being like caught in the middle with. In the end her mum and dad both like kind of took it out on her. So obviously the social worker has to know that, if violence is going on ... you just wish that what's happened to them just never happened, but obviously everybody would feel like that, you don't want anything to happen to little children (Participant 3).

There was one girl who we had for respite and she just told me that her dad used to beat her mum up, but that's all she said and she wouldn't speak much about it but that, she just told me that ... it was kind of scary because if I was her then I would be really scared and really upset as well so it was kind of hard to hear (Participant 5).

It was really strange because it was something I didn't feel like I should have known, so I told my mum and she was like, 'we'll have to keep an ear out and see if she, if they say anymore' ... because it was out of the blue, it kind of took me by surprise and then they felt like they shouldn't have said it because I was just so shocked that I'd heard it ... a little bit nervous as well ... that was scary because you'd been told something and you didn't know how to respond and then they knew that that something was weird so they kind of went silent and it put you in a really awkward position (Participant 9).

The issue of disclosure will be considered in more detail in the discussion section of this report. However, when considering these examples collectively, what is apparent is that exposure to this type of information can elicit a range of different emotional responses in the participants, regardless of how they came to learn about the foster child's background. These feelings include disbelief, fear and sadness, to quite strong feelings of anger towards the perpetrator. However, although the initial reaction appears to evoke negative emotions, some participants also appear to appreciate their own family circumstances more as a result. However, this finding was less well substantiated.

You learn not to take things for granted definitely as well, like family life, not take that for granted (Participant 1).

Like what we get everyday, it's just like they don't get and when they get it they're just like amazed by it, makes you appreciate what you've got (Participant 2).

Interestingly, similar feelings were experienced by the researcher having listened to the responses during the course of data collection. This is illustrated in the following excerpt from the researcher's reflective diary (entry 6 June 2006).

I feel kind of exposed just hearing about what some kids have to go through. I don't think you ever get used to it. If I'm honest, there's part of me that doesn't want to know. I feel angry and grateful all at the same time. I feel angry towards the foster

child's parents for treating their kids so badly, but I also feel angry at the foster carers for exposing their children to this kind of information. Why can't kids simply be kids? For some reason my response feels so strong that I'm left wondering whether these are my feelings or if they actually reflect that of the birth child (i.e. foster carers' own children)?

It is difficult to know whether the researcher's feelings of anger towards the foster parents, mirror that of the participants. However, it is important to note that this was not communicated in the narrative directly.

3.2.1.2 Sub-Category: Loss of Foster Child

This concept refers to a sense of loss associated with the foster child's departure. Perhaps not surprisingly, the extent of the emotion experienced when the foster child leaves, reflects the quality of attachment that has formed during the course of the placement. Most participants became attached to children who stayed longer, although this was not always the case. A real sense of affection was conveyed throughout the narrative and in some instances thinking about the impending loss triggered feelings of sadness. For instance, one participant became slightly emotional talking about the prospect of a foster child leaving. The following quotations reflect how quality of attachment is related to this concept.

*Yeah I don't want * (foster child) to go 'cause she's so lovely, she's so like quiet and just like funny and like * (other foster child), she's so cute, I really love her ... it's harder then when they go after a longer time, you're like, 'oh I wish they went earlier so it's not as hard' (Participant 1).*

Yeah and I think she was just special but it was hard because it was the first one that we've really got attached to ... so then it was really hard when she left because we had to watch her go away ... it was hard because I didn't think I was that attached to her until she went ... although I've got really attached to this two that we've got just now, well I'm not really but the longer you've got them the more

you get attached. It is harder, I think the younger the kids the more you get attached (Participant 2).

It's always difficult when they leave to think that, especially if you think well I'm not really going to see them again but you grow attached to them (Participant 3).

I kind of feel like sad because it's just, I've gotten really, well I sometimes like know them really well (Participant 8).

If you've had them for a long time or over a long period of time, it's quite sad really when they go, but if you've only had them for like a weekend and you don't know them that well, it's ok then (Participant 9).

What was also reflected in the narrative was the impact of this loss on the wider family system, not only in relation to the foster parents, but also in relation to members of the extended family.

I just, I hate seeing my mum upset and even when they go and stuff if like I'm not crying and my mum starts crying I'll be like 'ooh' and then I'll start crying (Participant 1).

I think it was worse on my mum because she was with her all the time. I think she was like the daughter she always wanted. Her new family came and picked her up and just took her away. It was really hard when she left, we wanted to adopt her but we were thinking about it in the long run because my dad was thinking like, 'I'll be retiring by the time she's like thirteen, I'll be like her granddad more than anything else'. So then it was really hard when she left because we had to watch her go away. I think it was worse on my mum because she was with her all the time (Participant 2).

I don't think about it. I don't want to. So no I don't, I don't even want him to go so I'm not going to think about it. It's going to be sad for everybody even my granddad and stuff and my cousin. I mean my cousin's eighteen nearly nineteen and she loves him to bits (Participant 7).

With reference to the original research aims, the researcher was also interested in identifying how the birth children cope with the feelings that this type of loss elicits. Several means of coping were identified, although there was insufficient evidence to suggest that one type of coping response was more prevalent. These include what the researcher refers to as, 'it's for the best', 'replacement' and 'family time'. 'It's for the best' relates to the birth child's belief that the move is in the foster child's best interest. 'Replacement' reflects the participant's desire to have another foster child immediately after the previous child has left, and 'family time' is defined by an increase in time that the family spend together to acknowledge the loss. What was illustrated throughout the narratives was that most participants commonly used more than one type of coping strategy, as the following examples from participant one demonstrates:

It's for the best: *I always try and think, well if they're going to adopt, then it's the best thing for them. They'll have their own family. They'll have their own big sisters or little sisters or whatever ... we just think they've got a better life coming on and all that stuff (Participant 1).*

Replacement: *I think it's 'cause you're used to having a baby and then it's gone and when you get a new one it kind of fills that hole again ... and thinking, 'oh we'll get a new baby soon' (Participant 1).*

Family Time: *We always like usually go out for lunch or something when a baby goes, since like I know my mum and dad are going through the same thing its just we kind of always when they go, go out for a meal at lunchtime or something and always spend the day together (Participant 1).*

The use of more than one strategy to cope with loss was also reflected in the narratives from the other participants. Despite the upset that is reflected in the above statements, it is important to acknowledge that the participants were not

always saddened by the foster child's departure. In some instances, where the relationship between the carers' own child and the foster child had been problematic, a sense of ambivalence or indeed relief was conveyed.

When S left I didn't mind at all because I didn't really like her (Participant 5).

Yeah but, but just sometimes when they're, well when a child comes and I don't really like them I'm a bit glad (when they go) (Participant 8).

A sense of relief was particularly evident in relation to the birth child who had been bullied by a previous foster child. However, what is perhaps more worrying, is that the foster child concerned continued to live with the family until he eventually left of his own accord when he turned sixteen. This was despite the family's awareness of their own child's distress. Subsequently, the researcher was left wondering why a parent would choose to put the needs of someone else's child before that of their own.

3.2.1.3 Sub Category: Loss of Parental Time

This category refers to a reduction in parental time and availability as a result of fostering. As foster children enter the family home, greater demands are typically placed on the foster parents. Consequently, parents have less time available to spend with their own children. Parental attention is commonly diverted towards the foster child, who will often present with a range of emotional and behavioural problems. Externalising problems pertaining to the foster child's behaviour are common, and were illustrated in the narrative.

*Like he (foster child) really, he gets angry but they've got the naughty step through the house ... because you do get the bad times as you can see there (participant points to torn wallpaper). I think that was * (refers to foster child). I think the paper was coming off, you know just a tiny little bit, and that's her seat (participant points to foster child's chair) when she was here and then she just, she used to take a tantrum now and again when she didn't get her own way, so she just ripped it off (Participant 2).*

Not that long ago we had quite a few (foster children) that were quite like challenging, not challenging but just you know, like didn't know any rules or anything like that, so my mum got quite stressed out you know like constantly telling them like to stop it and behave ... I mean the worst placement I've had, like a kid that just screams none stop but eventually you block it out (Participant 3).

He (foster child) did, he did bad things, like he would kick off. He would draw on the wall paper and he would just do naughty things, like he would go to his bed, he would stand on his bed and just scream the whole place down, he would kick the dog, he would bite the dog, just naughty things really (Participant 7).

These types of behaviour can be extremely difficult for the foster carers' own children to understand, particularly if they receive no explanation as to why the foster child might be behaving in this way. They can often find themselves, or a family member, on the receiving end, as the foster child struggles to come to terms with change and loss in relation to their own circumstances.

I think, not more violent but they're (foster children) more like, I don't know, I just remember one boy, one girl actually used to always pull my hair and try and bite me. That's just like two year olds but they do it all the time, and just if they didn't get their own way that's how they reacted. One little boy would, he would as well take up like a lamp and just throw it. Quite a few breakages when we had him (Participant 1).

She (foster child) was so cheeky to mum and stuff and it was just getting annoying so. It was hard because I don't speak to my mum like that and when she was saying stuff to my mum it just made me really angry because she, she shouldn't be saying stuff like that and she used to, she started swearing at my mum and she was so young as well and I still don't even swear at my mum at all and I'm twelve so, yeah it was just annoying (Participant 5).

He (foster child) was bad but it was to see how you would react to him and he would like, what did he break of mine? Oh he broke my necklace and I can't remember who I got it from but he broke it and just laughed in my face basically, but I found that really hard because you just want to oh absolutely batter them, but obviously you can't (Participant 7).

It's embarrassing if you're in the middle of like a public place or something. It kind of gets a little bit annoying because they (foster children) hit you and you don't want to hit them back because that's really harsh. It's like you're kind of trying to stop them but then they just kick you and fall to the floor, so again it is annoying (Participant 9).

In addition to time spent dealing with aspects of the foster child's presentation, foster parents also have to attend scheduled review and planning meetings, as well as co-operate with the agency to facilitate contact between the foster child and their biological parents. The increased demand on parental time subsequently means parents are less readily available to spend time with their own children, who sometimes perceive that the foster child is receiving more attention than they are. Loss of parental time and availability was a key theme throughout the narratives.

I think when the foster babies are here I don't spend time with them (parents) like basically. Well I do spend time with them but not a lot ... I don't think the relationship changes between me and mum but just, eh we don't spend a lot of time together. Sometimes, like if say I want to spend time with my mum or dad like, 'oh mum do you want to go shopping or something?', she can't she's got the babies ... sometimes I do get a bit bothered and I'm just like, 'I want my mum to myself' (Participant 1).

*Just she (foster child) kind of takes my mum away a lot of the time ... it's kind of difficult because I've got an older sister as well ... like when we need to go out with our friends and stuff and my mums giving us lifts and she'll (mum) say, 'oh I can't give you a lift because I've got to drop * (foster child) off', and we just think that like if she wasn't here it would be so easier, but it's not, it's not that bad (Participant 5).*

I found it really hard ... like having a conversation with her (birth child's mum) or just anything like helping her do the tea ... that was all like, not stopped but it

*wasn't so much me and my mum. It was me, my mum, * (foster child), or my mum, * (foster child) and me ... and you'd be trying to have a conversation and * (foster child) is like, 'mum, mum, mum, mum, sponge bob, bla bla bla', and you can't have a conversation, or like * (foster child) likes to make the tea with her so I just leave them, but to start with I found it really hard and that annoyed me too (Participant 7).*

Interestingly, although perhaps less well substantiated, loss of time and availability due to the presence of foster children was also reflected by some participants in relation to their friends.

Like when I was younger, when your friends used to come round to your house to play like Barbies or whatever, they would also want to play with the babies and that used to really annoy me. It's like, 'you came round to play with me not the babies', but now its, its fine. Sometimes I remember thinking, 'you're round for me not for them' and my mums like 'well they don't usually have kids about' and I was like 'oh well, I suppose', but then I'd say 'well are you coming upstairs to my room, I've got this new or whatever' and they would be like 'alright, ok then' and they would go (Participant 1).

They (foster children) never usually come and speak to me like when I'm here with my mates or anything, they always come in and sit and play with them (friends) instead (Participant 2).

That's helped a lot, like getting my lock ... like at the weekends I can still, you know, have my friends round and that ... or if they're staying over night then the doors locked. So I know that I've still got time with my friends (Participant 3).

And when I had friends over she (foster child) would just, just come and like stay with us and it was so annoying ... well normally when they come round (friends) they normally find them (foster children) really annoying because they try and hang about with us (Participant 5).

Sharing relationships with family and friends was a theme that was prevalent through most of the narratives and was perceived by the birth children as one of the most difficult aspects of fostering regarding adjustment.

3.2.1.4 Sub Category: Loss of Space and Belongings

A sense of loss was also reflected in relation to space and belongings. This category refers to a lack of privacy in the home and ownership over possessions. The birth children found this aspect of fostering particularly annoying. Difficulties adjusting to these changes appear to be magnified when the foster carers' own children have to share a bedroom with the foster child. For the purpose of clarity, the first set of illustrations highlight this concept in relation to sharing space only.

