



# CREATE

Canterbury Research and Theses Environment

Canterbury Christ Church University's repository of research outputs

<http://create.canterbury.ac.uk>

Copyright © and Moral Rights for this thesis are retained by the author and/or other copyright owners. A copy can be downloaded for personal non-commercial research or study, without prior permission or charge. This thesis cannot be reproduced or quoted extensively from without first obtaining permission in writing from the copyright holder/s. The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the copyright holders.

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given e.g. Digman, Carmel (2013) Exploring the stories of parents from care backgrounds. D.Clin.Psych. thesis, Canterbury Christ Church University.

Contact: [create.library@canterbury.ac.uk](mailto:create.library@canterbury.ac.uk)



**Carmel Digman BSc (Hons) MA**

**EXPLORING THE STORIES OF PARENTS FROM CARE  
BACKGROUNDS**

**Section A: LITERATURE REVIEW**

Parents from care backgrounds: The impact of their experiences on  
parenting in the next generation

Word Count: 5491 (plus 179)

**Section B: EMPIRICAL PAPER**

Exploring the stories of parents from care backgrounds: A narrative  
biographical analysis

Word Count: 7981 (plus 215)

**Section C: CRITICAL APPRAISAL**

Word Count: 1985

Overall Word Count: 15,457 (plus 394)

A thesis submitted in partial fulfilment of the requirements of  
Canterbury Christ Church University for the degree of Doctor or Clinical  
Psychology

September 2013

SALOMONS

CANTERBURY CHRIST CHURCH UNIVERSITY

## **ACKNOWLEDGEMENTS**

The main characters in the story of this project are the six participants who shared their personal narratives. Without them the story would not have unfolded and I am hugely grateful to them. They gave generously of their time and supported the research with interest and enthusiasm. It was my privilege to hear them and I will endeavour to do them justice.

I would like to thank my lead supervisor, Dr Kelly Davey, for her encouragement and guidance. She was considerate and helpful at every stage and her knowledge of the difficulties faced by the participants was invaluable. Her belief in the importance of the research was inspiring.

I would like to thank my supervisor Dr Alex Hassett for his guidance along the way. At points where I was unsure, he enabled me to maintain direction and I valued his warmth and humour.

I would like to thank Mary Newman for her support at the beginning of this journey. She enabled the recruitment, liaised with staff and was a calm and understanding presence at all times.

Other supporters have been numerous along the way; my fellow narrative traveller Kate, Dr Louise Goodbody who gave advice on narrative methods, library staff with unflappable patience and Helena and Ed for domestic duties.

This project is dedicated to Tim, in reciprocity.

## **Summary of the Major Research Project**

Section A: The literature review considered how the experiences of childhood maltreatment and removal into care impacted on future parenting ability. It reviewed research into young parents leaving care and intergenerational transmission of parenting difficulties. Psychological models of attachment, resilience and focal development theory were considered. Practice implications and important gaps in the research were discussed.

Section B: The empirical paper was a narrative analysis of six autobiographical narratives from three fathers and three mothers who spent part of their childhood in care. The analysis explored how parents viewed their experiences and how these experiences influenced their relationship with their children. Theoretical models of attachment, resilience and focal development provided a framework for understanding the stories. Findings supported psychosocial approaches to helping parents from care backgrounds. The impact of their experiences had repercussions throughout their life-course and participants showed insight into this. Further research is required and practice implications were considered.

Part C: The critical appraisal reflected on the research process and outcomes. It considered what skills and knowledge had been gained and areas for further personal development. I discuss ways in which the project could have been improved, further research in this area and implications for personal clinical practice.

## Contents

### Section A: Literature Review

Abstract.....	1
Introduction.....	2
Context for the Review.....	2
Defining Terms.....	4
Models of Intergenerational Parenting Difficulties.....	5
Attachment Theory.....	6
Resilience Models.....	7
Focal Theory.....	7
Aims.....	8
Methodology.....	9
Review of Literature.....	10
Studies of Young Parents Leaving Care.....	10
Intergenerational Parenting Difficulties.....	13
Personal Experiences.....	15
Discussion.....	16
Becoming Parents.....	17
Resilience and Attachment.....	19
Practice Implications.....	20
Future Research.....	21
Conclusions.....	21
References.....	23

## Section B: Empirical Paper

Abstract.....	1
Introduction.....	2
Attachment Theory.....	4
Resilience Theory.....	4
Focal Theory.....	5
Integrated Models.....	5
Rationale.....	6
Method.....	7
Design.....	7
Participants.....	8
Narrative Analysis.....	8
Ethical and Safety Considerations.....	10
Validity.....	10
Analysis.....	11
Narrative Coherence.....	12
Genre.....	15
Narrative Interaction.....	16
Child Identities.....	16
Parent Identities.....	18
Focal Theory and Transitions to Adulthood.....	18
Attachment Theory and Intergenerational Parenting.....	20
Resilience.....	23
Supportive Figures.....	23
Professional Services.....	24

Personal Attributes.....	25
Becoming a Parent.....	25
Parental Feedback.....	26
Discussion.....	27
Limitations.....	31
Practice Implications.....	32
Future Research.....	33
Conclusions.....	33
References.....	34
Section C: Critical Appraisal	
Personal Learning and Development.....	1
Improving the Research.....	3
Clinical Practice Implications.....	5
Further Research.....	6
References.....	8
Section D: Appendices	
1. Table 1. Profiles and summaries of main findings of 8 studies of care leavers..	1
2. Table 2. Profiles and summaries of the main findings of 6 intergenerational parenting studies.....	2
3. A Psychosocial Model of Long-term Foster Care.....	3
4. Interview Schedule.....	4
5. Extracts from Research Log.....	6
6. Hearing Parents' Voices Leaflet.....	9

7. Table 3. Profiles of the six participants.....	11
Table 4. Discrete stories within the narrative.....	11
8. Transcription analysis of two stories.....	12
9. Transcript of participant 1 showing coding.....	15
10. Consent Form.....	31
11. Six Stories: Precis of biographical interview transcripts.....	33
12. Table 5. Literary narrative genres and basic plot forms.....	38
13. Table 6. Analysis of narrative coherence.....	39
14. Table 7. Roles and identities.....	40
15. Extract from Reflective Diary.....	41
16. Guidelines for Journal Submission.....	45
17. Summary of Final Report.....	48
18. Trust Research and Development Approval Letter.....	50
19. Research Ethics Committee Approval Letter.....	52

## **Section A: Literature Review**

### **Title**

Parents from care backgrounds: The impact of their experiences on parenting in the next generation

Word Count: 5491 (plus 179)

## **Abstract**

Outcomes for young parents leaving care in the UK are poor in comparison to their peers and they are at risk of experiencing parenting difficulties. This review considers the existing research into the nature of these difficulties. It takes an integrative approach, considering research into young parents leaving care and intergenerational transmission of parenting difficulties. Psychological models of attachment, focal development and resilience are considered. Literature searches were conducted using relevant search terms and selected studies were reviewed and critiqued. Results showed parents from care backgrounds were more likely to experience social isolation, attachment and emotional difficulties and enforced and compressed transitions to independence. There was insufficient support for relationship difficulties, sex education and transitions to adult roles including parenthood. Factors that promoted successful parenting included consistent, loving attachments and stable foster placements but more research is needed to explore and confirm these findings. Time spent in care conferred both added risks and protective factors and having children could itself be a protective factor. Studies were restricted in their demographic scope being almost exclusively concerned with young mothers. More studies involving fathers and minority ethnic representation is indicated. Research into the long term implications of care experiences is recommended.

.

## **Introduction**

The majority of children taken into care in the UK were subject to abuse or neglect (Department for Education, DfE, 2011). When they become adults and raise families of their own, these experiences of maltreatment and the care system that substituted for family nurturing, will impact on their relationships with their own offspring (Crittenden & Ainsworth, 1983). This review considers the existing research into the nature of the difficulties experienced by these parents. It takes an integrative approach, considering research into young parents leaving care and intergenerational transmission of parenting difficulties.

The majority of young parents leaving care represent a subset of parents who experienced childhood maltreatment (Rutter, Quinton, & Liddle, 1983) and were then separated from family, experiencing substitute parenting in a range of settings (Sinclair, Baker, Wilson, & Gibbs, 2005). By including research into intergenerational parenting a fuller picture of the difficulties faced by this group is presented, while the dimension of the care system and family separation is considered in the studies of young parents leaving care. Qualitative studies present detailed examples of personal experiences (Schofield, 2001; Sinclair et al., 2005) which suggest interesting areas for further research. Psychological models to frame and understand these experiences will be considered.

## **Context for the Review**

Many studies into care leavers are concerned with the negative impact of their experiences on education, employment, parenting outcomes and mental health (Corlyon & McGuire, 1999; Stein, 2006). However, the factors influencing these outcomes are complex and the literature reflects challenges to the general view that

maltreated children suffer irreparable and lifelong handicaps (Buchanan, 1996; Rutter et al., 1983). The system of care in the UK may be classified as neo-liberal (Petrie, Boddy, Cameron, Wigfall, & Simon, 2006). It tries to minimise state intervention and promote a charitable or commercial solution to caring for the child. Private organisations, regulated and part funded by Government bodies are encouraged to provide care when the family cannot and state interventions are targeted at specific areas of deprivation (Social Exclusion Unit, SEU, 2001). Children are placed either with foster carers or in residential care homes (DfE, 2011). Figures for the year ending March 2011 show reasons for removal as primarily neglect and abuse (59%), followed by dysfunctional or acutely stressed families (23%) and absent parenting (7.3%). Outcomes for children in care remain poor in comparison to their peers in the general population. Measures of educational achievement, employment, mental health, homelessness and involvement in crime show children looked after by the state (LAC), performing significantly worse than their peers (Centre for Social Justice, CSJ, 2008). Figures for girls in care becoming pregnant have remained steady from 2007-11 at between 3-5% of 12-17 year olds (DfE, 2011), compared with a fall in conception rates for the 12-17 year olds in the general population ([www.education.gov.uk](http://www.education.gov.uk)). For young women leaving care, between 20-45% became pregnant within 12 months (CSJ, 2008; Dixon, 2008). There are no figures available for fatherhood in care leavers, though some studies include young fathers as participants (Tyrer, Chase, Warwick, & Aggleton, 2005).

Periodic reports into the shortcomings of the public care system often followed serious case reviews and the death of a child (Laming, 2003; 2009) and preceded legislation to regulate and reform provision (Petrie et al., 2006). In a possible reaction to these cases figures for children entering care have steadily risen since

2007 (DfE, 2011). Concerns about the marginalisation and vulnerability of young people from care backgrounds (Biehal & Wade, 1996; CSJ, 2008) combined with attempts to address the high rates of teenage pregnancy led to in-depth studies of care leavers (Barn & Mantovani, 2007; Corlyon & McGuire, 1999). The Children (Leaving Care) Act 2000 introduced measures to support young people leaving care beyond aged 17 with a requirement for a 'pathway plan'

([www.catch-22.org.uk/NCAS](http://www.catch-22.org.uk/NCAS)). This included the provision of a personal adviser, accommodation and financial support and educational or training assistance until age 21.

Adopted children become the legal responsibility of their adoptive parents and not care services and are less likely to be followed through to parenthood (Petrie et al., 2006; Sinclair et al., 2005). Therefore, recruitment of parents who were adopted is difficult because of their lack of continuous contact with services. For this reason the review concentrated on parents identified as being from care backgrounds.

## **Defining Terms**

Literature searches highlighted the difficulties and possible confusion in defining terms. For clarity in this review the following will be used:

- 'The care system' or 'care' refers to either foster or residential care for children removed from their birth parents. The care system may be UK or other nations.
- 'Parents from care backgrounds' refer to adults who spent all or part of their childhood in the care system and have children of their own.

- ‘Intergenerational parenting’ refers to families where the parenting of more than one generation has been studied and continuities and discontinuities of problems have been considered.
- ‘Young parents leaving care’ refers to young people who have become parents before they left care aged 17-18 or where studies define participants as having left foster-care but still in touch with leaving-care services (e.g. aged 18-22).

Other terminology will be discussed in the context of the literature.

### **Models of Intergenerational Parenting Difficulties**

Theories for the mechanism of intergenerational transmission of serious parenting difficulties (Buchanan, 1996) have been developed in psychological, sociological, biological, political and cultural contexts. For studies of young people leaving care, theoretical models are sparse within the literature (Stein, 2006). While the intergenerational parenting literature uses three main psychological models to understand the methods of transmission. Attachment theory (Bowlby, 1998), provides a framework for understanding the difficulties experienced by exposure to abuse and neglect as well as separation from their primary care giver. Resilience models (Wright & Masten, 2006) explore why some children despite adversity and parental maltreatment, grow up to become adequate parents (Buchanan, 1996, Rutter, 1989). Focal theory (Stein, 2006) offers insight into the effects of transitions on young people leaving care as vulnerable adolescents. As this review aims to inform practice from a clinical psychology perspective these three models have been considered in more detail.

## **Attachment Theory**

Attachment theory relates to the crucial interaction between a parent and her developing child. The parent is present for the child, providing a secure base for her to understand and regulate her emotions and explore her environment safely (Bowlby, 1988; Crittenden & Ainsworth, 1989). When a child's emotional arousal is not adequately interpreted or contained by the parent the child experiences fear and abandonment and does not learn to manage heightened emotional states (Howe, 2005). If the parent responds to the child in ways that are abusive, neglectful, disorganised or chaotic the child may interpret emotional states and parent interactions as threatening or shaming. Her attachment to her carers may become ambivalent, avoidant or disorganised (Howe, 2005; Stein, 2006). Developmental and neurological maturation will interact with experience creating ways of responding and emotional reactions which are dynamic through the life course (Crittenden, 2011). Parents who were poorly parented, abused or neglected may then respond to their child's emotional needs inadequately or inappropriately. Emotional states in the child may provoke extreme and inappropriate affect in the parent. The child may unwittingly trigger responses that re-traumatise the parent, preventing her from containing her emotions and leading to an insecure parent/child relationship (Crittenden & Ainsworth, 1989; Iwaniec, 1995). The parent may re-experience childhood feelings of threat or abandonment (Howe, 2005) and act in ways to protect herself, to overcompensate for her experiences or to avoid distressing memories (Crittenden, 2011). If these difficulties remain unresolved then intergenerational transmission of parenting problems may result (Crittenden & Ainsworth, 1989).

## **Resilience Models**

Theories of intergenerational transmission of parenting difficulties are concerned with the negative effects of maltreatment and do not account for those individuals who successfully parent despite childhood maltreatment. Resilience theories originated in observations of children who thrived despite extreme deprivation or difficulty (Luthar, Cicchetti, & Becker, 2000; Schofield and Beek, 2005). Intergenerational studies of parents from care backgrounds (Rutter et al., 1983) and parents who were abused as children (Buchanan, 1996), point to both continuities and discontinuities in parenting problems in the next generation. The discontinuities suggest the presence of protective factors that mitigate the effects of the negative experiences. In Rutter's model (1989) the child experiences a chain of circumstances both good and bad, which combine to produce an outcome over time. He identified a range of protective factors, for example a warm, redeeming attachment to a family member or a supportive school environment which mitigate risk and encourage further resilience. Risks may be interpersonal (e.g. family violence, child abuse) or environmental (e.g. poverty, poor housing). Resilience is demonstrated when the outcome for the individual is relatively good despite experiencing risk factors shown to be associated with the development of parenting difficulties (Rutter, 1999).

## **Focal Theory**

Specific risk factors occur for young people at the point of leaving care (Biehal & Wade, 1996; Dixon, 2008; Sinclair et al., 2005). Leaving care at 16-18 years coincides with the negotiation of physical, social and personal adolescent developmental stages (Carr, 2006). Focal theory considers how adolescents

approach changing relationships with parents, peers, social groups, sexual relationships and personal identity as they become adults. These transitions appear to peak at certain ages in a fluid and individual way (Coleman, 1980). Young people in the care system experience multiple transitions (Dixon, 2008; Sinclair et al., 2005) particularly at the point of leaving care. If the young person also becomes a parent, a further complex transition is required when they may still be adapting to relationship and identity issues (Stein, 2005). Focal theory proposes that difficulties arise when several transitions are being negotiated simultaneously or when the child is forced to address transitions for which they are not yet ready. Under these circumstances the young person leaving care and becoming a parent may experience emotional difficulties that impact on their ability to care for their child (Biehal & Wade, 1996; Dixon, 2008).

## **Aims**

Parents from care backgrounds have experience of both childhood maltreatment and time spent in care. The care system may confer support and solutions to a child's difficulties or may compound problems, inadequately compensating the child for lost relationships (Sinclair et al., 2005).

This review aims:

1. To consider the experiences that have impacted on the parenting of parents from care backgrounds
2. To consider how attachment, resilience and focal theories may inform practice for the support of parents from care backgrounds.

## Methodology

A systematic literature search was conducted through the following electronic databases: PsycINFO, Medline, Cochrane Library, EBSCOhost, Google Scholar.

The following search terms were used in combination:

- Child maltreatment / abuse / neglect AND intergenerational parenting difficulties / transmission
- Intergenerational parenting / attachment difficulties / resilience
- Care leavers AND parenthood/pregnancy
- Narratives / experiences of foster care / public care / foster children.

Search terms aimed to identify both qualitative and quantitative studies of parents from care backgrounds. Specific mention of adoption was not included as the study was concerned with the 'care' component of intergenerational parenting difficulties. Where care was followed by adoption these children were less likely to be included in studies because of recruitment difficulties.

Over 250 articles were generated and abstracts and references scanned to determine relevance. Duplicates and non-English publications were excluded. Abstracts were studied and reference lists scanned generating further relevant studies. Articles were included under the following categories:

- Studies of care leavers with specific reference to parenting
- Attachment / resilience pertaining to intergenerational abuse and neglect
- Qualitative / personal accounts of care leavers and young parents from care backgrounds.

Articles were excluded:

- If they referred to leaving care outcomes without reference to parenthood
- Were concerned with children evacuated during wartime
- Were evaluations of leaving care interventions without reference to parenthood.

Some studies fell into more than one category. Historic research around children evacuated during wartime was not included because the reasons for removal at that point in time were radically different to those of non-wartime fostered children.

Fourteen studies were selected for review. These were sorted and categorised as studies of young parents leaving care, intergenerational studies and personal accounts. Most of the studies were conducted prior to, or following from, the Children (Leaving Care) Act (2000), in the context of concerns about the outcomes for young care leavers in the UK. As such the review has a UK focus while drawing on relevant research from other countries.

## **Review of Literature**

### **Studies of Young Parents Leaving Care**

Four studies of young parents leaving care were reviewed together with three studies into care leavers which made specific reference to parenthood (appendix 1).

Research participants were mainly young mothers between the age of 12 and 21, either in care or in contact with leaving care support services. Problems with recruiting once young people left care were seen as particularly acute for fathers as they were usually not the primary carers of their children and less likely to be in touch with statutory services (Tyrer et al., 2005). Only Tyrer et al.'s study was specific to fathers, although the difficulties experienced by young men leaving care

were explored by others (Biehal & Wade, 1996; Chase, Maxwell, Knight, & Aggleton, 2006; Dixon, 2008).