It was weird not sitting at the table though because there were so many people like around, it's like, 'where do I go?' Same in the car and that, we all had to squish up to get in 'cause there was no room ... like I didn't have my own space and that, 'cause when we had other kids I had to share a room with my brother all the time and then just like, because they (foster children) were interrupting my space I always moaned about getting my own bedroom, like to get my own space to go away (Participant 2).

Well it was in my old house but she (foster child) was still sharing my bedroom with me. That's the only thing that gets to me about fostering, like with the longer term it can be like anything up to two years ... because once we had our last placement, that was for like two years and I only had like a few weeks in between and I got the next placement and that's been over two years now, so I really haven't had a bedroom to myself for like four years (Participant 3) ... we (birth child and foster child) started arguing and like falling out and things. I think that was 'cause we were like living in the same room ... you kind of need a bit of your own space but we didn't have any of that, we were in each others feet like all day every day. Like going out together at nights and everything as well as being in the house together all the time (Participant 3).

*She spends a lot of her time in her room now because, well it's her own room so she can do what she wants, but when it was my room, because it was mainly my room, my mum said, 'well if * (foster child) wants to be in there then leave her', and when I had friends over she would just, just come and like stay with us and it was so annoying but now she's got her own room she just stays there ... just like the sharing the room was the hardest part (Participant 5).*

Like 'cause my mums got like a smaller room than me I thought well it doesn't bother me and em, to start with I was like, 'get them out my room, they're annoying me' (Participant 7).

There was also some indication that sharing space restricted the foster carers' own children in relation to how they spend their spare time.

*When he (foster child) first came here we had the computer in my room and like I couldn't go on the computer when he was in his bed, so stuff like that changed, but now it's not 'cause I've got the laptop, but things like that changed and you can't play music in your bedroom when he's sleeping and stuff so things like that have changed but not, not everything ... like I don't have my mates over to stay because * (foster child) is in the room (Participant 7).*

Just if you're in your room and they just come in and you've got to tell them to get out and they start hitting the door sometimes. That's one of the little things that just ... when you can't do things, like you can't have sleepovers or something sometimes if they're in bed (Participant 9).

The following examples illustrate that sharing material objects was also a difficult aspect of fostering to adjust to.

When they (foster children) were here it was like fighting for TV and stuff like that. It was weird to start with. It was more like, you had it to yourself before they came but then you had to give it up so that they could always get a shot as well ... actually I had to sleep on the sofa for a few weeks, so I gave up my bed for them really for a couple of weeks until we got a new bed delivered. I think that got to me a little bit (Participant 2).

Because she's (foster child) younger it was really hard and she just used to go through my stuff and I hated it, but then we got a bedroom put upstairs so she moved out and it was ok (Participant 5).

I don't mind them (foster children) sleeping in my room as long as they don't touch none of my stuff (Participant 7).

Yeah, she (foster child) was like using my make up and stuff and I was like, 'please don't, I paid like twelve pounds for that flippen foundation and you're not using it just to put all over the walls and stuff' (Participant 7).

That's ok for them to use my computer really as long as they ask, but I don't really feel comfortable because if they're just new I don't really know if they like steal or not (Participant 8).

Through some of these illustrations, there is a sense of entitlement and although less well supported, a lack of trust. Presumably, it is difficult for children to understand why they have to share, particularly if the foster child is behaving in a way that appears disrespectful.

3.2.2 Core Category: Increased Responsibility of Birth Children

In accordance with the developing model, the demands placed on the birth children as a consequence of some of the changes they experience, appears to facilitate an increase in both emotional and practical responsibility. This category therefore reflects the additional demands that are placed on the birth children as a result of fostering. Some of the identified sub-categories pertaining to loss, link more directly to increased responsibility than others. For example, emotional responsibility appears to be more closely associated with disclosures in relation to 'loss of innocence'. Whereas practical responsibility appears to be reflected in relation to 'loss of parental time', in that the carers' own children often have to look after the foster child or become increasingly self-sufficient. Perhaps not surprisingly, the age of the foster child and the number of foster children living with the family seems to influence the number of extra demands placed on the birth

children. Examples of practical responsibilities relating to caring for the foster child are illustrated in the following quotations.

Like I'll try and like help with the baby, if she's doing something and she starts crying or something, I'll try and just go, 'ok, I'll take over', like try and give her (birth child's mother) a rest or something ... I think what makes a difference is if we have like two of them (foster children) and if mum's doing something for one she'll be like, 'oh can you go and feed the other one, because obviously she needs more help and stuff ... like if she's got two or something and she's bathing one of them and it's like time for the other ones medication, like I just go give it to them. I will do it, if she needs help, like I will do it but it's usually just like a syringe in their mouth, it's nothing like injections or anything (Participant 1).

Babies are a lot more work 'cause you have to keep an eye on them a lot more of the time. Then like, toddlers they'll go and do their own thing and they'll sit and play, but babies you've got to keep an eye on ... well its more work for my mum and that, but like we help out with the kids to give mum a rest ... it's more you need to give mum a rest 'cause she's with them 24/7 basically, she's up during the night and then you just need to sit with the baby ... well I don't really mind if they're (foster children) in their beds at all, but if it's like during the day and that it's a bitty worse because I like to go out with my friends all the time and just relax, but its good to give mum a break, I think she gets happy (Participant 2).

*Well I find I do like, I do more for * (foster child), because, just cause he's there and it's, it's not for the sake my mum says, 'oh do this for *, do that for *', you want to cause like he'll be sitting (Participant 7).*

Making the bottles and I get told if they've got like a little thing they need to put in the bottles. I can, if I get told the right amount I can put in it and all that, but yeah you get trusted with a lot of things as well which is good in a way (Participant 9)

The examples that follow differ from the above in that they relate to an increase in self sufficiency and increased responsibility in relation to house hold chores.

It's a lot more like, it's weird, like busy and more like them (birth child's mum and foster child) going out for health check ups at the hospital. So like em, my mum will be like 'when you come home I won't be here or something' and I'm like 'oh that's fine' she's like 'just make up something for your tea' and I'm like 'oh alright, ok' (Participant 1)

Oh well it's normally annoying because my mum sometimes get a bit stressed but I, I end up having to do all the dishes and stuff ... I've got to sometimes help with the washing up and I've got to normally just, when I'm enjoying myself I've got to go and tell all the kids that its dinner and stuff ... sometimes the kids (foster children) are messy and they just drop whatever they've just eaten on the floor, like a mars bar or anything like that and they don't clean it up and then me and my mum or anybody in the family has to go pick it up (Participant 8).

The weight of emotional responsibility was illustrated more subtly throughout the text and is perhaps less well substantiated in comparison to an increase in practical responsibility. The following example illustrates emotional demands in relation to the category 'loss of foster child'. In this example, the family's future as foster carers rested heavily on their son's decision.

No I told her (mother) how I was feeling all the time because I didn't like fostering at all. I just, I was against it but then they were thinking about me and were going to stop it because I didn't really like it. They were thinking about like how it was affecting me, but then I think once I realised that they were going to stop it I thought, 'hold on' and then kind of saw sense ... yeah, I said to them just to keep going (Participant 2).

This second example relates to the category 'loss of innocence' and highlights the emotional responsibility experienced as a result of disclosure.

It just, you feel like responsible (following a disclosure) ... you feel, you feel kind of bad (when informing an adult) because you know that the foster child came to you because they didn't want like adults to know (Participant 3).

Interestingly, participants in this study generally did not appear resentful of the increased demands that were placed upon them. Instead, they evidently enjoyed being involved and appreciated the trust that either their parents or the foster child had placed upon them.

Cause like if you talk to them (foster child) and they talk to you then they like build up confidence like with you and they'll trust you a lot more ... and thinking that it's someone that they can trust ... it felt good the fact that they trusted you enough to come to you (Participant 3).

You get trusted with a lot of things as well which is good in a way ... it's more the fact that you get the responsibility, it feels like you're trusted more (Participant 9).

3.3 Adjusting to Change

A further aim of this study was to examine how the carers' own children adjust to the changes they experience as a result of fostering. What this study indicates is that these children typically have to sacrifice a lot, often without a real understanding of why they have to share their family and their homes. This makes it particularly difficult in the early stages for the birth children to adjust. What is apparent from the narrative was that most of the participants experienced a period of adjustment during which time they adapted to the transition and the accompanying changes as defined by 'loss' and 'increased responsibility'. The following illustrations highlight this transitional phase, during which time the birth children began to come to terms with fostering.

It wasn't too bad the respite, but when they (foster children) came, they started like the two years, it was just, it's big change. It's like extra people in the family but as they've come I've come to it ... I kept getting onto my mum because I didn't like it. Now with the fostering, it's just back to normal, after I got used to it (Participant 2).

I'm used to it now because we've had her (foster child) for over two years ... and it's not as bad as it used to be so ... I got used to it after a while ... when I mention it to people they always go, 'oh aren't you sick of them' and I'm like, 'no because I'm used to it', it's just part of what we do now so it's just something normal (Participant 5).

I wasn't used to it at first. It's well, when you think they're (foster children) going and they don't, it's kind of like annoying but you just have to get used to it, yeah just get used to. At first I was kind of shy but then I've got used to it now, so I'm not fussed (Participant 6).

At the start, you never knew what to do and nor did they (foster children) because they'd just come, and now they come in and find it hard, but they come and you find it so easy ... its weird, like weird weird, it was, it was just strange. I can't really remember it, but I just know it wasn't, at the start it was weird but then you got used to it (Participant 9).

Internal coping strategies that promote adjustment were less well identified in this study. The researcher found that although the participants could identify external elements that helped them to adapt, they were less able to reflect on internal factors that facilitated coping and adjustment. This will be considered more thoroughly in the discussion. External factors that were found to promote adjustment were the age of the foster child and the amount of information the birth child received.

3.3.1 Age of Foster Child

In accordance with previous research, placing a foster child who is of a similar age to the birth child has been found to compromise placement stability. Interestingly, there was some evidence throughout the narratives that suggests that birth children prefer having younger foster children. This was expressed both by birth children who had experienced this directly, but also by those that had not actually been in this situation.

Actually she's (birth child's mother) asked me in the past she's like, 'would you like that, like one (a foster child) your age?' and I was like, it was me, I was like, 'no not really' ... I think they would cause me trouble for my mum and dad (Participant 1).

It was hard because like I didn't really get on with them (foster children) because, just, I think it was the age group cause it was so close ... well now that I'm older it makes a difference that they are younger but I think if we did have some more the same age I don't think it would be the same. I think it would be different. Go for younger kids because well at my age I get on with younger ones a lot more than I would the older ones (Participant 2).

Because they (foster children) would be too much to my age and like they'd be using my (hair) straighteners and that just wouldn't be happening, 'I paid a hundred and three pounds for them so you're not getting to use them' (laughs), things like that, no. I say's to my mum, I was like, 'no', older kids was a definite no but my mum wouldn't have room for them anyway so em no I would hate older kids (Participant 7).

I don't know it's just they kind of, you can be pushed about by older people but by younger people you can't be ... and if, if like, if they want something and they're older they can push you off of it, but if they want something and they're younger, they'll ask you for it (Participant 9).

Although there was some evidence to support this finding, this evidence was inconclusive. Although some of the participating birth children clearly expressed their preference to have only younger children placed with their families, others suggested that they prefer to have children of a similar age. Those who stipulated their preference for foster children close in age, suggest that they will have more in common and therefore will be better able to relate and engage with them during the placement.

It's just when we're the same age we can relate better (Participant 4).

I would prefer if it was people my own age so then I would probably talk to them more (Participant 6).

Well I prefer ones (foster children) my age really because I can get along with them. Eh, I don't really get along with younger or older kids ... but the older ones they're all too mature and they're always too busy anyway doing all their homework and stuff (Participant 8).

This is an important finding in that fostering agencies should not readily assume that it is more appropriate to place foster children, who are younger than the carers' own children, with the family.

3.3.2 Information to the Birth Child

Difficulties encountered during the early stages of adjustment also appear to be associated with a distinct lack of information and involvement. Indeed, a desire for more information was reflected by some participants throughout the text.

I think like if there was somebody to talk to about it, like I think social workers and that when you're younger are a bit scary because you don't know them, but if they took it and made it simpler for you and just gave you some advice ... something like that, then it's a lot easier (Participant 2).

I think we should have been spoken to more about it before people started coming to us because we didn't really understand and even though we were younger I still think we should have been spoken to (Participant 5).

The only participant who had actually received formal training referred to the benefits of this in facilitating understanding.

It was good (referring to training course) 'cause if I didn't go I wouldn't know half the things, you know like how to deal with them (foster children) and stuff ... and I think if you didn't go you'd be like, 'why are they like that? Why are they doing this and stuff?' ... I think they should do something like training wise for the kids like cause I found it helped better ... I just think something, something like to explain what like fostering is, just what the adults have but broken down (Participant 7).

Participants commonly referred to a distinct lack of information regarding the duration of the foster placement. There was significant ambiguity regarding how long the foster child would be staying with the family. This ambiguity was a source

of great annoyance for most of the interviewees. In line with previous research, lack of clarity regarding the length of the placement makes it difficult for families to know how much they should invest emotionally. Uncertainty regarding the length of the foster placement is illustrated in the following quotes.

The kids we've got nowadays aren't meant to be here for say more than a couple of weeks but we've had them for since before Christmas now. It's not as bad now but when we first started I was really annoyed and that because they said that every time, like their social worker would come up and they would speak to me and they always used to say that they would be going away soon ... but it never happened (Participant 2).

*It does make a difference (knowing how long they are going to stay) because like we didn't know how long we was going to have the foster children for and we thought it was only going be like a few months to start with ... and we've got no idea how long we're going to have * (foster child) for (Participant 3).*

*I don't know how long, how long it's supposed to be but it's turned out to be a lot longer than my mum was supposed to be doing because she's had * (foster child) for over two years and it's not supposed to be that long so ... well she was supposed to leave on the 25th of February last year ... I was kind of shocked though when they said she was staying for longer cause then they said she would be away by July and then it went on and on and on (Participant 5).*

When you think they're (foster children) going and they don't it's kind of like annoying but you just have to get used to it (Participant 6).

*Eh well sometimes that, well with * and * (refers to foster children) they came and they were only meant to be staying for four months but, but they've been staying for longer now, don't know why but. And * (refers to other foster child) was only meant to be coming for a weekend, but he's been staying with us for ages now (Participant 8).*

3.4 *Impact of Change on Carers' Own Children*

Core Category: Feel Good Factor

This concept refers to positive feelings generated in the birth children of carers as a result of the fostering experience. It would appear that fostering promotes a positive self-concept despite the changes imposed on the birth children. Although there is clearly a period of adjustment during which children adapt to the concepts of 'Loss' and 'Increased Responsibility', it would appear that the negative feelings they experience are reduced by what the researcher has coined the 'Feel Good Factor'. This category has been split into two sub-categories and is depicted in Figure (iv).

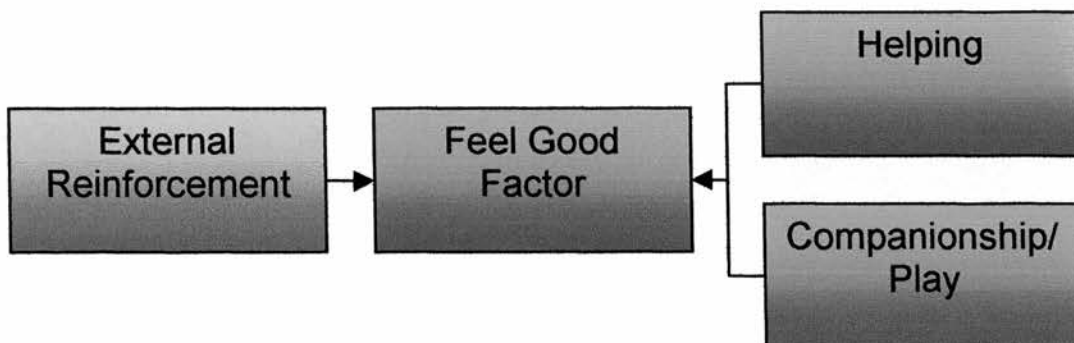


Figure (iv): Core Category Feel Good Factor

3.4.1.1 Sub Category: Helping

'Helping' is the first sub-category and reflects the positive feelings associated with helping foster children. This concept is illustrated in the following quotations:

I think it's just, I don't know, I think it's something like you do, you get like a good feeling out of it ...it's a good feeling you get, makes you feel good cause you're doing something, something for someone else (Participant 1).

It makes you feel happy because you've actually helped out in getting them (foster children) like build a lot more confidence in their self and all that (Participant 2).

Just having the feeling that you're helping somebody. I know it's not me that's fostering them, it's my mum and dad but just knowing that ... just knowing that it's helping them just makes you feel a bit better about it ... and it's worth it to know that you're helping the children (Participant 3).

It is rewarding, like you see them coming on and you're like, well that's cute, like to think you kind of helped him (foster child) you know, come from where he was (Participant 7).

Because you still feel good that you've helped them and there is still more good times than bad times (Participant 9).

There was a real sense from the narrative that fostering is worthwhile in spite of the difficulties associated with adjustment and change.

Eh, it just, I think it makes you think, 'oh, it's all been worthwhile', like giving them (foster children) up and being upset and stuff. It makes it worthwhile cause they've got their own family and got their own life now (Participant 1).

I think that's what I realise now that they (foster children) have been through a lot and they need a proper home and family to go to, like a loving family and that. I think it's a lot easier, like I see like the good part of fostering compared to what before, it was just kids coming to stay (Participant 2).

It feels hard to start with if you get like children that are difficult to look after or anything, just stick in at it because it really is worthwhile ... in the long term it's worth it ... and it's worth it to know that you're helping the children. It's just worth it in the end (Participant 3).

The development of a positive sense of self appears to be inherently linked to the benefits of fostering for the foster child. Being involved in a process, which has facilitated the development of other children, appears to make the negative feelings associated with 'loss' worthwhile. The negative feelings initially experienced by the carers' own children seem to be reduced by the positive feelings that are gained in the long term when the benefits for the foster child become apparent. This is illustrated in the following quotations.

*If they keep in touch and you do see like, one of them * (foster child), he was the longest one we had, I think we had him for like just about a year and a half and he got adopted and we got like a letter the other day and they're like thinking about moving to Australia, his new adoptive parents. And it's just like, 'wow' he's going to go to this amazing life in Australia and he could have been, like his mum was like a prostitute like before, like his original mum, he came from like from a bad background and now he's gone, he's going away to live in Australia, like this big family and stuff. I think that's the best bit (Participant 1).*

*Well, when * (foster child) first came here, she couldn't speak at all, she would just point and scream and when she went away she could do a lot more, she could answer the phone and just speak away .. I think it's seeing them just develop more and seeing them going away a lot happier (Participant 2).*

*It's just like, I like, like seeing them come on you know like, like the progress they're making cause like when * came he was just, he didn't do nothing but now he can like colour in, he can write his name and stuff so yeah ... and seeing them kind of develop? ' Cause yeah when he came here like he ate with his hands, everything, beans, everything with his hands and now if you put him down with like finger food he won't even touch it he'll just say 'can I have a fork?' (Participant 7).*

There is also some indication to suggest that the positive feelings generated by the fostering process might be reinforced by the elevated status with which society regards foster families. However, the relationship between these two categories is

acknowledged more tentatively. Examples of how fostering is perceived by people outside of the foster family are provided below.

Sometimes she'll (birth child's mother) just be like, 'oh we're looking after them but if she knows them quite well she'll be like 'oh this is our foster child' and people are like 'oh, how do you do it?' and, and instantly have more respect for you than if you're, if it was just your kids ... when my mums out to the shop with the babies, a lot of people think, 'oh that's the lady that fosters' and those people always go up and speak to her and ask how the babies are doing and stuff. She gets more people speaking to her rather than a normal person ... like I was at work on Tuesday night and somehow we got speaking that I was fostering, we'll my mum and dad foster, and everyone's like, 'oh I take my hat off to your family' and all this stuff. A lot of people are always really nice about it (Participant 1).

A lot of people praise it more than anything. I think all like my mates' mums and dads they all praise it because it is a good thing (Participant 2).

They (birth child's friends) think it's different and kind of interesting, they want to know about it, they're always asking about things (Participant 6).

They (birth child's friends) think my mum's really nice about doing it (participant 8)

Other people think it's really good that we foster (Participant 9).

3.4.1.2 Sub Category: Companionship & Play

'Companionship & Play' is the second sub-category related to the 'Feel Good Factor' and reflects the positive aspects associated with interaction. These are reflected in the following quotations:

*I love like having the babies, like sometimes like yesterday I was with * and * (foster children) and I just have a laugh with them and play with them and I love interacting with them (Participant 1).*

I would have fun and just go outside and play with her (foster child) and all her toys and that. It's fun being around them (Participant 2).

I just like having kids around me anyway ... I enjoy having kids round me ... like take them out and just, even if it's just sitting with them and drawing or colouring (Participant 3).

They're (foster children) quite fun to have around ... we normally just sit and play monopoly and stuff like that ... go outside and play football ... and we talk (Participant 8).

Just little things like taking them (foster children) outside or going to the park or even just like playing football with them in the garden, just little things like that I like (Participant 9).

The positive impact of fostering on a child's psychological well-being and development has not been reflected to any degree in the previous literature thus far. Alternatively, there is a focus on the negative consequences for the carers' own children, with little consideration of how these difficult situations might actually positively influence the birth children in the future.

3.4.2 Core Category: Growing Up Fast

This category refers to accelerated maturity untypical of adolescent development. In order to adjust, the birth children of carers have to learn to share their belongings and their family, be tolerant and considerate, interact and engage socially with new people, as well as learn to manage often quite difficult and complex emotions. Acquisition of these skills at an early age would appear to facilitate greater maturity and understanding. This concept of maturity was

reflected in the narrative and supported by the researcher's own observations.

This is illustrated in the following memos.

Memo dated 11th May

What is quite striking is the maturity displayed by the participants thus far, not only in relation to their responses but also in terms of their behaviour during the interview process. I wonder if this is a by-product of being raised in a family that fosters?

Memo dated 22nd May

The maturity displayed by the first few participants has been reflected again in a subsequent interview. Interestingly, this participant referred to the foster children as 'my' kids, almost as if she were the parent. Could this maturity potentially create role ambiguity?

The narratives suggest that the participants show greater maturity in response to the foster child that is somewhat uncharacteristic of their developmental stage. Adolescents are commonly more egocentric in nature and typically have a more self-focused perspective. By contrast, the children in this study demonstrated empathy and understanding, particularly in relation to the foster child's behaviour.

Sometimes it's so like, and then you realise why the kids are like that because they've had such a tough life even though they're only like three or something (Participant 1)

It kind of makes you think well it can't be easy for them (foster children) ... well it's not really their fault ... it's not the kids fault and they've probably got reason to scream, what they've been through and everything ... it doesn't seem really fair to get like really annoyed with them and everything when you know that it's not their fault kind of thing (Participant 3).

To start with I did, it did annoy me but then I thought to myself, 'he's only three, he's never had what I've had' like I've had my mum all my life and I've had one person in my life that's taught me wrong from right, and you know what I mean? ...

he's never had that and for him to have somebody like that. If he falls my mum's always there to pick him up and stuff. He's never had none of that and I thought 'well why am I being selfish' I'm what, at the time I was sixteen so it was like, 'well I've had sixteen years of it, he's had nothing', so I just kind of like realised that he, he hasn't had like none of the loving parents kind of thing ... I just kind of thought to myself it's a bit selfish just to get annoyed because he's not had it (Participant 7).

Participants were also able to express that they felt more grown up as a result of fostering.

It kind of does make you grow up more (Participant 1).

I think I've grown up a bit since (family decided to foster) (Participant 7).

Well at the start it made me feel kind of more grown up and I learned that my parents' trusted me more (Participant 9)

This maturity and understanding was evident in relation to how the birth children interacted with, and responded to the foster child's vulnerability.

You can't be how you would be with a normal little kid because things you say like, you know like if you're joking about with a little kid and you say 'get outside and don't come back' you can't say kind of things like that 'cause they would think to there self, 'is she being serious? does she not want me here?' stuff like that (Participant 7).

You've got to be careful about it, if you kind of like one more than the other, you've got to be careful you don't treat them differently and just to make sure that you eh, you listen to them and all that, equally (Participant 9).

3.5 Provisional Theoretical Framework

A provisional theoretical framework depicting the core categories and their relationships is illustrated in Figure (v). Figure (vi) is an extended model that depicts sub-categories also. The researcher acknowledges that the evidence to support the core categories and their sub-categories is stronger at this stage, than the evidence to support the relationships between key themes, these relationships are expressed more tentatively and a dotted line is inserted into the diagrams to highlight this to the reader.