25-33% of participants had become parents within two years of leaving care (Biehal & Wade, 1996; Dixon, 2008). Most were coping well with the support of partners, friends, extended family, foster carers and services and one third of pregnancies were planned. The reasons for early parenthood were multiple and included a need to belong to a family, having a positive identity as a parent and status within the community. Caring for a child of one's own was considered to be a way to satisfy attachment needs (Biehal & Wade, 1996; Corlyon & McGuire, 1999).

Problems associated with compressed and accelerated transitions to independence included the requirement to become independent earlier and quicker than their non-care system peers. Transitions were often multiple involving independent living, first job, parenthood and being alone (Biehal & Wade, 1996; Dixon, 2008; Sinclair et al., 2005). Preparedness for independent living was often neglected by services and young people were at risk of isolation, unemployment and poverty. Early parenthood did convey a sense of responsibility for some young people that acted as a protective factor, encouraging them to avoid drug abuse and crime (Tyrer et al., 2005).

Studies specific to parents leaving care, clarified these finding further. Researchers used a combination of questionnaires and interviews to gather subjective experiences from young parents and the professionals supporting them (Barn & Mantovani, 2007; Chase et al., 2006; Corlyon & McGuire, 1999). Teenage pregnancy in the participants was associated with multiple foster placements, time spent in residential care and frequent moves between care and birth parents. Barn & Mantovani suggested a link between multiple disrupted attachments and a desire to

start a family of their own. Young people described a lack of care continuity, disrupted education and feelings of abandonment and worthlessness. Sex and relationship education was considered inadequate or lacking and there was no one in whom they could confide (Chase et al., 2006; Corylon & McGuire, 1999). Once they had become parents, risk factors included unreliable or strained relationships with their birth family (Barn & Mantovani, 2007) and poor or inappropriate care from services (Chase et al., 2006). Support could feel punitive and critical, raising fears that children would be taken into care and some reported feeling pressured to have an abortion (Chase et al., 2006). Poverty and social isolation remained a problem after the baby was born. Parenthood conveyed positive feelings of belonging and responsibility and negative feelings of isolation and financial worries (Corylon & McGuire, 1999).

Protective factors were identified by participants included personal qualities and community support. They spoke of their strength and determination and a desire to compensate for their poor experiences by giving their child a good upbringing (Corylon & McGuire, 1999; Chase et al., 2006). A specific supportive person was seen as crucial (Biehal & Wade, 1996; Chase et al., 2006) and participants cited older siblings, support workers and partners. Authors recommended the enhancement of support services for transition with particular attention to providing individual advocates (Chase et al., 2006) and counselling (Biehal & Wade, 1996). Improving access to sex and relationship advice and information was also recommended (Barn & Mantovani, 2007; Chase et al., 2006).

Studies provided a comprehensive overview of the experiences of participants and where data from professionals was also included this provided some validation of findings (Biehal & Wade, 1996; Dixon, 2008). Recruitment difficulties concerning

minority groups, fathers and older parents meant that samples were sometimes limited. As most parents interviewed were in touch with services it could be argued that successful parents were excluded and a bias introduced. Only Sinclair et al., (2005) presented findings with specific reference to a psychological model, explaining relational difficulties in terms of attachment theory.

### **Intergenerational Parenting Difficulties**

Six studies of intergenerational transmission of parenting difficulties were identified (appendix 2). Of these only Rutter et al. (1983) recruited parents from care backgrounds, including retrospective care system data to verify subjective accounts that participants had been maltreated by their parents. Other studies used self-reporting (Newcombe & Locke, 2001; Kim, 2008) or social services reports (Berlin, Appleyard & Dodge, 2011; Dixon, Hamilton-Giachritsis, & Browne, 2005a, 2005b; Zuravin, McMillen, DePanfilis, & Curtiss, 1996) to establish whether participants had experienced childhood maltreatment. This produced potential biases as it a) relied upon the veracity of historic social services referrals and b) relied on the accuracy of self-reporting. Newcombe & Locke suggested further methodological issues when relying on simple definitions of maltreatment variables (e.g. either abuse or neglect) which were rarely clear cut in real life.

In a study of over 4000 families in Birmingham, UK (Dixon et al., 2005a, 2005b), mediating factors were considered in the 3.1% of the sample where childhood abuse was self-reported. 6.7% of this group subsequently were reported for maltreating their children compared with 0.4% of the whole cohort. Factors that mediated for risk were found to be parents under 21, having a poor parenting style, mental ill-health and a violent partner. A similar study of 499 mothers (Berlin et al., 2011) explored further the correlation between childhood neglect and abuse and

adult mental health, social isolation, parental hostile attribution and aggressive response bias. Berlin et al. found that childhood abuse, but not neglect was associated with later referrals for maltreatment of offspring and that the findings were robust. Maltreatment was mediated by social isolation and aggressive response biases (social attribution that tends to perceive threat and respond aggressively).

There was agreement that intergenerational transmission of child abuse was a real effect with rates reported between 6 and 30% (Dixon et al., 2005b; Kim, 2009) but methodological problems persisted. Kim used over-simplified self-report questionnaires to differentiate between neglect and abuse where in reality clear boundaries between subtypes may not be realistic (Zuravin et al., 1996). Zuravin et al.'s review of the existing literature found problems with defining abuse. Broad definitions failed to distinguish subtypes of maltreatment creating problems for replication and validity.

In an attempt to address these methodological issues, Newcomb and Locke (2001) considered the childhood experiences that predicted parenting behaviours and used measures that provided a continuum of parenting styles. Defining abuse and dichotomies of abusing versus non-abusing parents were avoided. Results still relied on accurate self-reporting of both childhood memories and adult parenting styles but generally confirmed intergenerational transmission of maltreatment. Newcombe and Locke identified an association between sexual abuse and aggressive parenting in mothers and rejecting parenting in fathers. For all parents neglect and emotional abuse were associated with inadequate parenting skills. They drew on attachment theory to explain how internalised models of parental responses inform future parenting behaviour.

Rutter et al., (1983) overcame possible self-reporting biases by recruiting mothers with care histories and using a comparison group from a similar demographic area. Results supported intergenerational transmission, but also pointed to a marked heterogeneity, with poor and good parenting in both groups. Parents from care backgrounds exhibited a range of maladaptive attachment styles including hostile and unavailable with emotional and physical abuse towards offspring. These were often concurrent with social problems of lone parenting, isolation and poverty. Protective factors included the presence of a supportive partner, adequate social conditions, school success and an ability to plan. Rutter et al. proposed that protective factors provided the mother with positive feedback, generating confidence which in turn mitigated the effects of adversity and promoted successful coping strategies.

### **Personal Experiences**

Some studies included detailed interviews with parents, providing subjective examples of attachment difficulties, resilience and the negotiation of complex transitions (Barn & Mantovani, 2007; Chase et al., 2006; Corlyon & McGuire, 1999; Schofield, 2002; Sinclair et al., 2005). While quantitative data identified commonalities of experience, this qualitative data demonstrated a richer, broader data set that provided examples of how young people interpret those experiences.

Sinclair et al.'s (2005) case study of a young Asian mother, Tara, demonstrated how the birth of her child provided a widening of support (from her partner's family) and changed her attitude towards her future in a positive way. Risk factors remained, such as insecurity, difficult relationships with her birth family and stigma within her birth community. But she also reported a growing trust with her

foster mother who enabled her to learn a parenting style in contrast to her own experience of shouting and criticism.

The importance of secure foster placements was discussed in a qualitative study that analysed interviews with 40 adults from long-term foster care (Schofield, 2001). The results informed the development of a psychosocial model of long-term foster care for which attachment and resilience theories provided the framework (Schofield, 2002). In this model, a secure base supplied unconditional love and security allowing the child to develop reflective skills, self-efficacy and family and cultural identity. Hope was then generated and the child developed the capacity to plan, cope and adapt which in turn promoted resilience (appendix 3). The secure and long-term nature of the placement was essential to the success of this model. Schofield's (2001) participants who were parents felt former foster families were crucial in supporting parenting in the next generation.

Where long term support was absent, young parents faced significant personal and social difficulties. Young fathers described experiences of social exclusion, having no one they can trust and losing contact with their children (Tyrer et al., 2005). Mothers described services as threatening, with an emphasis on the wellbeing of the child to the exclusion of the mother (Corlyon & McGuire, 1999). Many young parents described wanting to give their child a better experience than their own (Barn & Mantovani, 2007) and achievements were associated either with personal determination or with supportive friends, family or professionals (Sinclair et al., 2005).

## **Discussion**

This discussion will consider the experiences of parents from care backgrounds in their responses to parenthood. Psychosocial factors of risk and

protection will be discussed particularly at crucial transition points when the young person leaves care, becomes a parent and forms adult relationships. Finally, practice implications in the context of theoretical models will be considered.

Much of the research was conducted in a socio-political context of reducing the incidence of teenage pregnancy (Chase et al., 2006; Corylon & McGuire, 1999), breaking the cycle of family deprivation (Rutter et al., 1983; Zuravin et al., 1996) and improving outcomes for care leavers (Dixon, 2008; Sinclair et al., 2005). Social issues, physical, mental and emotional health concerns and relational difficulties which relate to the wider group of all maltreated children, were recognised as having a particular impact for young parents from care backgrounds. Drawing together the research from these interconnected studies a picture emerged of individual young people with a common experience of trauma, family instability and maltreatment, often making removal into the care system necessary. The diversity of individual experiences and responses to these circumstances provided examples of resilience as well as vulnerability.

### **Becoming Parents**

The numbers of young adults who become parents while in care or within two years of leaving care has caused concern (Chase et al., 2006) and researchers suggests several possible reasons. A mother's decision to have a child or to proceed with an unplanned pregnancy was often based on a desire to have a family of her own (Biehal & Wade, 1996) and to compensate for her negative experiences of maltreatment (Barn & Mantovani, 2007). Rejection and abandonment by birth families left attachment needs unfulfilled (Howe, 2005) and where these were not addressed by stable and therapeutic placements the birth of a child created an immediate family and sense of unconditional acceptance and belonging (Sinclair et

al., 2005). The welcoming of parenthood by participants may reflect this fulfilment of need, though shock, anxiety and inadequate sex education were also noted (Corlyon & McGuire, 1999; Tyrer et al., 2005). Young people were able to reflect on their own inexperience and unpreparedness for parenthood (Corlyon & McGuire, 1999; Sinclair et al., 2005) and the sudden responsibility and change of role, bringing together several transitional foci (Stein, 2006). There was an intensity of circumstances, a confluence of experiences that several authors described as compressed and accelerated changes (Biehal & Wade, 1996; Dixon, 2008; Sinclair et al., 2005). However this description neglects the multiple natures of those changes. For example, the young person may need to learn to be independent of carers, to live alone or with a partner, to manage financially, to develop an adult identity and to be a parent to a young child, all within the context of their own additional needs. This focal point was immediate and unavoidable and authors described several strategies used by the parent to facilitate coping with varying success. Contact with birth families for example (Biehal & Wade, 1996) might result in accessing support and improved relationships or a renewal of the problems that led to removal into care. All these difficulties occurred at a time when services are withdrawing or when the focus of professionals was the child, not the parent.

Intergenerational studies agreed on the reality of some risk of transmission among a significant minority of parents who suffered trauma (Dixon et al., 2005a). But the picture was far from complete and questions remain as to the intensity of that transmission and the relationship between the maltreatment suffered and the subsequent parenting problems (Newcomb & Locke, 2000). While the retrospective evidence is strong that parents who abuse their children are highly likely to have suffered maltreatment in their past, prospective prediction that maltreated children

will go on to abuse their children is weaker (Rutter, 1989) and here understanding resilience is imperative.

### **Resilience and Attachment**

Models of resilience in practice allow for the development of services that promote protective factors and identify and militate against risk (Stein, 2006). For young people leaving care protective factors cluster around strong and supportive relationships and a sense of self-efficacy (Rutter, 1989, 1999; Stein, 2006). Rutter's (1989) model is verified by subjective accounts of participants who refer to specific turning points when a supportive individual made them feel different about themselves (Corylon & McGuire, 1999; Chase et al., 2006). A chain of more positive circumstances may then result when improved self-esteem provides the confidence to plan and make choices (Rutter, 1989). This contrasts with negative transmission of maltreatment, where attachments are damaged and the young person struggles to trust others, form appropriate relationships and respond to the needs of their child (Zuravin et al., 1996).

Long term continuity of care was also demonstrated to be important and a model was suggested (Schofield, 2002; Schofield & Beek, 2005) that combined the development of secure attachments with the promotion of protective factors such as self-efficacy, reflective thinking and belonging to a family. This acknowledged the importance of integrating theory into practice and combining models in a way that enhances professional understanding of the processes involved for the developing child. Schofield (2002) extended the idea of attachment to include the developing identity of the young person as a member of a family. Family membership does not end with the cessation of care at 17, but is a permanent part of the young person's adult life. The foster family commits to promote family membership into adult life and

nurture the young person's access to what remains of the birth family. This does not diminish autonomy, but supports it with the foster home providing the secure base during the crucial transition into adult life. Schofield (2002) argues that interdependence is desirable and normal in human relationships, in contrast to the idea that foster children should leave care and survive independently in the adult world. Where attachment difficulties originating in early maltreatment have been compounded by multiple foster placements, the child struggles to trust and commit to relationships (Chase et al., 2006). Opportunities to access help may be resisted as young parents fear censure or rejection (Corylon & McGuire, 1999). The secure foster home provides the child with an opportunity to learn how and when to trust. If parenthood is supported by a continued attachment to a foster family, a more natural and sustainable transition may be achieved and the developing relationship with the new generation may be enhanced.

### **Practice Implications**

There was a broad consensus that outcomes for parents from care backgrounds could be improved if their experience of care included some key protective factors. Primary among these were stability of placement (Rutter, 1989) allowing a child to form strong and lasting relationships and to feel like they belong to a family that loves them unconditionally (Schofield, 2002). The ability to develop relationships and learn to trust adult care givers could be damaged by experiences of trauma and maltreatment (Crittenden & Ainsworth, 1983), and participants were sometimes able to reflect directly on this (Chase et al., 2006). Opportunities to confide, to receive suitable counselling and to access parenting support would allow young parents to work through these issues, and may prevent mental health problems that might impact on parenting (Dixon, 2008). For this to be successful

community professionals need to be able to recognise need and signpost to support that is non-judgemental and confidential.

Following concerns about outcomes for care leavers in the UK, provision of support was extended to age 25 and education bursaries made available ([www.catch-22.org.uk/NCAS](http://www.catch-22.org.uk/NCAS)). While this material and social support is valuable, ensuring that those who deliver it understand the mental and emotional difficulties faced by care leavers could help reduce rejection and social exclusion. The social pedagogy approach adopted in some European countries emphasises training in child development, attachment and therapeutic care, for professionals working with LAC (Petrie et al., 2006). This type of training would improve understanding and enhance working practice among care professionals even where placements have been unstable. Young parents often found professionals to be punitive and scrutinising (Chase et al., 2006) with the emphasis of care switched to the child at the expense of the parent. A greater understanding of theory in practice may help professionals to work with young parents for the benefit of parent and child (Petrie et al., 2006).

### **Future Research**

There are considerable gaps in the research on outcomes for parents from care backgrounds. Father's are particularly neglected (Tyrer et al., 2005) as are minority groups (Barn & Mantovani, 2007). As most studies concentrated on care leavers, further life span work is required to consider how parenting of older children and teenagers is affected by early experiences of maltreatment and the care system. Few studies have directly addressed resilience factors either in parents from care backgrounds or maltreated children generally (Schofield & Beek, 2005). While risk factors are considered, resilience is less well understood and research would be

valuable in determining why some children do not grow up to maltreat their offspring. Methodological issues of verifying intergenerational parenting difficulties could be overcome with longitudinal approaches, following children through care and into parenthood.

Further research should consider including psychological models in research design and the interpretation of the findings (Stein, 2005). Other possible areas of qualitative research might consider the subjective experiences of parents from care backgrounds to identify their issues, concerns and strengths.

## **Conclusions**

Parents from care backgrounds face emotional difficulties as a consequence of early attachment experiences which may be compounded by their care histories.

The research found negative experiences for parents were:

- isolation and social exclusion,
- feelings of rejection and abandonment by families and by services,
- continued difficult relationships with birth families,
- a shift in professional support from the parent to the child
- attachment and emotional difficulties with trust and relationships
- mental health difficulties around unresolved trauma and self-esteem
- accelerated and compressed transitions to independence and parenthood

In addition unstable and multiple care placements, a lack of sufficient guidance on sexual health and relationships and a lack of training and psychological understanding among professionals were identified. These findings suggested the need for practice changes informed by theoretical models of attachment, resilience and focal theory (Petrie et al., 2006; Schofield, 2002; Stein, 2005).

Insufficient research made conclusions about resilience tentative at best. There was an agreement that at least one consistent, loving attachment was protective against transmission of maltreatment and parenting difficulties (Rutter et al., 1983) and that stable long-term foster care with support for transition to independence conferred resilience (Schofield & Beek, 2005, Stein, 2005). Other possible factors were identified through subjective accounts and included a sense of purpose in life, belonging and a determination to provide offspring with a better start in life (Sinclair et al., 2005).

Practice implications included further support particularly for mental health and emotional difficulties, transitions to independence and parenting issues. Bringing theory into practice through training, possibly through a social pedagogy approach (Petrie et al., 2006) was also considered.

Further research, particularly regarding long term implications of care histories for parents, was recommended. Qualitative research into subjective experiences would give a voice to parents from care backgrounds and enhance understanding of both risk and resilience.

## References

- Barn, R. & Mantovani, N. (2007). Young mothers and the care system: Contextualising risk and vulnerability. *British Journal of Social Work, 37*, 225-243.
- Berlin, L., Appleyard, K., & Dodge, K. (2011). Intergenerational continuity in child maltreatment: mediating mechanisms and implications for prevention. *Child Development, 82(1)*, 162-176.

- Biehal, N. & Wade, J. (1996), Looking back, looking forward: Care leavers, families and change. *Children and Youth Services Review*, 18(4/5), 425-445.
- Bowlby, J. (1988). *A secure base*. London: Routledge.
- Buchanan, A. (1996). *Cycles of child maltreatment: Facts, fallacies and interventions*. Chichester: Wiley and Sons.
- Carr, A. (2006). *The handbook of child and adolescent clinical psychology: A contextual approach*. Hove: Routledge.
- Centre for Social Justice. (2008). *Breakthrough Britain: Couldn't care less: A policy report from the Children in Care Working Group*. London: Centre for Social Justice.
- Chase, E., Maxwell, C., Knight, A., & Aggleton, P. (2006). Pregnancy and parenthood among young people in and leaving care: What are the influencing factors, and what makes a difference in providing support? *Journal of Adolescence*, 29, 437-451.
- Coleman, J. (1980). Friendship and the peer group in adolescence. In J. Adelson (Ed.), *Handbook of adolescent psychology*. London: Wiley.
- Corlyon, J & McGuire, C. (1999). *Pregnancy and parenthood: The views and experiences of young people in public care*. National Children's Bureau.
- Crittenden, P. (2011). *Raising parents: Attachment, parenting and child safety*. Abingdon: Taylor and Francis.
- Crittenden, P., & Ainsworth, M. (1989). Child maltreatment and attachment theory. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on*

*the causes and consequences of child abuse and neglect*. Cambridge: Cambridge University Press.

Department for Education. (2011). *Children looked after in England (including adoption and care leavers) year ending 31 March 2011*. Retrieved from <http://www.education.gov.uk/researchandstatistics/>

Dixon, J. (2008). Young people leaving care: Health, well-being and outcomes. *Child & Family Social Work, 13*, 207-217.

Dixon, L., Hamilton-Giachritsis, C., & Browne, K. (2005a). Attributions and behaviours of parents abused as children: A meditational analysis of the intergenerational continuity of child maltreatment (part 2). *Journal of Child Psychology and Psychiatry, 46*(1), 58-68.

Dixon, L., Hamilton-Giachritsis, C., & Browne, K. (2005b). Risk factors of parents abused as children: A meditational analysis of the intergenerational continuity of child maltreatment (part 1). *Journal of Child Psychology and Psychiatry, 46*(1), 47-57.

Howe, D., (2005). *Child abuse and neglect: Attachment, development and intervention*. Basingstoke: Palgrave MacMillan.

Iwaniec, D. (1995). *The emotionally abused and neglected child: Identification, assessment and intervention*. Chichester: Wiley.

Kim, J. (2009). Type-specific intergenerational transmission of neglectful and physically abusive parenting behaviours among young parents. *Children and Youth Services Review, 31*, 761-767.

- Laming (2003), *The Victoria Climbié inquiry*. London: Crown Copyright.
- Laming (2009). *The protection of children in England: A progress report*. London: The Stationery Office.
- Luthar, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: a critical evaluation and guidelines for future work. *Child Development, 71(3)*, 543-562.
- Newcomb, M. & Locke, T. (2001). Intergenerational cycle of maltreatment: A popular concept obscured by methodological limitations. *Child Abuse and Neglect, 25*, 1219-1240.
- Petrie, P., Boddy, J., Cameron, C., Wigfall, V., & Simon, A. (2006). *Working with children in care: European perspectives*. Maidenhead: Open University Press.
- Rutter, M. (1989). Intergenerational continuities and discontinuities in serious parenting difficulties. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect*. Cambridge: Cambridge University Press.
- Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy, 21*, 119-144.
- Rutter, M., Quinton, D., & Liddle, C. (1983) Parenting in two generations: Looking backwards and looking forwards. In N. Madge (Ed.) *Families at risk* (pp. 11-36). London: Heinemann.
- Schofield, G. (2001). Resilience and family placement: A lifespan perspective. *Adoption and Fostering, 25(3)*, 6-19.

- Schofield, G. (2002). The significance of a secure base: A psychosocial model of long-term foster care. *Child and Family Social Work, 7*, 259-272.
- Schofield, G. & Beek, M. (2005). Risk and resilience in long-term foster-care. *British Journal of Social Work, 35*, 1283-1301.
- Sinclair, I., Baker, C., Wilson, K., & Gibbs, I. (2005). *Foster children: Where they go and how they get on*. London: Jessica Kingsley.
- Social Exclusion Unit (2001). *Preventing social exclusion*. London: Crown copyright.
- Stein, M. (2005). *Resilience and young people leaving care: Overcoming the odds*. York: Joseph Rowntree Foundation. Retrieved from [www.jrf.org.uk](http://www.jrf.org.uk)
- Stein, M. (2006). Young people aging out of care: The poverty of theory. *Children and Youth Services Review, 28*, 422-434.
- Tyrer, P., Chase, E., Warwick, I., & Aggleton, P. (2005). 'Dealing with it': Experiences of young fathers in and leaving care. *British Journal of Social Work, 35*, 1107-1121.
- Wright, M. & Masten, A. (2006). Resilience processes in development. In S. Goldstein & R. Brooks (Eds.). *Handbook of resilience in children*. New York: Springer.
- Zuravin, S., McMillen, C., DePanfilis, D., & Risley-Curtiss, C. (1996). The intergenerational cycle of child maltreatment: Continuity versus discontinuity. *Journal of Interpersonal Violence, 11*(3), 315-334.

## **Section B: Empirical Paper**

For submission to Journal of Child Psychology and Psychiatry

### **Title**

Exploring the stories of parents from care backgrounds: A narrative  
biographical analysis

Word Count: 7981 (plus 215)

## **Abstract**

### **Background**

This study explored how parents from care backgrounds viewed their experiences of childhood. It considered how these experiences influenced parents' relationships with their children, their concepts and values of parenting and protective factors that contributed to resilience.

### **Method**

Six parents were interviewed and gave detailed autobiographical narratives which were transcribed and processed using narrative analysis. Participants were 3 fathers and 3 mothers aged between 25 and 65 years.

### **Results**

Participants expressed difficulties in relating to their children consistent with attachment theory, including role confusions, re-traumatisation and over-protectiveness. Despite traumatic childhood experiences participants lacked self-pity and were motivated by a determination to give their children a better experience of childhood than their own. Possible protective factors were indicated in experiences of consistent, stable foster-care and services and personal attributes. Participants described difficulties in making sense of their past lives and reappraised their experiences throughout their narratives. They described managing psychosocial transitions beyond the adolescent changes predicted by focal development theory.

### **Conclusions**

This study has implications for clinical practice with families, specifically in raising awareness of the long standing vulnerability that care histories may confer, informing therapeutic practice and the use of integrated models of intervention.

## Introduction

This study seeks to understand the experiences of parents who spent part of their childhood in the care system. Narrative analysis (NA) was used to explore autobiographical interviews (Murray 2003), recorded with six parents from care backgrounds who were raising their own children. They ranged in age from 25-65 years and were three fathers and three mothers. Their children were aged between 2 and 30 years, one participant was a grandfather. From their stories, the NA explored their experiences of childhood, transition to adulthood and parenting and the impact of these experiences on their relationship with their children.

The literature associated with parents from care backgrounds was primarily concerned with young parents leaving the care system (Barn & Mantovani, 2007; Chase, Maxwell, Knight, & Aggleton, 2006) and focused on specific policy or social issues. Foremost among these were the outcomes for care leavers in education, housing, employment and mental health (Barn & Mantovani, 2007; Dixon, 2008). Care leavers in the UK in general experienced social exclusion and poorer outcomes than their peers (Department for Education, DfE, 2011), while becoming a parent complicated further the social and emotional difficulties they faced (Chase et al., 2006). Figures for the numbers of teenage mothers leaving care were consistently higher than in the general population and 20-45% of young women became pregnant within 12 months of leaving care (Centre for Social Justice, 2008; Dixon, 2008). While figures for fatherhood were not recorded there was a presumption they might be similar (Tyrer, Chase, Warwick & Aggleton, 2005). Support for young parents was often limited to unofficial sources: friends, birth or foster parents, partners and siblings (Chase et al., 2006; Corylon & McGuire, 1999). Young fathers and older parents were more likely to have lost contact with services and were harder to recruit

as research participants. There is a significant gap in knowledge about how parents from care backgrounds progress through family life and parent older children and teenagers.

The majority of children placed in care in the UK were there because of maltreatment (DfE, 2011). The care system aims both to provide alternative parental care and to address the child's social and emotional needs (National Care Advisory Service, 2011; Petrie, Boddy, Cameron, Wigfall & Simon, 2006). Where this provision is inadequate young people leave care unprepared for adult life and parenthood and may be damaged by their care experiences (Sinclair, Baker, Wilson & Gibbs, 2005). Research into intergenerational transmission of child maltreatment considered whether early experiences convey a risk of repeating abuse in the next generation (Buchanan, 1996; Cicchetti & Carlson, 1989). While evidence from retrospective studies supported the hypothesis that a majority of parents who maltreat their children had been abused in childhood, the converse was not demonstrated (Buchanan, 1996; Rutter, 1989, 1999). Children maltreated by their parents do not necessarily grow up to abuse their offspring and can become successful parents (Rutter, Quinton & Liddle, 1983). Intergenerational studies of this nature are relevant to this research because the majority of children in care have experienced abuse. They also suggest psychosocial models of transmission integrating attachment and resilience theories and taking into account ecosystemic influences of poverty, marginalisation and social exclusion (Buchanan, 1996).

In studies of young care leavers, models of attachment, resilience and focal theory of development were used to understand the difficulties participants experienced in forming relationships and transitioning to independence (Schofield, 2002; Sinclair et al., 2005; Stein, 2006). Attachment and resilience theories also

underpinned the research into continuity and discontinuity of intergenerational transmission of child maltreatment (Rutter et al., 1983; Zuravin, McMillen, DePanfilis & Curtiss, 1996). These theories, together with two integrated models, are briefly outlined here.

### **Attachment Theory**

Attachment theory offers a way of understanding the difficulties a parent from a care background may experience interacting with their child. In a secure attachment a parent responds to her child in a loving and consistent way, creating a mutual interaction providing the child with a secure base from which to explore the world (Bowlby, 1988). The parent is unconditionally available, supporting the child's growing understanding of affect and emotion. When the parent is unavailable or responds ambivalently, neglectfully or abusively, the relationship between parent and child becomes anxious and insecure. Children may develop alternative strategies in an attempt to attract parental attention or to reduce anxiety (Crittenden, 2011; Howe, 2005). The child may interpret his interactions with his parent as shaming or threatening and these responses may emerge in the next generation. For example, emotional states in his child may provoke extreme and inappropriate responses from the parent as he re-experiences childhood feelings of threat and abandonment. He may then act to protect himself, withdrawing from the child or responding aggressively or violently (Crittenden & Ainsworth, 1989).

### **Resilience Theory**

Resilience theory provides an understanding of possible ways in which children who experienced early maltreatment and spent time in care, may still adequately parent their offspring (Rutter, 1989). Rutter proposed that protective

factors might combine to begin a chain of positive influences which promote self-esteem and self-efficacy. The child is then able to develop a more positive appraisal of life situations, show confidence in seeking support and in time develop successful parenting behaviour (Schofield, 2001).

### **Focal Theory**

Stein (2006) considered focal theory as a means to understand the importance of transitions for young people leaving care. It presents adolescent development as a series of social, sexual and relational transitions; for example sexual identity, living independently and peer relationships (Coleman, 1980). For young care leavers transitions happen earlier and quicker than their age-matched peers. So parenthood and leaving care may coincide with adult identity issues and complex relationship difficulties. Negotiating these changes while parenting with limited support may negatively affect the child/parent relationship (Stein, 2006).

### **Integrated Models**

Integrating these three models provides a means to consider how young people negotiate the transition to independence, adulthood and parenthood in the context of their attachment history, personal and social development and resilience (Stein, 2006). In a negative spiral, maltreatment and rejection may lead to insecure attachment, difficulties in forming relationships and problems negotiating complex transitions. These psychosocial factors then present barriers to the development of resilience. Interventions that provide alternative secure attachments in safe environments extend and support transitions to independence.

Schofield's (2002) psychosocial model (appendix 3) combined attachment and resilience theory to understand the importance of stable, long-term foster care (Schofield & Beek, 2005). Substitute carers were seen as providing permanence beyond care-leaving and maintained contact with the young person into adulthood. When they became parents, support continued as the provision matched the functioning of a permanent close family. The model was designed to inform social work and foster care practice.

### **Rationale**

No academic narrative studies into parents from care backgrounds were found, although a small body of published work exists comprising autobiographical and biographical accounts of traumatic childhoods and children removed into care (Nesbit, 2007; O'Neill, 2010). This research addresses a significant gap in the study of narratives of life course experiences.

A NA approach was chosen to privilege the lived experiences and differences expressed by participants, over their similarities (Riessman, 1993). Creating a narrative also enables the storyteller to make meaning out of the events in their life (Murray, 2000); exploring identity and human agency, interpreting and reinterpreting events. In this way the narrative gives the researcher a vehicle to explore the participant's understanding of their relationships and memories (Riessman, 1993). In autobiographical stories, childhood attachment experiences of relationships with parents and foster carers, patterns of separation and internalised beliefs may be revealed (Dallos & Draper, 2010). The storyteller was not specifically questioned with a structured interview set by the researcher, but unfolded their narrative freely,

bringing their own emphasis. In this way the storyteller determined what was included; they decided what was important.

The aims of the research were:

- To explore how participants interpret their experiences, particularly how they feel those experiences have influenced their relationship with their children.
- To consider how participants construct concepts and values for parenting their children.
- To identify protective factors with a view to informing research and practice.

## **Method**

### **Design**

In-depth life history interviews (Murray, 2003) were carried out with six participants, who were parents from care backgrounds. Interview schedules were designed by consulting with a parent from a care background, to determine what kind of questions should be included and how participants might respond. A practice interview was conducted and recorded with a volunteer who had experienced parental separation as a child. During this interview the length of time required was determined and the questions were trialled. Interviews were designed to generate personal accounts of childhood, adolescent transitions and parenthood using open questions which encourage the telling of a series of autobiographical stories (Murray, 2003) (appendix 4), for example; “What were your first memories of childhood?” While the interview schedule suggested structured questions, these were only used if they were needed (e.g. if a participant finished an account or digressed from the topic of the research). Once participants began telling personal stories the researcher responded flexibly to the direction of the narrative.

Interviews lasted approximately one hour and were recorded. A research log was kept, noting details of tone and mood during the interview (appendix 5).

## **Participants**

Six participants were recruited through the Child and Adolescent Mental Health Service (CAMHS) of a local National Health Service (NHS) Trust. Six was considered an adequate number of participants because they provided a sample of fathers and mothers with children between the ages of 2 and 30 and because of the richness and length of the interviews (Baker & Edwards, 2012). Furthermore, for NA, 6 participants is considered suitable for an in depth study of a group of social psychological interest (Wells, 2011). CAMHS staff approached possible participants and offered them information on the study and leaflets were left in CAMHS waiting rooms (appendix 6). All participants had contact with CAMHS because one or more of their children was or had been a client or because they had sought help for parenting difficulties.

Three fathers and three mothers were recruited ranging in age from 25 to 65. They had between 2 and 4 children and all were or had been involved in their upbringing. The oldest participant had several grandchildren (table 3, appendix 7).

## **Narrative Analysis**

Recordings were transcribed verbatim with both participant and interviewer voices. Pauses, laughs, crying and other non-verbal clues were included wherever possible. Transcription formed part of the analysis as it allowed for listening and re-listening to sections of the recording and initial impressions were recorded in the research log (Riessman, 1993).

Transcripts were analysed according to the framework suggested by Murray (2003), with Labov & Waletzky's (1967, cited in Riessman, 1993) linguistic analysis used to identify individual discrete stories:

1. **Narrative Coherence.** Individual core narratives were identified within each broader narrative (Labov & Waletzky, 1967, cited in Riessman, 1993). This gives an account of how the storyteller presents, constructs and organises the story for the listener. The story can be seen as consisting of clauses classified as **abstract** (introducing the story), **orientation** (setting the scene), **complicating action** (describing what happened), **evaluation** (making sense of the action), **resolution** (what finally happened) and **coda** (bringing the story to an end). This analysis identifies how the storyteller emphasises and ignores aspects of the story, i.e. the interpretive orientation he adopts (appendix 8).
2. **Genre.** The semantic meanings and beliefs within the story were analysed. Constructs about social beliefs may be represented as one or more genre (Murray, 2003).
3. **Narrative interaction.** The stories were analysed to identify the relationships between storyteller and characters. What role or identity do the storyteller and the characters adopt within the story?

The complete narratives contained individual episodes which were identified and coded as relating to childhood, adolescent transition, adult and parenting. Statements about child, adult and parent identity were also identified and coded (appendix 9).

## **Ethical and Safety Considerations**

The research was approved by the local NHS Research Ethics Committee and the Trust Research and Development Board (appendices 18 & 19).

Some experiences of adults from care backgrounds may be traumatic and disturbing. CAMHS staff involved in the recruitment were able to consider mental health issues when approaching clients to participate. The study was explained in an introductory phone call with the participant and if they agreed to consent, a post-interview therapeutic session with a CAMHS professional was available on request. Participants were asked to give written consent and assured of confidentiality and anonymity (appendix 10). All names, references to places, services and clinics were removed at the transcript stage and participants were assigned a pseudonym. They were assured that they would be free to withdraw from the study at any stage if they so wished.

Interviews were organised in CAMHS premises but most actually took place during home visits for the convenience and confidentiality of participants. Visits were scheduled during work hours and Trust safety procedures followed for home visiting.

## **Validity**

Bracketing interviews were conducted pre and post-interviews. Bracketing involves the researcher reflecting on possible influences in interpretation from their personal background and experiences with a neutral colleague. Influences are not denied but rather 'bracketed', permitting the researcher to consider possible bias and avoid prejudice (Rolls & Relf, 2006). The interviews were arranged with a colleague

unconnected with the study (Ahern, 1999). Boundaries of confidentiality were set when discussing the research. Issues identified during this process included:

- The difficulties of assuming a neutral non-therapeutic stance as opposed to the researcher's more usual therapeutic role i.e. not offering advice or solace,
- Aspects of child neglect and abuse that were reminiscent of previous difficult and emotional cases
- Maternal protective responses.

Throughout the study the research log (appendix 5) monitored and considered the process of the research and the ongoing thoughts and responses it provoked. In this way the researcher was able to consider her position as co-constructor of the narratives, facilitating their creation and then bringing specific meaning to the interpretation (Murray, 2003).

Once transcripts were complete the researcher and a supervisor separately read and analysed them. Meetings were then held to compare and discuss conclusions about the genres of the stories and the roles and identities participants adopted. There was broad agreement on the interpretation of these factors with some discussion about precise meaning.

Phone calls were made to participants at the end of the study to communicate the findings.

### **Analysis**

The analysis begins by considering the narrative coherence of the stories. Structure, literary and linguistic forms and narrative genres were analysed with reference to social beliefs and constructs (Murray, 2003). Under a heading of

'narrative interaction', roles, identities and relationships were considered. Finally the transcripts were analysed to identify issues relating to the three theoretical models. A précis of each story, a detailed structural analysis of two stories (Labov & Waletzky, 1967, cited in Riessman, 1993) and one full transcript are included in appendices 8, 9 and 11.

### **Narrative Coherence**

Participants often entered into storytelling in fragmented and disjointed ways. Charlie's initial story about his two children switched between present and past with only brief reorientation for the listener. There was a sense with Zita, of working out the story as she went along, checking responses with the researcher; "am I allowed to cry?" All six mentioned not remembering all or part of their stories and some struggled to make sense or to manage not knowing. Neil did not remember if he was sexually abused:

"I wasn't going to let..., y'know, as a kid, if I was abused; I don't even know if I was." (Neil).

Pamela interpreted her memory lapses as blocking things out and Marina's memories of her father were confined to a feeling of missing him after he left:

"I don't remember actually what it was like when they lived together..  
I remember missing him." (Marina).