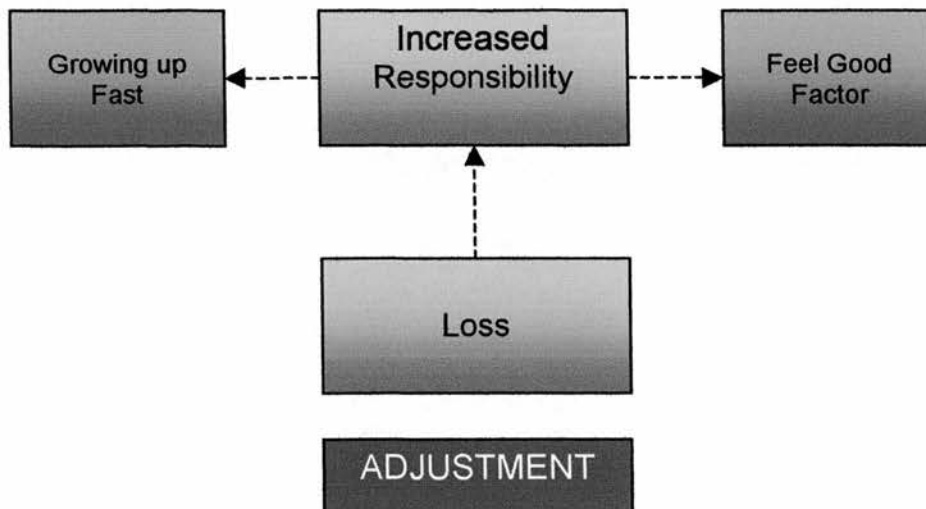


Figure (v): Provisional Account of Change and Impact of Fostering on the Birth Children of Foster Carers (Simplified Version: Core Categories Only)

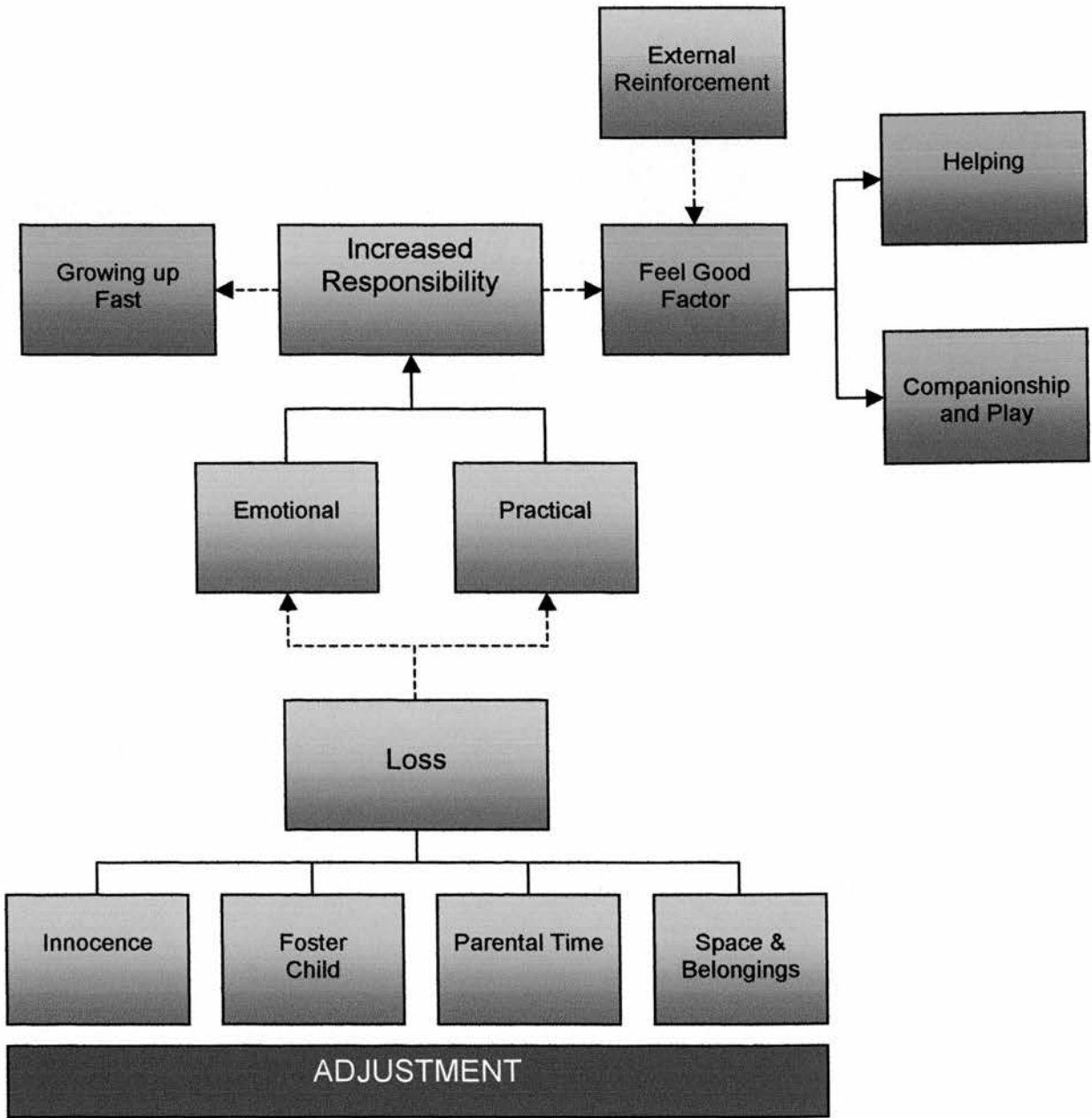


Figure (vi): Provisional Framework of Change and Impact of Fostering on the Birth Children of Foster Carers

4 Discussion

The aim of this section is to consider the findings in the context of relevant literature, reflect on aspects of the research design, consider the implications of the findings in relation to future research endeavours, and to discuss how these results will be disseminated to a wider audience.

4.1 Discussion of Results

The key finding to emerge from this study was that change experienced as a result of fostering (conceptualised as loss) appears to facilitate greater emotional and practical responsibility for the birth children of foster carers. Perhaps not surprisingly, this increased responsibility was associated with greater maturity than is typical of adolescent development. However, increased responsibility was also associated with a positive sense of self, which the researcher tentatively suggests is externally reinforced by others who regard fostering as worthwhile.

The findings from this study resemble previous literature in this area. For instance, lack of parental time and greater maturity has been identified in earlier studies (Ellis, 1972; Martin, 1993; Part, 1993 & Pugh, 1996). Similarly, the concept of 'loss' was used to conceptualise the experience of foster carers' own children by Twigg in 1994. However, this was related to loss of parental time and attention, family closeness and the birth child's position. Interestingly, there was some evidence from the current study to suggest that loss of position within the family

hierarchy was an emerging theme. This was defined as 'displacement' and is evidenced in the narratives from some of the older participants. However, this finding was less robust and the researcher acknowledges that further evidence is required to substantiate or disconfirm this concept.

In contrast to previous research, this study also identified the positive influence of fostering in relation to psychological well being, which has not been considered by other authors to date. Previously, the literature has focused on the negative aspects of fostering with only superficial reference to the potential benefits of this experience. It is plausible to suggest that different methodological approaches might best explain these differences, in that survey techniques might not adequately reflect the diversity of the emotions experienced by the foster carers' own children. The age of the birth child and their stage of adjustment might also account for this discrepancy. Participants in the current study all appeared reasonably well adjusted and had sufficient experience to have witnessed the benefits of fostering. One suspects that fewer positive accounts would be reflected in the narratives of children during the first year. As noted by Ellis (1972), adjustment difficulties are more apparent during this period. In accordance with the current study, the development of a positive sense of self appears to be associated with benefits for the foster children, which typically become more evident over a longer period of time. Future research is needed to explore whether there is a change in the birth child's perspective in relation to experience.

4.1.1 Discussion of Changes Experienced by the Birth Children

The subsequent section will consider the changes, conceptualised as loss and increased responsibility. Each of the four sub-categories of loss will be considered in turn.

4.1.1.1 Loss of Innocence

One of the first aspects of change that was presented in the results section was 'loss of innocence'. This concept clearly illustrated that the birth children of carers frequently encounter what the researcher refers to as 'real life' information. What was perhaps particularly concerning was that some participants learned about information pertaining to the foster child's background directly from the foster child.

What needs to be considered is how birth children respond to disclosures. The very nature of disclosure situates the foster carers' own children in an extremely vulnerable position. They have to make adult decisions about what to do with the information, which is further complicated if the foster child has asked them to keep the disclosure a secret. Fortunately, in relation to the current study, all three participants had informed their parents. However, the researcher is left wondering how children actually know what information they should subsequently tell an adult, as none of the participants who had dealt with a disclosure had received any guidance on how to respond in this type of situation.

Children disclosing information to other children is potentially detrimental to both parties if the recipient of this information is uncertain about how to respond. This

could potentially generate feelings of apprehension in the birth child until they reach a decision about what they should do. This anxiety is likely to be further exacerbated if they choose not to share this information with an adult. Likewise, if the action of disclosure is met with shock and disbelief, arguably this response might prevent the foster child from revealing further disclosures at a later stage. They may subsequently feel ashamed of their experiences and decide not to tell other people in fear that further disclosures will be met with a similar reaction. There is clearly a need to inform the birth children of foster carers about how to manage these types of situations, however by doing so we are inevitably conveying the message that it is acceptable for children to be dealing with these issues. Interestingly, a few of the participants did suggest that foster children might find it easier to talk to someone their own age. Although one suspects that this might be the case, one has to consider whether it is appropriate for the birth child to act as a bridge between the foster child and the foster parent.

On a more positive note, one could argue that exposure to negative aspects of society facilitates a greater awareness of the risks commonly encountered for the first time during adolescence. Throughout this developmental stage, teenagers typically spend less time with their families and more time with their friends. The desire to be socially accepted by their peer group often results in teenagers feeling pressured to engage in harmful or risk taking behaviours. It would appear that fostering exposes the birth children of carers to the negative consequences of harmful actions, such as drug taking. Is it plausible to suggest that this awareness

and knowledge coupled with accelerated maturity might serve as a protective factor in preventing children from engaging in these behaviours themselves?

4.1.1.2 Loss of Foster Child

This study suggests that the children of foster carers have to learn to manage and cope with quite complex emotions that are generated by the loss of someone close. According to Edelstein *et al* (2001), the loss experienced by families when a foster child leaves is commonly minimised or even ignored by professionals. The demand for suitable foster placements often results in families having little time to express their grief before a new foster child arrives. There is a real concern that feelings of loss experienced by the birth child are subsequently suppressed as the family adapt to the arrival of a new foster child.

Edelstein *et al*, (2001) define the feelings experienced by the foster family when a foster child leaves as 'disenfranchised grief'. This term relates to the assumption that the relationship between the foster child and the foster family is not strong enough to warrant a grief response. There is a common misconception amongst professionals that the temporary nature of the relationship should not elicit grief. However, the evidence from the current study suggests that strong emotional attachments are formed, thus contributing to subsequent feelings of loss. A grief response can involve psychological, behavioural and physical symptoms. This type of reaction is likely to be difficult for the birth children of carers to understand, particularly if they are unaware that these symptoms are an expression of loss. Unresolved grief may also be detrimental to the success of subsequent foster

placements, in that the birth child might be reluctant to form a close relationship with new foster children. The age of the foster child when first placed with the family and the duration of the placement have been found to enhance the quality of attachment, thus magnifying feelings of loss when it is time for the foster child to leave. The circumstances surrounding the transition from the foster family have also been found to impact on the level of grief experienced (Edelstein *et al*, 2001).

There was some evidence throughout the narratives that suggested birth children might be suppressing feelings, not just in relation to the foster child's departure but also in relation to other aspects of fostering. Alternatively, some of the birth children who did express feelings of discontent to their parents subsequently reported feeling selfish. This area needs to be examined more closely to establish whether this finding is substantiated and warrants incorporation into the provisional framework. The birth children also need to be reassured that they can express negative emotions without judgement. For instance, one of the participants was repeatedly told to be grateful each time they approached their parent to convey their discontent. There is a danger that if parents minimise and disregard their children's concerns in this way, their child will inevitably stop confiding in them, which could lead to more difficulties in the longer term as negative feelings towards the foster child accumulate.

4.1.1.3 Loss of Parental Time

Whilst reflecting on the results, the researcher noted some similarities between these findings and research concerning the siblings of children with a learning

disability and/or autism. In accordance with this research, siblings have to cope with loss of parental time and a subsequent increase in responsibility (Dyson, 1996). They are also more frequently exposed to behaviours that are potentially disruptive to family life, such as temper tantrums, hyperactivity and aggression. Within this literature there is mixed evidence regarding the impact these factors have in relation to the psychosocial functioning of the sibling. Some studies have suggested that siblings of children with a learning disability and/or autism are at greater risk of developing internalising and externalising difficulties in response to reduced parental attention and family resources (e.g. Verte et al, 2003). A lower self-concept has also been identified in this particular group (Atkins, 1991). In contrast, other studies suggest that there is no significant difference in psychosocial functioning and self-concept when compared to siblings of non-disabled children (Kaminsky & Dewey, 2002).

Based on this literature, it is plausible that the birth children of foster carers could also be at greater risk of developing both internalising and externalising difficulties, as well as low self-concept as a consequence of increased family stress and a reduction in parental time and attention. The findings from this study in relation to loss of parental availability would highlight this as an area worthy of further attention. However, the narratives indicate that fostering does facilitate the development of a positive sense of self, which appears to be associated with the act of helping. Further research is needed to support or disconfirm this working hypothesis that links fostering to what the researcher has coined the 'feel good factor'. As noted previously, it would be interesting to examine how participants

respond both during and after the adjustment phase to establish whether or not there is any change in relation to their behaviour and self-concept over time.

4.1.1.4 Loss of Space & Belongings

This concept was consistent across the narratives and was a great source of annoyance for most of the participants. During adolescence, teenagers typically seek privacy and solitude as they choose to spend less time with their families. However, it would appear that the very nature of fostering impinges on the time these children spend alone or with friends. These difficulties are magnified when the carers' own children have to share a room with the foster child. Professionals need to be mindful of this so that the birth child's privacy is not compromised by the foster child's arrival. Failure to address this is likely to fuel feelings of resentment towards the foster child, which could subsequently result in placement disruption. There is a real danger that this could be overlooked as the demand for foster care provision increases and foster families become 'over-stretched'. Although less well substantiated, there was emerging evidence to support the theme of 'protected time and space'. As the name suggests, this concept refers to dedicated time and space alone from the foster child. Interestingly, there was also emerging evidence to support the concept of 'protected family time' i.e. dedicated time for the birth child to spend alone with the family without the foster child being present.

4.1.1.5 Responsibility

As this category has already been discussed in relation to loss of parental time, it will not be re-examined in this section. However, although there is evidence to support the concept of increased emotional and practical responsibility, one does wonder whether or not children are likely to become increasingly resentful of this as they progress through adolescence. Throughout the process of individuation, adolescents typically choose to spend more time with their friends and less time with their families. As this change occurs, it is plausible that they may become increasingly resentful of having to care for and look after foster children, which may impact on the amount of time they can spend with their peers. However, further evidence is warranted to test this proposition.

4.1.2 Discussion of Adjustment to Change

Although one of the original research aims was to identify how birth children adjust to change, this was less well identified in the current study. In order to develop a more detailed understanding of intrinsic factors that promote adjustment, the researcher could have purposively sampled participants earlier on in the fostering process, during the transition phase. Unfortunately, the small number of subjects referred to the study was not conducive in enabling the researcher to theoretically sample participants for this purpose. It was also originally stipulated that participants must be recruited from families who had been fostering for a minimum of one year. This was to ensure that they had sufficient experience to facilitate discussion during the interview. As a result however, all participants in the current

sample appeared to have adjusted to fostering despite experiencing difficulties initially and were unable to reflect on how they came to terms with this change. The difficulty that participants had reflecting on their own coping mechanisms might be further compounded by limited insight when compared with adults.

In this respect, it would be interesting to interview adult children of foster carers who no longer live with their parents to assess whether their perspective is different from participants who still live at home. Adults will have developed greater cognitive ability to reflect on their experiences with age and perhaps feel less constrained in how they respond because they no longer live with their parents. The researcher is unaware of previous research that has interviewed birth children of foster carers after having left the family home.

Despite the limitations of the current study in relation to assessing internal coping factors that facilitate adjustment, external and indeed controllable factors were identified. In contrast to previous research (Berridge & Cleaver, 1987), professionals should not assume that placing younger children with the family is in the birth child's best interest. Although there was some evidence to support this finding, contrary evidence was also reported. Interestingly, some participants preferred to have foster children who were the same age, to enhance the quality of the relationship between them.

Information pertaining to fostering and the duration of the placement was also requested by some of the participants. It is proposed that information would

enhance understanding and facilitate greater adjustment. However, the researcher acknowledges that individual and family characteristics are also important factors that need to be considered. Research in this area is needed to develop a better understanding of how family dynamics and personal traits enhance coping and adjustment.

4.1.3 Discussion of Impact of on Birth Children

The core concepts 'Feel Good Factor' and 'Growing up Fast' will now be considered in relation to how these influence the birth child's development and psychological well being.

4.1.3.1 Feel Good Factor

Interestingly, the findings suggest that there are long term benefits associated with fostering, despite the difficulties expressed by the carers' own children. More positively, the findings from this study indicate a relationship between fostering and a positive sense of self. In accordance with the self-esteem literature, feelings of self-worth can promote behaviour that facilitates achievement and impedes mental and physical health problems. Indeed Trzesniewski *et al*, (2006) reported that low self-esteem during adolescence predicts poor health, criminal behaviour and limited economic prospects during adulthood. In the context of the current study, one has to consider whether the 'feel good factor', formed through the process of helping and interacting, might actually act as a protective factor against future mental health and social problems. However this link is made tentatively and the researcher acknowledges that other factors are likely to contribute to this process.

The 'feel good factor' appears to be associated with benefits for the foster children that are not typically apparent in the short-term. It would appear that seeing these benefits facilitates adjustment irrespective of the birth child's age.

4.1.3.2 Growing up Fast

As previously indicated, this concept refers to accelerated maturity with reference to the participants in this study. There was evidence to suggest greater understanding and empathy in relation to others, which is relatively uncharacteristic of adolescent development. Although one could argue that these are positive traits in an individual, one has to question what impact 'growing up fast' is likely to have on the birth child's long term development. It has already been hypothesised that increased maturity could serve as a protective factor in preventing adolescents from engaging in risk taking behaviours. Conversely, one could argue that accelerated maturity might lead children into difficult situations, which they perceive that they are mature enough to cope with. Further evidence is needed to assess what impact accelerated maturity has on long-term development.

4.1.4 Negative Case Analysis

In accordance with the principles of grounded theory, the researcher should continue to develop categories and their relationships by looking for 'negative cases' i.e. instances that do not fit with the rest of the data. Willig (2001) asserts that this procedure adds depth and density to the findings, allowing the researcher to capture the complexity of the narrative.

The reader will note that there are few examples from the fourth participant that directly support the concepts of 'Loss' and 'Increased Responsibility'. Interestingly, what distinguishes participant four from the other subjects is that the family concerned only provide respite foster care. There was no real sense of loss or increased responsibility conveyed. Although this case deviates somewhat from the other narratives, it indirectly provides further evidence to support the provisional framework.

The notion of protected family time and space in promoting adjustment is strengthened, in that parents who only provide respite care are better able to retain time for their own children. There is no ambiguity regarding the length of the placement and the likelihood of forming close emotional attachments is reduced because the duration of the stay is shorter. Parents are less likely to be pre-occupied responding to problematic behaviours, as typically there is a nestling in period during which time foster children are more reserved (Golding, 2006).

Perhaps not surprisingly, these factors suggest that respite provision imposes less change and demands on the foster family, indicating that the current framework is perhaps not applicable to all types of foster care provision. However, the researcher acknowledges that it would be necessary to purposively sample other adolescents to gather further data to support or disconfirm whether this is actually the case. Arguably, others might find respite provision more problematic because of the intermittent nature of this type of placement.

4.2 Future Research

The researcher acknowledges that research in this area is in its infancy and that the analytic process in relation to the current study will continue to be informed after this report has been submitted. Considerations for future research have been highlighted throughout the discussion and are summarised below for clarity. The aim is not to present the reader with an exhaustive list of research questions, but to direct interested readers to gaps in the literature that have been identified through this process of enquiry.

Future research questions identified through the process of this investigation:

- *Why do parents continue to foster despite the risks to their own children?*
- *What are the internal factors that facilitate adjustment in birth children?
(theoretically sampling of participants during this phase is warranted)*
- *How do adult children who have left the family home perceive fostering?
Does their perspective differ from children who still live at home?*
- *How does the foster child's age influence coping and adjustment amongst birth children? Is there less acceptance among birth children whose parents provide placements for adolescents?*
- *How do birth children of respite, specialist, and permanent carers perceive fostering?*
- *What family characteristics support or facilitate adjustment?*

- *What are the impacts on accelerated maturity in the birth children of foster carers on their long-term development?*

4.3 Methodological Considerations

What follows is a methodological critique that highlights aspects of the research design that could have been enhanced in order to increase the confidence with which the reader can interpret the results.

4.3.1 Respondent Validation

Providing feedback to participants and giving them the opportunity to comment is regarded as a mark of quality in qualitative research design (Willig, 2001). This can be achieved either by providing respondents with a copy of the transcript to monitor the accuracy of the data, or alternatively by asking them for feedback on the theory developed. Unfortunately, time did not permit the researcher to validate the data in this way. It is acknowledged that respondent validation would have further enhanced the quality of this investigation.

4.3.2 Theoretical Sampling

Purposive or theoretical sampling is the process whereby participants are intentionally selected so that developing concepts can be challenged or supported. This helps the researcher to refine categories and develop their theory further. In this study, participants were recruited through the Adoption and Fostering Service.

However, recruiting via an alternative agency was restrictive in that there was little opportunity for the researcher to purposively sample participants. Only a small number of participants were referred, making it impossible for the researcher to be selective about who was interviewed. Consequently, the researcher was unable to intentionally seek out participants to gather evidence to support or disconfirm developing hypotheses, thus making the provisional account less robust.

4.3.3 Selection Bias

As participants were selected through an external agency, the researcher had no control over who was referred to take part in the study. It is plausible that the agency contacted families who they felt would make 'good' participants, particularly when they have an invested interest in the research findings. If indeed this was the case, this would have created a selection bias, thus limiting the extent to which these findings can be generalised. Unfortunately, the researcher has no evidence to support or disconfirm whether participants were intentionally selected by the Adoption and Fostering Agency. However, it is important to acknowledge that this is a possible limitation of the study when considering how applicable these findings are to other contexts.

4.3.4 Method of Data Collection

As previously noted in the introduction, this particular methodology has not commonly been applied to research with a younger cohort. On examining the transcripts, it would appear that the quality and depth of the information gathered,

as well as the level of insight displayed, varied greatly between participants. The researcher is unclear as to whether this reflects differences in the participant's cognitive abilities in relation to age or whether the method of data collection was simply less well suited to younger children. It may have been that the younger participants would have been better able to reflect on their experiences if a more child-centred method of data collection was used (e.g. interactive work shops or focus groups). However, the researcher acknowledges that these alternative forms of data collection are also limited in their design, in that some participants may feel inhibited to discuss issues pertaining to fostering within a group context. Alternatively, some participants might simply have felt more comfortable discussing their experiences with the researcher, perhaps because greater rapport had been established thus facilitating engagement.

In relation to this particular methodology, one has to question how much the participant's response was influenced by the foster parents' perspective. Were the responses provided in the narrative more reflective of the views of other family members? For instance, prior to one interview, the foster mother openly discussed what she thought were the main reasons were for why her son had found it hard to get along with a previous foster child. Subsequently, the participant gave the researcher the same explanation during the interview. Was this the participant's own view or did the participant feel unable to contradict the view previously expressed by his mother?

4.3.5 **Constraining Factors**

In relation to the current findings, it is plausible to suggest that the participants' responses were inhibited to some extent by the context in which the interviews were conducted. Although the researcher endeavoured to minimise the inherent power differential by carrying out the interviews in the participants' own home, it is questionable as to whether this environment actually inhibited the responses given. Although it was stipulated that the interviews would be conducted in a separate room, there was a real sense that the parents and indeed the foster children were in close proximity. There was a distinct lack of privacy in some of the interviews in which they were interrupted by either the parent or the foster child. It is hypothesised that this would make it increasingly difficult for the birth child to discuss negative opinions openly due to concerns that their responses would be overheard. Indeed, this was a real possibility as the researcher was sometimes able to hear the conversations taking place between other family members in adjacent rooms. This concern regarding participant inhibition is reflected in the following extracts from the researcher's reflective diary. The constraints experienced by the researcher are also considered:

Extract from Reflective Diary 5th May 2006

The second thing I've become aware of, is the 'its ok, but' and the 'but, its ok' phenomenon. What I mean by this is that the participant starts off by commenting on the positive side of fostering then tentatively talk about what they don't like, which is then immediately followed by another positive comment. I suspect that the participant might be uncomfortable disclosing the negatives although I'm not sure at this stage exactly why this is. Is it because they feel disloyal, guilty or selfish about saying what they really think? Or are they worried or frightened that this information might go back to their parents?

Extract from Reflective Diary 5th June 2006

I thought carrying out the interviews in the participants' own home would aid recruitment and minimise the power differential between the researcher and the participant. However, I wonder if it actually constrains the interview more. Most of the families have asked me to turn up at 4 o'clock so that the kids are home from school. Unfortunately, this is commonly the busiest times in most households. Parents are getting the dinner ready and I feel slightly pressured to get the interviews done within an hour. People keep popping in and out and it's quite difficult to get privacy in order to talk to the participant without interruption. I also think this must be quite constraining for the participants who must find it difficult to talk openly about how they feel in case anyone overhears the conversation and they inadvertently offend someone in the family.

Questionably, the participant's responses might have been further inhibited by anxiety regarding the possible implications of their comments in relation to their family's position as foster carers. It is plausible to suggest that some of the participant's felt reluctant to express their views because of fear that this would prevent their family from continuing to foster, particularly as this could have significant consequences in relation to the families livelihood. Although the researcher acknowledges this possibility, every effort was made throughout the research process to assure the participant, both verbally and in writing, that their responses would not have any bearing on their parent's role as foster carers.

The final point to consider in relation to participant inhibition actually arises from the developing theory. If indeed the participant perceives fostering to be widely regarded in a positive respect, they may feel anxious about expressing an opposing view in fear that their assertions will be negatively judged by the researcher. Indeed, some of the participants expressed more negative views rather tentatively until they established that it was safe for them to continue. This was

both observed by the researcher during the interview and reflected in the narrative. When the participant appeared to be answering the questions cautiously, the researcher encouraged them to continue by acknowledging that some other participants had talked about the things that they both liked and disliked. It was interesting that this appeared to give the participant just enough permission to express their views more openly and facilitate further discussion quite effectively. The researcher also endeavoured not to lead the participant whilst trying to enhance participant engagement and the quality of the narrative.