Research has shown a correlation between childhood trauma and over-generalised memory; that is, a lack of reported specific event-related memories of childhood in favour of generalised impressions (Valentino, Toth & Cicchetti, 2009). Although sequencing and place memories were often confusing or sketchy,

participants did give accounts of specific events with Zita and Marina actively seeking to tell positive stories:

“There is one good thing, actually.. and that is, my erm dad always used to play the Lion King music in the car and he used to drive really fast and he had a convertible car, so it’s like the wind was blowing in our face it was really loud, and so we’d always have fun and stuff.” (Zita).

Stories of sexual abuse were recounted reluctantly and hesitantly and there was a distinct physical discomfort element for both Neil and Marina. Neil shifted continuously in his chair and Marina cried. Cultural aspects of what had happened to them were raised within the stories as participants evaluated. Marina reflected on what society expected of children who were sexually abused and her anger at how judgemental that could be:

“Yeah, society, society go around saying, “Kids who’ve been abused turn out to be abusers.” And that saying really integrates [*sic*]<sup>1</sup> me, ...people are so flippant when they say it. I’ve heard that saying so many times and especially as a teenager, it makes me cross. So it made me make a conscious choice to be different.” (Marina)

Together with the issues of remembering, some participants emphasised mystery, not knowing or not understanding. The effect of chaotic childhoods and adults failing to communicate or threatening children into silence, may contribute to this, but each participant brought their own interpretation. Sean’s mystery was why his parents neglected and punished him in the way they did. Later in life he returned to visit his parents but they gave no explanation and he did not keep in contact. The

---

<sup>1</sup> Marina uses ‘integrates’ where I think she means ‘irritates’ or ‘grates’ or maybe both.

unresolved mystery resurfaced when he questioned why his foster daughters wished to return to a neglectful mother. He compared their experience with his and tried to make sense of it:

“But what I don’t understand is, since the girls have been here, we’ve, they’ve had everything, y’know. We’ve bought them loads for Christmas and that, y’know, they couldn’t believe what they had and yet they still want to go back to their mum.” (Sean)

Pamela’s story contained several mysteries which were revealed to her gradually as she grew up. Moments of epiphany were graphically described, for example, when she discovered her mother was gay and that her father was controlling and violent. She described these revelations as detailed episodes in place and time, acting out the complicating action with dialogue and voice characterisation:

“And she [sister] sat me down on the bed one day and she said, “Oh, y’know mum comes to see us, our mum?” And I said, “Yes.” And she said, “She kisses and cuddles ladies,” and I just didn’t take it in, y’know. In them days it wasn’t mentioned, was it? She said, “Well, she’s a lesbian.” I said, “Yerchh, she kisses girls,” y’know, that’s it.” (Pamela)

The mysteries then became dilemmas for Pamela as she struggled to understand how to relate to her mother and father. She showed similar confusions when she described being overprotective of and needing comfort from her children, within the same parenting story.

Marina and Charlie consciously chose to be candid with their children in contrast to their experiences of not knowing. Marina told her son about how she was

abused when he began asking questions about a court case. She was surprised by his maturity in coping with this information. Charlie described being constantly open with his daughter about her half-brother because, “they’re brought up with it, they get used to it at the beginning”. Keeping things secret was associated with a disrupted and confused childhood.

Sometimes there was a sense of co-creating with the listener, where there was a permission given to recount. Zita interacted continuously with the listener/researcher, pausing after answering, waiting for comment or more questions. Charlie brought shocking detail, repeated for emphasis, asked and answered his own questions, but was also hesitant and confused in parts and the interview questions refocused him.

The participants included turning points or epiphanies and a sense of transformation (Murray, 2003) in some of their stories. Parenting was often described as emotionally transforming. Neil and Marina both saw parenthood as transformational and described the love of their children and the joy of parenting as an incentive to do things differently.

## **Genre**

The genre of the story may be seen as identifying social construct and semantic beliefs (Murray, 2003). Story plots may be viewed as cultural archetypes (Booker, 2004) and within autobiographical narrative research several classifications of genre are recognised (table 5, appendix 12).

Charlie and Marina had narratives that could be classified as ‘overcoming the monster’. Both concerned survival; Marina’s of sexual abuse and the legacy of

emotional difficulties and Charlie from his violent step-father whose beatings he survived and on whom he took revenge. Sean also survived violence and neglect, but his protagonists were less vivid and controlling. His story was an escape or rescue. Pamela and Zita presented with quests. Pamela sought a loving mother and Zita wanted reassurance that she was loved. Zita pursued her quest by creating a biological family when she had her children and by contacting her birth family. Zita's story could also be read as an adventure of the child lost and found. Neil presented a fable with a moral; 'you get what you give', which Neil expressed in several different ways:

"..you've got to work in life to get things that you want."

"I try to make every day count<sup>2</sup>"

"We always try and scratch each other's backs<sup>3</sup>." (Neil)

He applied this to his parenting style, describing his intention to "pass something on" to his children.

Elements of narrative cohesion are summarised in table 6, appendix 13.

## **Narrative Interaction**

Within the narrative the storytellers adopted different roles through the course of their life story. These were analysed as child and parent identities.

### **Child Identities**

Marina and Pamela told the most child stories (table 4, appendix 7) and both described themselves as introverted, shy and frightened. In her child stories, Pamela

---

<sup>2</sup> Referring to his parenting.

<sup>3</sup> Referring to his friends and siblings.

presented herself as a lonely, abandoned figure, wandering between placements in search of a loving mother. At times she seemed almost invisible to the other characters as they acted out their dramas without reference to her. Marina's story was also one of a child silenced, afraid to reveal the abuse she suffered:

"I would have been introvert....I would have been shutting my mouth so hard, I remember squeezing my mouth at times.. you know when you want to say something but you mustn't." (Marina)

This sense of not being heard or informed is present in some form for all participants. Sean's parents did not search for him when he spent nights away from home, Charlie described parents who drank heavily and didn't know or care that he was not attending school and Neil described a feeling of worthlessness that was addressed through counselling.

Both Sean and Marina described not knowing if they were naughty or not naughty. At home Marina was treated as naughty, with parents who responded with violence to minor misdemeanours and insisted on unnatural obedience:

"If we turned our nose up [at food] which I..I probably did do that, mm [*laughs*] the way I just described it, I'm not saying I didn't turn my nose up, 'n I used to get beaten for it." (Marina).

Sean remembered his mother telling his father he had been naughty and being punished (hit or deprived of food):

"...we could never work out what we were supposed to be doing wrong at home.." (Sean)

Once they were in care the position changed to something more normal and relaxed:

“I can’t remember ever being told off for being naughty.” (Sean)

Both Charlie and Zita described their own difficult behaviour. Zita described herself as a “menace” and Charlie was a “little tyrant”, although both gave evaluations of why they behaved in this way and normalised it, reasoning that the punishment and violence was disproportionate and unjustifiable.

### **Parent Identities**

Parent identities were dichotomies with both confident and problematic parenting styles described. Marina saw herself as both over-indulgent with her children and tough when facing social services, education and housing professionals. Zita felt guilty about the impact of her failed relationships on her children, but also protective and capable, ‘a good mother’. For all the participants, parenthood was a defining moment for them and all expressed a desire to do things differently. Charlie and Neil described parenthood as about working hard and demonstrating their success despite their backgrounds. Sean defined himself by his fatherhood, seeing fostering as a way to give something back. Pamela defined herself as a protector of her children, with adult anxieties about trust and closeness that she saw as a result of her history. Participants frequently reflected on their ability to parent, their legacy of emotional difficulties and their determination not to let this affect their children.

Identities are summarised in table 7, appendix 14.

### **Focal Theory and Transitions to Adulthood**

Child identities were frequently negative and the transition into adulthood saw the formation of more mature and positive identities. Pamela described her

adolescence in terms of her search for a mother to love her and her emotional confusion over her parents' behaviour, her brother's death and her sister leaving her. She described moving from a child to a teenager as follows:

"As a child I seemed to have, "Err.. where was I, just get along with it." .. but I wet the bed right up 'til I was 14." (Pamela)

"..my way of coping with it was just shutting it out until I got to teenage and I started feeling emotions and releasing it all." (Pamela)

At this point she was fostered and found the mother she felt she needed:

"She give me cuddles and give me love and took care of me." (Pamela)

Charlie described a gradual process of leaving care and narrated the experience tentatively. It was like "going through the stages of finding your own way" he says. For Charlie this also meant anger and strong feelings culminating in revenge on his father for the beatings he endured:

"Every time I got that beating, all that stopped me from.. I don't know what I'd done, but I would have done, but all that in my head, to keep me together, "When I'm eighteen... you're having it." And when I was eighteen he got it." (Charlie)

His experience of fatherhood with his first child coincided with his drug abuse and homelessness and he was not named on his son's birth certificate. He made no complaint about this, but it raised concerns about how services may disregard fatherhood when providing leaving care support (Tyrer, et al., 2005). The pressures of managing money, work, housing, fatherhood and relationships all coincided with leaving care.

Neil experienced difficulty in his first relationship and interpreted this in terms of his mental health:

“I saw a private counsellor for a while, and that helped get rid of some f.. ‘cause at one point it was affecting my marriage, ‘cause every time I had an argument I was falling out with her, I’m not good enough for her, so I really had to address that..” (Neil).

The ability to seek professional help for emotional and parenting difficulties required participants to recognise their need and accept appropriate help. Marina became aware of this in her troubled relationship with her mother and accessed counselling, and Zita found a health visitor who was willing to listen when she talked about her feelings:

“Like when I was talking she wasn’t just listening, she was actually caring..” (Zita).

Marina, Zita and Neil saw their need to address emotional difficulties as motivated by their responsibility as parents and not wanting their children to suffer as they had.

### **Attachment Theory and Intergenerational Parenting**

There were three main patterns of childhood experiences of parental care described by participants. Zita, Neil and Sean were all removed within their first seven years to secure and long-term foster care or adoption. Pamela was removed into care aged around 5 years and experienced several failed placements before a secure foster carer was found for her. Charlie and Marina remained or were returned to, abusive situations with their birth families so abuse continued into their teens.

The complexity of individual attachment experiences was striking in the accounts. Pamela graphically illustrated her confused relationships with her parents and foster parents. In her story the father whom she loved and missed turns out to be physically and emotionally abusing her brother and mother. She describes dichotomies of loving and distrusting, and these patterns are repeated in her parenting with fears of her daughter inheriting her insecurity. She repeated the description of her loving foster mother's "cuddling" with her daughter:

"...where my daughter if you need a cuddle, she's there for you.." (Pamela)

Sean and Neil reported forming strong attachments to their foster parents in secure long-term placements and both developed ideas about being a good father with reference to this. Sean saw parenting in terms of providing and keeping his children safe and his close relationship with his foster father formed the model for his parenting. While Neil felt he had struggled with the thought that he "wasn't good enough", he described his parenting positively:

"Always attentive growing up; bonded with them straight away; took care of them no problems." (Neil).

Zita described her attachment difficulties as a sense of never having been loved. Her decision to have children was based on her feeling that "blood relation was important" and she linked it with her own lack of contact with blood relatives. She sought to reassure her children and always made sure they knew she loved them. At the same time she looked for reassurance from them, sometimes adopting a child role with her son (aged 5) who would comfort her. In response she then felt guilty for inflicting that burden on him.

Charlie and Marina presented more complex pictures, possibly because of the long-term nature of their maltreatment. Charlie's relationship with his parents was told in shocking and dramatic episodes. He began with a story recounting how he collapsed after sniffing glue and his parents visited him in hospital only briefly, "and then had to get back to the pub for last orders." He told how he protected his mother from his step-father's violence but then endured her failure to protect him. He is the only participant who did not describe a specific positive attachment figure in his story. His insights into his emotional difficulties were chiefly about anger, fighting and self-destructive behaviour. Initially Charlie described his relationship with his daughter as "not like a father and daughter relationship, we're mates". However, he then described how he loved her so much that any pain or discomfort she felt, "does my head in." Effectively her pain or distress hurt him deeply. He told how he reacted to her boyfriend when he upset her by banning him from the house and how he struggled with feelings of personal hurt that any threat to her called up. His fear of repeating the cycle of maltreatment is expressed in direct statements:

"...that chain has to be broke... Some people carry it on, some people break it, or some people just dwindle away and not do anything either way. I ain't doing that, it's getting broke and that's it." (Charlie)

Marina described a history of emotional, physical and sexual abuse and neglect while her mother lived with her step-father. As with Charlie, she was shocked and angry at her mother's tolerance of the abuse, particularly after the sexual abuse was revealed and her step-father stayed in the family for another year:

“..he played mental games with me..I think that damage done more in that year without him touching me than what it did when he was touching me.”

(Marina)

In response she described being both indulgent and protective of her children and determined, “I’m not going to have the circle repeat itself.” She reflected deeply on the ‘damage’ she had suffered and on her continuing struggle to make sense of it and to do things differently.

“I thought I was being criticised heavy, by my mum and I thought everything I did was wrong..” (Marina)

“I’m older, I’m thirty three now, and I’m starting to filter what people say and digest and reason and make my own opinion from it.” (Marina)

## **Resilience**

### **Supportive Figures**

Participants described a range of protective factors that may have promoted resilience. Several characters in the stories appear as supportive or inspirational. Foster parents for Pamela, Neil and Sean were portrayed as life-changing, providing safety, love and guidance and acting as models for their own parenting. Sean repeated his relationship with his foster father with his own son, teaching him and running a business with him. Neil’s placement allowed him to maintain contact with his younger siblings, preserving his extended family and giving his children contact with their cousins. All three valued the security of long-term foster care, feeling they had gained parents and referring to foster parents as their real parents. For Marina, her grandmother provided some relief from her childhood maltreatment and as an

adult she continued to seek her support for herself and her children. Zita and Charlie do not describe a specific individual who inspired or supported them, though minor characters played a part for Zita; a health visitor and a close friend.

In adult life Sean and Charlie rated their marital relationship as crucial. Charlie credited his wife with having changed him and helped him think before he acted. Sean described his marriage as a partnership where they worked together as foster carers.

### **Professional Services**

Marina spoke of accessing parenting courses, attending counselling and engaging with social services and CAMHS. Through this she felt she learned to manage her feelings and her narrative described improved self-esteem:

“I learned how to deal with and speak and express my feelings in a more mature way.” (Marina)

Zita’s transition to adult independence was facilitated by social services and she described this as a largely positive experience. Charlie stated that he enjoyed his time in care and it provided him with a safe place to negotiate change. Neil gave an account of his experiences with a residential service for young people in care. He credited this service with teaching him life skills and assertiveness, and helping him cope with loneliness. Participants demonstrated the importance of continuing to access services into adulthood and of working through problems over their life course.

## **Personal Attributes**

It was noteworthy that none of the participants expressed self-pity. Charlie, who expressed himself in short aphorisms, summed this up as follows:

“The way I get over it, someone’s got it worse than me.” (Charlie).

Neil approached life as a challenge where he felt confident to make things happen, while remaining aware of his difficulties. This sense of self-efficacy was also found in Marina’s narrative and for her and Neil, it provided the confidence to support their children through educational difficulties. Marina spoke about her challenges in dealing with social services, particularly with her son’s behaviour and with her housing situation. She rated herself as articulate and educated and wondered how others without her abilities, managed. Pamela found strength in her belief in God and this also gave her access to the support of a church community. Her faith was associated with her foster mother and she described learning to “love herself”, because she was loved and accepted.

Zita’s reflections on her personal strengths were infrequent and put in as thoughtful asides in the narrative. She contrasted herself with her son who played alone, with, “I make friends quite easy.” When she remembered her time in a hostel she noted, “Cause I was one of the most mature..” and she was critical of parents at a playgroup who failed to discipline their children.

## **Becoming a Parent**

The impact of being a parent was described in two main ways; how the responsibility and the mutual love with the child inspired them, and the determination not to repeat the cycle of maltreatment that they had experienced. Zita described her

children's uncomplicated love for her and how they would support her when she felt low:

"..the kids are always a great help, 'cause they give me a hug and make me realise that I'm being silly." (Zita)

She credited them with inspiring a determination not to dwell on the past, but to enjoy her parenting. Marina eventually shared her story of abuse with her son, but only after he had begun asking questions. She was the most reflective of the parents, demonstrating an awareness of how her children's experiences could trigger her negative memories. At the same time they inspired her to be "the best [parent] I can" and to give them "a completely different childhood to my own". Throughout her account her affect was joyful when speaking of them. Similarly Neil explicitly referred to the positive impact being a father had on him:

"I like being a daddy; and I like being able to put all my love and time and effort into... that's precious." (Neil)

The determination not to repeat cycles of maltreatment was explicit in several accounts. Charlie was adamant he would "break the chain" of abuse; Zita and Marina described their mother's style of parenting and were determined not to parent in the same way. For Zita and Pamela breaking the cycle of abuse was both protective but also worrying, with concerns that repetition might be inevitable.

### **Parental Feedback**

All six parents were telephoned to feedback the results of the analysis. Three parents were available to talk and responded positively to the findings, specifically those relating to breaking the cycle and the life-long impact of care experiences. The

participants were not asked to validate the researcher's interpretations as this was considered to be a unique analysis of the narrative event recorded in the transcript (Riessman, 1993). Parents asked specifically about how the study would be used to help other parents in similar circumstances or children in care. The intention to publish and the professional implications were explained to them, for example, how understanding their capacity to reflect may inform therapeutic work.

## **Discussion**

The study identified the following key findings:

- The narratives illustrated the impact of childhood maltreatment and supported aspects of attachment, resilience and focal theory over two generations.
- Participants demonstrated insight into the effects of their experiences on their lives and on their parent/child relationships
- Participants described a determination to break the cycle of maltreatment and to give their children a better childhood
- Participants described continuing to process their experiences beyond the adolescent/adult transition period predicted by focal theory (Stein, 2005)
- There was a sense of mystery and confusion present in the narrative, with participants unsure of what happened to them and why it happened.
- Participants showed a lack of self-pity concerning their experiences and described generally positive experiences of care

These findings are discussed in the context of the research aims: exploring the child/parent relationships, concepts of parenting and protective factors that might promote positive parenting outcomes.

The emotional impact of their past histories was described by participants in ways that support attachment models. As children, participants experienced poor self-esteem, abandonment and confusion over parent/carer relationships. In attachment terms this suggested confused internalised models of the self and others, while the narrative told how they were not considered or were silenced, where they loved and feared or hated their parents simultaneously and where strong emotions were often suppressed as unsafe (Howe, 2005). Because the approach was narrative, biographical details were available, albeit subjectively, and the difficulties they described from their early experiences could be considered in the context of their parenting of their own children. In the next generation participants described stories where the child comforted the parent, taking on the adult role in the narrative, or retraumatising experiences where minor threats to their child triggered intense parental distress (Crittenden, 2011).

Parental values were sometimes taken from positive experiences of carers and demonstrated how consistent support could be protective (Rutter, 1989). Professional support that was non-judgemental, committed and consistent was seen as helpful, (Rutter et al., 1983; Schofield, 2001) and participants mentioned health visitors, counsellors and CAMHS workers who were sensitive and understanding. It was particularly important to them that the support did not threaten their parenting and some feared scrutiny that presumed they would be unable to parent well because of their background (Chase et al., 2006). A sense of agency and control

over their lives was important and any support that helped them develop self-confidence and self-efficacy was valued (Rutter et al., 1983; Stein, 2005).

The four participants who had stable adoptive or foster placements described parenting using internalised models based on their experience of loving foster carers. They continued to rely on the foster family through transition to independence and beyond. In Schofield's (2002) psychosocial model (appendix 3) the importance of family belonging is stressed and the child effectively becomes a member of the extended foster family. This does not necessarily prevent difficulties but provides the child with a more normal continuity of family membership into adult life (Schofield, 2002). In Neil's case, his extended birth family was kept intact by their foster carers and enlarged to include their foster families. This led to parent concepts which emphasised providing a positive role model for the next generation of children, which in turn promoted self-efficacy in the parent in a chain of resilience (Rutter, 1989).

Descriptions of difficulties and confusions during child/adult transitions supported Stein's (2006) integrated model and participants valued help that continued beyond care leaving. But while the model predicts adolescence transitions emerging at the point of leaving care, participants described continuing to process and make sense of their early experiences beyond adolescence, with epiphanies and turning points throughout their adult life. They would reflect back on events in the light of their changing circumstances and maturity. Parenting, relationships, mental health and social circumstances continued to trigger responses that parents interpreted and reinterpreted within the narratives in the context of their past experiences. In this way participants showed considerable insight into their difficulties.

Findings for the three fathers were considered particularly important because of the underrepresentation of fathers in the literature. All three had lost contact with at least one child as young men, not long out of care. This illustrated the limited findings in the literature (Tyrer, et al., 2005), which described how promoting fathers contact with their children is often not prioritised by services. Neil and Sean described closeness to strong, supportive male role models in their secure foster placements and acknowledged using these role models to inform their parenting. This suggests further research into the influence of male role models and father figures for boys in care and the long term impact they might have on parenting in the next generation. Charlie's experience was the reverse of this. In his story he told how he initially copied his father's violence and then as a parent recognised it in himself and rejected it. These powerful themes would require a more in-depth analysis of the narratives.

For all participants the confusion and difficulty remembering and understanding their past caused distress. While theories involving trauma and affect memory (Hobday, 2001; Valentino, Toth & Cicchetti, 2009) are beyond the scope of this current study, the cultural aspects of unacceptability and family secrecy expressed by participants suggested some reasons why stories were incomplete and lacked fluency. Attachment theory recognises that childhood maltreatment may lead to problems interpreting emotions, (Crittenden, 2011), but this research found that participants also struggled with secret family histories and the unexplained actions of others. In Labov's analysis, (Labov & Waletzky, 1967, cited in Riessman, 1993) the complicating action did not always make sense to the narrator so evaluation within the story was confusing or impossible. This may affect their relationship with their children by making family stories confusing or difficult. Participants responded by

seeking professional counselling and being more open and candid with their children. Where they could not explain past mysteries they did not want to create new ones.

Despite their early life experiences and their current circumstances none of the participants expressed self-pity within their stories. There was a sense of acceptance of their life histories and gratitude for people who had supported them on the way. This could be striking as when Charlie insisted that there was always someone who “got it worse than me.” Similarly and in contrast to other studies (Chase et al, 2006, Corlyon & McGuire, 1999), all participants described positive experiences of care and gratitude for the safety and relief it provided. These findings may reflect low self-esteem, i.e. feeling unworthy of something better or relief at removal from maltreatment. They could also demonstrate a pattern of self-care developed in a childhood where there was no expectation of help.

## **Limitations**

Participants were recruited through their contact with mental health services and the sample may be biased in two main ways. Firstly parents were willing to contact and engage with services; secondly they had all experienced some difficulty parenting their children. The method of recruitment through CAMHS services excluded parents not in contact with services. It also excluded parents whose children were removed into care.

Narrative analysis of a small sample of participants provides rich and extensive subjective accounts but does not allow for the development of specific theoretical models. Similarly it illustrates and supports the integrated approaches suggested by Schofield (2002) and Stein (2005). Larger studies would be required to

evaluate these models. Findings can usefully indicate areas for future research but generalisations to the wider population of parents from care backgrounds are not possible.

### **Practice Implications**

Implications for clinical psychology may be considered for both parenting interventions and individual therapeutic work. A wider understanding of psychological theory would enable professionals to formulate difficulties in the context of a parent's care history. Parents present to a wide range of services in clinic and community settings and clinical psychology is well placed to raise awareness and provide training. Such training should consider the perceived stigma associated with a care history and be sensitive to a possible reluctance to disclose.

Current research and practice concentrates attention on young parents, while this research demonstrates the lifetime considerations. Extending interest to older parents would usefully support possible difficulties parenting older children and teenagers. Schofield's approach (2002) which emphasises the importance of love and belonging within a family would provide a suitable model for this.

Clinical psychologists engaged in counselling and therapeutic work may be informed by narrative approaches that consider sense-making, living with uncertainty and managing unresolved emotional trauma. Narrative therapy recognises the importance of story in the development of personal identity and could be used both individually and in family work (Dallos & Draper, 2010).

Fathers' experiences of parenting demonstrated their need for equal consideration in accessing support (Tyrer et al., 2005). While providing more

resources might be contentious for over-stretched services, awareness-raising and early intervention for parenting issues would prevent fathers losing contact with their children before relationships can be developed.

## **Future Research**

The six interviews provided a rich data set and each would be suitable for individual single case studies in their own right. Research into the unique difficulties experienced by fathers would also be valuable.

Participants demonstrated some capacity to acknowledge and reflect on the emotional difficulties associated with their past experiences. Larger cohort studies which consider this capacity to reflect and how it might enhance resilience would be useful (Rutter, 1999).

The findings relating to the long-term effects for parents from care backgrounds present a challenge for future research. While inferences are possible from intergenerational studies of child maltreatment, the influence of the care component, what is working and what is failing, is of primary importance. Future studies of care outcomes should take into account more extended life-time effects and the changing parent/child relationships.

## **Conclusions**

Participants showed a capacity to reflect on their experiences and used the narrative format to question, interpret and evaluate episodes from their past lives. Attachment theory predicted that childhood maltreatment would affect the parenting of their offspring and this was described by participants in terms of role confusions, re-traumatising experiences, over-protectiveness and compensatory behaviour.

Participants' concepts and values in parenting were sometimes formed from experiences of good replacement carers, but personal determination was equally important. A desire to do things differently, to break the cycle of abuse and to prevent their child from suffering was also expressed.

Resilience factors included supportive individuals, personal attributes and opportunities for counselling, training and professional support. Extended and supportive transitions to independence were valued and long-term stable foster care placements provided a sense of belonging and being loved.

In addition, new findings indicated participants had a strong sense of mystery and confusion about the emotional and factual content of their narratives. Despite their experiences they expressed no self-pity and were generally positive about their time in the care system. Extended life stories presented a picture of participants reappraising their experiences continuously in the light of their changing circumstances.

The value of the NA approach was demonstrated in the participants' personal construction of the content of the analysis. They emphasised what was important to them, in particular, concern for and joy in their children.

## **References**

- Ahern, K. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9(3), 407-411.
- Baker, S. & Edwards, R. (2012). How many qualitative interviews is enough? Expert voices and early career reflections on sampling and cases in qualitative

research. Retrieved from National Centre for Research Methods website:

<http://eprints.ncrm.ac.uk>

Barn, R. & Mantovani, N. (2007). Young mothers and the care system:

Contextualising risk and vulnerability. *British Journal of Social Work*, 37, 225-243.

Booker, C. (2004). *The seven basic plots: Why we tell stories*. London: Continuum.

Bowlby, J. (1988). *A secure base*. London: Routledge.

Buchanan, A. (1996). *Cycles of child maltreatment: Facts, fallacies and interventions*. Chichester: Wiley and Sons.

Centre for Social Justice (2008), *Breakthrough Britain: Couldn't care less: A policy report from the Children in Care Working Group*. London: Centre for Social Justice.

Chase, E., Maxwell, C., Knight, A. & Aggleton, P. (2006). Pregnancy and parenthood among young people in and leaving care: What are the influencing factors, and what makes a difference in providing support? *Journal of Adolescence*, 29, 437-451.

Cicchetti, D. & Carlson, V. (Eds.). (1989). *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect*. Cambridge: Cambridge University Press.

Coleman, J. (1980). Friendship and the peer group in adolescence. In J. Adelson (Ed.). *Handbook of adolescent psychology*. London: Wiley.

- Corlyon, J & McGuire, C. (1999). *Pregnancy and parenthood: The views and experiences of young people in public care*. National Children's Bureau.
- Crittenden, P. (2011). *Raising parents: Attachment, parenting and child safety*. Abingdon: Taylor and Francis.
- Crittenden, P., & Ainsworth, M. (1989). Child maltreatment and attachment theory. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect*. Cambridge: Cambridge University Press.
- Dallos, R., & Draper, R. (2010). *An introduction to family therapy: Systemic theory and practice* (3<sup>rd</sup> ed.). Maidenhead: Open University Press.
- Department for Education. (2011). *Children looked after in England (including adoption and care leavers) year ending 31 March 2011*. Retrieved from DfE website: <http://www.education.gov.uk/researchandstatistics>
- Dixon, J. (2008). Young people leaving care: Health, well-being and outcomes. *Child & Family Social Work, 13*, 207-217
- Hobday, A. (2001). Timeholes: A useful metaphor when explaining unusual or bizarre behaviour in children who have moved families. *Clinical Child Psychology and Psychiatry, 6*(1), 41-49.
- Howe, D., (2005). *Child abuse and neglect: Attachment, development and intervention*. Basingstoke: Palgrave Macmillan.
- Murray, M. (2000). Levels of narrative analysis in health psychology. *Journal of Health Psychology, 5*(3), 337-347.

- Murray, M. (2003). Narrative psychology and narrative analysis. In P. Camic, J. Rhodes & L. Yardley (Eds.). *Qualitative research in psychology: Expanding perspectives in methodology and design*. Washington: American Psychological Association.
- National Care Advisory Service, (2011). *Statistical briefing: Looked after children and care leavers 2011*. Retrieved from [www.leavingcare.org.uk](http://www.leavingcare.org.uk)
- Nesbit, C. (2007). *A dream deferred, a joy achieved: Foster care stories of survival and triumph*. London: Strebor Books.
- O'Neill, T. (2010). *Someone to love us: The shocking true story of two brothers fostered into brutality and neglect*. London: Harper Collins.
- Petrie, P., Boddy, J., Cameron, C., Wigfall, V., & Simon, A. (2006). *Working with children in care: European perspectives*. Maidenhead: Open University Press.
- Riessman, C. (1993). *Narrative Analysis*. London: Sage.
- Rolls, L. & Relf, M. (2006). Bracketing interviews: Addressing methodological challenges in qualitative interviewing in bereavement and palliative care. *Mortality*, 11(3), 286-305.
- Rutter, M. (1989). Intergenerational continuities and discontinuities in serious parenting difficulties. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect*. Cambridge: Cambridge University Press.
- Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, 21, 119-144.

- Rutter, M., Quinton, D., & Liddle, C. (1983) Parenting in two generations: Looking backwards and looking forwards. In N. Madge (Ed.) *Families at risk* (pp. 11-36). London: Heinemann.
- Schofield, G. (2001). Resilience and family placement: A lifespan perspective. *Adoption and Fostering, 25(3)*, 6-19.
- Schofield, G. (2002). The significance of a secure base: A psychosocial model of long-term foster care. *Child and Family Social Work, 7*, 259-272.
- Schofield, G. & Beek, M. (2005). Risk and resilience in long-term foster-care. *British Journal of Social Work, 35*, 1283-1301.
- Sinclair, I., Baker, C., Wilson, K. & Gibbs, I. (2005). *Foster children: Where they go and how they get on*. London: Jessica Kingsley.
- Stein, M. (2005). *Resilience and young people leaving care: Overcoming the odds*. York: Joseph Rowntree Foundation. Retrieved from [www.jrf.org.uk](http://www.jrf.org.uk) \*
- Stein, M. (2006). Young people aging out of care: The poverty of theory. *Children and Youth Services Review, 28*, 422-434.
- Tyrer, P., Chase, E., Warwick, I. & Aggleton, P. (2005). 'Dealing with it': Experiences of young fathers in and leaving care. *British Journal of Social Work, 35*, 1107-1121.
- Valentino, K., Toth, S., & Cicchetti, D. (2009). Autobiographical memory functioning among abused, neglected, and nonmaltreated children: The overgeneral memory effect. *Journal of Child Psychology and Psychiatry, 50(8)*, 1029-1038.

Wells, K. (2011). *Narrative Inquiry*. Oxford: Oxford University Press.

Zuravin, S., McMillen, C., DePanfilis, D. & Risley-Curtiss, C. (1996). The intergenerational cycle of child maltreatment: Continuity versus discontinuity. *Journal of Interpersonal Violence, 11(3)*, 315-334.

## **Section C: Critical Appraisal**

Word Count: 1985

## **Personal Learning and Development**

The months spent immersing myself in this study are part of an ongoing fascination I have for stories, their creation, meaning and power to transform. In 2003 I began to develop ways to enable young children who were maltreated to tell stories of their experiences using drawing and scribing (Digman, 2009). Stories were co-created, storyteller and listener (scriber), using techniques from personal construct therapy (Fransella, 2005; Ravenette, 1999). Children who were previously unable to express their experiences were enabled through storytelling, to begin to reinterpret and change their constructs about their world. This led me to explore the field of narrative analysis (NA), (Emerson & Frosh, 2009; Riessman, 1993) and narrative therapies (Dallos, 2006) and eventually brought me to this study.

Initially my understanding of NA was rudimentary and research literature on the subject appeared confusing. I found it complicated; drawing techniques and theories from anthropology, sociology, psychology and literary analysis; an eclectic mix with no form. Despite this, the capacity to value the richness and importance of personal stories held my attention. In preparation for the research, I attended a workshop, read selectively and sought advice from anyone with any knowledge and experience in the field. Gradually the process began to take shape and as the interviews progressed and the stories themselves began to emerge my resolve to do them justice increased.

Interviewing participants was something that I knew would be challenging. In forming the proposals one of the questions raised by my tutors was whether stories would indeed emerge. My experience of research interviews was limited to semi-structured questioning over specific themes and opinions. Eliciting life stories

required a different skill and the preparation was invaluable. I spoke with a mental health service user who was a parent from a care background. She reminded me that participants may have had poor experiences with services and that there was considerable stigma associated with having been in care. My role as researcher would have to be seen as independent of services, non-judgemental and confidential. The consultation and trialling process familiarised me with participant experiences and I would definitely include it any further research. It prepared me for the sensitivity involved in introducing myself, explaining the study and interviewing participants. Maintaining attention and concentration and responding empathically but with containment to the stories revealed was similar to therapeutic skills. Stories were very personal to the participants and excessive emotional reaction to the more traumatic episodes might have prevented them from continuing. However, the neutral stance needed where the interviewer holds back on interpretation or advice was new to me. While it felt difficult at points where participants were asking for interpretation it was revealing too. With no therapeutic response, the story proceeded and the flow was not interrupted. The participant often supplied their own resolution and moved on. Phases of lived experience built on one another, overlaying and reinterpreting and the thread of the story was not broken.

Conducting interviews raised emotive reminders of personal and professional experiences and the use of bracketing interviews (Ahern, 1999; Rolls & Relf, 2006) with a colleague was employed. This was a new skill and was used to maintain an awareness of my assumptions and feelings during the interviews and the analysis. For example one participant's recollections of her childhood abuse were emotional and difficult for me to hear, particularly where she remembered the apparent lack of insight shown by professionals. My job with maltreated children and my

protectiveness as a mother were present in my mind. I learned to acknowledge these things and consider how they might impact on my response to the participant and my understanding of the data.

Points for further learning would be to develop my technique for in-depth life history interviewing (Murray, 2003), transcription and analysis. The poetic analysis of Gee (1985) which values the meaning conveyed by pauses, pitch and inflection in the recorded data (as cited in Riessman, 1993), would be an interesting approach with participants for whom spoken stories contain a wealth of non-verbal material. In terms of transcription and analysis I found the management of such large quantities of data often difficult. I would like to explore and develop more structured techniques.

I found the interviewing required continued self-reflective practice as each life shared was unique, with the capacity to surprise and disturb. I do not feel at this stage in the journey, that I have anything but a basic level of skill or understanding of the processes involved in NA. Rather I feel that I came to know what I did not know about it and to map out my future course of study in this area.

### **Improving the Research**

A diary was kept throughout the project and recorded my reflections on the content and process of study, insights into analysis and important references (appendix 15). In addition to this I kept a research log to track the management of data from the interviews, through the transcription and analysis (appendix 5). I would be interested in improving and enhancing this with notes categorised for each stage of the process.

In the initial stages of the study, my lack of experience of NA made explaining the research to others difficult. Recruitment required CAMHS professionals to approach clients who might be willing to take part and my efforts to describe what I was going to do were often inadequate. While I had a clear idea of the research, communicating it and answering detailed questions was challenging. In future I would engage more with staff responsible for recruitment, possibly with a workshop approach to demonstrate autobiographical interviewing. Having experienced it once I would be more prepared to present it to others, but I feel that this area of research is quite specialised and will continue to present problems for recruitment and dissemination.

The proposal suggested eight participants would be suitable for this study. In the end only six were needed and the decision to stay with this number was based on several factors. Firstly, my lead supervisor had experience of NA and felt that eight would be too many considering the limited length of the dissertation. Secondly, most studies presented at a seminar with experts in NA, were either single case studies or between four and six participants. Further reading confirmed this (Baker & Edwards, 2012; Brooks & Dallos, 2009), and I was confident to continue with the six participants. The decision was justified by the scale and richness of the material. In future NA biographical research I would propose the lower number allowing for a more in-depth analysis of the content of each.

The research proposal stated that validation would involve feedback from the participants. In effect this was not done, although the research findings were communicated. In discussion with my supervisor it was considered that the transcripts already contained high levels of self-reflection and interpretation and asking participants to reflect back would effectively create a second level of

interpretation that would be hard to justify within the analysis. Participants would be effectively appraising their stories again and the unique event of the original storytelling would be compromised (Emerson & Frosh, 2009; Riessman, 1993). In future NA research I would like to consider the issues of feedback and validation in more detail.

The amount of data generated in six hour long interviews surprised me. Although I believed I had a clear idea of the method of analysis I wished to employ, the scale and nature of the data meant this was revised. Working together with my supervisor the analysis was rationalised and became manageable. The value of good supervision and at least two researchers collaborating in analysing data was apparent and I would consider using a co-researcher in future NA studies.

### **Clinical Practice Implications**

This study has illustrated for me the importance of narratives in people's lives and their potential for therapeutic change. It was a humbling experience to hear the stories participants told, while their capacity to make sense of their lives in whatever way they could intrigued me. Consequently, I would be interested in further training in narrative therapy to explore integrating these techniques into practice (Dallos, 2006).