4.4 *Researcher-Psychologist Role Ambiguity*

On a more self-reflective note, the author acknowledges that they initially found their dual role as a 'researcher' and 'clinician' quite challenging within the context of this investigation. The researcher felt constrained during the process of data collection in an endeavour not to lead the participant. There were perhaps times in the interview where as a psychologist, the researcher would have responded differently. However, in accordance with a qualitative approach, every effort was made not to invalidate the data. This role ambiguity became less apparent as the process of data collection continued. Indeed, despite some initial anxiety pertaining to role ambiguity, the researcher found that their clinical skills actually enhanced the study in relation to building rapport and facilitating engagement.

4.5 *Dissemination of Findings*

The researcher acknowledges the importance of disseminating the research findings to a wider audience to both increase awareness of the topic under investigation and to encourage further research in this area. Indeed, the researcher has agreed to copy the findings to a senior member of the Adoption and Fostering Service from which the sample was recruited. It is hoped that the results obtained will influence thinking and shape future working practices in relation to the birth children of foster carers.

5 Conclusion

The findings from this study suggest that fostering impacts on the foster carers' own children in both a negative and positive way. Perceived changes identified by the participants were conceptualised by the core theme of 'loss'. Findings suggest that these changes facilitate greater emotional and practical responsibility in the birth child, which in turn was associated with accelerated maturity and a positive sense of self. A tentative link between external reinforcement and a positive self-concept was also identified. Negative feelings associated with fostering appear to be reduced by the positive feelings associated with helping others. Although participants find it difficult to adjust, the findings suggest that the changes experienced have a positive influence on the birth child's psychological well-being in the long term. Further research is needed to substantiate these findings.

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APPENDIX 1

Participant Information Pack

NHS Grampian



Tel Direct Line: Fax:
**Not to be copied or quoted without
the consent of the signatory**

Date

«Title» «LastName»
«Address1»
«Address2»
«City»
«PostalCode»

Dear «Title» «LastName»

Following our telephone conversation, I am writing to invite you and your child to take part in a research project. The aim of the project is to examine fostering from the point of view of foster carers' own (birth) children. I have enclosed information about the project for you and your child to read. If you or your child would like to ask any questions regarding this project, please contact me on the above telephone number. If I do not hear from you, I will contact you next week by telephone to find out if your child would like to take part.

Yours sincerely

Julie Strachan
Trainee Clinical Psychologist

*
Clinical Psychologist

Encs

Tel Direct Line: Fax:
Not to be copied or quoted without
the consent of the signatory

PARENT INFORMATION SHEET

Title of project: Fostering: From Your Child's Point of View

Information about the project:

Your child is invited to take part in a research project. To help you decide whether or not you are willing for your child to take part, it is important that you understand why the project is being done and what your child will have to do. Please take time to read this information carefully and discuss it with other people if you wish. Please ask if there is anything that is not clear or if you would like more information.

Thank you for reading this.

What is the aim of the study?

The aim of the study is to examine the experience of fostering from the point of view of foster parents' own (birth) children. Until recently, this area of study has been largely ignored.

The study will begin in February 2006 and will run until August 2006.

Why has my child been chosen?

Your child has been chosen because you have had foster children come and live with your family and because your child is in the selected age range for this project.

The aim of the project is to interview children aged between 12-18 years.

The Aberdeen City Adoption and Fostering Service provided me with your contact details after you signed a consent form giving your permission for them to do this. After I spoke to you on the telephone, I arranged to send you information about this study.

Does my child have to take part?

No. If however your child decides that they do want to take part, you and your child will be asked to sign a consent form. You will be given a signed copy of this form for your own records. If you or your child decide to withdraw from the project at anytime, you are both free to do so without having to give a reason. The decision not to participate or withdraw from the study will not affect your position as a foster carer in anyway.

What will happen to my child if they take part?

If your child agrees to take part, they will be interviewed at home in a separate room. The interview will last approximately one hour. Examples of the types of topics that your child might be asked to talk about are included in this information pack for you to look at. Your child does not have to answer all of the questions if they don't want to.

The interview with your child will be recorded using a digital recorder. The information on the recorder will be transcribed and stored on a computer. Your child's details will be removed so that they cannot be identified. The interview tape will be kept in a locked filing cabinet in the Department * at the * until it can be erased. The information that your child provides will be analysed along with the other interviews in order to examine their views on fostering.

What do I have to do?

It is important that you discuss the project with your child to make sure that they fully understand what they have to do. You will need to be at home with your child on the day of the interview, although your child will be interviewed alone in a separate room. While your child is being interviewed, you will be asked to complete a short questionnaire in order to gather some relevant background information. A copy of the questionnaire that you will be asked to complete is attached for you to read.

What if talking about this makes my child upset?

In the unlikely event that your child becomes upset during the interview, your child will be asked if they want the interview to stop.

If it becomes apparent that your child is feeling really worried or sad about something, then this will be discussed with you, so that you as a family can decide whether you think it would be helpful for your child to discuss how they are feeling with someone else in more detail. If you feel that this would be helpful, arrangements would be made for this to happen.

What if I want to make a complaint?

If you wish to complain, or have any concerns about any aspect of the way you or your child have been approached or treated during the course of this study, the normal National Health complaints mechanism is available to you.

Will taking part in this study be confidential?

Yes. All the information that is collected from your child during the course of the interview will be kept strictly confidential unless a child protection issue is raised. This means that you will not routinely be informed of the information that your child provides regarding fostering.

Any information that leaves the hospital will have your child's name and address removed so that they cannot be recognised from it. Information will be kept in a locked filing cabinet at the * until it can be destroyed.

Regardless of whether or not you and your child agree to participate in the project, the Aberdeen City Adoption and Fostering Service will not be informed of your decision, unless a child protection issue is raised.

What will happen to the results of the research study?

The results will be written as a report and submitted to the University of Edinburgh as a thesis document. The results will also be available to the Department of * at the *, and the Aberdeen City Adoption and Fostering Service. They may also be submitted to an

academic journal for publication. It is hoped that the results from this study will further knowledge and understanding of fostering by professionals in order to further develop services in this area.

What if I want to find out about the results of the study?

If you or your child would like to obtain a copy of the results, you can do so by contacting the researcher who will send these to you by post.

Who has reviewed the study?

The study has been reviewed by the Grampian Research Ethics Committee who have given their approval for the project to proceed.

Contact for further information?

If you would like further information about this project please contact:

Julie Strachan
Trainee Clinical Psychologist
Address 1
Address 2
City
Postcode

Telephone:
E-mail:

Please keep this copy of the parent information sheet for your own records.

**Julie Strachan
Trainee Clinical Psychologist
Chief Investigator**

Clinical Psychologist
Clinical Supervisor**

Tel Direct Line: Fax:
Not to be copied or quoted without
the consent of the signatory

YOUNG PERSON INFORMATION SHEET

Project name: Fostering: From Your Point of View

We were wondering if you would like to take part in a project. To help you make up your mind, please read this information sheet. You can chat about this project to other people if you want. Please ask if there is anything that you do not understand or if you would like to know more.

Thank you for reading this.

What is the reason for doing the project?

The point of the project is to ask young people what it is like when foster children come to live with them. This will help adults to better understand what fostering is like from your point of view.

Why have I been chosen?

You have been chosen because you have had foster children come and live with you and your family. That means you know what this is like. Other young people will be asked to talk about fostering in the same way that you are.

Do I have to take part?

No, but if you do choose to take part, you will be asked to sign a form that says you are willing to talk to someone about this. If you say yes, you can change your mind at anytime without having to say why. If you don't want to take part, this will not stop your mum and dad from fostering other children.

What will happen if I take part?

If you agree to take part, someone will come to your home to have a chat with you on your own for about an hour. At least one of your parents will be asked to stay in the house when you are talking to someone about fostering. Examples of some of the things that you might be asked to talk about are included in this information pack for you to look at. If you don't want to answer all of the questions that you get asked, you don't have to.

The chat that you have with the person who comes to talk to you about fostering will be recorded using a digital recorder. The information stored on the recorder will then be typed onto a computer. The information kept on the computer will not have your name on it. The information that you give will be looked at closely along with the information collected from other people who take part in this project. This will help us to better understand what you and others think about fostering.

Will what I talk about be kept private?

Yes. Everything you talk about will be kept private and will not be passed on to your mum and dad unless you tell us that you or someone you know is not safe.

If you seem really worried or sad about something, you will be asked if you would like to talk to someone else in more detail about the things that you are making you feel this way. If you don't want to, then that's ok.

The Adoption and Fostering Service will not be told about whether or not you decide to take part in the project unless you tell us that you or someone you know is not safe.

What if I want to find out about the results of the project?

If you would like to know the outcome of the project, you can get a copy of the results by contacting Julie, who will send you this information in the post.

What if I want to know more about the project?

If you want to know more, please phone Julie on * or e-mail *

This information sheet is for you to keep.

**Julie Strachan
Trainee Clinical Psychologist
Chief Investigator**

Clinical Psychologist
Clinical Supervisor**

Tel Direct Line: Fax:
Not to be copied or quoted without
the consent of the signatory

PARENT CONSENT FORM

Title of Project: Fostering: From Your Child's Point of View

Name of Researcher: Julie Isabella Strachan

Name of Child:

Name of Parent:

Please Initial Box

I confirm that I have read the parent information sheet (version 2: dated 03.02.06) for the above study and have had the opportunity to speak with Julie Strachan to ask questions.

I confirm that I understand the information provided in the parent information sheet for the above study.

I understand that my participation in this study is voluntary and that I am free to withdraw at anytime, without giving a reason. This will not affect my position as a foster carer.

I understand that my child's participation in this study is voluntary and that they are free to withdraw at anytime, without giving a reason. This will not affect my position as a foster carer.

I understand that this study is being undertaken to further knowledge and understanding regarding fostering. This has been approved by the Grampian Research Ethics Committee and may not benefit me personally.

I give my consent for the interview with my child to be recorded using a digital recorder. I know that this information will be made anonymous, transcribed and kept on computer. The tape will be kept in a locked filing cabinet until it can be erased.

I agree to take part in the study.

I give my consent for my child to take part in the study.

**Name of Parent
(IN BLOCK CAPITALS)**

Date

Parent Signature

Date

**Name of Person
Gaining Consent
(IN BLOCK CAPITALS)**

Date

**Signature of
Person Gaining
Consent**

Date

Tel Direct Line: Fax:
Not to be copied or quoted without
the consent of the signatory

YOUNG PERSON CONSENT FORM

Name of Project: Fostering: From Your Point of View

Name of Person doing the Project: Julie Strachan

Please Circle Your Answer

Have you read the project information sheet?

Yes

No

Have you been able to ask Julie questions about the project?

Yes

No

Do you understand what you will have to do?

Yes

No

Do you understand that if you do not want to take part in the project, you don't have to?

Yes

No

Do you understand that if you say yes now, you can change your mind at any time without having to say why?

Yes

No

Do you understand that if you do not want to take part in the project, this will not stop your mum and dad from fostering other children?

Yes
No

Do you understand that your chat with Julie will be recorded using a digital recorder?

Yes
No

Do you understand that the information will be kept in a locked filing cabinet until it can be erased?

Yes
No

Do you understand that the information you give will be typed onto a computer and that your name will be removed?

Yes
No

Do you agree to take part in the project?

Yes
No

Your Name
(IN BLOCK
CAPITALS)

Date

Your Signature

Date

Name of Person
Gaining Consent
(IN BLOCK
CAPITALS)

Date

Signature of
Person Gaining
Consent

Date

Tel Direct Line: Fax:
Not to be copied or quoted without
the consent of the signatory

PARENT QUESTIONNAIRE

Name of Parent Completing the
Questionnaire _____

Date Questionnaire was Completed _____

1. How old was * when you first began fostering?

2. Since deciding to foster, how many children have you
had placed with your family?

3. Have you been in a situation where a foster placement has
broken down? (*Please circle chosen response*).

Yes

No

4. If so, what were the reasons for this?

5. Please provide information about who is currently living in the family home.

Your position in the family:

Age

Other people in the family home:

(i.e. husband/wife, son/daughter, foster son/daughter etc).

Relationship to you

Age

Relationship to you

Age

Relationship to you

Age

Relationship to you

Age

Relationship to you

Age

Relationship to you

Age

Relationship to you

Age

Relationship to you

Age

Thank you for completing this questionnaire.

Interview Topics

Here are examples of some of the things that you might be asked to talk about during the interview. You might also be asked about other things that are not on this list.

Examples:

- Family
- Friends
- Fostering agency
- Foster child arriving
- Foster child leaving
- Foster child's parents
- What you like about fostering
- What you don't like about fostering
- Your relationship with the foster child

APPENDIX 2

Correspondence from Ethics



Telephone:
Facsimile:

16 February 2006

Miss Julie Isabella Strachan
Trainee Clinical Psychologist
NHS

Dear Miss Strachan

Full title of study: **The Experience of Growing up in a Family that Fosters: A Qualitative Study**

REC. reference number:

Thank you for your letter of 4th February 2006, responding to the Committee's request for further information on the above research and submitting revised documentation.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

Ethical review of research sites

The Committee has not yet been notified of the outcome of any site-specific assessment (SSA) for the research site(s) taking part in this study. The favourable opinion does not therefore apply to any site at present. I will write to you again as soon as one Local Research Ethics Committee has notified the outcome of a SSA. In the meantime no study procedures should be initiated at sites requiring SSA.

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Application	5.0	11 January 2006
Application	2	
Investigator CV Julie Strachan	1	12 November 2005
Investigator CV	1	
Investigator CV	1	12 November 2005
Protocol	1	29 December 2005
Covering Letter		04 February 2006
Interview Schedules/Topic Guides Examples	1	12 November 2005
Questionnaire Parent	1	12 November 2005
Questionnaire Parent Questionnaire	2	03 February 2006
Letter of invitation to participant	1	12 November 2005
Participant Information Sheet Young Person	1	12 November 2005
Participant Information Sheet Parent	1	12 November 2005
Participant Consent Form For use by the Aberdeen City Adoption and Fostering Service	1	12 November 2005
Participant Consent Form Young Person	1	12 November 2005
Participant Consent Form Parent	1	12 November 2005
Response to Request for Further Information		13 February 2006
Certificate of Indemnity		22 August 2005
Young Person Information Sheet	2	03 February 2006
Parent Information Sheet	2	03 February 2006
Young Person Consent Form	2	03 February 2006
Parent Consent Form	2	03 February 2006

Research governance approval

The study should not commence at any NHS site until the local Principal Investigator has obtained final research governance approval from the R&D Department for the relevant NHS care organisation.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

Please quote this number on all correspondence

With the Committee's best wishes for the success of this project

Yours sincerely

Chair

*Enclosures: Standard approval conditions
 Site approval form*

Copy to: [R&D Department for NHS Grampian

Grampian Local Research Ethics Committee (1)

LIST OF SITES WITH A FAVOURABLE ETHICAL OPINION

For all studies requiring site-specific assessment, this form is issued by the main REC to the Chief Investigator and sponsor with the favourable opinion letter and following subsequent notifications from site assessors. For issue 2 onwards, all sites with a favourable opinion are listed, adding the new sites approved.

REC reference number:	06/S0801/6	Issue number:	1	Date of issue:	16 February 2006
Chief Investigator:	Miss Julie Isabella Strachan				
Full title of study:	The Experience of Growing up in a Family that Fosters: A Qualitative Study				
<p><i>This study was given a favourable ethical opinion by Grampian Local Research Ethics Committee (1) on 16 February 2006. The favourable opinion is extended to each of the sites listed below. The research may commence at each NHS site when management approval from the relevant NHS care organisation has been confirmed.</i></p>					
Principal Investigator	Post	Research site	Site assessor	Date of favourable opinion for this site	Notes ⁽¹⁾

Approved by the Chair on behalf of the REC:

..... Irene Allan (Signature of Chair/Administrator)
 (delete as applicable)

..... Irene Allan (Name)

(1) The notes column may be used by the main REC to record the early closure or withdrawal of a site (where notified by the Chief Investigator or sponsor), the suspension of termination of the favourable opinion for an individual site, or any other relevant development. The date should be recorded.

APPENDIX 3

Correspondence from Research and Development

Miss JI Strachan

Date 15/03/06
Your Ref
Our Ref

Enquiries to
Extension
Direct Line
Email

Dear Miss Strachan

Re: The experiences of growing up in a family that fosters:a Qualitative study.

Thank you very much for sending us a full copy of the ethics application for the above named study including a signed copy of the R&D Application Form and other relevant paperwork.

I am pleased to confirm that the study is now registered with the Research and Development Office in NHS Grampian and has approval to proceed locally providing full Ethical Approval has been obtained.

Please note that if there are any other researchers taking part that are not on the original Ethics application, please advise the Ethics Committee in writing and copy the letter to our office so that we may amend our records and assess any additional costs.

Wishing you every success with your research.

Yours sincerely

Admin Assistant

APPENDIX 4

Information Sheet for Adoption and Fostering Service

PROJECT INFORMATION SHEET

Research Title:

The Experience of Growing up in a Family that Fosters: A Qualitative Study

Chief Investigator:

Julie Strachan
Trainee Clinical Psychologist
Address 1
Address 2
City
Postcode

Tel:
E-mail:

Purpose

The aim of this research is to examine the thoughts and feelings of a cohort of adolescents whose families have chosen to provide foster placements to children in need of foster care.

Method

A qualitative approach will be used and the data will be collected using interview techniques.

Inclusion Criteria

- Families must have been fostering for a minimum of one year
- Participants should be aged between 12-18 years

Exclusion Criteria

- Birth children who have a learning disability
- Families who have proceeded to adopt a foster child
- Families who foster children with learning/physical disability
i.e provide specialist foster care
- Kinship foster families

Recruitment

See attached recruitment protocol

Data Collection

The interview will take place in the family home and will last for approximately one hour. The child will be interviewed in a separate room from the parent, although it has been stipulated that the parent must be at home on the day of the interview. The interview will be recorded using a digital recorder and the interview tape will be transcribed at a later stage. Whilst the child is being interviewed, the parent will be asked to complete a short questionnaire in order to gather some relevant background information. The interview will be semi-structured and the initial questions will be developed on the basis of a pilot interview.

Both the parent and the child will be asked to sign a consent form before the interview with the child takes place. It will be made clear in the information sheets provided that the participant can withdraw from the study at anytime without having to give an explanation and that this will not impact on the family's position as foster carers. This information will also be provided verbally before the interview commences. If at the end of the interview participants state that they do not want their interview to be transcribed or included in the analysis, recordings will be destroyed immediately.

Data Storage

The transcribed interview will be stored on an NHS computer in the Department of * at the *. The NHS computer will be password protected so that unauthorised access will not be granted. The participant's name and contact details will be removed and the transcripts will be identified by a numerical code. All paper transcripts and interview tapes will be kept in a locked filing cabinet in the Department *and will be the responsibility of the Chief Investigator.

Confidentiality

Participants will be informed, both verbally and in writing, that confidentiality will be maintained except where the interviewer has significant concerns regarding the welfare and safety of the participant and/or others.

Analysis

Data will be analysed in accordance with grounded theory methodology. In line with this approach, the researcher does not begin the research with a pre-conceived idea in mind but allows the theory to emerge from the data. For this reason, this technique is particularly suited to a relatively new or under-researched area of study such as the impact of fostering on the foster parents' own (birth) children.

In accordance with this approach, the researcher usually begins with a broad aim or research question that narrows as the research continues (Strauss &

Corbin, 1990). However, as key concepts and themes emerge, the researcher may also return to earlier transcripts and reconsider existing data in the light of new information. The number of interviews will depend on the point at which saturation is reached i.e. until no new concepts or themes emerge.

Feedback to Participants

Both the parent and child will be informed both verbally and in writing that they can obtain a written summary of the results by contacting the Chief Investigator. This information will be posted on request.

APPENDIX 5

Adoption and Fostering Service Consent Form

Tel Direct Line: Fax:
**Not to be copied or quoted without
the consent of the signatory**

**CONSENT FORM
FOR USE BY THE ABERDEEN CITY
ADOPTION AND FOSTERING SERVICE**

Please Initial

I give my consent for the Aberdeen City Adoption and Fostering Service to give my name and contact details to Julie Strachan (Trainee Clinical Psychologist).

I am aware that by doing so, I will receive a telephone call from Julie Strachan asking if my family would be interested in finding out more about a research project.

If my family are interested in participating, we will receive an information pack and will have the opportunity to meet with Julie Strachan to discuss this further.

I am aware that my family do not have to participate and that we can say no at any stage. This will not affect our position as foster carers.

**Your Name
(IN BLOCK CAPITALS)**

Date

Your Signature

Date

**Name of Person Gaining
Consent
(IN BLOCK CAPITALS)**

Date

**Signature of Person
Gaining Consent**

Date

APPENDIX 6

Semi-Structure Interview Schedule

Semi-structured Interview Schedule

Research Questions

What changes do the birth children of foster carers experience as a result of fostering?

How do the children of foster carers adjust to these changes?

How do these changes impact on the birth child's development and psychological well-being?

Open Introductory Question

What do you think about fostering?

How does fostering make you feel?

What do you like about fostering?

What do you not like about fostering?

Change

What changes do you notice as a result of fostering? (Inside/outside home)

Adjustment

How do you deal with these changes?

What makes it better/worse?

Impact

Has fostering changed what you do in anyway, if so, how? (Subsequently added to reflect developing concept 'Responsibility')

Have you changed as a result of fostering? In what way?

APPENDIX 7

Extract from Interview Transcript

Five Page Extract from Transcript

What makes it get?

*Yeah, em * still does it, * still watches everything you do and if you go outside he's right behind you but I think, I think like it's kind of going back to where he's came from, like his background and stuff it's, it's like that cause like if you're walking like away from him he'll run right up to you and he'll grab your hand and I think it's like a 'are you going to leave me kind of thing?' cause if it's me and him on a Friday, like I have a Friday off, and if its me and him and I go through to the kitchen he'll run right behind mi.*

Ok.

And he just watches what I do or he'll, he'll ask what I'm doing or stuff like that and if I go upstairs he's right behind mi, but I think it's, it's like an insecure thing like, 'are you away to leave me?, where you going? what you doing? kind of thing so, you have to get used to it because it's just his way a like, I don't know, it is weird but it's just him making sure that you're not going to go away. He doesn't do it so much now. He'll sit and watch TV like if you walk out the room, but before it was like constant, like I would go to the toilet and he would stand at the top of the stairs and wait for me, just to see if I would be coming out of the toilet, like so I didn't run away from him but he used to do that to my mum too so.

Ok, so he kind of wanted to be close by?

*Yeah well he had so many like changes in his life. He would get put to one person then they would put him to another person and then his foster carer would put him to someone else and then like * put him to us and he was just like 'hang on a minute, are you going to put me away shortly?' so he just clung to you, but I mean he still does, like em last week we were in town with my friend and em she was like, 'are you coming into the shop with me?' and he was like 'no' and he just clung to my leg because he thought 'wait a minute, are you another person taking me away?' so you have to get used to it 'cause it's just his way a thinking so.*

What are the things that you em like most about fostering?

*Just like when they come to you, they're like, well when, even though * was in foster care already he was a strange little kid (laughs). He didn't do nothing (anything) for himself.*

Yeah.

He was, he was two and a bit and you would have thought he was like coming up for one and he didn't do nothing, he could hardly speak, he was just a baby basically, didn't do nothing for himself, for the age he was he should have been doing a lot more than he was, but like now he does everything for himself, he

dresses himself, he does everything like he's, he's got, fair enough his speech is slow but that's understandable, but he can speak now like before it was just like stupid little words and pointing to things when he wanted.

Was this when he first arrived?

*Yeah and em he would just like point to things when he wanted them but now he's got, you can have a conversation with him, em most of it's rubbish like (laughs) but you can have a conversation with him. It's just like, I like, like seeing them come on you know like, like the progress they're making cause like when * came he was just, he didn't do nothing but now he can like colour in, he can write his name and stuff so yeah it is rewarding like you see them coming on and you're like 'well that's cute' like to think you kind of helped him you know come from where he was so yeah.*

That you had some part in that?

Yeah, 'cause yeah when he came here like he ate with his hands, everything, beans, everything with his hands and now if you put him down with like finger food he won't even touch it he'll just say, 'can I have a fork?'

Yeah.

And it's things, it's stupid things like that.

That's a huge improvement.

That he did, yeah that he did like he used to eat everything, like cereal with his hands. I mean a kid that eats cereal with their hands! But now he's like em, he won't touch any food, even crisps, it's like, ' you can't eat crisps with a fork' (laughs) but yeah things like that like, an he says please and thank you and stuff and he never said none of that so yeah.*

Can you think of em any other examples?

*Em (pause) he's better at sharing. When he came everything was his, like everything, like even like, oh I don't know like mmm, his cover on his bed would be his, nobody else could touch it but I think it again goes back to where he's came from, he's not had a lot so everything would be his. Like if * came over to play with him, she wouldn't get to play with nothing cause it was his, he was scared in case, well 'you's have given me all this, are you's going to take it back from me?' so em he was, he was, he was a greedy little boy and if you gave him like sweets he would rather go out the room and eat them like put, put them all in his mouth.*

Oh right.

So that you couldn't take them away from him cause like, I don't know why, but he was like that with his toys. If you gave him a toy he would hide it rather than play with it and like sweets too. If you gave him Maltesers he would rather put the whole bag in his mouth than share them and it was probably just 'cause he hasn't had like, know like he wouldn't have had as much as my mum gives him so he just kind of thought 'well I'm getting it so I'm going to take, like take it all' but now he'll actually come round everybody rather than have one himself. If there was like eight people in the room he would give everybody before he would give himself, so I mean yeah that's another thing. He would share anything with anybody now. Like he would give a total random that was like walking past, like his car, so yeah that's another thing.

That's a great improvement, sounds like he's really come on whilst he's been here.