Individuals experiences of resilience factors and their capacity to generate confidence leads me to believe this is an area requiring development in practice. Participants reflections on their lives sometimes mirrored theoretical models of resilience; for example, building confidence from learning opportunities to generate self-efficacy leading to a chain of further protective factors (Rutter, 1989). While I have used therapeutic techniques that rely on affirming and building self-esteem, I

am more aware of the way this may link with resilience. The model then appears more psychosocial and systemic and informs my holistic approach to therapy.

The suffering and marginalisation of maltreated children and the impact this has on the adults they become (Stein, 2006), was something I had been aware of in practice. This research has introduced me to thinking about theoretical models and approaching practice with a broader view of formulation. The links between the parent's attachment difficulties and the impact on their child will better inform my future work with families.

It seems important to me that the stigma associated with child maltreatment and being in care should be addressed, particularly with professionals who may be in a position to offer support. In practice as a clinical psychologist I would become involved in staff training and raising awareness of the issues faced by parents with care histories.

### **Further Research**

This current study has highlighted the lack of research into later-life issues for parents from care backgrounds. It illustrated how their experiences continued to impact on their relationships, mental health and parenting. It also showed their capacity to reflect and process their difficulties. I would like to research further into the personal narratives of individuals who have suffered trauma, separation and loss as children. The six transcripts and recordings collected for this study still contain a wealth of information and would merit further analysis as single case studies. One example of possible future research concerns the linguistic structures of the stories as dramas acted out for the listener. The reflective capacity of the storyteller is sometimes explicitly stated and at other times implied within episodes and the

development of this as the narrative progresses may indicate how the process of storytelling encourages reflection. I would also like to develop a way of communicating the findings of NA within a framework that is clear to a reader who is new to the technique. This is about telling the story of the research in a coherent way. Further developing the structure and style of my research narrative is a personal goal.

The numbers of children taken into care have been increasing (Department for Education, 2011) and a significant number are from minority ethnic groups, have a disability or are seeking asylum as unaccompanied child refugees (Stein, 2005). It seems important to me that any research into these particular demographic groups should begin with a detailed consultation with members of that group. That collaborative beginning invites narratives because descriptions and explanations frequently come in the form of stories; “this is what it was like for me”, “you’ll understand if I tell you my story.” I would like to consider a project to research the narratives of children in care, but would like this to be collaborative with participants involved in every stage of the process.

On qualifying, I will be working in an adult learning disability service and already have some experience of parents with learning disabilities whose children have child protection plans. Research into the difficulties faced by these vulnerable families would inform social work and mental health practice. Several studies exist evaluating interventions to support parents with learning disabilities (Social Care Institute for Excellence, 2005). I would be interested in developing this support locally and would consider including research and evaluation as part of this process.

## References

- Ahern, K. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9(3), 407-411.
- Baker, S. & Edwards, R. (2012). How many qualitative interviews is enough? Expert voices and early career reflections on sampling and cases in qualitative research. Retrieved from National Centre for Research Methods website: <http://eprints.ncrm.ac.uk>
- Brooks, E. & Dallos, R. (2009). Exploring young women's understandings of the development of difficulties: A narrative biographical analysis. *Clinical Child Psychology and Psychiatry*, 14, 101-115.
- Dallos, R. (2006). *Attachment narrative therapy: Integrating systemic, narrative and attachment approaches*. Maidenhead: Open University Press.
- Department for Education (2011), *Children looked after in England (including adoption and care leavers) year ending 31 March 2011*. Retrieved from: <http://www.education.gov.uk/researchandstatistics>
- Digman, C. (2009). *Are current child-gram interventions effective in understanding and supporting children at risk of exclusion?* (Unpublished master's dissertation). Canterbury Christ Church University, Canterbury.
- Emerson, P. & Frosh, S. (2009). *Critical narrative analysis in psychology: A guide to practice* (Revised ed.). Basingstoke: Palgrave MacMillan.
- Fransella, F. (Ed.). (2005). *The essential practitioner's handbook of personal construct psychology*. Chichester: Wiley.

- Murray, M. (2003). Narrative psychology and narrative analysis. In P. Camic, J. Rhodes, & L. Yardley (Eds.). *Qualitative research in psychology: Expanding perspectives in methodology and design*. Washington: American Psychological Association.
- Ravenette, T. (1999). *Personal construct theory in educational psychology: A practitioner's view*. London: Whurr Publishers Ltd.
- Riessman, C. (1993). *Narrative Analysis*. London: Sage.
- Rolls, L. & Relf, M. (2006). Bracketing interviews: Addressing methodological challenges in qualitative interviewing in bereavement and palliative care. *Mortality*, 11(3), 286-305.
- Rutter, M. (1989). Intergenerational continuities and discontinuities in serious parenting difficulties. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect*. Cambridge: Cambridge University Press.
- Social Care Institute for Excellence (SCIE). ( 2005) *Helping parents with learning disabilities in their role as parents* (SCIE Research briefing 14). Retrieved from [www.scie.org.uk](http://www.scie.org.uk)
- Stein, M. (2005). *Resilience and young people leaving care: Overcoming the odds*. York: Joseph Rowntree Foundation. Retrieved from [www.jrf.org.uk](http://www.jrf.org.uk)
- Stein, M. (2006). Young people ageing out of care: The poverty of theory. *Children and Youth Services Review*, 28, 422-434.

## **Section D: Appendices**

## APPENDIX 1

Table 1. Profiles and summaries of main findings of 8 studies of care leavers.

AUTHORS	DESCRIPTION	PARTICIPANTS	STUDY TYPE	MAIN FINDINGS
Barn & Mantovani (2007)	Risk and vulnerability in young mothers leaving care. Post-care outcomes in education, housing, employment and training.	55 mothers leaving care	Self-completed questionnaires, semi-structured interviews and focus groups	Risk factors were placement instability, lack of appropriate guidance on sexual health and relationships and particular vulnerability of ethnic minority mothers.
Biehal & Wade (1996)	Young care leavers' relationships with biological and substitute families.	74 care leavers and their support workers (39% male; 61% female)	Stage 1: initial survey of 183 care leavers and questionnaires to social workers Stage 2: Semi-structured interviews with 74 care leavers and their social workers on 3 occasions over 2 years.	Young parents depended on informal support of families, friends. Parenthood brought renewed contact with birth families (often conflicted). Young parents needed continued mediation and counselling to deal with difficult transitions and relationships.
Chase et al., (2006)	Explores factors contributing to early pregnancy and evaluates support and services available.	47 mothers and 16 fathers leaving care	Semi-structured interviews.	Pregnancy seen as temporary distraction from other more difficult issues. Support for sexual health issues and counselling was inadequate and training for support staff needed to be improved.
Corlyon & McGuire (1999)	Study into the services and support available for young parents leaving care.	29 mothers and 1 father leaving care Staff in 11 local authorities.	Questionnaires and interviews with parents and support staff.	Highlighted difficult relationships with birth parents and professionals. Friends and siblings identified as important supporters. Need for better counselling in sex and relationships. Parenting support inadequate.
Dixon (2008)	Physical health and well-being of young care leavers; including mental health, disability, emotional and behavioural problems.	106 care leavers (25% parents after 18 months; 56% female)	Interviews with young care leavers at 3 and 15 mths. Triangulation with data from leaving care workers.	Significant number experience health difficulties particularly emotional/mental health. Transition to independence could make existing problems worse. Good support, access to housing/education had positive benefits.
Sinclair et al., 2005	Comprehensive study of children in care, includes care leavers and their outcomes.	596 children in foster care. 24 case studies. 150 postal questionnaires	Questionnaires to professionals, local authorities and children.	For care leavers, mixed outcomes were recorded. Social exclusion and educational disaffection were noted. Young parents felt isolate. Individual supportive carers were valued.
Schofield (2002, 2001)	Development of a resilience/attachment model of long term foster care.	40 adults (18-30) from foster care backgrounds	Qualitative interviews	Young people wanted to belong to a 'real family' i.e. stability and lifelong commitment.
Tyrer et al., (2005)	As Chase et al. but considering father's perspective.	16 fathers from the Chase et al., (2006) study	Semi-structured interviews	Young fathers frequently experience social exclusion and lack trusting and supportive relationships.

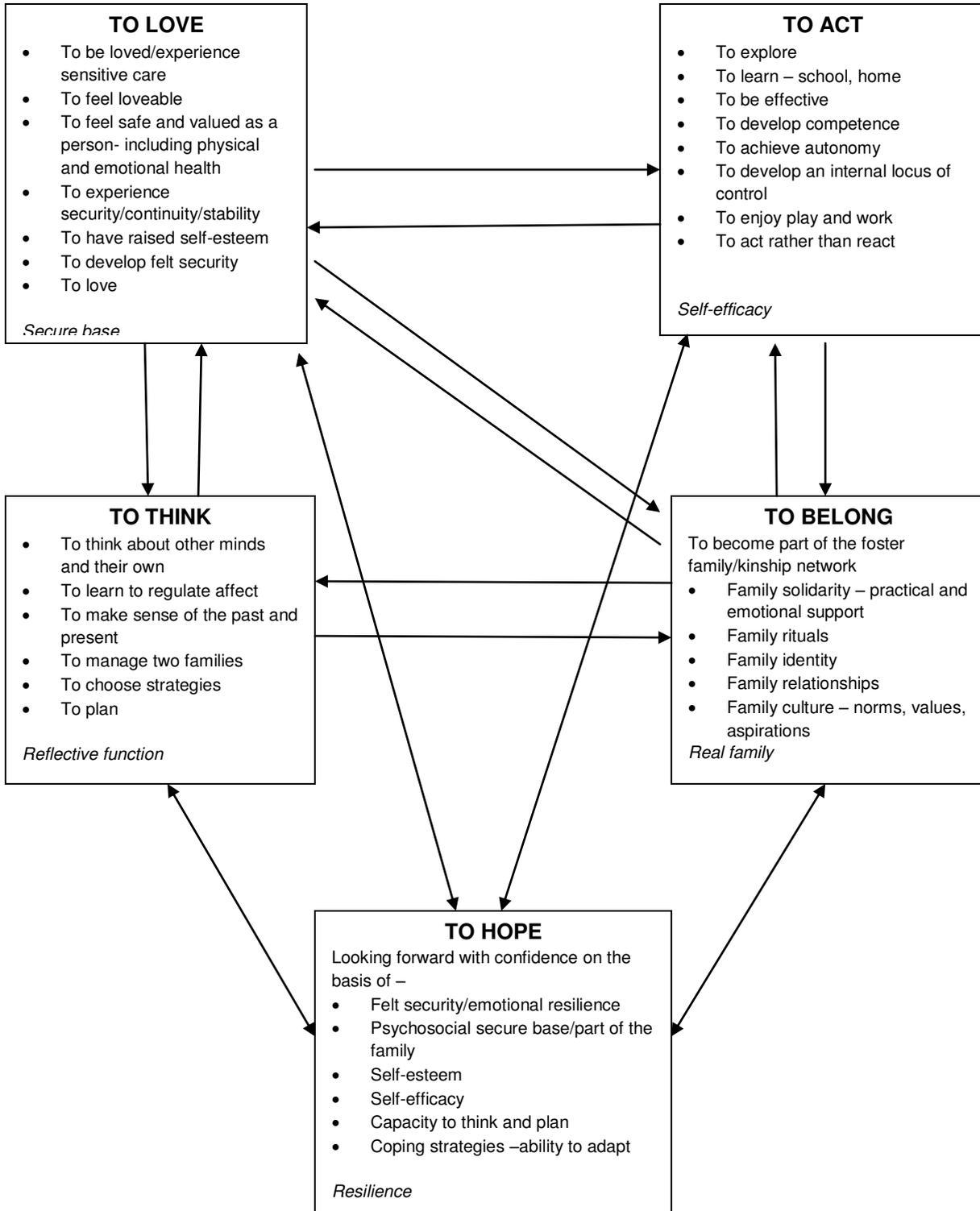
## Appendix 2

Table 2. Profiles and summaries of the main findings of 6 intergenerational parenting studies.

AUTHORS	DESCRIPTION	PARTICIPANTS	STUDY TYPE	MAIN FINDINGS
Berlin, Appleyard & Dodge (2011)	Mediating mechanisms of intergenerational transmission of child maltreatment. Implications for prevention. US based.	499 mothers and infants	Prospective, longitudinal study. Questionnaires and interviews.	Mother's early physical abuse, but not neglect, predicted victimisation of offspring. Risk factors were social isolation, aggressive response biases.
Dixon, Brown & Hamilton-Giachristis (2005a, 2005b). Two papers	Mediation analysis of risk factors for intergenerational transmission of child maltreatment. Attributions of parents and risk factors discussed in two papers. UK based.	135 families with self-reported early life parental maltreatment out of a study of 4351 families.	Retrospective self-reporting of parenting Health visitors gathered data and assessed parents for risk factors.	A significant minority (6.7% vs. 0.4% of controls) referred for maltreating their own child. Risk factors were parents under 21 years, history of mental ill health and domestic violence.
Kim (2008)	Correlation of type specific intergenerational transmission (neglect and physical abuse). US based.	2977 young people as part of wider national health survey.	Longitudinal prospective study. Home based computerised questionnaires. Two phases 7 years apart.	Found type-to-type specificity of neglect and physical violence from self reporting of early experiences and subsequent parenting.
Newcomb & Locke (2000)	Tested the hypothesis of intergenerational transmission with reference to methodological difficulties. US based.	383 parents	Self-reporting questionnaires of retrospective child trauma and current parenting practices.	Confirmed presence of intergenerational transmission. Neglect associated with poor parenting, abuse with aggressive and rejecting parenting.
Rutter, Quinton & Liddle (1983)	Retrospective and prospective study of intergenerational parenting problems. Understanding discontinuity and continuity of problems. UK based.	48 families with a child in care 150 mothers with a care background Matched control group.	Interviews and questionnaires to assess parenting. Retrospective data from previous research.	Continuity was confirmed in retrospective component. Discontinuity of parenting problems was present in a minority (31%) of the women raised in care.
Zuravin, McMillen, DePanfilis & Curtiss (1996)	Examined the dose of maltreatment and quality of attachment for continuity versus discontinuity of maltreatment. US based.	213 mothers selected from larger study of single mothers in receipt of state aid.	Interviews cross checked with official reports.	Poor quality of attachment with caregivers was a risk factor for transmission of child maltreatment. Severe sexual abuse increased probability of maltreatment in the next generation.

## Appendix 3

### A Psychosocial Model of Long-term Foster Care: from Schofield (2002)



## Appendix 4: Interview Schedule

### Exploring the Stories of Parents from Care Backgrounds

1. The interview begins with a full explanation of the confidentiality and consent procedures as outlined in the information handout.
2. The interviewer explains the purpose of the research: **‘This research is about exploring stories parents can tell about their experience of being in the care system. I am particularly interested in how you feel this has affected you as a parent, and what experiences in your life have helped you, made you stronger or given you ways to cope.’**
3. Questions:
  - Can we talk about having kids first? Tell me something about your children? (E.g. what do they like doing and how do you spend fun time with them?)
  - What do you think is important about being a parent? What does being a parent mean to you? What has helped you become a good parent?
  - What was your childhood like and how did you come to be in care? What were your first memories of childhood? Are there any aspects of this that have positively impacted on your parenting?
  - In our lives we have experiences that are both good and bad. Are there any experiences that you feel were important and have made a difference to you as an adult and a parent? These experiences might be from your childhood or they may be more recent.
  - What are your feelings and emotions around bringing up your children? How do you relate to them now?
  - What do you tell your children about your own childhood?
4. Interviewing is semi-structured and the questions are prompts. Three specific areas are of interest in the interview:
  - a) Information about positive experiences and significant and supportive relationships or attachments.
  - b) Personal beliefs and values about parenting. Learned parenting skills and strategies.

- c) Personal characteristics e.g. cognitive abilities, core beliefs, self awareness, self-esteem.

Should the participant find it hard to answer then more specific suggestions can be made, e.g. 'is there a special person who has made you think differently about being a parent?' But it is hoped that interviewees will begin to tell their own stories and produce their own opinions about parenthood.

## **Appendix 5: Extracts from Research Log**

*These extracts consist of notes from the trial interview with a volunteer who spent time in boarding school, the notes from the first participant's interview (Neil) and from the first listen through of the recording.*

**25.07.12**

### **Interview Trial [volunteer]**

2.15 start

Ask more specifics about child relationships (over generalised memory?)

It raised substantial issues about the interview vs. therapy role and how therapeutic listening is. Further questions about contact details etc. Also fascinating as 2 processes are going on, the telling of the story, invited by narrative format, and the creation of the story enabled by my questions (co-creation). At one point she is talking about father and the difficulties he created and I asked about mother who was absent from the narrative. She then begins to appraise this ~ mother was never a great presence ~ what comes across is very strong father character and little of mother's self. She also makes discoveries as she tells ~ the importance of the local community who helped after the fire.

I think there is an enormous value in re-hearing these several times.

**02.08.12**

### **Subject 1, Neil. Notes from interview.**

Appearance and general feel

Neil is friendly and relaxed. He states he brings his one here (CAMHS) and knows the building. Building is quiet and room is out of the way and private, chairs comfortable.

Neil casually dressed, shorts, T-shirt. Large man, rather overweight and comments on this at one point ~ he used to enjoy cycling. He looks early 20s but later lets me know he's in his 30s. Very open faced, polite, positive. Attitude towards his suffering is one of not being defeated, can recognise important points when things changed for him.

He has a physicality that takes over at times when his story telling takes over his whole body and you feel he almost wants to stand up and act it out, he changes position and waves his arms, but not in an uncomfortable way.

Sometimes I feel he has revealed things to himself by telling this ~ several times he states that he has done "loads" in his life and is animated in recalling this.

His story telling covers a vast range of life experiences and he demonstrates insight into the process of remembering or not remembering. Things from counselling come up, e.g. "I learned not to blame myself".

Importance of kids is massive and gives him great meaning and pleasure.

Seems to have gained and recognised he has gained from them.

Understood the process involved with the research, read the information and did not ask questions. Agreed to publication etc.

My learning points: not to anticipate or over explain, let the information sheet do that and only respond if there are questions.

Consider, is he justifying himself? Is the process emphasis on the positive experiences allowing him to explore this? To be positive about experiences that others might judge negatively? Being in care as a positive or a negative experience?

### **17.8.12**

#### **Notes from initial listening through: Participant 1 Neil**

Slightly nervous sounding ~ some initial prompting to talk about his children. Very clearly relates own experiences to those of his children; sort his own issues out in order to be able to help them. Quite hard to work out what he's saying at first. Very interested in helping his son with diagnosis of ASD/ADHD

Parenting group very helpful, helped him to understand his own behaviour as well as his son. Meta-cognition expressed, thinking about how he is thinking.

Own background:

Two younger brothers and a sister, 1 is oldest, has a clear story: allegations of sexual child abuse, repeated in care home. Brought up by foster carers until 18, also in contact with siblings foster carers. Siblings talks affectionately about them and their successes. Don't see real parents, foster carers as real parents. Yawns frequently, when talking about his own dealing with things. Quite matter of fact about the business of getting himself together and starting businesses.

Trust/learning lessons of life/ thought everyone would look after you. Well looked after have happy memories. Positive outlook on life. Learned things the hard way. School again about moving around , placed and placed again in different schools settled when aged 9.

No memory of abuse 'Why wasn't I good enough?' question about being a kid who was not looked after. Seeing counsellor helped. 'Not good enough affected marriage' arguments made him go to counselling. 'Coming to terms with it'

Medical Anaemia from foster care raised suspicious of abuse, internal bleeding. Family history showed anaemia hereditary, stress related. Scary moment, quite heavy breathing at this stage. Gets quite physical at this stage. Phone interrupts. 'DONUT WORRY' to ex-wife on phone.

Researcher asks questions about being moved about.

Being moved was quite exciting, big place, animals pretty cool, room-mates etc. Voice is still animated. Throughout the interview Neil gets more animated as he goes along. Asked how old he was he says "Jesus, because of my trauma" he doesn't remember a lot. Sees lack of early memory for specifics as quite a problem. OGM? Generalises, with ums and ahs, incident recalled as throwing lunch box at a teacher's head and causing a fractured skull.

Discussion about early memories; earliest happy memory in foster care some details of the house and an older sibling. Clearest memories not until 18! Again quite detailed here and more relaxed and stretching and yawning. Theme about working things out for yourself. Key people, 'being centre of attention' 'gaining a purpose'. Things that carry forward and are future orientated. Keen to show himself in a good light, 'I'm managing, I'm coping I've learned to stand up for myself, I'm in a good place.

Charity group; residential courses for children from foster care, team building and social. Very keen on this and keen to communicate this, animated again and very interactive with me, I'm saying 'yes' as opposed to 'mm'. Trust that builds confidence. 'Organising' learning other skills. 'tricked into doing it but needed it' .

'Power theme' very animated; hated being alone, still hates public transport. 'Work in life to get things you want' 'save'.

Parenting question:

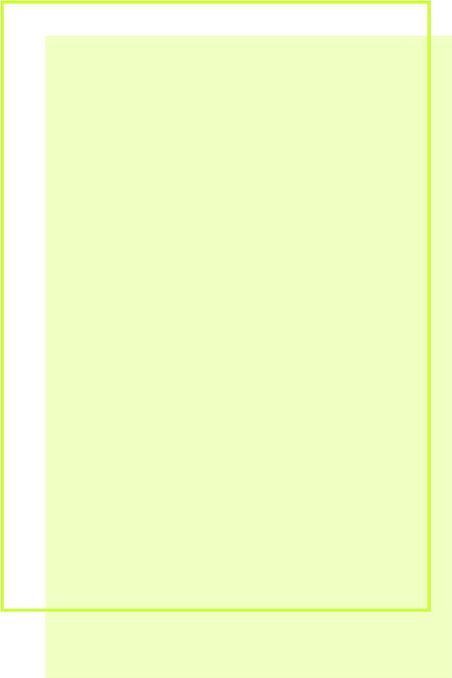
Deal with this. Reflects back and gives advice and share the good bits. Enjoying parenting, 'precious' theme, 'experience' all positive. YAWNS at the end of this.

Story about the van and the key not working. This is very detailed and very dense, with quite complex verbal thoughts feelings involved with this. 'Dialogue' 'I said to my boss'. Recounting quite complex. This not present in his accounts of his childhood experiences and I am less interested.

Loss, foster carer dying. Detailed description calls mum and dad (foster carers). 'that's what life is about', belonging. Being mistaken for his brother, people who come and talk to you. 'Achievement' looking back.

Dont' talk to the kids about childhood. Lowers voice to say 'NO'. Hasn't come up really. Don't want children to feel like he felt as a child. 'Abandonment' theme. Only closest friends/partners have been supported. 'dark days theme' lowered tone.

**Thank you for reading this leaflet**



Appendix 6: Leaflet for recruitment

**[CAMHS  
NAME]**

**Hearing Parents' Voices**

**A research project into the experiences of parents who have been in Care.**



**CAMHS**

*[CAMHS DETAILS}*

*[CAMHS details]*

## Hearing Parents' Voices

### Who am I?

My name is [researcher's name] and I am a Clinical Psychology Trainee student with [academic institution] I am working with [CAMHS]

This is a research project into the memories and experiences of parents who have been in Care.

I would like to know about the ways in which these memories and experiences influence how you bring up your children.

What experiences have helped you to be a better parent?



### Who do I want to speak to?

Mums or dads who were in Care as children for at least 1 year and who are now bringing up their own children.

### What do I want to know?

I would like to hear about your stories, memories and experiences and how they have helped you to be a parent.

### What will I have to do?

There will be a one hour interview which will be recorded.

### What is the research for?

We would like to know more about what helps parents. This can then help services to support parents more effectively. This is why it is important to listen to what you have to say.

### What will happen to the information?

The information will be kept securely and only shared with the researchers' supervisors.

### How will my identity be protected?

All information will be confidential. No names will be used at any stage so no one will know who you are and where you come from except the researcher.

### Can I change my mind about taking part?

Yes, at any stage. You will be asked for written consent and this can be withdrawn at any time.

### What do I do if I am interested?

Just let anyone from [CAMHS] know you are willing to be contacted and I will get in touch. Or contact me at the address below.

## My Contact Details

[Researcher contact details]

### Appendix 7: Tables 3 and 4

Table 3. Profiles of the six participants giving basic demographic details

Participant	Gender	Ethnic Group	Age (approx)	No. of children	Occupation	Education
1. Neil	male	White British	33	4	Self-employed van driver	No formal qualifications
2. Pamela	female	White British	45	2	Unemployed	Unknown
3. Sean	male	White British	65	3 (one deceased)	Self-employed car repairs and foster carer	No formal qualifications
4. Charlie	male	White British	40	2	Driver	Driving qualifications
5. Marina	female	White European	35	2	Retail office worker	Several unspecified college courses
6. Zita	female	White European	25	2	Unemployed	GCSE level

Table 4. Discrete stories within the narrative, identified by type from the analysis of transcripts

Participant	Child stories	Transition stories	Adult stories	Parent stories
1. Neil	7	3	7	2
2. Pamela	14	2	7	8
3. Sean	7	2	1	7
4. Charlie	9	4	4	9
5. Marina	12	1	2	9
6. Zita	6	4	6	8

## Appendix 8: Transcription analysis of two stories

### Transcription Analysis Participant 1: Neil

*The story concerns transition to adulthood. The structure is analysed using Labov & Waletzky (1967, cited in Riessman, 1993). A= abstract, O= orientation, CA= complicating action, E= evaluation, R= resolution, C= coda.*

151. Erm, I'll give you an example, [A]  
152. when I was 18, [O]  
153. I moved out of my foster home into a counsel flat. [CA]  
154. I knew nothing about counsel tax, rent, anything like that [E]  
155. so I filled my bum [*belly possibly*] straight away [?]. [CA]  
156. I started my own business with a trust fund that we were given, us kids, [CA]  
157. I had that for a few years. [O]  
158. I bought my own car, [CA]  
159. did my driving licence, [CA]  
160. everything like that. [E]  
161. Y'know, tried to get myself off the ground. [E]  
162. Erm.., I did that. [CA]  
163. I was importing DVDs [CA]  
164. selling them over here [CA]  
165. s'when DVD were first getting big [*Talking fast*]. [E]  
166. [*Pause*]..what else was I doing? [O]  
167. Started my own computer business,[CA]  
168. that went quite well, erm.. [E]  
169. One of my customers is actually one of my best friends, .. [E]  
170. **R:** That was someone you met while you were working? [O]  
171. **N:** Yeah, while I was working. [O]  
172. Erm. My business partner at the time was a bit of a dick-head. [O]  
173. Erm, and he tried to run off with like, some of the assets of the company, [CA]  
174. erm, including the car that I'd bought. Erm .. [CA]  
175. he succeeded, [CA]  
176. but I did track him down [CA]  
177. and it took me a while, through solicitors, to get everything back and sorted out. [CA]  
178. I learned my lesson not to trust people that easily [E]  
179. 'cause I used to trust people quite easily. [E]

Neil continues the story later on in the narrative.

391. **N:** Yep, my clearest memory [A]  
392. is like my 18<sup>th</sup> birthday, [O]  
393. I had a celebration and stuff like that [A]  
394. and a few days after, like a week after [O]  
395. I'm in a flat on my own [CA]

396. and I'm thinking, [CA]  
 397. "Ok, what do I do with myself now". [CA]  
 398. Yeah, erm.  
 399. The only job I had at the time was helping my mate on a Sunday do a computer fair. [E]  
 400. **R:** Most of the week you were just by yourself? [O]  
 401. **N:** Most of the week I was just by myself. [O]  
 402. So I started getting, I got myself a social life and stuff like that. [CA]  
 403. 'Cause I didn't know about council tax and stuff like that. [E]  
 404. I started getting in a mess with stuff like that. [CA]  
 405. Eventually I got kicked out, [CA]  
 406. obviously, [E]  
 407. but by that time I'd started my own business [CA]  
 408. so it wasn't really an issue for me, [E]  
 409. I had somewhere else to stay, erm. [CA]  
 410. Did that for a few years, [C]  
 411. and obviously at the same time I was learning how everything works, erm. [C]

Neil describes his ineptitude and confusion at finding himself alone in a flat. He is a naive teenager with only his own resources to rely on and he uses his ability to make friends and stand up for himself to get by. The story is one of survival and coping with adversity. It is told without self-pity and with pleasure in his achievement. He admits to mistakes but also takes action to put things right (seeing a solicitor to get his property back).

*In this second section Neil gives an adult story of a recent trip for work.*

603. **R:** You had a long day? [A]  
 604. **N:** Not today. [A]  
 605. I've taken today off, [O]  
 606. but yesterday [O]  
 607. I went up to [*names town*] to deliver something. [A]  
 608. I put the key back in and wouldn't start. [CA]  
 609. I tried for three and half hours to start the van. [CA]  
 610. I've actually got blisters on my fingers. [E]  
 611. It was kind of distressing actually, [E]  
 612. 'cause I felt like I was stranded [E]  
 613. and there was nothing I could do about it. [E]  
 614. And in the end I called a locksmith. [CA]  
 615. And if it hadn't been for the customer [E]  
 616. being like, "do you want a tea or coffee, do you want a bacon sandwich?" [CA]  
 617. And I was like, do you know what, [CA + E]  
 618. it just reassured me that there are some good people in the world [E]  
 619. and I think that if he hadn't been there yesterday [E]

620. I think I'd have been in that cab crying my eyes out. [E]  
621. 'Cause I just wanted to get home, [R]  
622. yeah. I hate it. [R]  
623. Even when I go out [E]  
624. I can go out and meet people [E]  
625. but I just hate being alone [E]  
626. and I think that's always going to be with me [E]  
627. because of like when I was a kid getting abused [O + E]  
628. because I must have been alone for that to happen. [E]  
629. So, it's like somewhere in my head, [C]  
630. but it's like showing itself in, like, [C]  
631. don't want to be alone. [C]

*The story contains a great deal of reflection/evaluation [E], where Neil is making sense of his experiences and he then tags on a short story about his abuse (which he does not remember), but which makes sense of his fear of being alone.*

## **Appendix 9**

*This has been removed from the electronic copy.*

**Appendix 10: Consent From**  
***[Details of Academic Institution and study programme]***

Centre Number: 1

Participant Identification Number for this study: 1

**CONSENT FORM**

Title of Project: Exploring the Stories of Parents from Care Backgrounds

Name of Researcher: *[Researcher's name]*

Please initial box

	Yes	No
1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered.	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from [company name], from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	<input type="checkbox"/>	<input type="checkbox"/>
4. I agree to my GP being informed of my participation in the study [if applicable]	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree that anonymous quotes from my interview may be used in published reports of the study findings	<input type="checkbox"/>	<input type="checkbox"/>
6. I agree to the interview being audio recorded	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand that audio recordings will be stored for a period of 5 years	<input type="checkbox"/>	<input type="checkbox"/>
8. I agree that my data gathered in this study may be stored (after it has been anonymised) in a specialist data centre and may be used for future research.	<input type="checkbox"/>	<input type="checkbox"/>
9. I agree to take part in the above study	<input type="checkbox"/>	<input type="checkbox"/>

---

Name of Participant

---

Date

---

Signature

---

Name of Researcher

---

Date

---

Signature

**Name, position and contact address of researcher:**

*[Researcher's name, address and contact details]*

## Appendix 11

### SIX STORIES: Précis of autobiographic interview transcripts

#### 1. Neil

Neil was aged 33 when he was interviewed. He was the oldest of four children with two brothers and a sister. When he was aged 6, following allegations of sexual abuse, he was placed in a residential home away from his younger siblings because foster carers for his siblings were only allowed to take 3 children. Further allegations of sexual abuse were made about incidents at this home, but he doesn't have any memory of abuse. He was placed successfully with foster parents until he left care at 17 and did not have any further contact with his birth parents, by choice. During his time in foster care he remembered becoming ill with anaemia. This raised suspicions of internal damage due to sexual abuse in the residential home or by his parents. He was never explicit about this in the story but told it without self-pity and stated that he did not remember if he was abused and had moved on; 'dealt with it'. He had kept in touch with all his siblings and their foster family. On leaving care he was placed in a flat but quickly succumbed to financial difficulties. He did not know how to manage money and did not feel prepared. However, he had attended a regular residential course for foster children where he was taught life skills. He greatly valued this and credited it with teaching him how to cope, how to plan and manage tasks and develop social skills. He began working for himself immediately on leaving care, running small business ventures with friends. He attended college courses and learned to drive with the support of leaving care services. In his early twenties he married and had two children but this marriage ended in divorce. He cited his emotional problems with relationships as being partly to blame for this and sought counselling to deal with it. Despite this the marriage failed as his wife was seeing someone else. His second marriage also ended in divorce and he had two further children by that relationship. He had a good relationship with his first wife and cared for his older children with shared responsibility and residency. He was seeking contact rights through court with his second wife to keep in touch with his younger children. At the time of interview Neil was working as a delivery driver and DJ. He saw himself as a role model and guide for his children and was engaged in supporting his son with a recent diagnosis of ASD (Autistic Spectrum Disorder).

#### 2. Pamela

Pamela was in her mid 40s with two children aged 22 and 13. She was the youngest of three children with an older brother and sister. Her father was violent and controlling and her mother submissive, eventually abandoning the family, though Pamela did not know why. Without his wife her father was not able to cope and all three children were taken into care. Pamela and her sister were placed in a residential home separated from her brother. The sisters were fostered by a woman who was abusive and Pamela remembered being smacked with a cane for

bedwetting. She described herself as being a nervous child. The foster placement broke down and the sisters were returned to residential care. Their father and mother visited only occasionally and she rarely saw her brother. When her older sister was in her teens she ran away, leaving Pamela at the home and she did not see her for years. Although she was well cared for in the home and made some good friends she always wanted a mother and had several failed foster placements before finding a permanent foster home with a woman she described as a 'real loving mother'. With her she worked through some of the emotional trauma of her childhood and was introduced to a belief in God which she still valued. Her story contained several revelations about things kept hidden from her as a small child. Her sister told her that her mother was a lesbian, and she discovered from her sister and her mother that she had a twin who died when they were about 10 months old. Her brother died in his teens during an epileptic fit, her sister believed was brought on by their father beating him severely as a child. She struggled with her feelings of love for her father despite his violence, her inability to love her birth mother and her difficulties forming relationships. She married in her early twenties and had her children, but her husband was controlling and always 'put me down'. While she found her son easy to care for, she worried continuously about her daughter who was seeing a CAMHS counsellor and reminded her of herself with her 'insecurities'.

### 3. Sean

Sean was in his 60s and worked as a self employed car maintenance man in partnership with his son and also, as a foster carer with his wife. As a small boy he was taken into care twice. The first time he remembered, he and his brothers were taken by train to a care home by the sea, which he really enjoyed. He thought this was because his mother had to go to hospital. His home-life was one of severe neglect. An older brother was 'favoured' by being cared for by his grandmother because there was not enough room at home. Both his parents worked and he played out most days on bombsites and streets with his brothers. They slept in one bed, had few clothes and were often unfed. His mother would tell his father when he came home from work that they had been badly behaved and he would 'whack' them. When things became unbearable, Sean would run off, spending nights away from home sleeping on bombsites. The second time he was removed, he was asked in court by a judge if he would like to go home or go back to the children's home. He immediately chose the children's home. He was aged about 7.

Residential care was a large group home with about 15 children cared for by a married couple with staff. Sean was one of the oldest and saw himself as 'favoured' by the foster father who took him everywhere with him. He learned from him to work with his hands and described him as 'more of a dad than my own dad'. He grew up in this home and aged out of care in a group hostel. He was found a flat and a job and was able to return to his foster family for meals and washing occasionally. He found it hard to learn in school and college and was mostly self-taught, finally running his own business.

He had two children from separate failed relationships, a girl and a boy. He had contact with his daughter who he had not seen since she was a baby, but she died recently. His son had a drug problem and he did not have much contact with him. Sean's daughter had two sons and his son, five children and he keeps in touch with them occasionally.

With his wife he had a second son and step-daughter. This son was 23 and worked with his father in his business. He had just married and had a daughter. Sean raised his step-daughter from aged 5. He was a foster father to three young siblings. Foster caring was a decision he made with his wife because of his experiences. He wanted to give something back and at times found the experiences of his foster children triggered his own memories of maltreatment.

#### 4. Charlie

Charlie was 44 years old and worked in haulage. He was the oldest of four siblings, two brothers and a sister, by two different fathers. His father left when his younger brother was born, his mother then had two more children with a man who violently beat her and kicked Charlie and his brother regularly. His mother would run naked from the flat to escape a beating, and at five, Charlie often tried to protect her. This step-father left but his mother's next partner was no better. Both parents drank heavily and Charlie was beaten and battered by his step-father for several years. Aged 13 he was finally removed into care when his step-father accused him of stealing money and split his head open with a studded belt. He was placed in an assessment centre, followed by a hostel until he was 17. He still had contact with his mother and step-father and after a night out drinking he attacked his step-father and hit him in the face with a brick. After this his step-father was afraid of him.

On leaving care he found himself ill prepared for managing money or work and was offered little support. He began a relationship with a girlfriend and they had a son. He felt strongly that he would like his son's life to be different to his own. But he was using drugs at the time and without a job or a place to stay. His partner moved away with his son and emigrated abroad and he has not seen him since, though they are in contact. He spent time in prison and from there moved away from his family and friends and met his wife. Together they had a daughter who he was extremely proud and protective of. He indulged her and worried about her. Any threat to her he found 'does his head in', but he learned to control his impulsive temper and avoided drink, spending most of his money on his family and his motor bike. He described his daughter as his 'mate'.