Mh-huh, yeah, I mean he even gives the dog, like if my mum gives him, like she buys him little Haribo, you know the fun size bags.

Oh yeah.

*And he'll even give * one.*

Share the sweets with the dog?

Yeah (laughs) so that's another thing, em I can't really think about nothing else.

Is there anything that you don't like about it?

When he gets me up at ten to five in the morning (laughs). No, he, he's, I don't know what, he's always done it, he won't get out his bed without you telling him to, but like I don't know about his other foster carer but he used to wake everybody up in the house so she put him in a room by himself and he hated it and em, he used to sit in his cot, he wasn't potty trained or nothing when he came here so he was all in nappy but now he's off nappies all together.

So he's potty trained?

*Yeah, even at night and em, what he does is he wakes up at like ten to four or ten to five and he goes 'I need a wee wee, I need a wee wee' and instead of just getting out his bed and going for a wee wee he starts crying for a wee wee till I wake up and I'm like, 'oh what, ten to four in the morning, * go to wee wee' and he's like, 'ok then' and then when he gets in his bed he's got this stupid like frog thing and you press his belly and it speaks.*

Ok right.

*And it sings a song and you can't switch it off until the songs over and he plays with that and that really, that's the only thing that really annoys me about * is he gets up at like ten to four in the morning.*

So it's kind of wakening you up really early?

Yeah but he always goes back to sleep so, unless it's like light, you know, like if he gets up at ten to six and he sees its light he's like 'playtime' it's like 'no its not, go to bed' but no I, to start with stupid things annoyed me like I can't even remember but like I'm an only child so it was like kind of having a little brother or sister.

Yeah.

And I, like I can't think of things that annoyed me but it was like silly little things like (pause) oh I don't even know, I can't even think em like oh I don't, I can't even think em, just stupid little things like his fork would be on the floor (laughs) it's, it is, it was silly things like that, they would just get on my nerve and I'd be like 'pick the fork up', 'no' but I don't know it was just like, or he would have my cup.

Yeah, your cup?

Yeah and it would annoy me but now it doesn't bother me, but I think I've grown up a bit since then but yeah em but it's kind of like it's different for me 'cause I was an only child and having somebody else come in and having to share your mum and share things and you're like 'do I have to?' but em no, not now, I've got used to it.

How was that at the beginning? You're saying like having to share you mum.

Yeah I found it really hard. I was like, obviously I didn't sit in my mum's bosy or nothing but like you know, like having a conversation with her or just anything like helping her do the tea.

Yeah.

*That was all like, not stopped but it wasn't so much me and my mum. It was me, my mum, * or my mum, * and me. You know like I, my mum could be sitting here and I would be sitting where you'd be sitting and * would be here (indicates that foster child would be sitting next to her mum on the same chair) and you'd be trying to have a conversation and * is like 'mum, mum, mum, mum, sponge bob bla bla bla' and you can't have a conversation, or like * likes to make the tea with her so I just leave them but to start with I found it really hard and that annoyed me too but as I say he's three, what can you do about it but it doesn't bother me now but to start with it did, like silly little things as I say would annoy me, don't know why.*

And when you get annoyed, you're saying it doesn't annoy you now.

No.

But to begin with it did?

Mh-huh.

How did you manage that, what did you do?

Well I, I don't actually know but to start with I did, it did annoy me but then I thought to myself 'he's only three, he's never had what I've had' like I've had my mum all my life and I've had one person in my life that's taught me wrong from right, and you know what I mean.

Yeah.

He's never had that and for him to have somebody like that. If he falls my mum's always there to pick him up and stuff. He's never had none of that and I thought 'well why am I being selfish' I'm what, at the time I was sixteen so it was like well I've had sixteen years of it, he's had nothing, so I just kind of like realised that he, he hasn't had like none of the loving parents kind of thing, maybe that's wrong to say but its not, 'cause they don't. Em like he's never had nobody to care for him and be there when he cries and stuff like that so I just kind of thought to myself it's a bit selfish just to get annoyed because he's not had it, so I just kind of got used to it.

APPENDIX 8

Example of Coding Report

NODE CODING REPORT

Node: /Loss/Foster Child

Treenode address: (6 8)
Created: 14/05/2006 - 12:08:14
Modified: 20/07/2006 - 10:13:18
Documents in Set: All Documents

Document 1 of 12 Transcript 1

Passage 1 of 3 Section 0, Para 139, 162 chars.

139: I just, I hate seeing my mum upset and even when they go and stuff if like I'm not crying and my mum starts crying I'll be like 'ooh' and then I'll start crying.

Passage 2 of 3 Section 0, Para 307, 712 chars.

307: Yeah, it's like four, three-four weeks away. So em, I know it's going to be hard because my mum, because since * never actually had a mum cause her mum gave her up for adoption as soon as she was born, like her mum didn't want her. So she's never really had a proper mum like she's never gone for contact and stuff, she's always been with my mum. So my mum's going to find that's she's like getting worried about it and upset about it now already and that'll like make me upset and em, yeah I don't want * to go cause she's so lovely, she's so like quiet and just like funny with, my mum like carries her about the house on her arm she just walks about and she's just like a little monkey or something (laughs).

Passage 3 of 3 Section 0, Paras 394 to 395, 126 chars.

395: I think it's cause you're used to having a baby and then it's gone and when you get a new one it kind of fills that hole again.

Passage 1 of 2 Section 0, Para 83, 118 chars.

83: as well its harder then when they go after a longer time, your like 'oh I wish they went earlier' so its not as hard.

Passage 2 of 2 Section 0, Para 99, 306 chars.

99: It is, it is quite hard, em I think you've just, I always try and think well if they're going to adopt then it's the best thing for them. They'll have their own family.

They'll have their own big sisters or little sisters or whatever. So you've just got to think of it that way but it is quite upsetting

Document 3 of 12 Transcript2

Passage 1 of 7 Section 0, Para 246, 119 chars.

246: That was hard cause she was like, then we just had the one and she was like my mum's daughter that she'd always wanted.

Passage 2 of 7 Section 0, Paras 253 to 254, 119 chars.

254: Yeah and I think she was just special but it was hard because it was the first one that we've really got attached to.

Passage 3 of 7 Section 0, Para 262, 146 chars.

262: So then it was really hard when she left because we had to watch her go away. I think it was worse on my mum because she was with her all the time. I think she was like the daughter she always wanted.

Passage 4 of 7 Section 0, Paras 265 to 266, 63 chars.

266: Her new family came and picked her up and just took her away. Her new family came and picked her up and just took her away. It was really hard when she left, we wanted to adopt her but we were thinking about it in the long run because my dad was thinking like I'll be retiring by the time she's like thirteen, I'll be like her granddad more than anything else. So then it was really hard when she left because we had to watch her go away. I think it was worse on my mum because she was with her all the time

Passage 5 of 7 Section 0, Paras 269 to 270, 87 chars.

270: It was hard because I didn't think I was that attached to her until she went away but.

Passage 6 of 7 Section 0, Paras 285 to 286, 563 chars.

286: Yeah it would be because like although I've got really attached to this two that we've got just now, well I'm not really but the longer you've got them the more you get attached. It is harder, I think the younger the kids the more you get attached as well because we had, *, we had her little sister for a while, *, and she was only like three weeks old when we got her. So then we had her for about two-three weeks and it was weird seeing her going away cause like you were used to seeing, like cause she was a baby you would see her constantly, all the time.

Passage 7 of 7 Section 0, Para 418, 242 chars.

418: It was, it was sad seeing him cause he was crying and that cause he wasn't getting to stay. Then we couldn't help it really cause we had I think we still had two kids at the time and like we couldn't keep them because we didn't have the room.

Document 4 of 12 Transcript 3

Passage 1 of 6 Section 0, Para 602, 155 chars.

602: It's always difficult when they leave to think that, especially if you think well I'm not really going to see them again but you grow attached to them and.

Passage 2 of 6 Section 0, Para 622, 98 chars.

622: he grew really attached to all the family cause he was so little he thought that was his family so

Passage 3 of 6 Section 0, Para 634, 154 chars.

634: Just because we've had them for longer and they've got so attached to all the family and like the foster kids we've got will call my grandma, grandma and.

Passage 4 of 6 Section 0, Para 646, 39 chars.

646: when you think about it it's upsetting

Passage 5 of 6 Section 0, Para 650, 189 chars.

650: Yeah, you know that it's, they're going to be a bit upset for leaving as well obviously but it is better in the long run cause obviously they can't stay with us until their like sixteen so.

Passage 6 of 6 Section 0, Para 722, 69 chars.

722: and then it's like, you just feel like you get really close to them.

Document 5 of 12 Transcript 5

Passage 1 of 1 Section 0, Para 295, 228 chars.

295: Em, well when * left I didn't mind at all because I didn't really like her but I think when * leaves I might be quite upset because I like her and she's a nice person and she's been with us a long time so I'll miss her probably.

Document 6 of 12 Transcript 7

Passage 1 of 3 Section 0, Para 563, 74 chars.

563: when * left, oh that was so sad, because they are like part of your family

Passage 2 of 3 Section 0, Para 567, 122 chars.

567: Mh-huh but as I say because my aunties done it before it is, its just so sad cause like * she's still not over my auntie.

Passage 3 of 3 Section 0, Para 571, 577 chars.

571: I don't think about it. I don't want to. So no I don't, I don't even want him to go so I'm not going to think about it. (pause) It's going to be sad for everybody even my granddad and stuff and my cousin. I mean my cousin's eighteen nearly nineteen and she loves him to bits. He's just, everybody loves him to bits. And my younger cousin, he's what, twelve or something and * just adores him, cause he's a boy and you know boys toys and stuff and I think everybody will be sad, just I don't know but then another one comes along and then you've got to start all over again.

Document 7 of 12 Transcript 8

Passage 1 of 4 Section 0, Para 167, 79 chars.

167: Well its, when they go em, it's, it just ends up normal again, I just normally.

Passage 2 of 4 Section 0, Para 207, 285 chars.

207: I just get told that they're leaving and I get told that they're leaving and then they go pick up their stuff and they get ready for about a day before they leave and then the next morning they just, eh someone comes up to pick them up and I don't know what happens after that to them.

Passage 3 of 4 Section 0, Para 251, 112 chars.

251: Yeah but, but just sometimes when they're, well when a child comes and I don't really like them I'm a bit glad.

Passage 4 of 4 Section 0, Para 397, 108 chars.

397: Well they didn't really tell me, eh when he was sixteen, sixteen I think it was, he walked out of the house. I kind of feel like sad because, its just I've gotten really, well I sometimes like know them really well.

Document 8 of 12 Transcript 9

Passage 1 of 5 Section 0, Para 278, 238 chars.

278: if you've had them for a long time or over a long period of time, it's quite sad really when they go but if you've only had them for like a weekend and you don't know them that well so it's ok then but if you've had them a long time its.

Passage 2 of 5 Section 0, Para 286, 104 chars.

286: Eh it's really kind of sad to see them go and of course they're normally quite sad especially afterwards.

Passage 3 of 5 Section 0, Para 290, 143 chars.

290: It, eh, the social workers come round with the, eh parents or the people who are taking them and em, you just kind of say goodbye in the doorway.

Passage 4 of 5 Section 0, Para 797, 89 chars.

797: It was just, it made you so upset and all that. It wasn't, it wasn't good when they left

Passage 5 of 5 Section 0, Paras 800 to 801, 100 chars.

801: We got another foster child so I just spent a little bit more time with them to take my mind of it.

Table (ii): Type of Foster Care Provision Provided

Participant	Respite Care	Short-term Care
1	X	X
2	X	X
3	X	X
4	X	
5*	X	X
6*	X	X
7	X	X
8	X	X
9	X	X

* Siblings from same household

Table (iii): Fostering Experience

Participant	No. of Years Family have been Fostering	Total No. of Children Parents have Fostered
1	13	30
2	4	8
3	4	27
4	3	4
5*	5	16
6*	5	16
7	3	2
8	7	15
9	2	19

* Siblings from same household

Table (iv): Family Constitution

Participant	No. of Birth Siblings	Gender of Birth Sibling	Participant's Position in Family †	One/Two Parent Family
1	0	Not Applicable	Only Child	Two
2	1	Brother	Youngest Child	Two
3	1	Brother	Eldest Child	Two
4	0	Not Applicable	Only Child	Two
5*	1	Sister	Youngest Child	One
6*	1	Sister	Eldest Child	One
7	0	Not Applicable	Only Child	One
8	1	Sister	Youngest Child	One
9	1	Sister	Youngest Child	Two

* Siblings from same household

† Excluding Foster Child

Table (v): Age & Gender of Foster Child(ren) Currently Placed with Family

Participant	Age of Foster Child	Gender of Foster Child
1	Not specified (Baby)	Girl
	Not specified (Baby)	Girl
2	3	Boy
	7	Boy
3	8	Boy
	10	Girl
4	Not applicable	Not applicable
5*	11	Girl
6*	11	Girl
7	3	Boy
8	11	Boy
	12	Boy
	14	Girl
9	1	Not specified
	3	Girl

* Siblings from same household