#### 5. Marina

Marina was 33 and a single mother of two children aged 12 and 10. As a child her parents separated when she was four, when her father left. He was a musician and she remembered the house going quiet after he left. Her mother's new partner moved in and she was not allowed to see her father much after that. Her mother

said, "You've got a new daddy now." Her step-father was controlling and violent, and she and her younger brother were hit and smacked and often went dirty and hungry. Marina was also sexually abused by her step-father. A younger brother was born who was treated as the favourite and never punished. Her mother worked and her step-father would punish them by making them sit in silence on the floor. Mealtimes were particularly awful. They were not allowed to speak or look up while they ate. Marina remembered several social service interventions when the children were questioned about abuse but were never bold enough to complain for fear of punishment. They were eventually removed into care when staff in school noticed bruising. Marina was placed in a residential home with her brother when she was nine. She felt safe and enjoyed herself, with the freedom to have fun, make friends, and be well fed. She was returned home when her mother cried and begged her to say she wanted to be with her. The sexual abuse continued until Marina told her mother. Her step-father admitted it but her mother allowed him to stay for another year before they finally separated. Marina found this hard to deal with.

After leaving home she married young and moved to the coast. She thoroughly enjoyed being a mother of young babies and engaged with parenting support groups and health visitors, determined that her children should have a different life to her own. She tried to continue a relationship with her mother but this always ended in arguments, so Marina sought counselling. This helped her to deal with her difficulties and understand her mother's problems. Her ex-husband recently died and she told stories about helping her children deal with grief and being together as a family. Her son had behaviour difficulties and dyslexia and attended a special school. She had been to CAMHS parenting support to help her to manage his behaviour. Her grandmother had always been a supportive person in her life and she had made contact with her father again.

## 6. Zita

Zita was 25 years old and a single mother of two children aged 6 and 3. She had been born to a very young mother in a country in central Europe. Her mother and father were both children raised in care, and her grandmother had also been in care. Zita's mother had a baby son and left the care home. She ended up sleeping rough and Zita was born at this time. Both children were then given back to the care home and Zita spent her first four years there. She remembered the woman who looked after her and lots of other children in cots, and a swing in the back yard. Her adopted parents brought her back to the UK, though her birth mother was against the adoption and later came back to take her brother away. In the UK Zita remembered her adoptive mother seeking support from adoption services. She had learning and behaviour problems during her teens and her adopted parents separated at some stage. At school she was bullied and began self-harming. She was referred for counselling but did not find it useful. Her father found her behaviour very difficult and began hitting her and hurting her, so her mother tried to stop her from seeing him. Zita hated this and tried to make her sister call him. When this

didn't work she became, 'a menace' for her mother and her mother gave her a deadline, saying she would have to leave the house. Zita went to social services and told them she was being kicked out. She was housed in a hostel and felt that this really was the best thing. She got a job, moved into a shared flat and became more mature. When other housemates were badly behaved she moved back to the hostel and from there to a flat of her own. Her first partner was violent towards her and hit her even while she was pregnant. She decided she wanted a child because she had never really felt loved and wanted to give love to a child of her own, who looked like her and shared the same blood. Recently she had questioned her adoptive mother about her biological mother and her adoptive mother gave her details of how her biological mother could be contacted. She contacted her quite quickly but was not sure about the outcome as her biological mother was very 'needy'.

She had two broken relationships, and felt guilty for the problems this might cause her children. She desperately did not want to repeat her family history. She had received support from a health visitor, school services and her son was having support for his learning difficulties and behaviour in school.

## Appendix 12: Table of Literary Narrative Genres

Table 5. Literary narrative genres and basic plot forms with references

Reference	Narrative genres/ basic plot forms
<b>Frye (1957 cited in Murray, 2003)</b>	Comedy, romance, tragedy and satire
<b>Plummer (1995 cited in Murray, 2003)</b>	Basic plots: Taking a journey, engaging in a contest, enduring suffering, pursuing consummation, establishing a home Common elements: Suffering that gives tension to the story, a crisis, turning point or epiphany, a transformation.
<b>Booker (2004)</b>	Overcoming the monster (the thrilling escape from death), rags to riches, the quest, voyage and return, comedy, tragedy, rebirth (from shadow into light).

## Appendix 12: Table of Literary Narrative Genres

Table 5. Literary narrative genres and basic plot forms with references

Reference	Narrative genres/ basic plot forms
<b>Frye (1957 cited in Murray, 2003)</b>	Comedy, romance, tragedy and satire
<b>Plummer (1995 cited in Murray, 2003)</b>	Basic plots: Taking a journey, engaging in a contest, enduring suffering, pursuing consummation, establishing a home Common elements: Suffering that gives tension to the story, a crisis, turning point or epiphany, a transformation.
<b>Booker (2004)</b>	Overcoming the monster (the thrilling escape from death), rags to riches, the quest, voyage and return, comedy, tragedy, rebirth (from shadow into light).

## Appendix 13

**Table 6. An analysis of narrative coherence elements within the transcripts (Murray, 2003).**

<b>ANALYSIS OF NARRATIVE COHERENCE</b>			
Participant	Narrative structure	Genre	Cultural Constructs
1 Neil	<i>Narrative is a journey forward. The past is the past. Physically animated by success stories, hesitant on failed relationship stories. No drama, things are normalised. Story is reflected in his body language.</i>	A fable: 'you get what you give'. A transformation of 'rags to riches' through self-determination.	Hesitant about mentioning sexual abuse. The importance of family and social networks. Help others and receive help.
2 Pamela	<i>A play performance with characters acted out ~ soap opera. Mysteries and confusions and a sense of being outside her own story. Struggles with meaning and evaluation, lots of questioning. Stories sometimes chaotic, fails to set the scene, disjointed, not remembered fully and like a confused child. Stories run together and are emotionally charged.</i>	A quest for the loving mother. A mystery with tragedy and suffering transformed by spiritual believe and the loving mother.	Hesitant to talk about religious belief. Story of shock about mother being a lesbian. Intergenerational fears about mental health and insecurity of attachment.
3 Sean	<i>Delivers stories plainly and straightforwardly. Questioning with no resolution, but without drama or self-pity. Conversational in response to questions, tells but didn't need to tell.</i>	An escape story, a tale of survival and rescue.	Contrast with friends families. Did not understand why his family was different. The foster carer giving to others what he was given.
4 Charlie	<i>Dramatic, shocking and brutally graphic, uses lists and repetition for dramatic effect. Adopts tone of the story then holds back not to shock the listener (doesn't swear much) and hints at worse. Sequences are often confused in time and place, so hard to follow. Details crises and turning points. No self-pity.</i>	A violent tale of revenge followed by transformation and survival. Overcoming the monster fairy tale.	Single father loses contact with his son. Social deprivation. Hides personal history because doesn't want pity.
5 Marina	<i>Begins with what is positive and intersperses positive stories throughout the narrative. Very reflective and questioning and strong on evaluation. Gives the listener explanations as far as she can. Questioning and not knowing. Uses humour.</i>	Overcoming the monster (sexual abuse legacy). Transformation through parenthood, doing things differently.	Intergenerational repetition. Social deprivation and single parenting. Attempt to better herself through education.
6 Zita	<i>Stories told hesitantly, working them out as she goes along. Past and present sometimes confused and evaluations contradict. Strong sense of questioning and identity confusion. Emotionally charged.</i>	The abandoned child searching for identity. A quest to be loved as part of a real biological family. An adventure, lost and found plot.	Inheriting problems, intergenerational fears. Expected to be like her mother. Being in care is shocking to others. Social deprivation and single parenting.

## Appendix 14

**Table 7. Child and adult roles and identities for the six participants from the transcript analysis.**

<b>ROLES AND IDENTITIES</b>		
<b>Participant</b>	<b>Child</b>	<b>Adult/Parent</b>
<b>1 Neil</b>	Not good enough, troubled, too trusting, struggles to remember. Special needs in school.	Close, attentive and bonded parent. An educator for his children, involved and problem solving. Self educated. A worker 'Jack of all trades'. Has 'issues' (emotional). Family and friendships important. Mutual support.
<b>2 Pamela</b>	Shy, introvert, abandoned and confused. Persecuted, bullied. The lonely wanderer, searching, lost and invisible. Not fitting in.	The loving mother, physically close. Protector; loving, self-sacrificing. Insecure, worried, nervous. Mistrusting of others and lonely.
<b>3 Sean</b>	Naughty/not naughty confusion. Didn't know what he was doing wrong. A burden, rejected by parents. Favoured child of foster father, close and loved. Survivor. Useless at learning.	Family and fatherhood the most important thing. "If they're alright, I'm alright" (400). Easy going, provider, makes sure kids are ok. Self-taught, good with his hands.
<b>4 Charlie</b>	Self-destructive, wild, brutal, fighter, angry "little tyrant". Protective of mother, carer of siblings. Survivor.	"Mates" with his daughter, indulgent and protective. What hurts her, "does my head in." Turned life round, done well against all odds. Successful.
<b>5 Marina</b>	Introvert, frightened. Lonely, missing father, grandmother. Naughty/not naughty confusion. Tries to please mother.	Indulgent, over compensating. Enjoys closeness. "Soft" vs. tough. Strong, can stand up for herself. Self-improvement and work important. Survivor.
<b>6 Zita</b>	Unloved, second best to sister/brother. Bullied, victim, "the lost princess". Unvalued, cancels existence. A "menace", badly behaved teenager.	Screwed up, a bad person, failed relationships. A good mother, making up to children for mistakes, loving and loved. Mature, "well brought up", fun parent.

## Appendix 15

### Extract from Reflective Diary

21<sup>st</sup> November 2011

Process to far; question itself; defining within 20 wds what the study is about. Changing perspectives away from the idea of looking for resilience as this is apparently a quantity you measure not a set of discrete characteristics. This raises questions for me about whether once a phenomenon is defined it no longer becomes a subjective experience but is now an inherent trait, like the colour of one's eyes ~ not just blue but a measurable shade. So if resilience/depression/intelligence is possessed then it can then be measured and a study that considers this needs to measure, is required to prove itself by measures. ~ Are we possessed of resilience? Or do we recognise and turn to that resilience in experience?

21<sup>st</sup> January 2012

- Yesterday useful meeting with [*student 1*] on narrative techniques. Agreed to invite [*student 2*].
- Booked to go to narrative conference 28<sup>th</sup> Feb.
- Methodology and justification for NA is still not firm in my head. There seem to be so many different ways of looking at this. Following [*university panel*] advice and making study more explicitly story based.

Thoughts on NA group. We can use one another to verify themes and eliminate bias.

30<sup>th</sup> January 2012

This week moved forward ~ have booked with [*service user*] service user with experience; to trial interview procedure next Monday. This is very imp.

Attended seminar from [*lecturers*] concerning bracketing interviews. Also imp. Tried this out with [*student 1*], we have agreed to conduct these with one another at early stage in the process. This will identify our own personal agendas/biases/expectations from the research. Very interested in this. Makes sense as all research comes from personal interest/ agendas and carries personal burdens.

4<sup>th</sup> Feb 2012:

Title change: Listening to parent's voices: exploring the stories of parents from care backgrounds.

2<sup>nd</sup> March 2012

Really enjoyed the one day seminar at IOE ~ and gained a lot from the feedback NA group seminar. Very interesting area and under-researched. Beginning to appreciate the need to step up and be knowledgeable, not a safe feeling but one that creates incentive to study and continue.

18<sup>th</sup> March 2012

This week REC panel successfully negotiated ~ very helpful questions about the study documents for participants. More nervous than I thought I'd be but lots of support from others who'd been through the process.

Recruitment issues: CAMHS team meeting: they all seemed reluctant about recruiting parents to the study. Some of this felt like their own reluctance and was expressed as a desire not to ask parents they were working with about their childhood, particularly not being willing to ask if they were in care. I wonder what this means? They expressed it as being too "personal" a question, which seems strange in therapy, unless you substitute too "loaded" and then loading is about social prejudice. If I ask you if you were in care I am saying something about you and that something is negative.

[*Supervisor*] asked me how I felt following this negative meeting. I gave her plan B for recruitment, then plan C. She asked again, "how did I feel?" I was reluctant to say, it felt disloyal, critical of staff, but I then said, ~ yes, I felt disappointed, let down. [*Supervisor*] had presumed it would be straightforward to recruit and the team seemed unwilling. I also felt helpless as I was relying on these people to recruit and I felt they would not.

31<sup>st</sup> May 2012

Further to IRAS approval, anxiety about R&D ~ no news for weeks~ everything very slow.

In the meantime only 3 participants so far. [*Supervisor*] saying I don't need as many as 8. To justify only 3 or 4 would need further evidence of previous studies with fewer and a more in depth analysis. This feels unsafe again.

June 24<sup>th</sup> 2012

Weeks spent waiting for R&D, and continued concerns about recruitment. Small concerns like not having local trust ID as I may need this to book rooms. Two interview dates confirmed. And a trial of the interview booked with [*names volunteer*] who spent time in boarding school. She would like a copy of the transcript when it is complete.

10<sup>th</sup> July 2012

Following useful meeting with [*supervisor*] re-difficulties with recruitment. He has advised to be calm and speak to [*supervisor*] again and suggest [*head of service*]

helps with recruitment. Also that recruitment needs to be by leafleting in parenting groups so this does not rely on anyone being asked directly about their backgrounds. All the recruits so far seem keen/positive about the process.

Personally interview with *[names volunteer]* was stunning. Felt very moved and privileged afterwards and must remember to buy small gift for her. Important questions raised: first it took only 38 minutes, 2<sup>nd</sup> it seemed very important to ask her about how children were informed or if they were about the family story of parenthood? Some of her story was very difficult and impacted on how she managed her children and the choices she made, so finding out if they knew why (they didn't go to boarding school) seemed important. 3<sup>rd</sup> concentration could be an effort, but because of lack of interest but because unremitting theme of trauma makes me need to withdraw.

20<sup>th</sup> July 2012

Still thinking about the impression of concern about staff recruiting and their lack of experience of NA is a worry.

4<sup>th</sup> August 2012

Two interviews complete

Channel 4 documentary 'Lost Children' about a Barnardo's home.

How do you make a documentary putting vulnerable children in front of public? Considering this in comparison to gaining ethical permission for research with vulnerable children?

Considering this in the light of reading the interviews so far ~ Narrative allows the individual to say their own story and does not confine. Despite the stated focus or because of the stated focus on resilience/survival the narratives have not been all positive but have given tragic/trauma accounts ~ asking questions and eliciting answers through short responses not only limits information but may change it ~ be inadequate to explain/cover experiences or may force generalised answers.

Narrative liberates all this.

1<sup>st</sup> September 2012

Somehow feel less anxious about recruitment at the moment.

The stories are also beginning to unfold. It is still quite fractured ~ fractured in terms of the story of the project. I read the stories, listen to them as they unfold ~ I hear them again on the tape; then time goes by with placement work, family commitments etc. Then 2 more study days and the story has to be picked up again. I would prefer to have a straight month with nothing else to do. So the stories feel broken and the story of my research is about pick up and put down.

17<sup>th</sup> September 2012

Beginning interpretation of interviews with an increasing awareness of what I bring to them. It's hard not to be influenced by what you are looking for and by the reading of theory. I.e. as I read the attachment theory lit, this influences what I look for in the interviews ~ am I less/more bias because of this and in that case what is my bias?

21<sup>st</sup> September 2012

Two participants hinted at the level of abuse they had suffered. They seemed reluctant to go into detail but my issue is whether to ask as I have no therapeutic relationship and only one hour to deal with it.

Physical effects are apparent: may need to research this. Neil in particular showed physical reactions throughout his interview almost writhing at one stage and relaxed and happy at others (talking about his kids).

Marina smiles and smiles when talking about kids, she also has insight into some of her physiological reactions and shows understanding of what happened to her and affect it has. She received therapy and this may explain. She talked about being "tight-lipped" because she had to not speak and would physically shut her mouth tight.

Charlie talked about fighting and reacting violently and without thinking to any threat situation, even if the threat was to others.

All this goes some way off the 'care' element and confirms that the problem may not always be that care conveys damage, but that it fails to repair.

## **Appendix 16**

*This has been removed from the electronic copy.*

## **Appendix 17**

### **Summary of Final Report for NRES Committee [*Name Ethics Body*]**

#### **Exploring the stories of parents from care backgrounds: a narrative biographical analysis**

**Reference: xxxxx**

**Project: xxxxx**

#### **Introduction:**

This study explored how parents from care backgrounds interpreted their experiences of childhood maltreatment and their time spent in care. In particular, it considered how these experiences influenced parents' relationships with their children. It asked what their concepts and values were as parents and what experiences had helped them to parent.

Six parents were interviewed and gave detailed autobiographical narratives which were recorded and transcribed. The transcripts were analysed using a narrative analysis approach. The participants were three fathers and three mothers between the ages of 25 and 65. All were raising their children and one was a grandfather. All participants had been supported by CAMHS services because of either parenting difficulties or their children's mental health difficulties.

#### **Method:**

The participants were interviewed and gave detailed accounts of their early experiences of family life, time spent in care, transitions to independence and parenthood. They talked about their children and the impact their early life experiences had on their parenting. The interviews were recorded and transcribed by the researcher. All names and places were removed or anonymised. The transcriptions were analysed to explore the parent/child relationships, their concepts and values as parents and those experiences that had given them strength and helped them to parent.

#### **Results:**

Parents presented with a wide range of experiences of care services. All had suffered abuse, neglect or both as young children and had been removed into care for all or part of their childhoods. One had been adopted and one had been returned to her birth parents.

Findings indicated that early abuse and trauma results in attachment difficulties for the adult parent where they experience problems with trusting others, managing emotions and low self-esteem. Impacts on parenting included over-indulgence and protectiveness and re-living feelings of threat and fear through their

children's experiences. An example of this was a participant feeling overwhelmed with worry when his child had a minor illness.

All participants were positive about their time spent in care and helpful experiences included stable long-term foster placements, loving and consistent carers, continued help into adulthood, continued contact with siblings and other close supportive relatives and professional services that were non-judgemental.

In particular the research found parents showed a strong determination not to allow their children to suffer as they had suffered and to parent them well. They sought counselling and professional help to achieve this and showed insight into their difficulties. They all lacked self-pity and took great pleasure in their children who they saw as inspiring them to do things differently. The older parents still experienced difficulties associated with their early experiences of abuse and continued to work out ways to manage this. One parent was a foster carer and did this because he wanted to give something back. Another parent felt angry at the way society judges children who were abused and presumes they will repeat the cycle. She was determined this would not happen.

### **Conclusions:**

Parents from care backgrounds face difficulties throughout their lives in managing their life experiences and this can have a direct effect on their parenting. They may develop strengths and coping strategies that help them to manage and consistent, caring support from professionals, care services and extended families is important to them.

People working to support parents from care backgrounds in social work, mental health and parent support professions may benefit from training in the psychological theories and models which explain their difficulties. Help should be available at all stages of parenting and not just for young parents of small children. Fathers were particularly neglected in other studies and in service provision. More research is needed into how fathers who were in care experience parenthood and what help and support they need.

All participants appreciated the opportunity to tell their story and the results were communicated to them through phone calls at the end of the study.

*[Name and position of student]*

## **Appendices 18 & 19**

*These have been removed from the electronic copy.*